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UTILIZING A MENTORSHIP APPROACH TO ADDRESS THE UNDERREPRESENTATION OF AFRICAN AMERICANS AND ETHNIC MINORITIES IN SENIOR NURSING LEADERSHIP

Submitted to the Faculty
Yale University School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

Dewi Brown-DeVeaux

May 2, 2020

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This DNP Project is accepted in partial fulfillment of the requirements for the degree Doctor of Nursing Practice.

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[Judith Kunisch]

Date here ____________________________

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May 5, 2020

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Chapter I

Introduction

Historically, senior nurse leaders were limited to only being a nurse manager or director of nursing with restricted authority and power. Physicians and administrators ultimately made executive decisions (Disch, Dreher, Davidson, Sinioris & Wainio, 2011); however, the span of control and responsibilities for senior nurse leaders have increasingly expanded and reorganized. A demand now exists for strong nursing leadership that is positioned to engage in strategies that influence the healthcare work environment and develop policies that impact institutional and global healthcare. Senior nurse leaders (chief nursing officer, chief nurse executive, vice president of nursing, and senior director of nursing) must demonstrate passion, veracity, and understanding that will help redesign healthcare service delivery and modify policies locally and nationally (Leach & McFarland, 2014).

As the roles and responsibilities of senior nurse leaders have evolved, they are increasingly integrated into the strategic activities that create the vision and mission of the nursing department. They lead changes that reshape healthcare, foster community growth, and increase the quality of health at the highest level. Senior nurse leaders are system-focused, and they are the faces that represent the principle of nursing (Bradley, 2014). Additionally, the increasing demand and focus on population health have expanded the roles of senior nurse leaders to tackle issues such as racial and ethical disparities in nursing (Rich et al., 2015).

The landmark report, *Future of Nursing: Leading Change, Advancing Health*, released in 2010 by the Institute of Medicine (IOM), highlights the underrepresentation of racial and ethnic minorities in nursing, notably Hispanics and African Americans (IOM, 2010). But, the report did not offer specific recommendations to close the diversity gap. Five

years later, the *Future of Nursing: Assessing Progress on the Institute of Medicine Report* has made promoting diversity one of its five pillars (IOM, 2015). This second report highlights the need to increase diversity in the healthcare workforce, as well as differences in leadership (IOM, 2015). African American and ethnic minorities remain underrepresented in the nursing workforce, and there is a limited focus on minorities in senior nursing leadership (Wesley & Dobal, 2009).

Over the last few decades, the United States (U.S.) has become more racially and ethnically diverse, however diversity within the healthcare workforce presently does not represent the general population (Rivera, Garon & Que-Lahoo, 2018). Besides, the IOM (2003) reports that the efforts to increase ethnic and racial diversity within the nursing workforce have been quite challenging. Ethnic and racial minority nurses are underrepresented, and as a result, minority nurse leaders are few. Ethnic and racial minorities are mostly defined as African Americans, Hispanics, Asians, and Native Americans.

According to the U.S. Census Bureau (2016), the U.S. population is 62.2% White (Non-Hispanic), 17.4% Hispanic, 13.3% African American, 5.4% Asian, 1.2% American Indian and Alaska Native, 0.2% Native Hawaiian and other Pacific Islander, and 2.5% whose ethnicities are made up of two or more races. By the year 2044, Colby and Ortman (2015) project a "majority-minority crossover," which will change the U.S. population to a majority of ethnic and racial minorities. Unfortunately, despite the forecast, the nation’s healthcare workforce has not kept pace with these demographic changes (Carter, Powell, Derouin & Cusatis, 2014). The U.S. population is 61.5% White non-Hispanic, whereas 73.1% of the registered nurse workforce is White non-Hispanic.

Table 1. Race and Ethnicity of the United States. Population, 2015 and 2060

Race/Ethnicity*	**U.S. Population, 2015 (%)**	**U.S. Population, 2060 Number (%)**
Hispanic or Latino (of any race)	17.4%	28.6%
White Hispanic	62.2%	43.6% 24.9%
African American	12.4%	14.3%
Asian	5.2%	9.1%
American Indian and Alaska Native	0.7%	1.5%
Native Hawaiian and other Pacific Islander	0.2%	0.3%
Two or more races	2.0%	6.2%%
Total U.S. population, all races	100%	100%

Some percentages do not sum to 100% due to rounding.
Data source: Colby, Sandra L., and Jennifer M. Ortman, *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*, Current Population Reports, pp. 25–1143, U.S. Census Bureau, Washington, DC, 2014, Table 2, page 9. Available from: https://census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf.

In the context of the changing face of the general population, ethnic and racial minorities remain underrepresented in the nursing profession. There is limited data, but the most recent *National Sample Survey of Registered Nurses (*2008) reported that ethnic and racial minority groups comprised only 16.8% of registered nurses (RNs), of whom 5.4% were African Americans, 5.8% Asians, 3.6% Hispanics, and 2% other groups, while White Non-Hispanics represent 65.6% of the U.S. population and 83.2% of the registered nurse workforce. Years later, the data continues to show that ethnic and racial minorities remain unrepresented in the nursing workforce with 5.9% Hispanic, 10.4% African Americans, 8.6% Asians, and 2.1% other races alone or multiple races as compared to the U.S. population (Zangarao, Streeter, & Tiandong, 2018).

However, racial and ethnic minority nurses have seen an increase in number from 2001 to 2013 (Institute of Medicine, 2015). Hispanic/Latino nurses doubled, while African

American nurses increased by 70% (IOM, 2015). Despite this overall increase, nurses from ethnic minority groups reportedly represented less than 1% of those in nursing executive leadership positions (Wesley & Dobal, 2009). This shows that, despite the gain in numbers, the nursing workforce is not representative of the U.S. population and its diversity (IOM, 2010).

Table 2. Race and Ethnicity of the United States. Population and Registered Nurse Population, 2015

Race/Ethnicity	U.S. Population, 2015 Count (%)	Registered Nurses, 2015 Count (%)
Hispanic	17.6%	5.9%
White alone	61.5%	73.1%
African American alone	12.3%	10.4%
Asian alone	5.3%	8.6%
Other race alone or multiple races	3.3%	2.1%
Total	100%	100%

Data sources for U.S. Population, 2015: U.S. Census Bureau. 2015 American Community Survey one-year Public Use Microdata Sample. U.S. Census Bureau. 2015 American Community Survey one-year estimates. Available from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_CP05&prodType=table)

Data source for Registered Nurses, 2015: U.S. Census Bureau. 2015 American Community Survey one-year Public Use Microdata Sample.

The U.S. Department of Labor (2016) defines diversity as “the infinite range of individuals' unique attributes and experiences such as ethnicity, gender, age, and disability.” Increasing diversity in the healthcare workforce has been a critical topic for the last 20 years, with many reports urging healthcare organizations to reduce barriers and enhance ethnic and racial minority opportunities in healthcare. Some of these reports include, “*Unequal treatment: confronting racial and ethnic disparities in health care*,” (Institute of Medicine, 2002); “*In the nation's compelling interest: ensuring diversity in the health care workforce*,” (Institute of Medicine, 2004); “*Missing persons: minorities in the health*

professions," (Sullivan, 2004); "*The future of nursing: leading change, advancing health*," (Institute of Medicine, 2011); and "*Health Resources and Services Administration's (HRSA) National Advisory Council on Nurse Education and Practice*" (Zangaro, Streeter, & Tiandong, 2018). These reports compel the nation to develop strategic plans to counteract such disparities.

On August 8, 2011, President Barack Obama signed Executive Order 13583, instituting a government-wide initiative to promote diversity and inclusion in the workforce. As a response to the order in 2012, the Department of Labor issued a *Diversity and Inclusion Strategic plan* with three overarching goals: 1) to create a high-performing workforce that genuinely represents the demographics of Americans; 2) to create a culture that encourages flexibility, collaboration, and fairness and allow individuals to perform at their highest potential; 3) to institutionalize diversity and inclusion as a significant strategic priority within each industrial workforce (U.S. Department of Labor, 2016).

Healthcare is a critical sector in the U.S.; it is the second largest industry in America and is projected to account for 26% of the GDP by 2040 (Fuchs, 2013). The largest single professional group in the healthcare workforce is amongst registered nurses (U.S. Department of Labor, 2016).

Despite evidence that a concerted effort is required to ensure a diverse workforce, limited changes to senior nursing leadership have been made regarding ethnic and racial balance (Selvam, 2012). The nursing workforce needs a balance in scale, and minority nurses must be empowered to reach their optimum potential in nursing leadership. Increasing the number of African Americans and ethnic minority nursing leaders can indirectly benefit the racial and ethnic communities in healthcare, and influence patient outcomes. A nursing leader with diverse cultural knowledge of the essentials and perspective of the constituents served

has the capability \ to influence and shape organizational and national policies (Malone & Phillips, 2014).

Health Disparities

The IOM's (2003) landmark report, *Unequal Treatment*, *Confronting Ethnic and Racial Disparities in Health Care*, corroborated the notion that minorities frequently encounter healthcare disparities and marginalized quality of care. The Agency for Healthcare Research and Quality (2004) *National Healthcare Disparities Report* supported the IOM (2003) findings and concluded that disparities existed within the healthcare system, and African Americans' healthcare is inferior compared to other racial and ethnic groups. African Americans also receive a substandard quality of care despite having health insurance (Wesley & Dobal, 2009).

The passage of the 2010 *Patient and Protection Affordable Care Act* presented an exceptional opportunity to address the identified issues (Dobal, Wesley, Gulstone, Archer & Elias, 2017). However, there are embedded prejudices that impact the methodologies to address healthcare disparities. The reports by the IOM (2003), Sullivan Alliance (2015), the Veterans Health Administration (VA, 2015), and others organizations recommend diversification of the healthcare workforce to decrease the disparities in the sector. Adjusting diversity should also be reflected at the senior leadership level, which is essential in reducing inequalities and increasing the quality of care.

Quality of Care

The underrepresentation of ethnic and racial minority leaders in healthcare can have a negative influence on the quality of care that patients receive (Carter et al., 2014). A growing body of evidence reveals that ethnic and racial minorities in the U.S have limited or no access to the high quality of care that the majority population receives. According to IOM (2003), African Americans are more likely to refuse medical treatment compared to other ethnic

groups. Although no apparent rationale for this phenomenon exists, Gilliss, Powell, and Carter (2010) hypothesized that African Americans are likely to consult practitioners who share similar racial or ethnic identities.

Correspondingly, providers of color are more likely to practice in medically underserved areas and treat people of color, as well as the uninsured and underinsured (IOM, 2016; IOM, 2011; Sullivan, 2004). The concordance amongst patients and providers through cultural and ethnic relationships increases the quality of care and patient outcomes (IOM, 2016; Edward, 2009). However, to achieve success, diversity should be visible throughout the professional nursing pathway - from educational recruitment and retention, job recruitment and retention, career advancement, to senior nursing leadership (IOM, 2016).

African Americans in Leadership

Senior leadership makes up the organizational governing body and is critical in leading change (Joint Commission, 2009). Leaders are encouraged to develop the healthcare workforce that reflects the inclusivity of all ethnic and racial groups through a measurable strategic plan. However, in many professions including healthcare, the leadership workforce does not exhibit the racial and ethnic composition of the entire population (Shimasaki & Walker, 2013). The structure within these organizations does not reflect diversity, which creates difficulty in identifying the unique needs of the varied cultural groups.

The U.S. Department of Health and Human Services, the Institute of Medicine: Future of Nursing, the American Association of Colleges of Nursing, and the American Organization of Nurse Executives have acknowledged the need to increase racial and ethnic diversity at the senior leadership level (Phillips & Malone, 2014). They attest that senior healthcare leaders are positioned to enhance organizational operations and counteract healthcare disparities (Phillips & Malone, 2014; Wesley and Dobal, 2009).

Research indicates that ethnic and racial minorities often do not receive consideration for career promotions to senior leadership roles because of race and social class. These socioeconomic stereotypes create barriers that hinder the quality of educational capabilities, sponsorship, networking, and mentorship (Brown, 2015). An empirical study hypothesized that a proportion of racial divide in leadership career enhancement is directly related to the educational gap across the ethnic groups (Kay and Gorman, 2012).

The class distinction also makes it difficult for minorities to attain senior leadership roles or advance their careers (Brown, 2015). When positioned in these roles, the pay grade for nurse leaders from minority groups is purported to be less (Maume, 2012). Failure to unravel unfounded perceptions of minorities prevents them from climbing the career ladder and achieving senior nurse leadership positions or being on an equal footing as their counterparts. An enhanced improvement in the understanding of race can increase promotional opportunities for minorities in nursing leadership roles. Some of the facilitators identified for professional development include education, mentoring, sponsorship, and networking.

Mentoring has become a subject of importance since the 1980s with the pioneering work of Kathy E. Kram (Kram, 1985). Her study influenced a body of studies in various settings such as education, business, and medicine. In nursing, mentoring has slowly made it to the forefront and has been recognized as a critical element for career and personal development (Wesley & Dobal, 2009). Various studies identified that the lack of mentoring impedes the career development of African Americans (Dyess et al., 2016; Kouzes & Posner, 2012; Wesley & Dobal, 2009) and other ethnic minorities.

The US population is projected to change, with minorities becoming the majority by 2050 (US Census Bureau, 2016). Minorities, however, remain underrepresented in the healthcare workforce, especially in senior leadership roles. Senior nurse leader positions have

materialized as some of the most significant and influential jobs in healthcare. Senior nurse leaders are considered to be vital stakeholders in the overall development and operation of the healthcare organization, reporting directly to the chief executive officers. However, for the nurse leader to fit in the role, it is essential to have the skills, knowledge, and vision to implement changes and propel the organization forward in the ever-changing environment of healthcare.

Problem Statement

There is an increased demand for culturally and racially diverse leaders. However, a diversity leadership gap continues to linger within the healthcare sector. The percentage of ethnic and racial minority personnel in nursing and senior nursing leadership does not reflect the demographics of the U.S. population (Gates, 2018). This problem is complex and embodies the pursuit for equal representation of African American and ethnic minorities. A more-diverse healthcare workforce is needed to increase cultural competence and quality of care.

The IOM (2011) reported that enhancing diversity in nursing education is an effective way to attain diversity in the nursing workforce (The future of nursing: Leading change, advancing health (IOM, 2011). The latest *National Sample Survey of Registered Nurses,* completed in 2008, reported that over 50% of African American nurses hold a Bachelor's degree or higher certification in nursing. The report also highlighted that the highest percentage of nurses in managerial positions are Black/African American at 13.8%, followed by White, non-Hispanic at 12.9 percent. In this regard, there should be many African American nurses who advance from manager level to senior leadership positions including chief nursing officer, chief nurse executive, vice president of nursing and senior director of nursing considering that many of them are well-educated, qualified and hold a managerial position. However, there is limited literature regarding the disparity of African Americans in

senior nursing leadership positions and why they lack career enhancement regardless of their educational background (Gilliss, Powell & Carter, 2010).

The Future of Nursing suggests that the absence of diversity is challenging for the profession of nursing, and increasing diversity within the workforce will assist in meeting the future and current healthcare needs (IOM, 2011). The disproportionate number of African Americans as compared to the majority group in senior leadership positions is multifaceted and embodies the quest for healthcare equality, enhancement of the quality of care, and the struggle to attain equal representation of African Americans at the senior leadership level (Gilliss et al., 2010; Wesley & Dobal, 2009).

Significance of the Project

As different cultures continue to integrate into U.S. society, the topic of diversity has become significant. Hospital decision makers are paying more attention to the need to diversify the workplace (Wolliston, 2008). The IOM's report, *Unequal Treatment: Confronting Ethnic and Racial Disparities in Health Care* revealed that healthcare organizations should meet the need for increased workforce diversity. Developing and increasing racial diversity at the senior nurse executive level within an organization is of importance for the representation of the community served (Wolliston, 2008). Minorities frequently do not benefit from the healthcare resources and services that are available. The lack of benefits often results from the cultural differences between the patients and the providers, medical literacy, distrust, or misinterpretation of provider instructions (IOM, 2003). Fostering an inclusive environment and grooming nurses to assume decision-making nursing leadership roles can curtail the cultural needs, unique healthcare issues, as well as racial and ethnic biases faced by Blacks and ethnic minority nurses.

This project is significant on multiple levels. First, it is important that healthcare

organizations support diverse cultures and encourage diversification at the senior leadership level (Phillips & Malone, 2014). Although African Americans have made significant strides in career advancements, more improvements are needed (Kerby, 2012). A more-diverse nursing leadership pool will encourage new ideas and growth to address the changing U.S demographics.

Second, evidence suggests that African Americans lack access to leadership and career pathways. Some of the barriers identified include the lack of mentorship, networking, sponsorship and a direct career path (Wesley & Dobal, 2009). Thus, if the problem for the underrepresentation directly correlates with inadequate preparation, then those barriers should be addressed. Healthcare and business literature illustrate that mentoring is an effective strategy for career advancement (Wesley & Dobal, 2009). However, not enough evidence exists that associates Black and ethnic minority nurses and mentorship. The need for diversity and adequate representation of Black and ethnic minority in the healthcare workforce at the senior leadership level is crucial.

Finally, this project will facilitate the identification of the appropriate mentorship programs that can enable African Americans and ethnic minority nurses to overcome the barriers that hinder their career progress as they strive to get into senior leadership positions. The purpose of this project is to develop, and assess the effectiveness of, mentorship programs geared at ethnic and racial minority nurse leaders as they try to navigate the senior nurse leadership career ladder and evaluate some of the barriers that they face.

Definitions of Key Terms

The following are the definitions of key terms used in this study:

African American – People who refer to themselves as black or of African Decent.

Leader – An individual that oversees or leads others.

Mentoring – An interactive relationship that occurs between individuals at different levels of expertise.

Mentor- An advisor that is trusted and experienced, who advises a less-experienced individual.

Mentee– An inexperienced person who is guided or sponsored by a mentor.

Minorities – A group in society distinguished from the more numerous majority.

Senior Nurse Leader/Nurse Executive – A term used to identify a nurse who holds a high-level nursing position within the organization

Chapter II

Background

History and Implication of Race

Career advancement within healthcare is a long-standing stress factor for African Americans and other ethnic minorities who often feel marginalized (Phillips and Malone, 2014) and overlooked. Historically, Blacks have not attained equal success in healthcare or professionally like their majority counterparts (Smith & Joseph, 2010). Highlights of the effects of some deep-rooted issues African Americans encounter as they try to navigate the professional career ladder could be helpful. African Americans face many challenges, including years of slavery followed by social segregation, oppression, economic exploitation, and political subjugation (Bhambra, 2014).

Embedded prejudices that hold African Americans in a less-than social status has been a constant factor. The long-standing discrimination, racism, and injustice Blacks encountered for centuries make them nearly invisible (Roberts, 2012). The involuntary migration of Africans and the reason for assimilation to America as cheap labor have made it difficult for Blacks to make significant advances in society (Fields & Fields, 2014). For many years, the inequity was further compounded by the endeavor to prove the inferiority of Blacks through scientific research.

The enactment of the 1964 Civil Rights Act was intended to end the legal struggle of Blacks against discrimination (Jones, 2010). Equally significant, the Civil Rights Act guards against discrimination and racial subordination (Jones, 2010). Although de jure discrimination no longer exists, it does not preclude the longstanding racial biases that still exist today. African Americans continue to fight for an equitable place in society (Smith & Joseph, 2010).

Factors that Affect Racial and Ethnic Disparities in Healthcare

The Centers for Disease Control and Prevention reported that African Americans and Hispanics have many healthcare disparities. The identified cultural groups have a higher mortality rate, higher infant mortality, and lower life expectancy (CDC, 2013). Besides, these health factors disproportionately affect Blacks compared to other ethnic groups.

Blacks encounter challenges such as lack of access to healthcare and have low socioeconomic status (NCSL, 2014). While social categories are not always consciously endorsed, their existence sometimes affects clinical judgments towards Blacks, which often propagates healthcare disparities (Zimmer, 2015). These disparities are neither new nor are they isolated to Blacks. However, it is essential for healthcare organizations to begin finding operational resolutions to reduce the unequal burdens (Jackson, & Gracia, 2014).

Incorporating diversity and inclusion in senior nursing leadership should be a driving force to assist with the disparities faced by Blacks (Wesley & Dobal, 2009) and other ethnic minorities. These problems should also challenge healthcare leaders to find culturally-competent and knowledgeable senior nurse leaders to represent the concerns of the population (Selvam, 2012).

Literature Search

Three questions were used to guide the literature search:

1. What role does mentorship play in the growth, development, and career paths of Blacks and ethnic minority nurse leaders?
2. What are the barriers and facilitators that contribute to the underrepresentation of Blacks and ethnic minority nurses in senior nursing leadership roles?
3. How does diversity in nursing and nursing leadership affect patient care?

A disparity exists that causes the underrepresentation of African Americans in senior nursing leadership. Increasing the diversity of the healthcare workforce is essential to address the changing demographics and deal with healthcare disparities. Blacks experienced some

positive changes in career advancement since the Civil Rights Act of 1964. However, of concern is that this demographic group still lags in progress in the nursing workforce and senior leadership positions in healthcare. The purpose of this project is to implement and assess a mentorship program for Blacks and ethnic minority as they attempt to navigate the career ladder.

Search strategy

The nursing librarian helped to develop the search strategy. Searches were from Grey Literature, white papers, and electronic databases. The literature was from Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, Medline in Process (OvidSP), PubMed, Cochrane Database of Systematic Reviews, Social Sciences Citation Index (ISI), Web of Knowledge, Scopus, ProQuest Dissertations and Theses. When available, there was a mixture of keywords and controlled vocabulary such as MeSH (medical subject headings). Search terms included seven terms on race (African American, Black American, African Descent, Blacks, Minority, ethnic minority, racial minority); four terms on difficulties (Underrepresentation, Barriers, Obstacles, Facilitators); six terms related to top-nursing leaders (Chief Nursing Officer, Nurse Leader, Nurse Executive, Nurse Manager, Middle Managers, Nurse Administrator); and five terms related to leadership development (Mentor, Mentorship, Sponsorship, Leadership development programs, and Networking). Healthcare disparities and patient outcomes were also searched to add depth and complexity to the search. All searches were in the English language.

Inclusion and Exclusion Criteria

The title and the abstract were reviewed to assess if they met the inclusion criteria. All literature used met the following criteria:

- Articles and studies that focus on leadership diversity; the underrepresentation of

African Americans; African Americans in leadership roles and mentors; African American leaders and health disparities; African Americans leadership and patient outcomes; and Hispanics, Latinos, Asian, and Native Americans.

- Systematic reviews with meta-analyses
- Mixed-method studies
- Qualitative studies
- Quantitative studies
- Peer-reviews

Synthesis of Literature

The purpose of this review of the literature was to identify specific barriers that contribute to the underrepresentation of African Americans at the senior nursing leadership level. The analysis will also identify mentorship programs or other structures and strategies that have been implemented to dismantle these barriers. The synthesis of the vast literature resulted in the emergence of four themes:

1. Mentorship in Nursing
2. Mentorship as a Strategic Tool for Aspiring Black Leaders
3. Mentorship Programs for Blacks and Ethnic Minority Nurses' Leadership Career Advancement
4. Programs to Enhance Diversity in Nursing

Mentorship

Organizations define mentorship as the relationship between an apprentice and an influential senior leader. Mentors encourage, support, inspire, and assist others with coaching, sponsorship and fostering visibility, as well as role modeling (Dyess, Sherman, Pratt & Chaing-Hanisko, 2016). The incentive for a mentor is the desire to be involved in

developing future nurses and leaders. On the other hand, the mentee benefits by having someone that will help him or her avoid possible difficulties.

Mentoring is considered to be an essential component for the development of nurse leaders. The literature indicated that mentorship offers a creative space for positive socialization (Matza, Garon, & Que-Lahoo, 2018). This aspect is especially important for African Americans as they prepare to care for the nation's changing demographics and the community served. Mentoring not only assists with the behaviors that enhance personal growth, but it also inspires and nurtures individuals through career development. It is therefore, a critical element in business, and is fundamental in the growth of minority leaders in nursing practice (Wroten & Waite, 2009).

Matza, Garon & Que-Lahoo (2018) conducted a qualitative study to investigate the role of the ethnic nursing organization in the development of minority nurse leaders. The researchers posit that the ethnic nursing organization serves an important purpose by providing a platform where minorities feel comfortable and socially secure. Their study also highlighted that mentors play a crucial role in the career development of minority nurse leaders.

Mentorship in Nursing

Individuals with mentors have a distinct advantage in achieving career advancement compared to their counterparts (Wesley & Dobal, 2009). Persons with mentors are more likely to get promoted, report having job satisfaction, and have a higher salary (Wesley & Dobal). The identification and development of emerging leaders are essential elements for the succession planning of an organization (Dyess et al., 2016). Leaders should, therefore, contribute to the future of the nursing profession by developing their followers' competencies through mentorship (Kouzes and Posner, 2012).

Ramseur, Fuchs, Edwards, and Humphreys (2018) conducted a quality improvement project to assess if the use of mentors in an organized nursing leadership development program would enhance the competency of nursing leadership. 40 of the 41 participants in the project completed it. The project design included a pre-assessment and a post-assessment survey to establish each participant's level of nursing leadership. Through the mentoring process, participants reported an increase in their level of competence in managing and leading, as well as their leadership beliefs and values. The results of the project support the author's hypothesis that mentoring is an essential factor for supporting and coaching leaders for career enhancement.

Dyess, Sherman, Pratt, and Chaing-Hanisko (2016) completed a qualitative study that investigated emerging leaders through succession planning and a leadership development program with mentors. Mentees indicated that after working with their respective mentors/preceptors, their perspectives on the leaders' role transformed. The data showed that emerging leaders needed mentorship and a leadership development program. Also, they conceptualized that leaders should develop their successors' growth and development.

In another quantitative study of Doctor of Nursing Practice students, Harris, Birk & Sherman (2016) assessed whether an E-mentoring model would translate to sustainability and retention for Doctor of Nursing Practice students enrolled in a leadership and innovation program. The sample consisted of 40 participants, 20 mentors, and 20 mentees. Each of them was given an E-mentoring manual to review their responsibilities, roles and program expectations. The study concluded that mentoring provided support and resources. Mentors also reported that they began to exhibit the mentees' preferred behaviors. The findings suggested that mentoring enhanced self-awareness, self-actualization, and self-efficacy for both the mentor and the mentee.

Mentorship as a Strategic Tool for Aspiring African American Leaders

Various sources highlight the reoccurring theme that Blacks, and other ethnic minority groups, need to have sponsors and mentors to develop their network (Phillips and Malone 2014; Sullivan Commission Report, 2004). The maturation of leadership qualities is a normal progression for nurses who want to influence healthcare change. However, Blacks and other ethnic minority nurses seeking career advancement to executive leadership roles seldom have access to formal mentoring or sponsorship by experienced leaders, and they face challenges in acquiring them.

In the general workplace, the underrepresentation of Blacks exists at the senior leadership level, particularly in the area of business (Beckwith, Carter & Peters, 2016). Several issues affect the advancement of Blacks to top leadership positions. For instance, the lack of networking, influential colleagues, company role models of the same racial group, as well as bias and stereotyping create barriers (Amon, 2017).

The implementation of diversity and inclusion programs is necessary to change organizational cultures for the growth of the nation (Amon, 2017; Beckwith, Carter, & Peters, 2015). Therefore, it is essential to facilitate mentorship for nursing leaders (Harris, Birk & Sherman, 2016; Ramseur, Fuchs, Edwards & Humphreys, 2017; Wesley & Dobal, 2009). Some of the benefits of a mentoring relationship include succession planning and advancement, increased confidence and self-esteem, as well as professional and personal satisfaction (Harris et al. 2016; Wesley & Dobal, 2009).

The use of mentoring models and building an environment that promotes diversity helps to encourage minority leadership (Carter et al., 2015). Besides, African Americans who engage in leadership-mentoring programs can expand their network (Wesley & Dobal, 2009). Although mentoring or sponsoring can positively influence the healthcare issues that plague

the underrepresented population, there are limited studies that explicitly target African Americans in senior nursing leadership and healthcare (Carter et al., 2015).

Example of Mentorship Programs for African American Nurses' Leadership Career Advancement

Blacks continue to struggle to increase their number of leaders within the nursing profession. Wesley and Dobal (2009) completed a project at the New York University College of Nursing entitled the Leadership Institute for Black Nurses (LIBN). The project aimed to develop, implement, and evaluate a program that enhances the leadership skills of junior managers in preparation for senior leadership positions through mentorship and executive meetings. The LIBN program lasted for six months. Individuals participated in monthly eight-hour in-person seminars, telephone conferences, and online discussions. Each eight-hour session had a distinctive deliverable.

- Session one focused on individual efficacy and significance of mastery.
- Session two focused on leadership, the complexity of system thinking to enhance the promotion of wellness and increase the health of our society.
- Session three concentrated on the various competencies that should be utilized to increase diversity and personal customs.
- Session four involved the outcome of assessment and measurements.
- Session five looked at economics and its connection with the four forms of capital.
- Session six contextualized the definition of success, as well as the quality of life as it relates to African Americans.

The article documented the first two cohorts of LIBN fellows, with 14 and 20 participants respectively. All 34 participants completed the six-month course. The participants reported a positive impact from the program by using a Likert-type scale ranging

from 1-5, with 1 representing *strongly disagree,* to 5 representing *strongly agree*. Participants strongly agreed that the LIBN program opened opportunities to network. A nine-month follow-up with the first cohort reported that the program provided more job opportunities. The findings overall suggested that experts are willing to contribute their time to be mentors, and mentors are vital for career advancement.

Programs to Enhance Diversity in Nursing

The Duke University School of Nursing created a Making the Difference in Nursing (MADIN) Program to address the demand and improve diversity within the nursing profession. The goal of the program was to recruit minorities from low socioeconomic backgrounds deemed as high achieving/high potential. The researchers mentored the students through the process, from preparing and enrolling them in the accelerated nursing program through graduation. The program incorporated evidence-based strategies to ensure the development of the scholars. They assisted them by polishing their social and networking skills. Mentors nurtured the students with guidelines and timely feedback throughout the program. Such an atmosphere encouraged succession-planning for future diversity among the profession's leaders (Carter et al., 2015).

Recently, Thompson, Campbell, and Deming (2017) completed a study of 90 Robert Wood Johnson Nurse Faculty Scholars with the primary purpose of assessing ethnic diversity and the demographic shifts within the nation. Also identified were health disparities among different groups. The Robert Wood Johnson Foundation (RWJF) Nurse Faculty Scholars (NFS) Program developed a strategy to address the issues for future leaders and workforce diversity. The selection of scholars was intended to facilitate their commitment to racial, gender, ethnic, as well as cultural diversity. After the implementation of the program, the number of nursing leaders of racial diversity, as well as male gender, increased. The program demonstrated that when leaders value diversity, it is possible to observe the expected

changes.

Literature Limitations, Strengths, and Gaps

There was limited research on an organized model for the career development of Blacks and ethnic minority nurses, and the studies that addressed the racial and ethnic population were also limited. African American, Hispanic, Asian, Native American, Hawaiian descent, or two or more races define the ethnic or racial community. However, most of the studies that addressed mentorship did not have demographic characteristics of the participants. Therefore, it was challenging to assess who was the mentor and the mentees. Also, the reviews did discuss the benefits of having mentors to enhance career development. More research is needed to assess if mentorship, sponsorship, networking, and a distinct career path will assist the career development of African American nurse leaders.

Theoretical Framework

The theoretical framework that guides this project is the social exchange theory. However, the social exchange theory does not incorporate the critical factor of race. Therefore, the Critical Race Theory will also be integrated into this study to link the development of relationships and their interactions with race.

Social Exchange Theory

Economics and sociology are the foundation for the social exchange theory; however, when used socially, it has a secure connection with mentoring through the development of interpersonal relationships. This theory describes human intentions and personal exchange in its purest form. It purports that there is an internal impulse that motivates individuals to develop a social exchange (Mitchell, Cropanzana, & Quisenberry, 2012). Individuals then use this instinct through social interactions to gain positive experiences and minimize negative incidents. This relationship exchange is generated and developed by a cost benefit analysis (Cropanzano, Anthony, Daniels, & Hall, 2017). The personalized review and perception of

the relationship determine its value. The knowledge gained is then used to determine the success of the relationship.

A series of interactions through social exchange occur gradually over time, as the protégé benefits from the relationship they generally reciprocate to equalize the social dialogue. Some of the benefits exchanged through the social exchange are emotional support, status, information and services (Baranik, Roling, & Eby, 2010).

The use of the social exchange theory supports the scope of this project because of its direct link with mentorship and relationship development. These interactions produce agreements and understanding amongst the mentor and protégé (Cropanzano et al., 2017). However, the social interaction is dependent upon the growth of the bond that the mentor shares with the protégé. Through the social exchange, the mentor and protégé also attempt to maintain consistency within the relationship by giving and taking. This relationship continues to grow, and reciprocity, cost, and equity regulate it (Cropanzano et al., 2017).

The protégé is at an advantage to receive multiple benefits from the mentoring relationship. Notable, as career-related support, this can assist in advancing the protégé’s career through a series of sponsorship, networking, coaching, and protection. Additionally, the protégé will receive psychosocial support, which will promote the protégé’s belonging, competence and effectiveness (Baranik, Roling, & Eby, 2010).

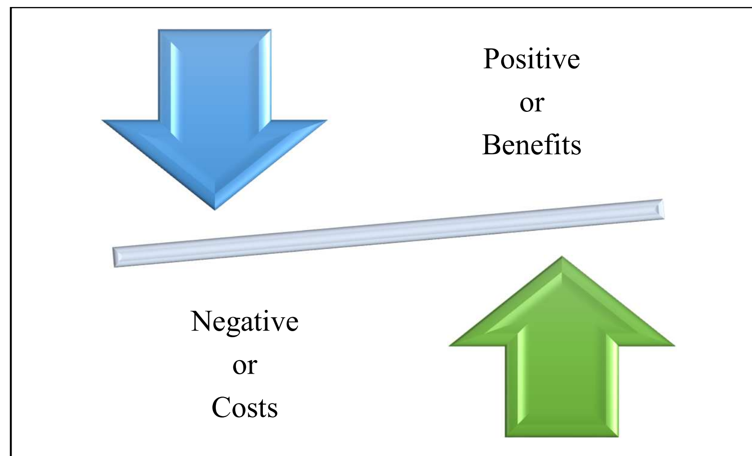


Figure 1: Social exchange theory

Critical Race Theory

The critical race theory (CRT) is the second conceptual framework used to guide this project and aid in the understanding of the role that race plays in exclusion based on ethnicity. CRT uncovers some of the unconscious bias in U.S. society based on stereotypes and racism both personally and professionally (Abrams & Mojo, 2009). Using the CRT is essential to unearth a possible rationale for the underrepresentation of African Americans at the nurse executive leadership level.

Legal scholars, namely Bell and Freeman, developed the CRT in the mid-1970s during the post-Civil Rights era. CRT helped to address an absence of laws to govern social injustice affecting African Americans such as inequalities and racism (Osbourne, 2008). CRT focuses on societal biases and explores the subject of ethnicity and race (Hiraldo, 2010). African Americans continue to face/feel the challenges of marginalization; therefore, it is essential to explore and analyze the complexities of race (Ford & Airhihenbuwa, 2010). An analysis of how CRT contributes to the inequality in healthcare organizations, as well as the underrepresentation of African Americans in senior nursing leadership, is necessary to explore.

The project will use the critical elements of the Critical Race Theory. The two tenets that will have the most significant impact on this project include the centrality of race and racism, and the challenge of the dominant ideology through the lens of African American leaders striving to climb the career ladder. CRT will make the argument to eradicate racial subjugation and increase self-efficacy through structured diversity and inclusion programs.

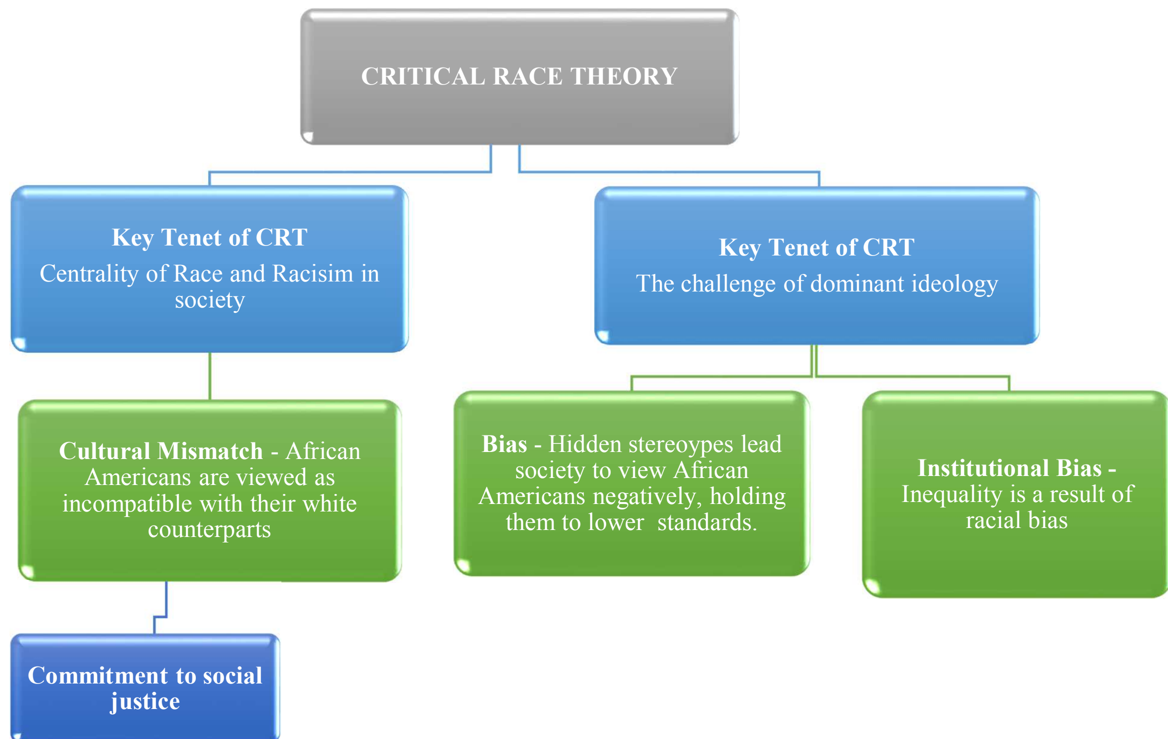


Figure 1: Critical Race Theory

Organizational Analysis

Overview

New York University (NYU) Langone Health is a world-class, patient-centered, integrated academic medical center. The organization is a significant employer of approximately 34,000 employees, the largest segment of which are nurses at 4,500. The location of the flagship hospital is in the heart of New York City overlooking the East River, with three other acute care hospitals in Brooklyn, Manhattan, and an affiliate in Long Island. Also, they have more than 35 ambulatory centers throughout the tri-state area. It is a system composed of distinguished centers of excellence with a mission to teach, serve and discover. NYU Langone Health is devoted to accomplishing its objectives through the incorporation of state-of-the-art clinical programs across the continuum of care, and a culture dedicated to education, patient care, and biomedical research.

NYU Langone Health has core values that include integrity, diversity, performance, excellence, and respect. The organization provides effective patient care that is also patient-centered, collaborative, safe, evidence-based, and ethical. NYU Langone Health is known to provide holistic care, treating the entire person and not just the disease (NYU Langone Health, 2018). “A patient interested in receiving quality patient care will find that NYU Langone Health is emphasized as one of the best in its class” (NYU Langone Health, 2018). Since 2012, NYU Langone Health is on the *Honor Roll of U.S. News and World Report Best Hospitals* (NYU Langone Health, 2018). The organization is always striving to be on the cutting edge in healthcare, with an objective to improve health within the tristate area and across the globe (Overview, 2018).

NYU Langone Health is amongst the 9% of hospitals in the U.S. to accomplish a 5-Star ranking from the Centers for Medicare and Medicaid Services for safety, quality, and patient experience. The Tisch and Long Island campuses received the prestigious Magnet

achievement from the American Nurses Credentialing Center. Also, Castle Connolly and New York Magazine highlighted NYU Langone's physicians as outstanding (NYU Langone Health, 2018). NYU Langone is a Joint Commission-certified center with specialties in the following:

Brooklyn – Adult and Pediatric Level l trauma center, comprehensive stroke

Tisch – Perinatal, palliative care, bariatric, comprehensive stroke

The organization is a member of the broader NYU community, which includes:

NYU Rory School of Nursing, New York University's School of Medicine, College of Dentistry, College of Nursing, Silver School of Social Work, Stern School of Business, Wagner School of Public Service, and College of Arts and Sciences (NYU Langone Health, 2018).

Patient Population

It is vital that the nursing workforce mirror the population it serves. Although New York State is diverse, that diversity is not reflected in the nursing workforce. African Americans represent 15.9% of the U.S. population, 25.5% of the New York City population, but only 8.8% of the nursing workforce (United States Census Bureau, 2015; New York State Education of the Professions, 2015).

Commitment to Diversity

Diversity of the population within the organization

NYU Langone Health is committed to increasing the diversity of leaders in healthcare delivery, public health, and health policy (Overview, 2018). The organization's diversity goal is to collaborate with the Office of Diversity Affairs within the NYU School of Medicine to develop healthcare leaders who are transformative and positioned to offer health equity for all (Diversity and Inclusion, 2018). The NYU Langone Health School of Medicine, Department

of Population Health aims to increase the relationship and connectivity between public health and the world of medicine (Overview, 2018).

The organization has identified that over the previous hundred years, medicine and public health have separated. The focus is now on improvement in medical research and treating persons within the healthcare system. Public health, on the other hand, focuses on implementing policies and programs for the general populations. Therefore, "NYU Langone Health, Department of Population Health is establishing the Office for Enhancing Hospitals' Role in Improving Community Health, funded by a grant from Robert Wood Johnson Foundation (RWJF), to bridge the gap between medicine and public health" (Overview, 2018). Diversity and inclusion are some of the fundamental values and opportunities needed to bridge this gap between medicine and population health (Diversity and Inclusion, 2018).

Diversity of Staff

The principle of *Diversity and Inclusion* is inherent in the mission of NYU Langone Health. Diversity and Inclusion within the organization are not just statistics; they comprise a mutual commitment to nurturing excellence. It is the opportunity for everyone, regardless of ethnic, racial or socioeconomic background, to use the skills, creativity, and knowledge of all staff members to formulate a more-cohesive environment (Diversity and Inclusion, 2018).

Evidence shows that diversity within the organization can lead to an increase in patient experience and enhance patient care. Besides, addressing ethnicity within the clinical setting will assist in cultivating a culture of mutual respect (Diversity and Inclusion, 2018). However, even with the broad commitment by the organization to increase diversity across the executive leadership team, there has been limited career advancement for African Americans in middle management.

Executive Nursing Leadership Diversity

In general, there are limited African American or Ethnic minorities at the executive leadership level at NYU Langone Health. The disparity, however, is not a representation of the organization executive leadership team, which encourages Black nurses to enhance their career within the organization through multiple programs such as leadership development seminars and sponsorship to attend the Leadership Institute of Black Nurses (LIBN) mentoring program.

The Chief Nursing Officer is very active within the organization, and she is visible and transparent. In 2006, she sponsored Blacks nurses holding middle management level positions to participate and engage in the LIBN. The program had dual purposes. First, it served as a resource through education and mentorship to empower Blacks nursing leaders to expand and seek career advancement opportunities (Leadership Institute for Black Nurses Launched by NYU College of Nursing, 2006).

Secondly, the program wanted to position leaders to address healthcare disparities faced by community-dwelling African Americans (Leadership Institute for Black Nurses Launched by NYU College of Nursing, 2006). Nine African American middle managers attended and graduated from the program; eight have advanced their career since. A few of the managers moved outside of the organization, but had the fundamental tools to elevate their career. The CNO within the organization participates in the career growth of all, and there is also an *open-door* policy for staff at all levels.

The multi-stage DNP project had solid and enthusiastic support from executive leaders such as the CNO and vice president. These stages included pre-evaluation, as well as mid- and post-evaluation of participants and mentors.

Goals and Aims

The goal of this project was to develop a mentorship program for African American and ethnic minority nurses that integrates the Leadership Institute of Black Nurses' (LIBN) principles for nurse leaders who aspired to climb the nurse executive leader. The overarching goal was to enhance the self-efficacy and self-confidence of African Americans and ethnic minority nurse leaders so that they could also get into senior leadership positions. The following aims were utilized to complete this project.

Aim 1: Conduct a need assessment to identify the needs for this program.

Aim 2: Develop a proposal to LIBN program executors, Dr. May Dobal and Dr. Yvonne Wesley, for approval to implement a modified version of the LIBN program model within the NYU Langone Health System.

Aim 3: Review the curriculum for the program.

Aim 4: Pilot the program.

Aim 5: Evaluate the program and disseminate findings.

Chapter III

Methodology

This chapter will review the methodology utilized to accomplish the aims of the project. The goal of this project was to develop a mentorship program for African American and ethnic minority nurses that integrates the Leadership Institute of Black Nurses' principles for nurse leaders who aspired to climb the nurse executive leader. The mentoring program was a Phase II of the existing NYU Langone Health Diversity and Inclusion Mentoring program. The overarching goal was to enhance the self-efficacy and self-confidence of African Americans and ethnic minority nurse leaders so that they can also get into senior leadership positions. The following aims were utilized to complete this project.

Aims

Aim 1: Conduct a needs assessment to identify the needs for this program

A learning needs assessment is a methodical approach to study what groups or individuals need to learn (Pilcher, 2016). An accurate assessment of a group's learning needs is an essential step in the development of educational objectives within a group (Pilcher, 2016). Evidence has shown a range of methods used to guide a group's learning needs. These methods include written surveys that request specific topics or provide a list of subjects that ask the group members to indicate their issue of interest (Lubejko, 2015). Other methods include reviewing the subjects of interest with key stakeholders, focus groups or management, and identifying the group's educational needs (Pilcher, 2016). Each of these methods can lead to a wealth of topics with varied information to prioritize the program (Pilcher, 2016). Learning needs fall into categories including gap analysis, analysis of learner self-identified needs, the anticipation of future needs, and analysis of organizational needs (Lubejko, 2015). Analysis of learners' needs was an area of focus for this project.

The information gained through the learning needs assessment is meant to further clarify the issues that prevent minorities from achieving their optimal potential in senior nursing leadership and increasing the diversity of the workforce on all levels. The method of accomplishing the needs assessment was carried out in three steps:

- First, the project lead conducted a focus group with 5 - 10 nurse managers, clinic care coordinator, clinical nurse specialist, nurse administrator, assistant nurse manager or nurses with similar titles to obtain valuable information on the perceived barriers, challenges, and issues that prevent enhancement of diverse talent within the organization.
- Second, interviews were conducted with executives to gain insight on the skills and qualifications they consider when recruiting, interviewing and hiring leaders. Information was gathered regarding their experiences as it relates to diversity and inclusion in the workplace: do they feel minority has a sense of belonging, respect, and empowerment; and do they have a fair opportunity for career enhancement?
- Third, a Likert scale survey was used to collect data from the participants. The population for this project consisted of African Americans and ethnic minorities who currently hold or held a nursing leadership position at NYU Langone Health with the desire to enhance their career development. The pre-survey collected (a) the demographics of the participants, (b) the role of mentorship in their leadership development, and (c) the resources that will be valuable in their development. This approach helped the project leader understand the current state of African Americans and ethnic minorities within the organization. It also assisted in improving the efforts to increase ethnic and racial minorities mentoring (Dickerson, 2012). All questions for the survey were from various literature reviews.

Demographics

- The first portion of the pre-survey evaluation consisted of seven demographic questions used to demonstrate the overall profile of the participants. The information is in a quantitative numeric description. The demographic portion of the questionnaire (see Appendix C) included the participants' title, age, race/ethnicity, highest degree earned, years of work experience as a nurse leader, number of individuals supervised, and size of the unit.

Mentoring relationship

- The second portion of the pre-survey was composed of 6 questions that provide some insight into the nurse leader mentorship experience if applicable. The information is in a quantitative numeric description (see Appendix C). The questions were multiple choice, and contained the following elements: (a) Description of the mentoring relationship initiation, (b) the attributes that attracted participant to mentor, (c) the lifespan of the mentoring relationship, (d) the status of the relationship with mentor after the mentoring relationship ended, and (e) the current relationship with mentor today.

Resources

- The third portion of the pre-survey was from sources that the participants found useful during the length of the project and for their future career endeavors such as electronic articles, future regional leadership conferences, seminars, finance, collective bargaining, and innovation presentation.

Aim 2: Develop a proposal to LIBN program executors Dr. May Dobal and Dr. Yvonne Wesley, for approval to implement a modified version of the LIBN program model within the NYU Langone Health System.

- The LIBN program was "designed to prepare nurses of African descent for leadership positions through education in the form of executive meetings and mentorship" (Dobal & Wesley, 2009). The program was intended to increase the proficiencies of African American nurses to get involved with the community, enhance advocacy in healthcare, attain promotions, and accomplish healthcare distinction.
- The schedule of the LIBN program was for six months per cohort, with eight-hour monthly educational sessions, telephone conferences, and discussion threads. Each month, the participants focused on one of the following topics: skills attainment, self-efficacy, and leadership; competencies essentials; measurement and outcome evaluation; economics and exploration of quality of life for ethnic and racial minorities living in America. (See Appendix C with the proposal).
- A proposal was drafted and sent to LIBN executors outlining a modified version of the LIBN program model to use as a foundation along with recommendations from the Chief Nursing Officer (CNO), the Vice President of Nursing, focus group, executive interviews, and the participants' survey for the program's curriculum.
- The successful implementation of the LIBN program model is at the New York University Rory's School of Nursing. Therefore, the adoption of a modified version of the educational model to meet the learning needs of the group was in effect.

Aim 3: Review the curriculum for the program

Utilizing a modified version of the LIBN program, recommendations from senior leadership, focus groups, executive interviews and the participants' surveys as the groundwork, an outline of specific topics for modules was developed for review by LIBN program executors and senior leadership.

- The first component of the project was to create an electronic interactive threaded discussion. Participants made use of the interactive thread to gain support and request for resources instead of relying on monthly meetings.
- The second component of the project was the monthly educational seminars that encompassed four themes. The LIBN cohort met for eight hours per session. However, to accomplish the project in a reasonable timeframe or get the buy-in from the organization, the project lead recommended decreasing the timeframe to four hours.
- The third component of the project was active mentoring. Mentoring is considered a key process for career advancement and growth since the 1970s (Kram, 1985 & Levinson, 1978). There are key principles for selecting and defining the role expectations of mentors (McBride, Campbell, Woods & Mansonm 2016; Bryant et.al, 2015; Bryne, Topping, Kendall & Golding, 2014). This section included dedicated bi-weekly office hours, check-ins or consultations. This step was done via phone, webinar, or in person with the mentor of choice or a chosen mentor dedicated to the participant's growth. Mentor selection was based on the following criteria: a) currently working in senior leadership; b) greater than five years of nursing leadership experience and demonstrates the capacity to transition into a senior leadership role; c) Master's prepared or higher education; d) agreed to participate through the length of the program; and e) comfortable engaging in conversations related to race and ethnicity.

Aim 4: Pilot the program

- The pilot program, named *Utilizing a Mentorship Approach to Increase the Underrepresentation of Ethnic Minority in Senior Nursing Leadership*, is a leadership mentoring program for African Americans and ethnic minorities. The participants

utilized the guiding principles of their organization such as the organization vision, mission, and values. Furthermore, utilizing a modified version of the LIBN-defined learning domain will foster leadership skills and self-efficacy in African Americans. Review of the modified version of the LIBN program model will assess adherence of the needs of the participants within the program.

- The prospective participants were identified by April 1, 2019, and the introductory letter along with a pre-survey were sent by April 15, 2019. The goal was to have the survey returned and reviewed by June 1, 2019. Based on the project, the gap analysis will identify the organization's current state. The program modules might also need to be revised to accommodate the participants. Additionally, to accommodate the needs of the organization, the length of the sessions decrease from eight hours to four hours per month. The educational seminars began in July 2019 and ended in December 2019.

Aim 5: Evaluate the program and disseminate findings

The leadership mentoring program for African American and Ethnic Minorities has five distinct aims that were evaluated as successful when the various milestones and target points were met. Evaluation of the program took place at the beginning and the conclusion of the program, with use of the Likert Scale. The information utilized to construct the survey design was attained from the literature review.

- The participants received a post-survey at the end of the program. This approach provided an opportunity to assess the outcome of the program’s progress, and the participants’ level of satisfaction. It also assisted in identifying opportunities to improve proceeding programs.
- Mid-point during the pilot study, each mentor-mentee completed an informal check-in to assess his perception of the program, and evaluate if pairing is a good fit.

- After the pilot program, the mentor-mentor received a post-survey. The survey requested participants to indicate if the four-hour educational modules were beneficial to their needs as African American/minority nursing leaders.
- The results were shared with the senior nursing leaders to determine the sustainability of the program. The information gathered will also be disseminated among prominent nurse leaders through a peer-reviewed published manuscript.

Instruments

Mentoring Experience Needs Assessment Evaluation

The survey for the need's assessment evaluation was inspired by the modified version of The Mentoring Survey that was adapted and utilized by Jacqueline Hill. The Mentoring Survey was originally developed by Jeanne Madison (1994) using Levinson's adult developmental theoretical framework. The model survey was used by Madison to determine nurse administrators' perceptions of the mentoring relationship and its effect on their professional lives. The researcher wanted to explore if mentoring added significant value to nurse administrators regarding their roles and responsibilities (Madison, 1994). The survey consisted of 14 questions in their original form. The test-retest reliability process validated the questions (Madison, 1994). Although the use of the survey as a significant element of the project was not viable, it served as a guide along with the literature review.

Hill (2004) used the modified Mentoring Experience Survey (MES) to assess the role of mentoring in the development of African American nurse leaders. According to Hill (2004), alteration of eight of the questions, and an addition of 13 new items, was meant to capture participants' race and ethnicities, as well as their specific mentors. The modification survey (MES) composed by Hill (2004) was relevant to this project since it explores the underrepresentation of African Americans in senior nursing leadership and the impact of

mentorship. The survey is composed of three sections: (a) background information, (b) the mentoring relationship, and (c) the impact of mentoring.

Questions 1-7 capture the background information such as racial/ethnic identification of the participants, as well as the job title and previous job title of the participants' mentor. A few questions in this section are: "What is your gender?"; "What is your racial/ethnic identity?"; "What position do you currently hold?"; and, "What is the racial/ethnic identity of your mentor?" Questions 8 -23 delve into the personal characteristics of the mentoring relationship from the viewpoint of the participants. Some of the subsequent questions are: "At what age did you dream (an idea) of what you would like to become?"; "Approximately how old was your mentor?"; and, "What attributes attract you to your mentor?" Questions 24 – 27 assess the advantages and disadvantages of having a mentor/mentee relationship. Also, they require comments in the form of short answers. Specific questions are, "Are you currently serving as a mentor?"; and, "Would you mentor someone of a different race?".

Population

The primary stakeholders for this project are African American and ethnic minority nurse leaders working in the United States who aspire to excel in their career and develop the necessary characteristics, traits, and knowledge to become senior nurse leaders. Participants had the following inclusion criteria, (a) self-identify as African American or ethnic minority, (b) have held or currently hold managerial positions such as assistant nurse manager, nurse manager, nurse administrator, or other similar leadership roles for at least one year, and (c) have a profound interest in further enhancing their career in nursing leadership. Participants were purposefully selected based on the above criteria because they met the selection for the targeted population (Martínez-Mesa, González-Chica, Duquia, Bonamigo, & Bastos, 2016). The project hoped to obtain a minimum of six and a maximum of 20 participants for data collection to add depth and complexity.

Recruitment

Individuals were recruited primarily from the NYU Langone Health system. The project lead emailed senior nursing leaders outlining the program and its goals. For this project, senior nurse leaders were defined as nursing directors, senior nurse director, vice president of nursing, and chief nursing officer. Each participant was identified by senior nursing leaders as people having great potential and who were interested in participating in the program. Participants also met the project population inclusion criteria, (a) self-identify as racial/ethnic minorities, (b) held/hold nurse leadership position for at least one year, and (c) have an aspiration to advance up the nursing leadership career leader.

The target was to have six to 20 participants. Once a demonstrated self-interest in the project identified all prospective participants, the leader sent an introductory letter outlining the purpose of the project and the request to participate. The preliminary letter provided a robust description of the project. It informed the participants that there would be three different sections in the project, including a needs assessment survey, group seminars, and post-evaluation. Participants learned they are free to leave the project at any time with no retaliation from the organization or job insecurity. Participants received reassurance that their responses were anonymous and their privacy was maintained for purposes of reporting in both the project and publishing of articles. Equally significant, participants received an invitation.

Protection of Human Subjects

Online completion of an Institutional Review Board (IRB) training developed by the U.S. Department of Health and Human services fulfilled a requirement by the Yale University School of Nursing DNP curriculum. Coupled with presentations from Yale University IRB leaders, the training incorporated modules on human subjects. The purpose

of both the online and face-to-face training modules was to increase the students' knowledge and allow them to gain insight into IRB and to assess if each project needs IRB approval.

According to the Yale University website, IRB approval is a requirement for research, defined as "a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge." While quality improvement projects are, "designed to improve clinical care, patient safety, healthcare operations, services, and programs or for developing new programs or services (e.g., teaching evaluations, patient/employee service surveys)." Based on the definitions, the DNP project is a quality improvement project because the information obtained is not generalizable, and the intent was to apply the findings in a particular setting.

Additionally, NYU Langone Health have reviewed the Doctor of Nursing project, and it did not meet the federal requirements for research requiring human subject's protection, and does not require IRB review.

However, before initiating the project, it was reviewed by the Yale University School of Nursing proposal committee to assess IRB approval was needed. Endorsement as a quality improvement project did not require the approval of Yale University and NYU Langone Health Institutional Review Board for the Protection of Human Subjects. The project lead assured the privacy and confidentiality of the participants. The surveys did not contain identifying information or methods of linking individuals. Also, all participants were voluntary, and the project lead did not have any conflict of interest.

Project Timeline

A work breakdown schedule was used to outline the scope and divide the project into manageable components. The scope of the project was then put into a Gantt chart. The Gantt chart was established to provide an effective strategy for the project (see Appendix D). It is used to illustrate the project schedule by time intervals on the horizontal axis, and

performance of scheduled tasks on the vertical axis. Moreover, it is used to predict the start and end date of a project, and using them ensures that large projects are broken down into manageable tasks (Seymour & Hussein, 2014). It also shows areas of vulnerability and dependency (Geraldi & Lechter, 2012).

Phase I

On December 14, 2018, the project received buy-in from NYU Langone Health Chief Nursing Officer, Dr. Kimberly Glassman. The agenda for the meeting included a discussion of program planning and the definition of plan objectives. Dr. Glassman agreed to serve in the role of a mentor for the duration of the project. Defending and approval of the project by Yale DNP proposal took place on February 2019. Leadership immersion began at NYU Langone Health in February 2019 and was completed by January 2020. End of the proposal to utilize the LIBN model and curriculum was by March 2019. Identification of participants and learning needs assessment for the pilot project ended by April 2019.

Phase II

With the assistance of LIBN executors and Dr. Glassman, the projected finalization of the curriculum was May 2019. Learning deliverables, learner's commitment, Participant and budget finalization occurred between May 1 and June 15, 2019. The Minority Diversity and Inclusion Nursing Mentoring Program for African American and Ethnic Minority commenced in July 2019.

Phase III

The minority mentoring pilot program began on July 12, 2019. Collection of quantitative feedback took place after each session; and the program was completed by December 31, 2019. Dr. Glassman and other executive leaders \received the results by January 31, 2020. The project's presentation to the Yale University School of Nursing DNP chair and committee will be upon completion of all deliverables for approval.

Evaluation of Aims

The use of Davidson's (2010) Six Areas of Evaluation helped with the assessment of the project. The first is the process: "How well was the project designed and implemented?" Secondly is the outcome: "How well did the project meet the overall needs?" Thirdly is: "What did you learn from this process?" Fourth is the investment: "Was the project cost-effective? Could it be done differently?" Fifth: "Can the project be shared and replicated elsewhere?" Sixth: "Is it sustainable, or does it need continuing support?" The final is: "Determining whether the project informs the initial question." Utilizing these seven evaluations probing techniques assisted the project leader to formulate the Likert scale survey.

The quality improvement project evaluation was completed via post-survey at the end of the project. The assessment determined the achievement of the project's overarching goal to enhance the self-efficacy and self-confidence of African Americans, and Ethnic minority nurse leaders, trying to climb the career ladder into a senior leadership position. There were periodic updates with the Yale School of Nursing Faculty to ensure that the project was on track and to assess if there were any barriers and how to surmount them. Each aim was reported as completed when the deliverables were met and approved.

Evaluation of the project was in the form of strengths, weaknesses, opportunities, and threats (SWOT) analysis. There were several advantages, considering that the low percentage of minorities in the healthcare profession remains an issue in the United States. African Americans and ethnic minority nurses in senior leadership positions are scant in number and seldom mentioned in the literature. Prominent landmark reports (IOM, 2003; IOM, 2008, U.S. Department of Health and Human Services, 2011) have recommended increasing ethnic and racial minorities in healthcare to decrease healthcare disparities. However, there is no empirical evidence to support this claim. The need to change practice and increase minorities

with a focus on African American and ethnic minorities in senior nurse leadership also produces strength in this project. Another asset to this project is that there are more than 4,500 registered nurses within the organization. Therefore, increasing ethnic and racial minorities senior leaders can assist the organization to appreciate social subtleties that impact the health of minorities (Selvan, 2012)

Some of the potential weaknesses were the ability to get senior nurse leaders' buy-in. Their buy-ins were necessary to gather the names of possible participants; this is especially important for a new initiative. A lack of engagement would have resulted in limited participants and thus the inability to collect a substantial sample size.

The commitment of the participants was also a potential threat. There is a need for each participant to be fully invested in gathering best practices that can be utilized by the organization for the development of underrepresented minority leadership talent. The lack of support, engagement, and willingness to participate, by senior leadership was a notable threat. Additionally, the support of the organization on a global level may have posed a challenge. Learners' engagement could have also been a threat to the completion of modules and active participation in online discussions, monthly meetings, and bi-weekly check-ins with the mentors. The project timeline was also a threat – disseminating the survey and waiting for a timely response can be a challenge.

The organization has other leadership development programs. Senior nursing leaders might have had concerns executing a similar program dedicated only to nursing leaders. However, with over 4,500 registered nurses, the largest workforce within NYU Langone Health, it was essential to create the ***Utilizing a Mentorship Approach to Increase the Underrepresentation of Ethnic Minority in Senior Nursing Leadership*** program to address nursing, the largest segment of the healthcare workforce.

Implications

The project intended to heighten the awareness of the underrepresentation of African Americans and ethnic minorities in senior nursing leadership and evaluate the effectiveness of mentoring programs aimed at facilitating their career path. The increasing diversity of the senior nursing workforce will have several implications such as improving the healthcare workforce to efficiently address the needs of all Americans, as well as enhancing the quality of care for the underserved population.

DNP Project Leadership Immersion

Advanced nursing practice nurses are positioned to be leaders in today's healthcare system. The healthcare reform enacted in 2010 by President Barack Obama has provided the opportunity for advanced nurses to play integral roles in decreasing healthcare disparities and increasing the quality of care for all Americans across the healthcare spectrum. It is necessary for healthcare organizations to recognize and acknowledge the importance of increasing diversity by developing underrepresented minority talent in senior nursing leadership. Strategies that promote diversity are essential to advance healthcare. The leadership immersion plan is a gateway to integrate, apply and synthesize the essentials of the project.

The leadership immersion project allows the development of critical thinking, effective communication, teamwork, and evidence-based practice. It also offer an opportunity to reflect on the personal journey. The DNP project began in March 2019 and concluded in January 2020. The NYU Langone Health Senior Vice President, Patient Care Services and Chief Nursing Officer of nursing provided supervision and leadership. The leadership immersion program included close collaboration with nursing leaders, Dr. Yvonne Wesley, and Dr. May Dobal. They functioned in the capacity of mentors and content experts. The purposes of the leadership immersion were to:

1. **Engage the NYU Langone Health Senior Vice President, Patient Care Services and Chief Nursing Officer of Nursing to get an endorsement of the program.**
    - On December 14, 2018, the Senior Vice President, Patient Care Services and Chief Nursing Officer of nursing, accepted the proposal to pilot DNP project.
    - A letter was obtained from the Senior Vice President, Patient Care Services and Chief Nursing Officer of nursing outlining acknowledgment in support of the evidence-based quality improvement project. The Senior Vice President, Patient Care Services and Chief Nursing Officer of nursing had full permission to review the project and any manuscript that identifies the organization. These were a few probing questions to determine the need for the program:
        - What are the various nursing leadership opportunities beyond the nurse manager within the hospital?
        - How many nurse leaders are in director positions and above?
        - What is the current number of minority leaders in director positions and above?
        - How many nurses currently in middle management want to excel in their leadership roles?
        - What are some of the perceived barriers to excel beyond a middle management position?
2. **Partner with executive leaders, and participants to complete a needs assessment to implement DNP project within the organization**.
    - This development required partnering with key stakeholders such as executive leaders, and nurse leaders to assess the necessity of the program. Senior nurse leaders assisted in selecting qualified candidates that meet the inclusion criteria.
3. **Collaborate with LIBN program executors Dr. May Dobal and Dr. Yvonne Wesley**

- A proposal was sent to implement a modified version of LIBN program model within the NYU Langone Health System. The request was communicated through email with full details of the project and the rationale to modify.

4. **Partner with senior nursing leaders to finalize the nursing, leadership mentorship program curriculum.**
    - The LIBN program model, recommendations from senior leadership, focus groups, executive interviews, and pre-surveys all served as the foundation. The project leaders developed an outline of specific topics for the modules, and the senior leadership and LIBN program executors reviewed them.
    - There were three components of the project: electronic interactive threaded discussion, six monthly seminars, and active mentoring. The program included four-monthly workshops that covered four diverse topics. The project lead and program mentor collaborated with leaders to have content experts as guest speakers.
    - Also, the mentees had dedicated bi-weekly office hours check-ins or consultation with their mentors. This step was done via phone, webinar, or in person with the mentor of choice or a chosen mentor, dedicated to the participants' growth.

5. **Pilot Nursing Leadership Ethnic/Racial Minority Mentoring Program**
    - The program, named ***Utilizing a Mentorship Approach to Increase the Underrepresentation of Ethnic Minority in Senior Nursing Leadership***, is a leadership mentoring program for ethnic and racial minorities that was piloted after finalization of the curriculum.
    - Mentees completed a Likert scale survey at the end of the program to assess areas of opportunities. Both mentor and mentee completed a survey at the start, midpoint and end of the program.

6. Evaluation and dissemination through post-evaluation assessment

- The data from the survey was aggregated and disseminated to leaders to assess the sustainability of the program.

Mentees Population

Invitations were sent to 64 accessible individuals in the nursing leadership council (NLC) on two of the four acute care campuses (Tisch and Brooklyn). Individuals within the NLC were selected if they met the following criteria: self-identified themselves as ethic and racial minorities, worked in a leadership position for at least one year, and intended on advancing their career to participate in the program. 20 individuals within the council applied, 16 met the inclusion criteria and were selected to start the program. The four participants not selected did not meet the inclusion criteria based on leadership experience. One participant dropped out after the first session based on a family emergency. Ultimately, 15 participants completed the program.

Mentor selection process

Mentors were self-selected by the mentee, however, the mentor had to meet the established criteria: actively working in senior leadership; have an excess of five years leadership experience; have a graduate education; agree to complete the entire program; and has the ability to engage in crucial conversation about race and ethnicity. Education was provided to the participants on the process of choosing a mentor who complemented their individual needs.

Measurement Instrument

To measure the outcome of this DNP project, the following instruments were utilized: a descriptive and demographic questionnaire which was derived from a modified version of The Mentoring Experience Survey (MES) that was adapted and utilized by Jacqueline Hill,

the Leadership Efficacy Questionnaire (LEQ), and the Michigan Organizational Assessment Questionnaire (MOAQ) Intent to Turnover Measure Questionnaire.

The MES was distributed via email during the application process. The questionnaire was used to define the profile of the individuals and choose the participants for the project. The questionnaire comprised of 19 items derived from the literature review. The questionnaire was composed of both multiple choice and short answer questions. The questionnaire consisted of three sections: (a) background information, (b) mentoring relationship, and (c) goals mentee hoped to achieve through experience. The questionnaire incorporated: current position, racial/ethnic self-identity, gender, age, educational level, number of years as a leader, years in current position, did applicant ever had a mentor, how mentoring relationship was initiated, attributes that attracted applicant to mentor, duration of mentorship relationship, how mentorship relationship ended, mentorship relationship today, past leadership positions, reason applicant wants to work with a mentor, any attempt to obtain a senior leadership position in the past, applicant strongest skill set and why, competencies applicant would like to strengthen/leverage through working with a mentor, and resources that applicant might find useful. (see Appendix C)

Following the deployment of the application, participants were purposefully selected based on the inclusion criteria. The workshop kicked off on September 4, 2019. Each participant completed a pre- and post-assessment Leadership Efficacy Questionnaire (LEQ) and a pre- and post-assessment Michigan Organizational Assessment Questionnaire (MOAQ) Intent to Turnover Measure Questionnaire.

The LEQ was utilized to assess the participants leadership self-efficacy. The LEQ tool was developed and tested for validity and reliability with a coefficient value of 0.96 within seven studies by Hannah and Avolio (Hannah, Avolio, Chan, & Walumbwa, 2012). Hannah and Avolio proposed that the greater the self-efficacy of the leader, the higher their

performance, engagement and adaptability (Hannah & Avolio, 2010). The LEQ tool consists of 22 questions that measure the leader's efficacy on a 0-100 scale. The scale determines the level of confidence: 0 denotes not confident and 100 denotes total confidence. The greater the overall score, the higher the self-efficacy of the leader.

The MOAQ Intent to Turnover measure developed by Cammann et al. (1979) measures valid outcome of staff intention to turnover. It consists of a 3-item scale that assesses staff intention to leave their current role and the probability of seeking other job opportunities in the next six months. The scale rates item on a 7-point Likert scale, ranging from '1-unlikely' to '7-very likely'. The scale has a satisfactory reliability with a Cronbach's alpha coefficient of 0.70. The wording of the scale was modified to capture and address intent to leave secondary to job promotion.

Data Collection

When eligibility was established through the demographic and descriptive questionnaire, prospective participants (n=16) received an introductory letter via email outlining the program summary, mission, and workshop topics. Participants were informed that the project was entirely voluntary, and they were free to terminate participation at any time without consequence. They were also informed that findings of the project might be published; however, concerns regarding confidentiality and anonymity was addressed. The completion of the application questionnaire symbolized that the participant had agreed to participate.

The LEQ and the MOAQ Intent to Turnover measure questionnaires were distributed at the commencement workshop on September 4, 2019, and as a post-assessment on December 4, 2019. The LEQ was designed to assess participants' level of self-efficacy at the beginning of the program. The post-assessment was used to analyze if the participants' level of confidence increased because of the project.

The MOAQ Intent to Turnover measure questionnaire assessed participants' intent to leave the organization pre- and post- the project implementation. The results of the pre-survey assisted in navigating the conversation for the workshop. In contrast, the results of the post-survey analyzed if the project added benefit and increased the self-efficacy of the participants.

Data Analysis

Responses from the demographic and descriptive survey, the pre-and post- LEQ, and the MOAQ Intent to Turnover measure questionnaire were processed using SPSS. The information was analyzed using descriptive statistics and frequencies of participants' responses. Frequency distribution was used to organize the data and outline the distribution scores. The credibility of the information was also validated through the process of a member check.

Questions 1-13 were multiple-choice, and questions 14 – 19 were open-ended on the demographic and descriptive survey. Questions 1-7 addressed the participant's current position, racial/ethnic self-identity, gender, age, highest degree, years as a nurse leader, years in current position. Mentoring relationship was addressed in questions 8 – 13 of the survey tool and encompassed the following: (a) have you ever had a mentor?; (b) which of the following best describe how your mentoring relationship was initiated?; (c) what attributes attracted you to your mentor?; (d) how long did your mentor relationship last?; (e) how would you describe your relationship with your mentor when the mentoring relationship ended?; (f) how would you describe your relationship with your mentor today? Questions 14 – 19 consisted of open-ended and addressed the following: (a) participants past leadership position; (b) why do you want to work with a mentor?; (c) have you attempted to obtain a senior leadership position in the past?; (d) describe what you consider to be your strongest

skills set and why; (e) describe the competencies you would like to strengthen/leverage through working with a mentor; and (f) resources that you might find useful.

The 22-question LEQ tool was analyzed using descriptive data and frequency. Questions 1-7 analyzed the leader's capability to lead their followers. Questions 8-14 analyzed the leader's trust that their peer and superior support their leadership, and questions 15-22 analyzed the leader's own ability to lead. The 22 questions were graded on a scale from 0-100. A score of 0-40 indicated that the leader had no confidence, 41-79 indicated moderate confidence, whereas a score of 80 -100 indicated total confidence.

The MOAQ Intent to Turnover Measure questionnaire consisted of 3 questions and used a Likert scale to rate the effect of the participants' willingness to leave their current role. Questions 1 and 2 used a 7-point Likert scale ranging from "strongly disagree" to "strongly agree", and question 3 used a 7-point Likert scale ranging from "not at all likely" to "extremely likely".

Summary

The overarching goal of the project is to enhance the self-efficacy and self-confidence of African Americans and ethnic minority nurse leaders so that they can also get into senior leadership positions. Included in this chapter is the project methodology, data collection, and method of data analysis. Chapter 4 will address the findings of the project and will serve to enrich and add to practice the study completed by Dr. Yvonne Wesley and Dr. May Dobal, *Nurses of African descent, and career advancement* (Wesley & Dobal, 2008).

Chapter IV

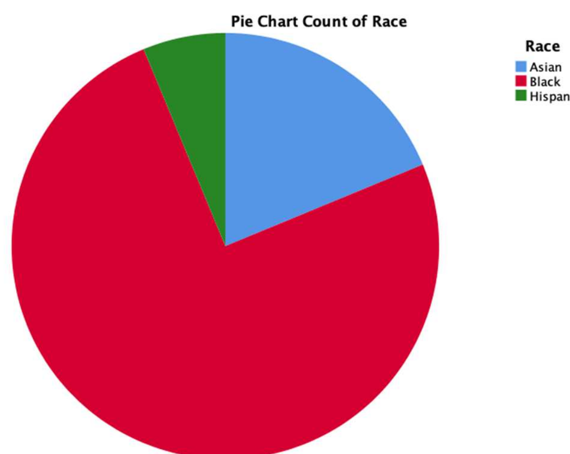
Results

This chapter presents the findings of the project, *Utilizing a Mentorship Approach to Increase the Underrepresentation of Ethnic Minorities in Senior Nursing Leadership.* Data was collected through questionnaires that were given before and after the project. The project findings are reported in (a) participant demographics, (b) LEQ findings, and (c) MOAQ Intent to Turnover Measure Questionnaire findings.

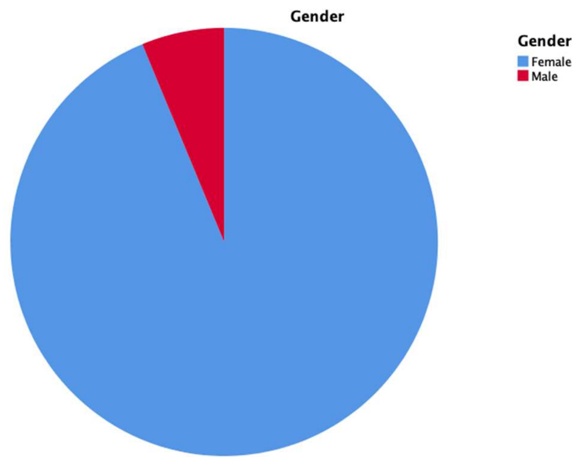
Part I

Participant Demographics

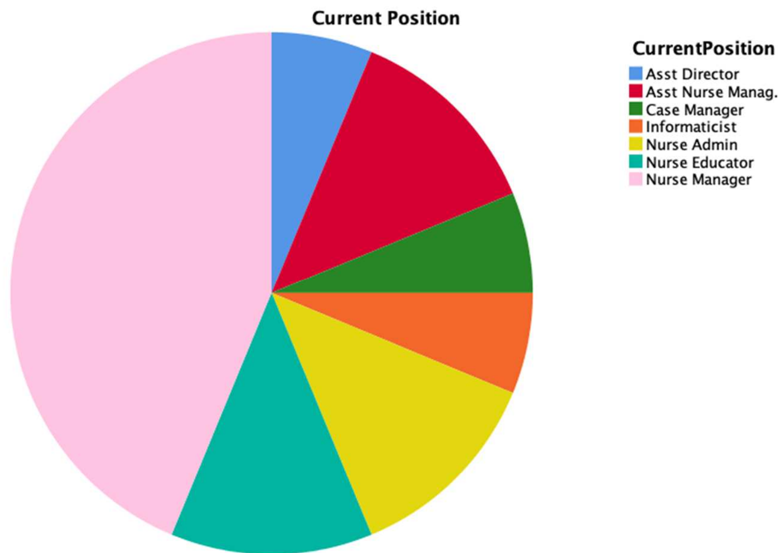
Of the 16 participants enrolled in the program, only one withdrew. 75% (n=12) were African Americans, 19% (n-3) were Asian, and 6% (n=1) were Hispanic, which correlated with the evidence that, of the minority population, a higher percentage of African Americans are in middle management positions. The majority of the participants age ranged between 31-50 at 69% (n=11). Those aged between 20-30 represented 13% (n=2) of participants, and those between ages 51-60 represented 19% (n=3).



Additionally, consistent with the overall make-up of the nursing profession, 94% (n=16) of the nurse leaders were female and 6% (n=1) were male.

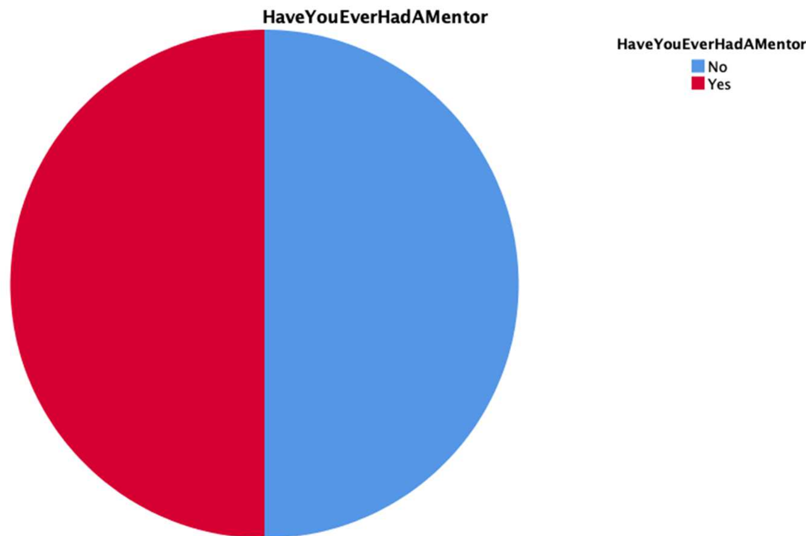


94% (n=15) of participants had a master's degree, whereas 6% (n=1) had a bachelor degree, but that one individual was enrolled in school to pursue her masters of nursing degree. 18% (n=3) of the participants currently work as an assistant director (n=1), case manager (n-1), or nurse informaticist (n=1). Comparably 39% (n=6) are in their current role as assistant nurse manager (n=2), nurse administrator (n=2) or nurse educator (n=2). The single largest portion of participants were nurse managers, at 44% (n=7). The number of years in a leadership position fluctuated in the group. 69% (n=11) of participants had 3-5 years of leadership experience, whereas the other participants had leadership experience of 7, 8, 10, and 15 years.



Mentorship Experience

50% (n=8) of the participants reported that they had a mentor and 50% (n=8) reported that they never had a mentor.



44% percent (n=7) of the participants reported that their relationship began informally at work. 31% (n=5) of the mentor-mentee relationships initiated through a formal introduction from work or school programs, and 25% (n=4) were born out of a natural development between the participant and the mentor. There were various attributes that the

leader noted that attracted them to their mentor. 56% (n=9) responded in favor of experience, 62% (n=10) valued personality, and 44% (n=7) stated "the mentor identified me as someone they want to support".

Participants were asked how long their mentor relationship lasted. 50% (n=8) had no mentor, 31% (n=5) of the mentor-mentee relationship had not ended, 13% (n=2) of the relationships lasted for two years and 6% (n=1) lasted for six months to one year.
When asked how the relationship ended, 50% (n=8) stated that they had no mentor, 25% (n=4) reported that the relationship has not ended, 13% (n=2) stated that the relationship is amicable, 6% (n=1) are very close, and 6% (n=1) responded that their mentor passed away. In response to the relationship that the participants currently hold with their mentor, 50% (n-= 8) had no mentor, 31% stated that the mentor relationship has not ended, 6% (n=1) said the relationship ended amicably, 6% (n=1) said that the relationship is strained, and 6% (n=1) reported that their mentor passed away.

Part II

The Leader Self-Efficacy Questionnaire (LEQ)

The 22-item LEQ was scored on a scale from 0-100 and analyzed using frequency distribution. Permission was granted to use the LEQ scale for this DNP project, but the entire scale will not be published in this DNP project, so it will not appear in the appendix. A score of 0-40 indicates that the leader has no confidence, 41-79 indicates moderate confidence, and a score of 80-100 indicates total confidence. The LEQ pre-assessment indicates that 56% (n=9) reported being moderately confident in self-efficacy and 44% (n-7) reported being totally confident. One participant skipped three questions in the pre-assessment survey. In the future, it might be important to have a "not applicable" option for the participants who feel that the answer choices are not reflective of their perceptions.

The post-assessment LEQ indicates 13% (n=2) were moderately confident following the program and 87% (n=13) reported being totally confident. However, the overall scores of each participant increased in all categories. The results of the LEQ informed the author that the program enhanced the participant's self-efficacy. A serendipitous discovery was also made when reviewing the pattern of the questionnaire: questions 1-7 analyze the leader's capability to lead their followers; questions 8-14 analyze the leader's trust that their peer and superior support their leadership, and questions 15-22 analyze the leader's own leadership ability. The findings demonstrated that the participants were more confident in their ability versus their trust in superiors and peers.

The Michigan Organizational Assessment Questionnaire (MOAQ) Intent to Turnover Measure Questionnaire

The MOAQ pre- and post-assessment consisted of 3 questions rating the effect of the participant's readiness for career advancement and willingness to leave their current role. A 7-point Likert scale, ranging from "strongly disagree" (1) to "strongly agree" (7) was used to rate MOAQ1 and MAOQ2. The pre-assessment MAOQ1, "intent to seek a vertical position within a year," the most meaningful of the findings, were 50% (n=8) agree/strongly agree and 31% (n=5) neither agree or disagree. However, the post-assessment indicated that 60% (n=9) agreed or strongly agreed. For the pre-assessment MOAQ2, "thinking about obtaining a promotion," 56% (n=9) agreed or strongly agreed, while in the post-assessment, 73% (n=11) agreed/strongly agreed. MOAQ3, "likelihood of obtaining a vertical position with another employer" used a 7-point Likert scale ranging from "not at all likely" (1) to "extremely likely" (7) to rate. The pre- and post-assessment was distributed throughout all categories, with a slight significance of "quite likely" at 33% (n=5).

Mentorship Workshops

Self-efficacy and self-confidence

The first session provided the opportunity for meaningful education and networking amongst the group. The foundation of the session was to coach and allow each participant to assess their nursing leadership journey. The program background, scope, and concept were reviewed. The speakers covered topics such as the difference between coaching, networking, and sponsorship. Individual mentoring and the importance of a mentor was examined through small group exercises. The workshop also covered topics such as identifying potential mentors carefully by utilizing specific criteria that fit their expectations (Zachary, 2011), coaching on the process of approaching a mentor through email or in-person, and analyzing how to construct a request. Participants were encouraged to develop a relationship that was mutually agreed upon and set up an initial in-person meeting.

The workshop also highlighted processes to utilize when preparing to meet a mentor. An exercise was utilized to transition the workshop into an interactive forum and discussion of career path and self-efficacy, "the belief that you can accomplish a particular task" (Bandura, 1977). Four sources of self-efficacy were used in guiding the collaborative conversation (a) mastery, (b) modeling (c), social persuasion, and (d) physiological factors. The session concluded with a breakout session on self-talk. Self-talk is defined as an internal conversation with oneself. Participants were provided with a scenario to discuss and think about a time when they used self-talk to help influence an action or decision (Kross et.al, 2014).

Negotiation, collaboration, and networking

A keynote speaker facilitated the second workshop, in which the five negotiation tactics were discussed: (a) accommodator, where the relationship is everything and the belief that winning people over is giving them what they want, (b) competitive style negotiators pursue their individual needs and have a narrow focus, (c) the compromising negotiator often splits the difference, usually resulting in an end position of halfway between both parties, (d)

the avoider negotiator dislikes conflict and talk in vague terms about an issue instead of the problems themselves and (e) the collaborator negotiator tries to find a way that both parties get the best outcome. Scenarios were used for the participants to understand their negotiation style and assess if it needed to be adjusted for them to meet their specific needs. The speaker discussed other topics, such as collaborating and creating a network beyond a personal comfort zone. The participants also had an opportunity to be creative and brainstorm opportunities to collaborate and create a network.

The paradigm of leadership

This session provided helpful information regarding conflict resolution and the feeling of belonging. It included topics like the differentiation between a leader and manager, and the difference between mentoring and coaching. The speaker emphasized that for every difference, there is deviance. She stated that minorities work harder to climb the career ladder. Therefore, organizations should be intentional and purposeful to create diversity programs.

Quality of life and success

The fourth workshop was a panel discussion with three minority leaders: a chief medical officer, vice president of nursing, and senior director of nursing. The leaders shared their career journey, followed by questions and answers. Participants received helpful information about knowing their value and their purpose, and utilizing them as strengths for career enhancement. Mentors and mentees were invited to celebrate the successful completion and closeout of the session and the program. The group shared lessons learned, and each participant was presented with a certification to indicate graduation.

One to one mentorship

The mentor and the mentee developed the particulars of the mentorship relationship, such as the frequency of individual sessions. Participants journaled their monthly experience

and consensually shared feedback with the group during the monthly workshops. The conversations provided a platform for others to learn through the experiences of their fellow participants.

Journaling

Participants journaled their experience throughout the program. The monthly workshops began with a group discussion that highlighted journal entries and shared experiences. However, the participants were not required to share. The dialogue within the group provided a platform for others to learn and discover.

Chapter V

Discussion, Conclusion, Implications, and Recommendations

The purpose of the project was to assess the effectiveness of a mentorship program to enhance self-efficacy and self-confidence of ethnic minority nurse leaders who aspire to attain senior nursing leadership. The program was comprised of monthly workshops and individual mentorship adapted in collaboration with LIBN program executors. The CNO's sponsorship, vision, and collaboration with the executive leadership team were foundational for the success of the program. Their support and ability to address obstacles in planning and execution were important. The support of the mentors was influential because they provided a platform for the mentee to have a role model and advisor. A diverse mentee and mentor group was equally crucial because it contained information from various vantage points and individual perspectives.

The project aims were achieved when compared to the pre- and post-intervention questionnaire. The descriptive information from the participants during the monthly workshop provided additional information. The social exchange theory and critical race theory provided the framework for addressing the following project questions:

1. What role does mentorship play in the growth, development, and career paths of Black and other ethnic minority nurse leaders?
2. What are the barriers and facilitators that contribute to the underrepresentation of Black and other ethnic minority nurses in senior nursing leadership roles?
3. How does diversity in nursing and nursing leadership affect patient care?

The participants involved in the quality improvement project categorized their group mentoring experience as informative and engaging. The group reported that having a mentor was influential in increasing their confidence by providing support and encouragement. They stated that the mentor would assist in their pursuit to seek career advancement.

The participants unanimously agreed that the individual mentoring sessions were practical and allowed them to express themselves freely. They described the one-on-one mentoring sessions as comforting and an opportunity to exchange life experience that they can utilize to prevent pitfalls. One participant reported that it was her responsibility to display her personal growth and self-confidence, which reflects her mentor. The concept coincides with the social exchange theory that illustrates that social exchange occurs progressively over time, as the mentee and mentor both benefit from the relationship. The participants' negative connotation was that the timeline was short and the program should last for at least six months.

At the end of the four-month mentorship training, 93% (n=14) of the participants remained in their current position, 7% (n=1) progressed to a Director of Nursing role. The LEQ and MOAQ questionnaires findings demonstrated overall increased confidence and intention to excel vertically in all categories.

Most of the nurse leaders reported that some of the barriers that limit their career enhancement are biased. They stated they do not get career opportunities and advancement like their counterparts, regardless of how prepared they are. Additionally, the participants identified that self-confidence and self-efficacy were barriers to their professional growth. They indicated that not seeing influential leaders that look like them creates uncertainty in their ability to succeed. They stated that they sometimes feel isolated, thinking they have to do more, attain a higher level of education, and work twice as hard to achieve career growth, and sometimes even that is not good enough.

Some of the participants reported that starting the mentorship program and having a mentor invested in their growth has increased their confidence, self-efficacy, and self-awareness. They said that the program had inspired them to explore more advanced career opportunities and promotion, which is reflective in the MOAQ post-assessment. The mentors

were perceived as encouraging, supporting, and credulous by the mentees. The findings from the group mentoring workshop demonstrated that the nurse leaders recognize their mentor as influential for their career development.

The LEQ post-assessment results indicated an increase in the participant's leadership self-efficacy in their competence to lead their team, augmented trust for their leaders and peers, and boosted their confidence in their ability to lead. The MOAQ post-assessment demonstrated increased significance in the participant's perceptions of readiness for advancement to an executive role. More significant is that 50% of participants had an increased attitude of looking for a vertical position, obtaining a promotion, or moving to another organization vertically.

The program, unfortunately, did not allow the project leader to address how patient care is affected by the underrepresentation of minority leaders in senior nursing leadership. However, it is an important question that should be explored in future projects.

Conclusions

The goal of the project was to assess if a mentorship program would increase the self-efficacy and self-confidence of ethnic minorities to advance their career. The evidence from the project coincides with the literature review that demonstrated that mentoring plays an essential role in the career development of ethnic minorities. Participants of the project described benefits such as increased self-confidence and self-efficacy. Furthermore, the findings demonstrated that mentoring is useful in the career development of ethnic minorities. Therefore, nursing should embrace platforms and programs to assist with the growth and development of ethnic minorities who often feel marginalized and overlooked.

A preliminary step is creating structure to provide ethnic minorities with resources such as formal mentoring, networking, and coaching to engage in career opportunities. There are several initiatives from the American Nursing Association, Robert Wood Johnson, Black

Nursing Association. However, more can be done to close the diversity gap in senior nursing leadership. Programs such as *Utilizing a Mentorship Approach to Increase the Underrepresentation of Ethnic Minorities in Senior Nursing Leadership* will assist with enhancing the self-efficacy and self-confidence of junior nursing leaders. The developmental programs are also crucial for leadership succession planning. It was important to establish that race was not a determining factor for the participants to develop a mentoring relationship. Therefore, a percentage of the participants had a cross-race mentoring relationship.

Implications

The project sought to establish whether a group, in combination with individual mentorship, plays a role in the career development of ethnic minorities. First, the findings of the project enhanced the knowledge-base regarding the utilization of a mentorship program for ethnic and racial minority nurse leaders seeking career enhancement. Second, the results yielded an understanding of some barriers that hinder the career development of racial and ethnic minorities in senior nursing leadership. Sadly, some barriers should be removed to increase the availability of mentorship for racial and ethnic nurse leaders who strive to climb the career ladder.

Additionally, racial and ethnic minority nurse leaders should overcome and increase their self-efficacy and self-confidence so that they, too, can feel that they belong or feel fit to enhance their career development.

It is essential for executive nurse leaders to engage prospective, high-potential junior leaders and remain proactive in their career growth and development. The findings of the project also revealed that policies and procedures that address career enhancement should be established. Some of the candidates were promoted to their current roles within the organization. Therefore, it is essential to create an infrastructure that (a) identifies minority

nursing leaders with high potential, (b) constructs a plan for formal or informal mentoring, and (c) offers developmental programs. The organization can utilize some of the developmental programs described in this project to meet this need.

Recommendations

The findings of the project have several suggestions for the future that the author was not able to explore. First, partner with executive leaders to assess the qualities, strengths, and weaknesses they seek from an executive nursing leader. Second, the program received favorable responses from the executive leadership council and the nursing leadership council, who both indicated that this program was much-needed. However, it is essential to perform an official focus group to review the needs assessment for a future program. Third, recommendations for future assessment include interviewing mentors to determine their perception of self-capability and the impact of their mentoring role. Finally, healthcare organizations should be intentional and purposeful to create diversity programs and expand their support of diversity among executive nursing leadership.

The literature supports the significance of mentoring across professional settings, most notably nursing leadership.

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Appendix A – Literature Review Matrix 1

Source	Concept 1	Concept 2	Concept 3	Concept 4	Concept 5
Author, Year	Aim	Type of study	Problem	Results	Notes
Hammond, J., Marshall-Lucette, S., Davies, N., & Harris, R. (2017)	“To fill that gap and explores the experience of student nurses (n = 12) and physiotherapists (n = 6) throughout their education and during the first 6-months post qualification to identify key experiences and milestones relating to successful employment particularly focusing on the perspectives from different ethnic groups.” (p.172)	Qualitative	There is a global concern for racial equality. African Americans and minorities are underrepresented in healthcare education and the workplace. (p.173)	There is a need to involve diverse communities to advance healthcare. Employers are challenged to take actions to increase the inclusivity and diversity of the workforce. (p.178)	Main themes identified, ‘proactive self,’ and the need to ‘fit in.’ (p.172)
Heller, C. Balls-Berry, J.E., Nery, J.D., Erwin, D.L., Kim., M. & Kuo., W.P. (2014)	“To identify successful community-engaged interventions that included health care providers as a key strategy in addressing barriers to clinical trial enrollment of underrepresented patients.” (p.169)	Systematic Review	To address barriers to enrollment in clinical trials and strategies geared to increasing the ethnic minorities. (p.170)	“There is a need for a more systematic and rigorous approach to determine the best approach for improving minority improvement.” (p.180)	
Bekermeier, B., Grembowski, D., Youngran, Y., & Herting, J. (2012)	To investigate changes in local health departments and leadership and how these changes are associated with mortality disparities. (p.1)	Quantitative	The discipline of local health departments (LHD) lead executive as a clinician appears to have a significant relationship with the impact of LHD practice on reducing black-white mortality disparities. (p.8)	An LHD clinical leadership may be an important factor to consider in relation to local public health capacity to impact health disparities.” (p.6)	“558 common local areas with statistically measurable black mortality in both 1993 and 2005 profile surveys. The study had limitations related to the data used, the short time trajectory under examination, the broad outcome indicators serving as dependent variables, and the nature of our sample.” (p.2)
Gilliss, C.L. & Powell, D. L. (2010)	The aims of the article were threefold: “(1) to evaluate the quality of the evidence supporting the assumption that diversifying the racial/ethnic profile of the nursing workforce could reduce health disparities, (2) to examine the “best practices” that have	Qualitative	Disparities in the health status of the U.S. population persist despite the significant allocation of public and private resources over the past decade. Some	The absence of data on the impact of a diverse nursing workforce on health care outcomes and service development limits our	Some evidence shows usefulness; however, there is limited evidence available. (p.300)

Source	Concept 1	Concept 2	Concept 3	Concept 4	Concept 5
Author, Year	Aim	Type of study	Problem	Results	Notes
	resulted in successful recruitment of a diverse workforce in nursing and the health professions, and (3) to outline an initial policy agenda designed to enhance the diversity of the nursing workforce." (p.294		evidence suggests that health disparities could be influenced by changing the ethnic, racial, and even gender profile of the health care workforce to better approximate that of the U.S. population. (p.294)	understanding of the specific ways in which the diverse workforce can improve the health of the public and eliminate health disparities. (p. 301)	
Wesley, Y., & Dobal, M.T. (2009)	To evaluate a leadership institute designed to promote career advancement and leadership in administration, education, and research among nurses of African descent. (p. 122)	Quantitative	Lack of minority nurses is a significant cause of racial health disparities. (p.126)	Nurse leaders of African descent who participate in leadership programs are mentored and expand their networks. Besides, the nurse leaders are positioned to change policy and behaviors among providers, as well as patients to improve health outcomes for people around the country, thus minimizing or eliminating health disparities. (p.126)	There were no limitations or strengths discussed in this article. The study was completed in a college setting with nursing leaders as mentors. (p.128)
Lihtenstein, R. (2005)	"To discuss the importance of diversity in a health management training program; to describe the University of Michigan's Summer Enrichment Program (SEP), a program to increase the number of students of color who graduate training in health management; and to report the results of the survey." (p. 251)	Qualitative	Increasing diversity is necessary for healthcare organization management; this will make the organization more effective in serving a diverse population. (p.269)	The program had a positive impact on diversity within the master's program of health management. In addition, SEP assisted in increasing the number of ethnic minorities who acquired healthcare leadership positions. (p.259)	Gaps – managers of colors are paid less than their white counterparts. Whites are more satisfied in their managerial jobs than their ethnic counterparts (p.273).

Appendix B: Literature Matrix for Women/black women in executive leadership

Source	Concept 1	Concept 2	Concept 3	Concept 4	Concept 5
Author, Year	Aim	Type of Study	Barriers preventing women from excelling	Results	Notes
Amon, M.J. (2017).	"To examine the career narratives of science, technology, engineering and mathematics (STEM) women, or the spoken account of their experiences pursuing leadership positions in STEM." (p.2)	Qualitative	Lack of authority, Vigilance, Gender stereotype (p.5)	"Women state that they have less self-determination than their male equivalents. Secondly, positive interpersonal collaborations and organizational climate can assist with career success." (p.9)	Need to further explore career strategies that are more or less useful for overcoming barriers. (p.8)
Faniko, K., Ellemers, N., & Derks, B. (2017).	First, "we aim to show that women's reluctance to support gender quotas is not due to a generic tendency among women to compete with each other. Secondly, we aim to investigate in more detail *why* exactly women in managerial positions are less supportive of gender quotas. (p.638)	Quantitative	Stereotype, Gender Quotas, Queen Bee-phenomenon (p.642)	Two studies illustrated that women managers distance themselves from junior women managers; however, they align themselves with women from the same rank. (p.648)	There was a direct correlation with the queen-bee phenomenon. (p.649)
Mason, B.S., Ross, M., Chambers, M.C., Grant, R., & Parks, M. (2017)	"To address the low number of women and underrepresented minorities in procedural based specialties, Nth Dimensions has sought to address and eliminate healthcare disparities through strategic pipeline initiatives. (p.662)	Quantitative	Experience to and hands-on involvement, Research skills, Lack of mentorship and other professional development. (p. 663)	Strategic pipeline for minority women assists with acceptance in a medical residency program (p.664).	
Sexton, D.W., Lemak, C.H. & Wainio, J.A. (2014)	"The purpose was to analyze the career trajectories of successful female healthcare executives to determine the factors that generated inflections in their career." (p.367)	Qualitative	Education and training, Experience, Networking Mentorship and sponsorship (p.381)	The study demonstrated that a supportive organization is important for the career advancement of women (p. 382)	Use residency and fellowship programs to increase visibility with higher leaders (382)
Zhuge, J., Kaufman, J., Simeone, D.M., Chen, H. & Valazquez, O.C. (2011).	"To summarize the manifestation of the glass ceiling phenomenon, identify some causes of these inequalities, and purpose different strategies for continuing the advancement of women in academic surgery and to shatter	Quantitative	Gender roles, Sexism, Lack of mentors (p.641)	Changing gender biased patterns and behaviors will require persistence, communication and continuous monitoring of progress." (p.642)	Minority women experience a significantly lower salary and are less likely to be promoted. (p.638)

Source	Concept 1	Concept 2	Concept 3	Concept 4	Concept 5
Author, Year	Aim	Type of Study	Barriers preventing women from excelling	Results	Notes
	the glass ceiling." (p.637)				
Weil P.A & Mattis, M.C. (2003).	"Why female healthcare managers might express more favorable attitudes toward affirmative action than males." (p.225)	Quantitative	Length of time in the organization, Women lack significant experience. (p.232)	Senior executives need to embrace having women at the table and address and fix the injustices of the past. (p.232)	Steps need to be taken to increase the lack of women executives.

Appendix C

Instructions: Please answer the following questions. It is important to get a baseline assessment regarding your mentorship experience if any. If you have not had a mentoring relationship, please eliminate those questions.

1. What position do you currently hold?

   ______Nurse Manager

   ______ Care Coordinator

   ______ Clinical Care Coordinator

   ______ Assistant Nurse Manager

   ______ Nurse Administrator

   ______ Other ____________________________

2. What is your racial/ethnic identity?

   _____ Black/African American

   _____ Hispanic

   ______ American Indian

   ______ Asian American

   ______ Hispanic

   ______Other_______________________

   (Please Specify)

3. What is your gender?

   ______Male

   ______Female

4. What is your age

   _______ 20 – 30

   _______ 31 - 40

______ 41 – 50

______ 51 - 60

5. Highest degree earned

______BSN

______ MSN/MS/MA

______ DNP/PhD

6. Number of years worked as a nurse leader _______

7. Have you ever had a mentor?

_____ Yes (If yes, how many?) _______

_____ No

8. Which of the following best describes how your mentoring relationship was initiated?

_______Informal social exchanges

_______Naturally occurring work relationships

_______A formal mentoring program through my place of employment

_______A formal mentoring program through my professional organization

_______Other

9. What attributes attracted you to your mentor? (check all that apply)

_____Reputation

_____Experience

_____Personality

_____Common interests

_____Mentor Identified me as someone they want to support

_____ Other_________________________________

(Please Specify)

_____None of the above (mentor was assigned)

10. How long did your mentor relationship last?

_____6 months to 1 year

_____2 years

_____3 years

_____4 years

_____5 years or more

_____has not ended

11. How would you describe your relationship with your mentor when the mentoring relationship ended?

_____Very close, intense

_____Amiable _____Strained

_____Civil, tolerable

_____Very Negative

_____Has not ended

12. How would you describe your relationship with your mentor today?

_____Very close, intense

_____Amiable

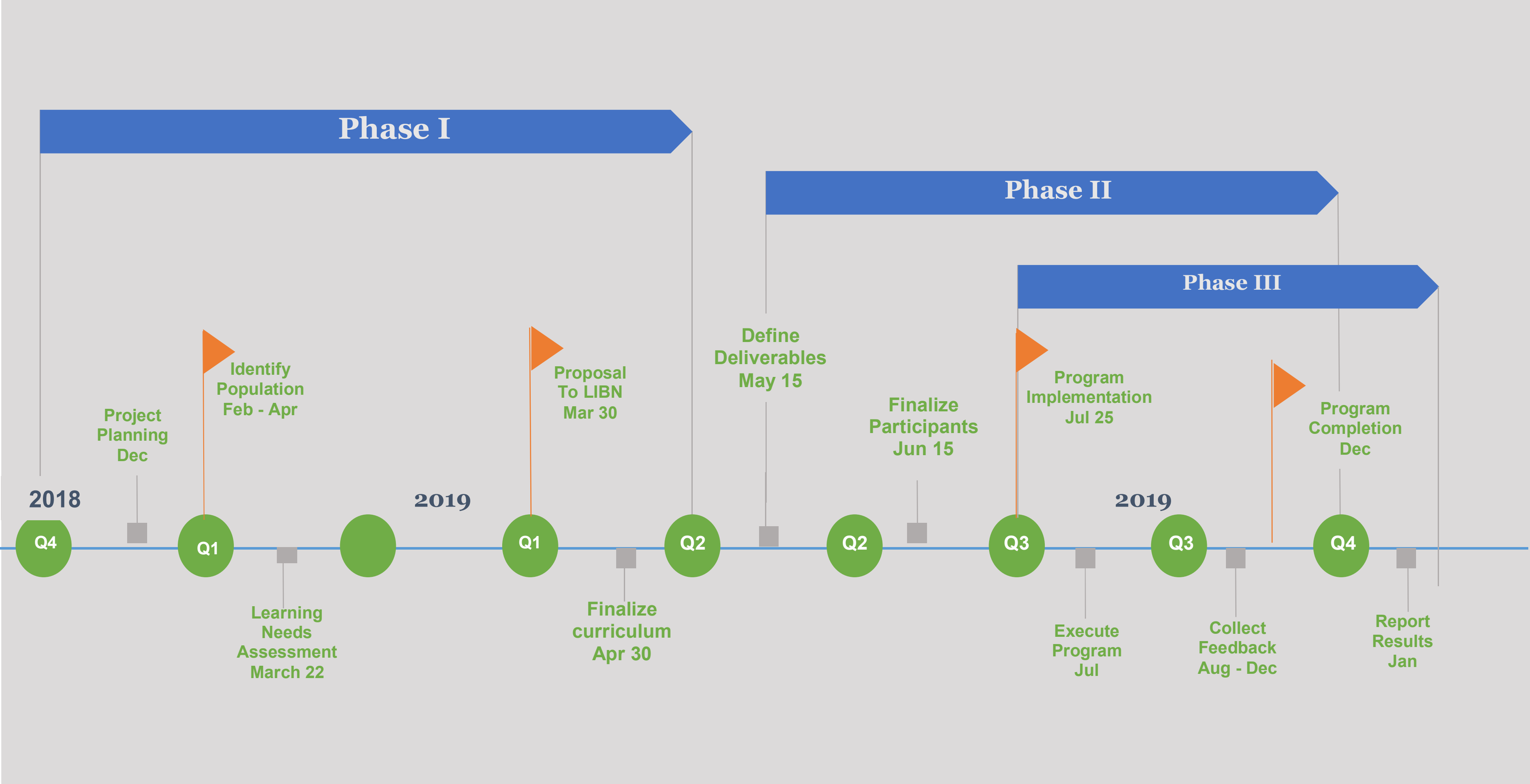
_____Strained

_____Civil, tolerable

_____Very Negative

Appendix B

Gantt Chart



Appendix C
Proposal to use LIBN Program Model

Student Name: Dewi Brown-DeVeaux, MSN, BS, RN - ONC

Title of Project: Utilizing a Mentorship Approach to Address the Underrepresentation of Blacks and Ethnic Minorities in Senior Nursing Leadership

Brief Description of Project:

There is an increased demand for cultural and diverse leaders. However, the percentage of ethnic and racial minority personnel in nursing and senior nursing leadership does not reflect the demographics of the U.S. population (Gates, 2018). An effective way to attain diversity in the nursing workforce is by enhancing diversity in nursing education, job recruitment and career growth (The future of nursing: Leading change, advancing health (IOM, 2011). The 2013 *National Sample Survey of Registered Nurses* reported that over 50% of African American nurses hold a Bachelor's degree or higher certification in nursing. Besides, there is limited literature regarding the disparity of Blacks in senior nursing leadership positions and why they lack career enhancement regardless of their educational background (Gilliss, Powell & Carter, 2010).

The Future of Nursing suggests that the absence of diversity is challenging for the profession of nursing, and increasing diversity within the workforce will assist in meeting the future and current healthcare needs (IOM, 2011). The disproportionate number of Blacks as compared to other ethnic groups in senior leadership positions is multifaceted and embodies the quest for healthcare equality, enhancement of the quality of care, and the struggle to attain equal representation of blacks at the senior leadership level (Gilliss et al., 2010; Wesley & Dobal, 2009).

A) Goal and Aim of Project:

The goal of this project is to develop a mentorship program for African American nurses that integrates the Leadership Institute of Black Nurses' principles for nurse leaders who aspired to climb the nurse executive leader. The mentoring program will be a Phase II of the existing NYU Langone Health Inclusive Mentoring program. The overarching goal is to enhance the self-efficacy and self-confidence of African Americans and ethnic minority nurse leaders so that they can also get into senior leadership positions. The following aims will be utilized to complete this project.

Aim 1: Conduct a need assessment to identify the needs for this program.

Aim 2: Develop a proposal to LIBN program executors, Dr. May Dobal and Dr. Yvonne Wesley for approval to implement a modified version of the LIBN program model within the NYU Langone Health System.

Aim 3: Review curriculum for the minority nursing leadership mentoring program.

Aim 4: Pilot the minority nursing leadership mentoring program as Phase II of the NYU Langone Health Inclusive Mentoring Program series.

Aim 5: Evaluate and disseminate findings.

B) Description of Intervention:

The purpose of this project is to develop and assess the effectiveness of mentorship programs geared at ethnic and racial minority nurse leaders with an understanding of deterrents and barriers that hinder their career advancement into senior leadership positions. For the purpose of this project, ethnic and racial minorities are defined as individuals born in or outside of the United States who are non-Hispanic White.

The first portion of the needs assessment evaluation will consist of eight demographic questions which will be used to demonstrate the overall profile of the participants. The information will be gathered in a quantitative numeric description. The demographic portion

of the questionnaire (see Appendix C) will include the participants' title, age, race/ethnicity, highest degree earned, years of work experience as a nurse, years of work experience as a nurse leader, number of individuals supervised, and size of the organization.

The second portion of the need's assessment evaluation will be composed of 5 questions that will provide some insight into the nurse leader mentorship experience if applicable. The information will be gathered in a quantitative numeric description (see Appendix C). The questions are derived from various literature reviews. The questions are multiple choice, and they contain the following elements: (a) description of how the mentoring relationship was initiated, (b) the attributes that attracted participant to mentor, (c) the lifespan of the mentoring relationship, (d) the status of the relationship with mentor after the mentoring relationship ended, and (e) current status of relationship with mentor today.

A modified version of the LIBN model will be utilized as a foundation along with recommendations from NYU Langone Chief Nursing Officer (CNO), the Vice President of Nursing, and the participants' survey. The LIBN program was modeled and tested at the New York University Rory's School of Nursing. The survey will also help to establish the gap analysis constructed by the needs assessment to compose the curriculum.

C) How will this intervention change practice?

The U.S. Department of Labor (2016) defines diversity as "the infinite range of individuals' unique attributes and experiences such as ethnicity, gender, age, and disability." Increasing diversity in the healthcare workforce has been a critical topic for the last 20 years, with a manifold of reports urging healthcare organizations to reduce barriers and enhance ethnic and racial minority opportunities in healthcare. Increasing black and ethnic minority nursing leaders can indirectly benefit the racial and ethnic communities because they will be better able to influence and shape organizational and national policies that focus on eliminating health disparities and enhance growth within the institution (Malone and Phillips, 2014).