


Mentoring Experience for Career Advancement: The perspectives of Black Women Academic Nurse Leaders

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Abstract

Mentoring is critical for career advancement in all professions. It is especially crucial for leadership development and succession planning. Studies suggest that increasing the racial minority representation in higher-level leadership will provide diverse skill sets, promote innovation, and yield positive outcomes. The study aimed to examine how Black women academic nurse leaders perceive mentoring in academic nursing using critical race theory as the guiding framework and explore the crucial role of mentorship in promoting and advancing Black women academic nurse leaders. The study used a narrative qualitative research design, purposive sampling, and unstructured interviews to collect and thematically analyze data. Findings fall under two major themes; being mentored and mentoring others. The findings highlight perceived significant differences in the allocation of resources and mentoring for career advancement in academic nursing for Black nurses compared to those classified as white. Increasing diversity in nursing requires deliberate effort from majority white leadership.

Keywords

mentoring, academic nursing leadership, critical race theory in nursing, nursing education, equitable opportunity, race and nursing leadership, United States

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Background

A lack of racial and ethnic diversity exists among nurses in faculty and leadership. The lack of diversity in higher-level leadership positions could continue to encumber access for Black nurses into the nursing profession's higher ranks and access to resources for individuals from diverse racial and ethnic backgrounds in nursing education (Phillips & Malone, 2014). One of the three central themes to the future success of the nursing campaign for action was “the need to continue to make promoting diversity in the nursing workforce a priority” (National Academies of Sciences, 2021, p. x). Studies suggest that increasing the minority representation in higher-level leadership provides diverse skill sets, promotes innovation, and yields positive outcomes (Gündemir et al., 2017). Historically ethnic and racial minority individuals in influential leadership positions provide opportunities for other aspiring minority leaders (Cook & Glass, 2015; Gomez & Bernet, 2019) by providing prominent role models for students and early career nurses.

Mentoring is crucial for developing visionary leaders to advance and transform the nursing discipline (Anderson

et al., 2019) and increase the retention of faculty, especially faculty of color in nursing (Gamble & Turner, 2015). Mentoring offers invaluable exposure and creates networking opportunities essential for access to critical information and opportunities for career advancement (Julion et al., 2019). However, the lack of mentors posed significant barriers to career advancement for aspiring ethnic minority healthcare leaders (Julion et al., 2019; Silver, 2017).

Although the number of Black and ethnic minority nurses with graduate and doctoral degrees continues to grow, Black and other ethnic minority nurses face barriers to career advancement in nursing (Iheduru-Anderson, 2020). All women may experience gender bias and discrimination in their quest for advancement to corporate leadership. Black women experience gender and race-based stereotypical discrimination (Beckwith et al., 2016), making it very difficult

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to ascend to upper administrative positions even in women-dominated disciplines like nursing. Silver (2017) noted that in higher education and healthcare, white men and women occupy higher administrative-level positions where policies are formulated, while Black women and men and other People of color occupy lower-level administrative positions where policies are implemented. Mentoring in academia is essential for overcoming race-related barriers to advancement Davis (2009). It can also shield aspiring Black academic nurse leaders from discrimination and help to propel them to higher administrative positions. Racially and ethnically diverse nurse leaders and faculty are needed to prepare nurses with the knowledge and skills to address racial inequities and social determinants of health (National Academies of Sciences, 2021). Ethnic minority nurse leaders can use their position to motivate and empower others like them to aspire to higher-level positions in nursing (Iheduru-Anderson, 2020; Iheduru-Anderson, Moore et al., 2022).

Mentoring (DeWitty & Murray, 2020; Silver, 2017; Whitfield-Harris et al., 2017) and creating a more inclusive environment (Hamilton & Haozous, 2017) are suggested critical strategies for the recruitment and retention of Black and other ethnic minority nurse faculty and leaders. As elicited in the *'Future Of Nursing 2020–2030'* report, nurses as leaders “can leverage and actively promote diversity within their teams and create an atmosphere of equity, inclusion, innovation, support, and growth” (National Academies of Sciences, 2021, p. 280). In Silver’s (2017) study examining the perspectives of 24 healthcare executives on diversity and its potential impact on healthcare leadership, all participants reported that mentors played significant roles in facilitating their career attainment. Beckwith et al. (2016) noted that mentoring and sponsorship are crucial for the career advancement of Black women to executive roles because it helps to disrupt isolation.

The quality of the mentoring relationship, not the presence of a mentor, is a crucial component of effective mentoring (Beckwith et al., 2016; Julion et al., 2019). Effective mentoring relationships, which lead to healthy outcomes, are characterized by close and meaningful connections, mutual trust, and empathy (Peifer et al., 2016). Clonan-Roy et al. (2016) argued that the development of young women of color is influenced by how they are viewed and marginalized in society because of the intersection of their racial and gender identities. Mentors help socialize mentees into the professions and the work environment. As evident in Julion et al. (2019), members of the mentoring group supported by an experienced African American senior faculty achieved ongoing success in scholarship, growth, and academic achievement through regular ongoing and meaningful contact between mentees and mentors. Mentors and sponsors enabled Black women leaders in corporate leadership to feel empowered and navigate other race-based stereotypes and barriers in the workplace (Holder et al., 2015). The lack of diversity at the higher leadership levels poses significant

barriers to access to mentors from ethnic and racially diverse backgrounds for aspiring Black nurse leaders (Beckwith et al., 2016; Iheduru-Anderson, 2020).

The literature is replete with papers discussing the value of mentoring in the career development of teachers (Bressman et al., 2018; Hill-Jackson, 2017), nurses (Anderson et al., 2019; Wilson et al., 2006), higher education (Arnesson & Albinsson, 2017; Mcilongo & Strydom, 2021), People of color and Black women leaders (Beckwith et al., 2016; Holder et al., 2015; O’Bryant, 2015), Women of color in Science, Technology, engineering, and Mathematics (Alfred et al., 2019; Ehlers et al., 2018; Main et al., 2020) and promoting gender diversity in executive and corporate leadership (T. N. Allen & Lewis, 2016; Johns, 2013). Most literature on diversity improvement measures in nursing and nursing programs included mentoring as a major component (Brooks Carthon et al., 2014, 2015; Cary MP et al., 2020; Murray, 2015). Belonging and actively participating in the ethnic nursing organization helped members to develop their leadership through mentoring, scholarship, support, and connection (Matza et al., 2018). However, we could not locate any study examining how Black nurses, Black nurse faculty, or Black women academic nurse leaders experienced mentoring in the nursing profession. The current study seeks to close that gap using critical race theory (CRT). The career development and advancement of Black women nurses in higher education and academic leadership have not been fully explored.

Framework-Critical Race Theory

Our study is grounded in critical race theory (CRT) for understanding how Black academic nurse leaders experience mentoring. CRT originated from critical legal studies as an analytical framework to address societal racial inequities (Crenshaw et al., 1995). The tenets of CRT include race as a social construct; racism is an endemic and enduring feature in U.S. society; giving voice and counter-storytelling; whiteness as property; interest convergence, and material determinism (DeCuir & Dixson, 2004; Rocco et al., 2014). “Critical Race Theory considers the social construction of race and racism as enduring features of American society” (Rocco et al., 2014, p. 659) deeply woven within policies and systems that affect every aspect of life in society, including academic nursing. From the CRT lens, social, political, and economic inequities among racial and ethnic groups are viewed as a function of racism (Rocco et al., 2014). The overrepresentation of white people in nursing at all levels and the underrepresentation of Black nurses are examples of whiteness as property. This overrepresentation grants white nurses and students access to mentors, resources, and social capital required for career advancement from the beginning of their nursing education and career. The hierarchical positioning of individuals based on phenotype influences one’s experiences in the workplace and access to work-related

social capital (Alfred & Chlup, 2010). The purpose of this study is two-folds. (1) To examine how Black women academic nurse leaders perceive mentoring in academic nursing using critical race theory as the guiding framework. (2) To explore the critical role of mentorship in promoting and advancing Black women academic nurse leaders.

Method

Research Design

A qualitative narrative inquiry design was adopted for this study. Narrative designs allow the participants to name their reality (Creswell & Poth, 2017). It is appropriate for studying historically marginalized groups because it allows them to offer counter-narratives to the dominant ideology and interests. The design allowed the participant to narrate their experiences with mentoring as they ascended the career ladder in the nursing profession. It allows the researcher to explore how the individual experience is shaped and expressed by the social, cultural, and institutional narratives where they operate (Clandinin, 2016). Narrative inquiry lends itself to CRT as a framework to explore the experiences of Black academic nurse leaders.

Research Ethics. The authors' Institutional Review Board at Central Michigan University approved the study (approval # 2020-1657). Participants provided recorded informed consent before the interviews. Pseudonyms were assigned to each participant for confidentiality and used throughout the study, and no compensations were offered to study participants.

Sampling and Data Collection

Critical race theory allows individuals to name their own socially constructed realities through storytelling in narrative interviews. "The point is to use storytelling to contextualize one's personal experiences within a broader social justice meaning" (Rocco et al., 2014, p. 463). Purposeful sampling was used to recruit participants with in-depth understanding and experiences to provide information-rich data for analysis (Creswell & Poth, 2017). Data were collected using telephone and audio-visual individual unstructured interviews lasting between 45 and 60 min. The original interview guide did not include questions about mentoring. However, after the first two interviews, it was evident that questions related to mentoring needed to be explored in greater detail. Questions about mentoring include a version of the following. What role did mentors play in your career? What was your experience with mentorship in your nursing career? Unstructured narrative interviews allow the participants to tell the researcher their stories as they understand them, thus constructing their reality (Kartch, 2017).

The use of virtual interviews allowed for greater flexibility in arranging the interview dates and times and provided the participants with greater control of their social space. It also provided the authors greater access to a broader range of participants regarding geographic locations. Virtual interviews allowed better access to more research participants from different geographic locations but limited observation of the participants (Portugal, 2015). The lack of visual observation is augmented by tuning in to the changes in tone of voice. For example, when the participant sounded excited when discussing an experience. Probing questions such as, "you sound very excited talking about your mentor; tell me more about your experiences with them," were used to help the participant better articulate the experience and provide richer textual information.

Data Analysis

This paper is a secondary analysis of the study of Black Women academic nurse leaders. Audio-recorded interview data were professionally transcribed and analyzed using the thematic analysis method described by Braun and Clarke (2012, 2013). Thematic data analysis allows a researcher to identify themes and patterns of meanings across a data set related to a particular research question or purpose. Braun and Clarke's thematic analysis process comprises six steps: transcribing, reading and familiarizing, initial coding, searching for themes, reviewing themes, defining and naming themes, and finalizing the analysis and writing report.

Transcription, Reading, and Becoming Familiar With the Data. The interview data were professionally transcribed. The authors' familiarized with the data by listening to the audio recording while reading the transcripts for accurate transcription. Another careful reading of the transcripts with the theoretical lens and research question in mind followed this. During the rereading, the authors highlighted important phrases and statements related to the phenomenon under study.

Generating Initial Codes. Codes are words or phrases in the data that capture the essence of the research purpose or question (Braun & Clarke, 2013). This step was performed manually. The authors reviewed the entire transcript and identified data pertinent to answering the research question. The codes generated from the data reflected the participants' experience more accurately. These codes were then organized into an excel spreadsheet for further analysis.

Searching for Themes and Subthemes. Once the coding of the entire data set was completed, the authors looked for patterns occurring in the data. In this step, the researchers performed pattern-based analysis to identify prominent features of the data significant to mentoring experiences and begin

generating initial themes (Braun & Clarke, 2013). The goal was not to consider the frequency of the codes but to capture their relevance to answering the research question.

Developing and Reviewing Themes. In this step, the codes were reviewed, and similar codes were collated and recorded under specific themes or subthemes (Braun & Clarke, 2006). Reviews and revisions of the categories followed this to remove themes irrelevant to the research question. At this stage, coded data are moved in and out of different themes to create a better data-theme fit. Two major categories were identified; mentoring others and being mentored that best answered the research questions. The themes and subthemes are discussed in greater detail in the result section.

Defining and Naming Themes. This step involves ongoing analysis to refine the specifics of each theme. It involves generating definitions and naming the themes and subthemes and what is unique to each theme. Extracts from across the data were used to provide a vivid, compelling example that clearly illustrates the essence of the theme (Braun & Clarke, 2012). The final step is *finalizing and presenting a report*. In this final step, the themes were presented in a logical manner (Braun & Clarke, 2012). Including how the findings are integrated with critical race theory and relevant past scholarly literature.

Rigor and Trustworthiness. A narrative inquiry was deemed appropriate for exploring the topic and answering the research questions. The data analysis process was detailed for the reader to follow. Data saturation is nearly impossible in qualitative studies; however, data collection was concluded when data became repetitive with minimal new information from interviews. The transferability of the findings is dependent on the reader. However, it was enhanced by using purposive sampling and recruiting Black women academic nurse leaders to ensure that participants had experience with the topic under investigation to provide rich information (Creswell & Poth, 2017; Morse, 2015). The authors engaged in rigorous discussions and reflection over several months, soliciting feedback from an experienced qualitative researcher not involved in the study to ensure that the findings were representative of the participants' narratives (Cypress, 2017) and experiences and not tainted by the authors' experiences and biases.

Results

Thirty-four Black women academic leaders participated in the study. Thirty-two had a doctoral degree, and the two participants with master's degrees; one was a Ph.D. candidate, and the other was in a doctoral degree program at the time of data collection. Twenty-three of the participants have been in academic nursing for more than 10 years. The detailed

demographic data was presented in a previous paper (Iheduru-Anderson, Moore et al., 2022; Iheduru-Anderson, Okoro et al., 2022). The thematic analysis results are classified into two major categories: being mentored and mentoring others Figure 1. In this paper, the participants used mentors, role models, sponsors, and supporters interchangeably when describing their mentoring experiences. Being mentored is described under the five subthemes; good mentors make life-long friends, bad mentors and mentees are like bad marriages, we need good early career mentors, positive role modeling makes a difference, and nursing organization membership provides a professional lifeline. Mentoring others is described under five subthemes: mentoring with a purpose, navigating the waters alone, paving the way and offering second chances, leaning in and extending the power of your position, and more white allies and mentors will make a greater impact.

Being Mentored

The participants described how they experienced mentoring by others as they rose through the ranks. Being mentored included being offered formal mentoring opportunities, fellowships, formal and informal mentoring, and networking through professional nursing organizations. The participants described positive and not-so-positive mentoring experiences.

Good Mentors Make Life-Long Friends. Many participants remember fondly the mentors instrumental to their career advancement and the lifelong relationships formed. The joy of such a lasting relationship was evident in their voices as they described their experiences. Many of these nurses have mentors from diverse ethnic backgrounds. However, sharing similar backgrounds, such as the military or race, transcended all other differences. Some participants described their good mentors as their "sounding boards." Someone who will listen, support, and provide honest critical feedback from "a place of love and support." These mentors and coaches were often a phone call away, making time to listen.

My first Black mentor became a very dear friend, always just a phone call away. I can call and say, "All right, how do I deal with this? Oh my God, you don't know what happened today." She was always there. [Nelly]

Mentors shared learning and job opportunities with the participants and encouraged them to take on higher-level responsibilities even when they did not think they were ready. For Tara, "being a mentor is not being a lord and master to someone of low status. It is about offering your support and expertise for the betterment of another without any strings attached." "The mentoring relationship I treasure was built slowly and steadily over time," said Erin.

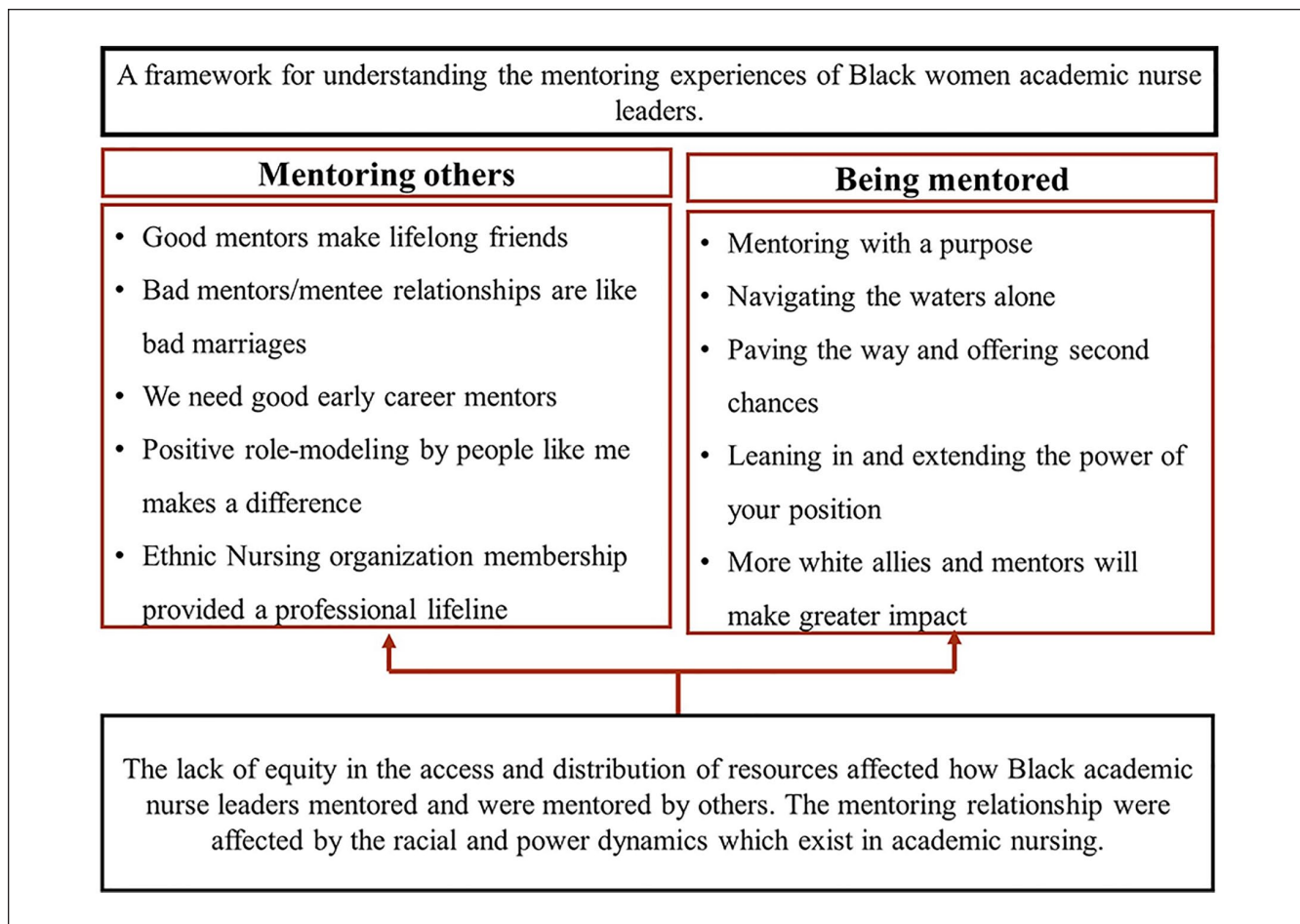


Figure 1. A framework for understanding the mentoring experiences of Black women academic nurse leaders.

Some participants reported that being mentored by another Black nurse is very different from being mentored by someone from a different racial background. They understand “your story, fears, your limitations.” There was a kinship that made them feel seen and heard. When you have an idea you are trying to articulate, it is easier when the person you share it with understands you without elaborate explanations. “Where I may be and have been invited by my Black mentor to family events or even lunching together, I did not experience the same with my assigned white mentors. It was strictly business.” [Ezie]

Some of these mentoring relationships differed from the typically experienced nurse (mentor) to the new nurse (mentee). Because many participants lacked access to faculty mentors and role models who looked like them in school and early in their careers, they served as role models and support for each other, with high expectations, sharing resources and essential information about career opportunities. Some formed friendship groups, returning to graduate school together and supporting each other through it. These experiences resulted in lifelong friendships. Although many

participants discussed positive experiences with mentors from a similar background, some spoke about white nurse faculty and leaders who saw their potential and supported them in school and some of their roles.

Bad mentors and mentees are like bad marriages. Describing their experiences in academia, many of the nurses discussed poor mentoring experiences. These poor mentoring experiences were associated with formalized mentoring programs, where individuals are assigned mentors. Others were related to graduate school experiences with dissertation and thesis chairs and committee members’ failure to provide encouragement and meaningful directions. “A mentor provides constructive feedback, not malicious feedback,” said Maya. Some discussed mentors who took advantage of them without offering much mentoring. Others talked about dishonest mentors who tried imposing their will on them, not willing to listen to their points of view. Ryan described her bad mentoring experience as “just like a bad marriage, one-sided, exhausting, and unproductive.” Some felt those assigned as mentors lacked commitment to the relationship and were

not accessible to their mentees. Others actively undermined their mentees by disclosing or using information shared in confidence. Sometimes the mentor may have ulterior motives other than the proclivity to help someone else develop and grow professionally, or the mentor may view the mentee as a competitor rather than an ally. Nia explained.

If someone who does not care for you is assigned to mentor you, they can make your work more challenging. They fail to listen to your point of view, and they undermine you. You cannot force a connection when there is none. It makes for a miserable mentoring experience.

To address the abovementioned issues, Holly suggested seeking mentoring and collaboration opportunities outside the immediate college, university, or discipline. "I think you have to be well-rounded and have multiple support systems to be successful, not just within your university but outside your university. I found great mentors and collaborators outside nursing, which have served me well." Holly noted that having people from different disciplines who do not feel they will be competing for the same role with their mentees in the future may be more beneficial than depending on nurses alone.

Some participants felt the mentees should drive the mentoring relationship because they stand to gain the most from it. Tara explained, "Some mentees are not proactive or self-directed. They miss deadlines and come to meetings unprepared. Some expected to be fed the information." Holly added that those seeking mentors should have some clear direction about what they want out of the relationship and be able to communicate it to their mentors in formal and informal mentoring. "Bad mentor/mentee relationships end in resentment and bad blood," said Anna. Some felt exploited in the mentoring relationship. As Cece explained, "I found the grant, did most of the work, and because she was the senior faculty and director, she placed her name as the lead. I worked my tails off for 3 years, and she took credit." Some were forced or expected to take sides in department conflicts, which affected their relationship with others in the department. Some participants in lower leadership positions view their direct supervisors as informal mentors. However, this sometimes led to unintended consequences preventing the mentee from flourishing, with the blurred lines between supervision and mentoring. Anna advised against being mentored by a direct supervisor, commenting that such arrangements "always felt like being summoned to the principal's office or perpetual evaluation rather than mentoring."

We Need Good Early Career Mentors. Early career mentoring is critical for career advancement. The participants who experienced early career mentoring reported that it helped them personally and professionally. "Good mentors early in my nursing career were like floats when you are drowning,"

said Lou. "They are your biggest champions, and you don't want to disappoint them. You work hard because someone has faith in you," added Lori. Many of these participants, their mentors, and faculty from the same racial background often expected more from them. They believed in their abilities more than they sometimes believed in themselves. Ally recalled, "The mentor I had in graduate school exposed me to nursing research and mentored me through a Ph.D. program. That exposure set the career path for me. Without her, I had no intention of doing the Ph.D. program." Some of the participants at higher leadership levels talked extensively about the positive effects early mentoring had on their careers. Lou remarked, "My early career mentor was happier than me when I got accepted into a Ph.D. program. She was like a proud mama. She refused to give up on me. She gave me my first job opportunity in academia."

Many participants reported that it is crucial to seek mentoring from people who are where you aspire to be. However, the limited number of Black nurses in executive leadership makes it challenging to find people who understand them and are willing to act as mentors. Mentors from the same backgrounds were critical when navigating tenure and promotion for many participants, especially if their scholarly interests and research agenda differed from the generally accepted majority norms. Early career mentors were crucial to acceptance to the department, helped participants navigate role conflicts, and supported other ethnic minority pre-tenure faculty.

The need for white nurse leader mentors cannot be overstated in supporting Black nurses and other nurses of color in nursing schools and early in their careers. Dalia's statement is an example of the role of white nurse leaders in mentoring Black nurses. She discussed being given a chance as the only Black faculty and staff in a nursing program.

The white chair of the program at that time was incredibly supportive. . . . she was like, "I just have a feeling about you. I think you will do a great job here." She supported me through the ups and downs of a new faculty role. Together we made a difference in the college and program. This was different from my experiences of being overlooked and ignored. This white woman, as they say, was the wind beneath my wings. [Dalia]

Some participants compared their experiences with their white peers, noting the stark difference in the type of support, mentoring, and networking opportunities. Some discussed how the lack of Black nurse faculty disadvantage Black students and nurses. Alex's statement is a good illustration of this viewpoint.

If you are white, you get people who look like you, looking out for you, from entering nursing school to your first job. They are supported and cared for. We do not have that; I did not have that. We need mentors early in our nursing careers. We especially need support and mentoring in early administrative roles.

For many of the participants, early career mentoring was transformative. Their early career mentors helped them set realistic goals, challenged them intellectually, guided them to valuable resources, supported their dreams for themselves, and helped them discover their strengths and areas for improvement.

Positive Role Modeling Makes a Difference. Other Black nurses and Black nurse leaders supported and encouraged the nurses in this study in their journey toward leadership and in their current positions. Black faculty and academic leaders were instrumental in modeling appropriate professional behaviors for many participants. “The first Black faculty I had in college was exceptional, dressed impeccably, carried herself with grace, and was “SMART.” I just wanted to be her. The sister made me proud,” said Cece. Except for those who went to HBCUs, many participants were one of a handful or only persons of color in their graduate programs or first faculty positions. The sense of social isolation and not receiving the same support as their white peers affected how they experienced their environments. Faith’s comment illustrates the importance of faculty of color in developing Black nurses and nurse leaders.

Early in my career, I longed to see someone who looked like me as a Chief Nursing Officer or dean. However, I get discouraged whenever I go to college, university-wide, or even state-level meetings and see only two or three other Black people at these leadership events. You feel like you do not belong. You need to see people like you in the position you aspire to help your belief that it could be you someday. [Faith]

All the participants said they are all role models for their minority students and their peers and must positively represent the Black community at all times. As Jess put it, “Being the one Black person in leadership, you are a role model. . . . you have to be beyond reproach. You have to leave good examples for all these kids who are watching. From how you dress, talk, walk.”

The change of institutional leadership often impacts the sustainability of mentoring relationships and the career progress of Black nurses. Some of the participants reported losing the support of their white or Black mentors once institutional leadership changed. Nelly noted, “The support and allyship I enjoyed from the director who hired me was lost when she exited the institution. I lost my mentor, support, and access to resources with leadership change.”

Ethnic nursing organization membership provides a professional lifeline.

For many nurse leaders, active participation in a professional nursing organization was a lifeline and provided access to mentors for the participants. More importantly, the ethnic nursing organizations helped some participants connect with people who look like them. Zuri, who currently holds a very high-level leadership position, said she was introduced to the Association of Black Nurse Faculty very early in her career,

which greatly impacted her career trajectory by giving her access to a robust regional support network. Erin, who attended a predominantly white institution, said, “My first time attending the National Black Nursing Association conference, I saw Black nurses doing great things. It made me feel good. I wish I had learned about the organization earlier in my education.” Holly strongly encouraged Black nurses to link with the National Black Nursing Association and the Association of Black Nurse Faculty. Noting,

I used those organizations immensely and met some dynamic nurses who were mentors for me. For people in a faculty role, I strongly suggest linking with the Association of Black Nursing Faculty. The support of these faculty and academic leaders were invaluable. Many positives happen for a young Black faculty within that space.

Some participants reported not learning about the respective ethnic minority nursing organizations while in nursing school. Delayed knowledge about these organizations and what they can offer prospective nurses and budding academic leaders caused them to lose valuable support and a sense of belonging. For example, Lilly reported not knowing about the National Black Nurses Association or Mary Mahoney Association until a year before this study. Therefore, she was not able to connect with them. Lilly commented, “I joined the more popular and well-known professional organizations, like Sigma. But it was not the same as my sense of belonging with the National Black Nursing Association or the Mary Mahoney Association where I saw myself reflected.” For some participants belonging to the ethnic minority nursing organizations was like “coming home.” However, many reported that ethnic minority nursing organizations are not promoted in nursing schools. Some participants stressed the need to belong and seek support from Ethnic nursing organizations when someone works in a predominantly white institution. Cece stated, “I found support with similarly raced individuals and trailblazers, who empowered and supported me when my predominantly white institution was not offering any support. The friends I made in the Association of Black Nursing Faculty provided safety and outlet. “Participants reported that connecting with people who shared similar life and work experiences offered a sense of relief and belonging, “like coming home.” Cece expounded, “I found that other Black leaders can offer unvarnished insight into the system and how to navigate through them. They just give you hope.” Although belonging to nursing organizations can be very expensive, Lilly thought it was worth the investment. However, she said it could be made more affordable to reach a wider audience and student nurses.

Mentoring Others

With the limited number of Black nurse faculty and academic nurse leaders to serve as role models and mentors,

many participants view themselves as role models and mentors for many students and nurses of color in their institutions. In this experience of mentoring others, they work to correct some limitations of their own experiences as students, new faculty, and leaders. Many participants reported that most of their mentoring activities are informal and not recognized by their organizations. Therefore, they can be time-consuming and exhausting, but they all reiterated how crucial it is to support people like themselves. The sub-themes in the category are further described below.

Mentoring with a Purpose. Tara stated that mentoring without a purpose “is like building a house without foundation.” Nursing is white at the top. Nursing must mentor with a purpose if they are serious about diversity and inclusion. “Most deans, associate deans, and Chief Nursing Officers are middle-aged or older white women. For many of these women, their idea of succession planning is creating younger versions of themselves,” said Ryan. Some of the participants highlighted the importance of work experience to effective mentoring. Mentors can only help mentees advance to the same level they are. It is difficult for Black nurse leaders with no social capital at the Dean or Chief Nursing Officer level to mentor someone to ascend to those levels. Jess stated,

As a nursing program chair, I can only mentor another Black nurse or faculty to the chair level. I do not have the experience to help a younger Black nurse faculty with the experiences and networking necessary to prepare for the Dean role. However, I can make referrals. I can only refer to my network, which is very different and not as robust as those of my white peers.

Nene expounded on the above comment stating, “There are very few Black nurses at the C-suit of academic nursing and nursing leadership in general. Therefore, it is the responsibility of white nurse leaders to mentor Black and Brown nurses to the C-suit levels.” The focus should not be on mentoring them at the lower leadership levels but also at the top leadership levels. “White nurse leaders need to mentor to diversify nursing leadership at all levels,” said Faith.

Mentees need time to develop the skills to be effective in their leadership roles. One-time training and workshops, although necessary, cannot replace the knowledge and skill built over time with the help of a very knowledgeable mentor. All participants in the study have the academic qualifications for their roles; however, many of them, especially those new to their leadership roles, need the right mentors to support and help them develop the skills for sustained success and advancement. “Appropriately paired mentor/mentee dyad is key to leadership mentoring success,” reported Lou. Some participants also discussed the role of implicit bias and covert racism in mentoring. Lori elaborated.

Suppose you are paired with someone who is knowledgeable but does not necessarily care about you and your career goals or someone who feels that you are overly ambitious or perhaps

aspiring to a status historically reserved for white nurses. In that case, that relationship will not work for you, which is why we need Black nurse leaders to support other Black nurses.

Nursing programs and departments wishing to recruit, retain and advance Black nurse leaders “must examine both individual implicit and explicit biases as well as the restrictive institutional culture that limit inclusion and career progression,” said Aria.

Mentoring with a purpose was not limited to succession planning. Some participants described mentoring in various ways when contrasting their experience with mentoring to the mentoring they are providing or hope to provide to other nurses. For Dalia, “mentors are people who give me input and advice on how to grow and be better.” Raine described mentoring in-depth as “the caring for and supporting of students and new nurses by providing feedback, resources, active listening, and encouragement. Believing in them so that they can have belief in themselves. Black nurses do not often get that from white nurses.” She went on to say that mentors need to spend time with mentees to understand their needs and their strengths. “It is about investing in the younger generation.” Mentors must know when to refer their mentees to someone else for further development. For the most part, the mentoring relationship is for the mentee’s benefit, so there should be a clear objective for a formal mentoring relationship. Pauly explained that Black nurses seeking higher-level resources seek mentors outside their institutions and disciplines to meet their needs. She noted that the lack of diversity in many institutions limits Black nurses and nurse faculty’s access to full professors and higher-level administrators to support their professional growth.

Navigating the Waters Alone. Navigating the waters alone speaks to the challenges many new Black faculty and academic leaders encounter as they navigate the nursing academe, which informs how they mentor others. More than three-quarters of the participant reported that they had no formal mentoring or mechanism for finding mentors. With the lack of Black nurse faculty and leaders, many were left to figure things out for themselves compared to their white peers. These experiences substantially motivated their desire to mentor other Black nurses and students. They work to include students in their projects and make themselves available to new faculty in their departments.

Black or brown racialized population often do not have someone else who is extending their arm back saying, “Let me help you,” “Let me guide you,” “Let me support you,” or “Let me introduce you to such-and-such,” or “Collaborate with me on this project.” That often does not happen. Now it is my turn to pay it forward. Offer an opportunity and a second chance to another Black nurse. [Holly]

Anna further expanded, “We must break the cycle of always having to do it alone or doing more than what is

needed normally than most people to secure certain roles, positions, and advancement.” Pauly discussed being the first Black faculty in her department to achieve tenure and full professorship. Stating,

I did it without support from people in my university and department. There were so many roadblocks that I had to navigate. While many of my white colleagues had support from other white associate professors and full professors, the three Black faculty in the department were left to sink or swim. My goal now is not to be the last. [Pauly]

For Lilly seeing people who look like you at the stage where you want to be is a source of inspiration. “It gives you hope. You feel that if they can achieve that, so can I. Now I support others like me. It is an obligation.” Nia suggested that institutions “not ever hire only one Black faculty.” Nothing that despite how friendly people might be in an environment, it is different when there is another person you can identify with at the same level.

Paving the Way and Offering Second Chances. Some participants reported that despite their levels of achievement and intellect, many Black nurses are overlooked and passed over. Some talked about the impact lack of early career mentors had on them. Lilly offers what she wishes she had as a new nurse. She stated, “Unfortunately, I learned a lot from long hours and trial and error. I did not get much guidance in my early leadership roles. It was sink or swim. Now, I help others to prevent them from making my mistakes.” Having a mentor can help Black nurse faculty harness their experience and profile to make it easier to be recognized. For Nelly, being a mentor is paying it forward. She fondly remembered her first academic role, the team she worked with, and an outstanding African American faculty mentor and a White dean. Together they provided support and direction that resulted in her current role. “Now, I simply pay it forward by mentoring and supporting others like me.” For Moira, the support of a Black male leader from a different college helped her navigate daily racial microaggressions and multiple personal and professional slights. “I probably would have left that job but being able to share my experiences with someone who got it, I felt unburdened, gained valuable insights about the culture; it helped me navigate the landmines.”

Because many of the participants appreciate the power of mentoring, they view it as part of their duty to students and faculty, especially ethnic minority students. Almost every participant expressed seeking out and sharing specific resources for their minority students. Some helped create outreach programs and support for minority students through their minority nurse organizations. Dalia advised nurses to seek mentors from across races, ethnic backgrounds, and disciplines, people who are supportive of growth and success. “I earned tenure because the previous white dean took a chance on me and invested time and resources in supporting my

success. Now, look at me. That is what I try to do for others like me.” Dalia’s comments lead to the next theme.

Leaning in and Extending the Power of Your Position. Many of the participants, especially those in the upper leadership levels, discussed leveraging the power of their position to effect lasting changes related to improving the work environment and making it more inclusive. In their positions, they can propose and strategically develop systems and structures to facilitate the recruitment and retention of students and faculty of color. As Kris commented,

Our problem was not the ability to recruit Black and Brown students; it was about keeping them. The environment and system need to be inclusive; the students have to be able to see themselves as nurses, faculty, and leaders. However, in an environment where very few people look like you, where you experience life very differently from your peers and not in a good way, you do not want to stay.

Kris compared her experience in an organization where she felt she had no power to change the culture to her current role and felt empowered to use the authority of her position to make changes. She states, “As a leader, I use the power of my position to the full extent. That means challenging my team to review policies, create opportunities, and provide resources for diverse nurses to succeed in academic nursing.” For Ezie, who described herself as a fierce advocate for Black, Indigenous, and People of Color faculty and students, mentoring others is an honor and obligation to the next generation of nurses. She said, “I understand the experiences of my minority students and faculty. . . .to make a difference, I leverage my position to create equity. I sponsor programs and professional development opportunities to support and guide their development.”

More White Allies and Mentors Will Make a Greater Impact

All the participants agreed that white nurses and nurse leaders are needed to mentor nurses and students of color to make significant progress in diversifying nursing at all levels. Aria noted that while formal mentoring programs are crucial for professional development, the informal mentoring relationship born of “mutual understanding and unpretentious need to promote the success of another have lasting effects.” More than half of the participants spoke highly of the differences their authentic white allies and mentors made in their careers by supporting them privately and publicly. They talked about how the public show of support was always more impactful than the private show of support. Raine reported that when white superiors and mentors consistently support Black nurse leaders, it sets examples for their students, staff, and faculty. “When the work of Black nurse faculty and leaders are recognized the same as their white peers, it sends a

message that they are valued and as important to the organization as anyone else,” said Nelly. Lori added,

Black nurse leaders cannot do all the work of mentoring and developing Black nurses and students. There aren't enough of us. White nurse leaders need to do their part in their various institutions. They need to be intentional in supporting the development of Black nurses and helping shield them from racial microaggressions and assaults. Black nurses can be and are effective leaders, but they cannot lead if they have no support or are busy fighting racial microaggressions. [Lori]

A dean, Emma offered guidance to white faculty and nurse leaders seeking to make a difference by mentoring students and nurses of color.

They have to take the time to know the individual. One size does not fit all. This goes both ways, but the mentor sets the tone. I do not see color does not work. You must see your student. It takes time and deliberate effort to make lasting change, and you must commit to it and take others along for the ride. Black students especially know when you are blowing smoke and will not trust you. [Emma]

The participants' stories provided rich data to answer the research questions. They discussed their experiences with being mentored and mentoring others and contrasted some of their experiences with those of their white peers.

Discussion

This paper is a secondary analysis of data from the study on the leadership experience of Black academic nurse leaders. The study's original intent was not to explore mentoring effectiveness but to explore how Black academic nurse leaders experience leadership in academic nursing (Iheduru-Anderson, Okoro et al., 2022). From a theoretical lens, “CRT exposes the centrality of race and racism and the intersection of race and racism with other forms of subordination” (Malagon et al., 2009, p. 256). We used CRT to understand how race and racism intersect with gender and power as structural and institutional factors that affected the participants' experiences.

All the participants recognized that the lack of diversity in academic nursing negatively impacts the career advancement of Black nurses. For those in predominantly white institutions, white nurse faculty and leaders played a crucial role in supporting their progress. However, there is a striking difference in the accessibility of mentors and resources for Black nurses compared to their white counterparts. The findings of the current study are discussed within the five tenets of CRT listed in the framework section of the paper. Social justice, defined as the equitable distribution of power, resources, and human development (Buettner-Schmidt & Lobo, 2012), is a core value of professional nursing.

However, the current study's findings paint a different picture, at least in how the participants perceived mentoring as academic nurse leaders compared to those classified as white. They discussed the saliency of race and racism in how they experienced mentoring in nursing and their experiences mentoring others.

Race as a Social Construct

Jones (2001, p 300) defined race as “a social classification based on phenotype that governs the distribution of risks and opportunities in our race-conscious society”—measuring value and assigning benefits and societal constraints based on particular racial identity. The social construction of race made those classified as white more valuable than others (Rocco et al., 2014), granting them unearned privileges such as several mentors at executive levels and advancement opportunities over their Black counterparts. Race-based stereotypes adversely impact Black nurses' careers and relationships with colleagues and affect their access to mentors (Holder et al., 2015). The opportunity for same-race interaction and mentoring in higher-level positions depends on the availability of same-race others in those positions (Iheduru-Anderson, 2020). With greater access to mentors, mentoring opportunities, and career advancement, white academic nurse leaders and faculty regularly exercised their power to maintain positions of superiority in academic nursing (Iheduru-Anderson, 2021). While white faculty and leaders had access to mentors within their immediate environment, the limited numbers of Black academic nurse leaders necessitated seeking mentorship and career advice from Black individuals in other disciplines and across institutions for many current study participants. Whitfield-Harris et al. (2017) reported similar findings.

Racism is an Endemic and Enduring Feature in U.S. Society

Race plays both a conscious and unconscious role in our policies and actions. Different access to resources and opportunities for persons based on race is embedded within social systems and institutions, including the nursing profession. Racism is present even at the level of academic leadership. Understanding the historical context that continues to reproduce unequal access to resources and opportunities in nursing is crucial for addressing diversity in nursing leadership. Formal early career mentoring offers many advantages to mentees, including faster career advancement and higher job satisfaction. Historically, advancement opportunities, training programs, and mentors were made available to white nurses, allowing them to advance more rapidly through the ranks than Black nurses. Black nurses employed in predominantly white institutions with meager Black representation have limited opportunities to develop as much social capital

as their white counterparts. As Whitfield-Harris et al. (2017) described, Black nurses coped with improper assets, such as having limited access to mentors in predominantly white nursing institutions as they transitioned to faculty roles. The current study participants who benefited from early career mentoring fared better than their peers who did not. The mentor-mentee relationship is the most significant part of the mentoring process (DeWitty, 2019). Poor mentoring experiences resulted when participants were assigned to mentors with whom they had nothing in common or who needed more motivation to mentor. This study and Whitfield and colleagues highlighted how Black nurses built capacity by developing their career goals and seeking support, investing time and money in networking opportunities, and mentoring others. The lack of Black academic nurse leaders excluded Black nurses from crucial social networking opportunities.

Counter-Storytelling

Another tenet of CRT is the amplification and consideration of the voices of people of color as essential to the dialog about race (Rocco et al., 2014). Historically marginalized people's voices, knowledge, and experiences must be valued in the discussion of equitable access to resources and opportunities. The experiences of these leaders challenge the status quo, myths, and presuppositions that Black nurses lack interest in academic leadership, "they do not apply," or "we cannot find them" (Iheduru-Anderson, 2020). Using counter-stories allows us to challenge the majority's privileged discourses that if citizens work hard, they will naturally rise to the top (DeCuir & Dixson, 2004; Rocco et al., 2014). This belief ignores the unequal access to resources such as mentoring that hamper the advancement of Black nurses, evident in the current study. Holder et al. (2015) reported that African American women leaders depend on informal internal and external networks of individuals to validate their experiences with racial discrimination and provide a particular kind of acceptance and legitimacy to counteract the effects of everyday racism. Our participants reported experiencing a kinship with the Black mentors and leaders that differed from those of white mentors. The current study participants sought to remedy the access to resources by mentoring other Black nurses, as discussed in the findings. The participants recognized the critical need for mentoring for Black nurses and other nurses of color in advancing diversity, equity, and inclusion in white spaces. The participants challenge the notion of colorblindness in mentoring Black nurses, noting that developing successful mentorship begins with knowing the mentee and the life experiences they bring to the relationship.

Interest-Convergence

CRT establishes that social change can only occur if and when white people's interests, needs, expectations, and

ideologies merge with those of color (Dixson & Rousseau Anderson, 2018; Harris, 2020). Without white nurses and leaders recognizing and acknowledging the systems of privilege, exclusion, and racial inequalities in nursing academia, it will be arduous to make and sustain tangible progress toward equity and social justice (Campbell, 2014). Assigning mentors and resources to help advance Black nurses and students will not be achievable unless white nurses fully acknowledge the benefit of racial diversity and their role in advancing equitable access to resources in the profession and healthcare.

We must question who stands to gain and who continues to lose with the continued underrepresentation of Black nurses in academic leadership. Several studies and reports highlight the need for more Black nurses and other nurses of color at the leadership table as crucial for the recruitment, retention, and continued diversification of the nursing workforce at all levels (Iheduru-Anderson, 2020; National Academies of Sciences, 2021; Phillips & Malone, 2014). Whitfield-Harris et al. (2017) participants reported not receiving the same support as their white colleagues from their institutions, so they sought mentors outside their institutions or learned from their mistakes. Current study participants described similar experiences. Individuals have a greater affinity for members of their social group; therefore, organizations can create networking opportunities for aspiring Black nurse leaders to connect with influential Black nurse leaders. Black people are a heterogeneous group; even in the presence of diversity in number, limited availability of cultural others may restrict their ability to establish strong ties to other Black nurses in the organization.

Whiteness as Property

White identity conferred tangible and economically valuable benefits to those classified as white in a society structured on racial subordination. In the nursing profession, white nurses have been seen as more fitting for faculty and leadership roles (Iheduru-Anderson, 2020, 2021) and were provided access to leadership opportunities, same-race early career mentors, and resources, resulting in a wealth of social capital that could be tapped into repeatedly throughout their careers. Academic and social support are heightened with the presence of Black teachers in the classroom from the relationships they build with students of color (Mensah & Jackson, 2018). This is consistent with whiteness as property. For decades, Black nurses and students lacked role models in faculty and leadership and often did not have mentors to help guide their professional development. The result is the over-representation of white nurses in faculty and academic nursing leadership. Black nurses do not have the same opportunities and are affected by race and racism to different degrees (Alfred & Chlup, 2010).

Black academic nurse leaders' lack of representation and overrepresentation of white middle-class women faculty and

leaders reflect a culture of power (Mensah & Jackson, 2018). Several nurse leaders in the study did not have mentors of any race early in their careers; they worked for years in the same position or moved from job to job, seeking advancement opportunities while their White peers were provided mentors and opportunities for advancement. Strong mentor-protégé relationships are essential for career advancement. However, such strong ties can be harder to initiate, manage, and maintain when the individuals have little in common, belong to different racial groups, or if the mentor lacks interest in learning more about the mentee to build a mentor-mentee relationship. Ethnic nursing organizations fill the mentorship gap by providing their members with access to mentors, social networking opportunities, and support for career advancement (Matza et al., 2018). The current study participants recognized the importance of mentorships for career advancement and increasing the number of Black nurse faculty and leaders by mentoring others like themselves. By paving the way and mentoring with a purpose, Black nurse leaders work toward breaking the perpetual cycle of alienation, exclusion, and inequity in academic nursing leadership (Mensah & Jackson, 2018).

Implication for Practice

As Supreme Court Justice Ruth Bader Ginsburg once said, “Women belong in all places where decisions are being made. It should not be that women are the exception” (“Ruth Bader Ginsburg in Pictures and Her Own Words, 2020). *Black (women) nurses* belong in all places where decisions are made in *the nursing profession*. It should not be that *Black women nurse leaders and educators* are the exceptions. Barriers to academic success and career advancement are numerous for Black students and nurses. Mentors are critical for bridging the gap experienced by these students. As indicated in Figure 2, early exposure mentors beginning with racially diverse nurse faculty is an important first step. For Black student nurses and early career nurses, seeing individuals who look like them in key decision-making roles is critically important for career aspirations. The students should not only dream but also believe it is possible to achieve those dreams. Early access to mentors from diverse backgrounds at different levels in nursing can be impactful and may lead to persistence, retention, and a meaningful career in nursing.

A barrier to the upward mobility for Black nurses and nursing students is the lack of diverse nurse faculty, which contributes to the lack of access to a network of social capital. Mentorship has been shown to have significant positive effects on underrepresented students. As shown in Figure 2, early access to diverse leaders and faculty improves Black nursing students’ access to role models like themselves. It decreases the feeling of being alone and navigating the system without support from people who look like them. Having role models from the same racial and ethnic background

makes the dream of career advancement and success in nursing a possible reality. Access to multiple mentors at different levels beginning from nursing school decreases perception and structural barriers and is associated with improved career success for Black nurses. There is a need for mentors, faculty, and leaders of color to help steer students and new nurses as they navigate the nursing workforce, where coveted skills, access, and professional networks are critical to success.

Black nursing organizations are critical to professional development of Black nurses and students, therefore should do more to reach Black nurses and student nurses early in their education and career. They must share more information through regional outreach programs about themselves and what they can offer the students and new nurses. They could also make the cost more affordable for students with limited financial resources. Mentors are trusted advisers who offer caring support to novice nurses or experienced individuals changing jobs or careers to help develop personal and career journeys (DeWitty, 2019). However, the limited number of Black nurse leaders and educators makes it challenging to find mentors from the same background to mentor Black nurses and students. White nurse leaders must support Black nurses through mentoring, providing resources, and creating networking opportunities.

This study added to the literature confirming the crucial mentoring role for Black nurse nurses. It also highlighted issues with poorly matched mentors and mentees, and the need to consider common interests and racial backgrounds, when pairing mentors and mentees. It also highlights the need for mentors and mentees from different backgrounds to cultivate mentoring relationships deliberately. Institutions use formal mentoring programs to increase diversity without critically analyzing the complex and dynamic role of race, power, and structured inequities within the institution. Formal mentoring programs must consider their mentors’ and mentees’ racial, ethnic, and cultural diversity during the matching process to ensure that the relationship is meaningful and beneficial. Effective leadership attitudes and skills are developed through exposure and involvement with other leaders and the leadership process. Mentoring Black nurses and other nurses of color early in their nursing career, affirming and recognizing their leadership potential, and providing resources and opportunities to lead prepares them to take more formal leadership roles across settings and institutions.

Exclusionary practices that marginalize and disfranchise a subset of the nursing population are not uniquely American experiences. Black nurses across the globe experience institutional racial discrimination and mistreatment. Globally, institutional and systemic ideologies of white superiority in nursing education and practice should be examined from the perspectives of the “other” to understand how they impact the profession. Whiteness remains largely invisible as a historical phenomenon ingrained in

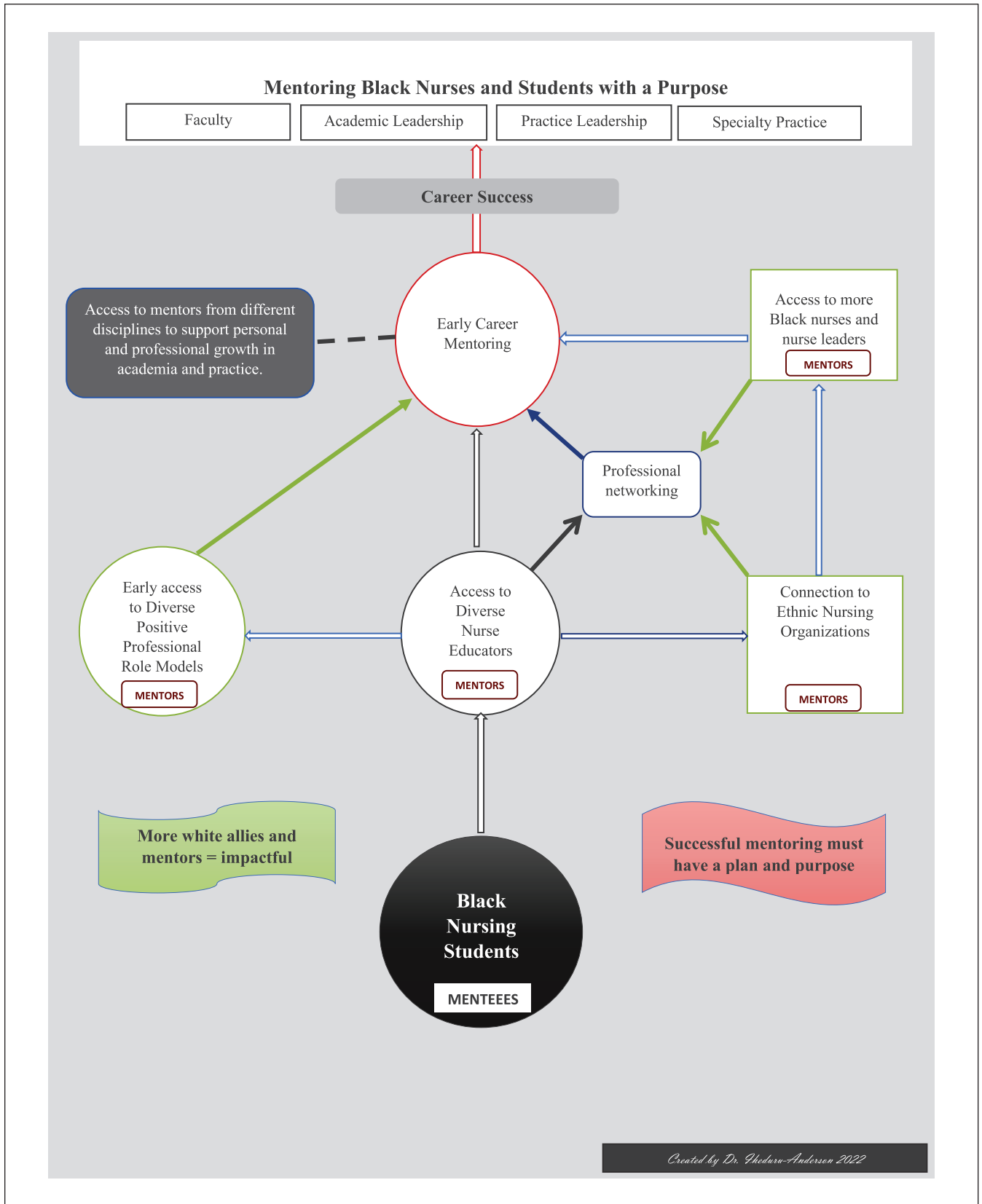


Figure 2. Mentoring Black nurses and students with a purpose must begin early.

modern nursing. Academic and practice leaders globally can use the findings of the current study to understand how mentoring could be structured to promote the employment and retention of Black nurse leaders.

Limitations

The study has some limitations. The qualitative nature of the study limits its generalizability. However, the purposive sampling ensured that only participants who met the inclusion criteria were included in the study. Virtual interviews limited direct observation of the study participants. The different levels of the participants' leadership roles, places of employment, and overall experiences may influence how they perceived their experiences as academic nurse leaders, but that does not negate the validity of their lived experiences as narrated.

Further studies could explore how participation in formal mentoring programs affected the career trajectories of Black nurses and other nurses of color. The current study focused on the United States context; similar studies should be replicated in other western countries. Although every nurse is a leader and has a level of influence, the leadership experience discussed in this paper is a positional leadership role where an individual is compensated for their job.

Conclusions

According to the National Academies of Sciences (2021) future of nursing report, "a critical role for nurse leaders is mentoring and sponsoring of nurses from traditionally underrepresented communities to build a more diverse nursing workforce and increase the number of underrepresented nurses in leadership positions" (p. 296). Mentoring builds social capital for Black nurses that could benefit the nurse, organization, and profession. As nursing works to increase diversity and inclusion, mentoring prospective Black nurse leaders and educators by white nurse leaders could create lasting social capital across racial groups. Mentoring provides an excellent opportunity for individuals from different cultural and racial backgrounds to discover shared interests and goals and work together to achieve them. Given that the CRT tenets address unique yet interconnected issues, they can be employed to explore the various ways predominantly white institutions reproduce racist practices, including allocating resources such as mentoring opportunities for Black nurses and students.

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References

- Alfred, M. V., & Chlup, D. T. (2010). Making the invisible, visible: Race matters in human resource development. *Advances in Developing Human Resources, 12*(3), 332–351. <https://doi.org/10.1177/1523422310375027>
- Alfred, M. V., Ray, S. M., & Johnson, M. A. (2019). Advancing women of color in STEM: An imperative for U.S. global competitiveness. *Advances in Developing Human Resources, 21*(1), 114–132. <https://doi.org/10.1177/1523422318814551>
- Allen, T. N., & Lewis, A. (2016). Looking through a glass darkly: Reflections on power, leadership and the Black female professional. *The Journal of Values-Based Leadership, 9*(2), 1–16.
- Anderson, K. M., McLaughlin, M. K., Crowell, N. A., Fall-Dickson, J. M., White, K. A., Heitzler, E. T., Kesten, K. S., & Yearwood, E. L. (2019). Mentoring students engaging in scholarly projects and dissertations in doctoral nursing programs. *Nursing Outlook, 67*(6), 776–788. <https://doi.org/10.1016/j.outlook.2019.06.021>
- Arnesson, K., & Albinsson, G. (2017). Mentorship – A pedagogical method for integration of theory and practice in higher education. *Nordic Journal of Studies in Educational Policy, 3*(3), 202–2017. <https://doi.org/10.1080/20020317.2017.1379346>
- Beckwith, A. L., Carter, D. R., & Peters, T. (2016). The underrepresentation of African American women in executive leadership: What's getting in the way? *Journal of Business Studies Quarterly, 7*(4), 115–134.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. E. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. E. Rindskopf, & K. J. Sher (Eds.), *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>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE.
- Bressman, S., Winter, J. S., & Efron, S. E. (2018). Next generation mentoring: Supporting teachers beyond induction. *Teaching and Teacher Education, 73*, 162–170. <https://doi.org/10.1016/j.tate.2018.04.003>
- Brooks Carthon, J. M., Nguyen, T. H., Chittams, J., Park, E., & Guevara, J. (2014). Measuring success: Results from a national

- survey of recruitment and retention initiatives in the nursing workforce. *Nursing Outlook*, 62(4), 259–267. <https://doi.org/10.1016/j.outlook.2014.04.006>
- Brooks Carthon, J. M., Nguyen, T. H., Pancir, D., & Chittams, J. (2015). Enrollment of underrepresented minorities in nursing majors: A cross sectional analysis of U.S. Nursing schools. *Nurse Education Today*, 35(11), 1102–1107. <https://doi.org/10.1016/j.nedt.2015.06.007>
- Buettner-Schmidt, K., & Lobo, M. L. (2012). Social justice: A concept analysis. *Journal of Advanced Nursing*, 68(4), 948–958. <https://doi.org/10.1111/j.1365-2648.2011.05856.x>
- Campbell, E. (2014). Using critical race theory to measure ‘racial competency’ among social workers. *Journal of Sociology and Social Work*, 2(2), 73–86. <https://doi.org/10.15640/jssw.v2n2a5>
- Cary, M. P. Jr, Randolph, S. D., Broome, M. E., & Carter, B. M. (2020). Creating a culture that values diversity and inclusion: An action-oriented framework for schools of nursing. *Nursing Forum*, 55(4), 687–694. <https://doi.org/10.1111/nuf.12485>
- Clandinin, D. J. (2016). *Engaging in Narrative Inquiry*. Routledge.
- Clonan-Roy, K., Jacobs, C. E., & Nakkula, M. J. (2016). Towards a model of positive youth development specific to girls of color: Perspectives on development, resilience, and empowerment. *Gender Issues*, 33(2), 96–121. <https://doi.org/10.1007/s12147-016-9156-7>
- Cook, A., & Glass, C. (2015). Diversity begets diversity? The effects of board composition on the appointment and success of women CEOs. *Social Science Research*, 53, 137–147. <https://doi.org/10.1016/j.ssresearch.2015.05.009>
- 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., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.
- Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253–263. <https://doi.org/10.1097/DCC.0000000000000253>
- Davis, A. T. (2009). Empowering African American women in higher education through mentoring. *Journal of the National Society of Allied Health*, 6(7), 53–58.
- DeCuir, J. T., & Dixson, A. D. (2004). “So when it comes out, they aren’t that surprised that it is there”: Using critical race theory as a tool of analysis of race and racism in education. *Educational Researcher*, 33(5), 26–31. <https://doi.org/10.3102/0013189x033005026>
- DeWitty, V. P. (2019). Leading across differences. *Journal of Nursing Education*, 58(4), 191–192. <https://doi.org/10.3928/01484834-20190321-01>
- DeWitty, V. P., & Murray, T. A. (2020). Influence of climate and culture on minority faculty retention. *Journal of Nursing Education*, 59(9), 483–484. <https://doi.org/10.3928/01484834-20200817-01>
- Dixson, A. D., & Rousseau Anderson, C. (2018). Where are we? Critical Race Theory in education 20 years later. *Peabody Journal of Education*, 93(1), 121–131. <https://doi.org/10.1080/0161956x.2017.1403194>
- Ehlers, C. L., Pergadia, M. L., Stoker, A. K., & Vlachou, S. (2018). Contribution to mentorship and promoting women in science. *Biological Psychiatry*, 83(11), 913–914. <https://doi.org/10.1016/j.biopsych.2017.08.015>
- Gamble, E. D., & Turner, N. J. (2015). Career ascension of African American women in executive positions in postsecondary institutions. *Journal of Organizational Culture, Communications and Conflict*, 19(1), 82.
- Gomez, L. E., & Bernet, P. (2019). Diversity improves performance and outcomes. *Journal of the National Medical Association*, 111(4), 383–392. <https://doi.org/10.1016/j.jnma.2019.01.006>
- Gündemir, S., Dovidio, J. F., Homan, A. C., & De Dreu, C. K. W. (2017). The impact of organizational diversity policies on minority employees’ leadership self-perceptions and goals. *Journal of Leadership & Organizational Studies*, 24(2), 172–188. <https://doi.org/10.1177/1548051816662615>
- Hamilton, N., & Haozous, E. A. (2017). Retention of faculty of color in academic nursing. *Nursing Outlook*, 65(2), 212–221. <https://doi.org/10.1016/j.outlook.2016.11.003>
- Harris, C. I. (2020). Reflections on whiteness as property reflections. *Harvard Law Review Forum*, 134(1), 1–10.
- Hill-Jackson, V. (2017). And then there were none: Reversing the exodus of black women from the teaching profession. *Black Female Teachers*, 6, 9–48. <https://doi.org/10.1108/S2051-231720170000006002>
- Holder, A. M. B., Jackson, M. A., & Ponterotto, J. G. (2015). Racial microaggression experiences and coping strategies of Black women in corporate leadership. *Qualitative Psychology*, 2(2), 164–180. <https://doi.org/10.1037/qp0000024>
- Iheduru-Anderson, K. C. (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>
- Iheduru-Anderson, K. C., Okoro, F. O., & Moore, S. S. (2022b). Diversity and inclusion or tokens? A qualitative study of black women academic nurse leaders in the United States. *Global Qualitative Nursing Research*, 9, 23333936211073116. <https://doi.org/10.1177/23333936211073116>
- Iheduru-Anderson, K. C. (2021). 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., Moore, S. S., & Okoro, F. (2022a). The voice of Black academic nurse leaders in the United States: A qualitative study. *Journal of Professional Nursing*, 39, 84–95. <https://doi.org/10.1016/j.profnurs.2022.01.007>
- Johns, M. L. (2013). Breaking the glass ceiling: Structural, cultural, and organizational barriers preventing women from achieving senior and executive positions. *Perspectives in Health Information Management / AHIMA, American Health Information Management Association*, 10(Winter), 1–10.
- Jones, C. P. (2001). Invited commentary: “Race,” racism, and the practice of epidemiology. *American Journal of Epidemiology*, 154(4), 299–304; discussion 305. <https://doi.org/10.1093/aje/154.4.299>
- Julion, W., Reed, M., Bounds, D. T., Cothran, F., Gamboa, C., & Sumo, J. (2019). A group think tank as a discourse coalition to promote minority nursing faculty retention. *Nursing Outlook*, 67(5), 586–595. <https://doi.org/10.1016/j.outlook.2019.03.003>

- Kartch, F. (2017). Narrative interviewing. In M. Allen (Ed.), *The SAGE Encyclopedia of Communication Research Methods* (Vols. 1–4). SAGE Publications, Inc. <https://dx.doi.org/10.4135/9781483381411>
- Main, J. B., Tan, L., Cox, M. F., McGee, E. O., & Katz, A. (2020). The correlation between undergraduate student diversity and the representation of women of color faculty in engineering. *Journal of Engineering Education, 109*(4), 843–864. <https://doi.org/10.1002/jee.20361>
- Malagon, M. C., Huber, L. P., & Velez, V. N. (2009). Our experiences, our methods: Using grounded theory to inform a critical race theory methodology. *Seattle Journal for Social Justice, 8*(1), 253–272.
- Matza, M. R., Garon, M. B., & Que-Lahoo, J. (2018). Developing minority nurse leaders: The anchor and the rope. *Nursing Forum, 53*, 348–357. <https://doi.org/10.1111/nuf.12261>
- Mcilongo, M., & Strydom, K. (2021). The significance of mentorship in supporting the career advancement of women in the public sector. *Heliyon, 7*(6), e07321. <https://doi.org/10.1016/j.heliyon.2021.e07321>
- Mensah, F. M., & Jackson, I. (2018). Whiteness as property in science teacher education. *Teachers College Record, 120*(1), 1–38. <https://doi.org/10.1177/016146811812000108>
- 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>
- Murray, T. A. (2015). Factors that promote and impede the academic success of African American students in prelicensure nursing education: An integrative review. *Journal of Nursing Education, 54*(9), S74–S81. <https://doi.org/10.3928/01484834-20150814-14>
- National Academies of Sciences. (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>
- O'Bryant, C. (2015). Who we are: (In)Visible African American women setting traditions of excellence and paving paths for transformation. *Quest, 67*(2), 139–160. <https://doi.org/10.1080/00336297.2015.1019521>
- Peifer, J. S., Lawrence, E. C., Williams, J. L., & Leyton-Armakan, J. (2016). The culture of mentoring: Ethnocultural empathy and ethnic identity in mentoring for minority girls. *Cultural Diversity & Ethnic Minority Psychology, 22*(3), 440–446. <https://doi.org/10.1037/cdp0000078>
- Phillips, J. M., & Malone, B. (2014). Increasing racial/ethnic diversity in nursing to reduce health disparities and achieve health equity. *Public Health Reports, 129*(Suppl. 2), 45–50. <https://doi.org/10.1177/00333549141291S209>
- Portugal, L. M. (2015). Hiring, training, and supporting online faculty for higher student retention efforts. *Journal of Instructional Research, 4*(2015), 94–107. <https://doi.org/10.9743/jir.2015.13>
- Rocco, T. S., Bernier, J. D., & Bowman, L. (2014). Critical race theory and HRD: moving race front and center. *Advances in Developing Human Resources, 16*(4), 457–470. <https://doi.org/10.1177/1523422314544294>
- Ruth Bader Ginsburg in pictures and her own words. (2020, September 19). BBC News. <https://www.bbc.com/news/world-us-canada-54218139>
- Silver, R. (2017). Healthcare leadership's diversity paradox. *Leadership in Health Services, 30*(1), 68–75.
- 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>
- Wilson, V. W., Andrews, M., & Leners, D. W. (2006). Mentoring as a strategy for retaining racial and ethnically diverse students in nursing programs. *Journal of Multicultural Nursing & Health, 12*(3), 17.

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