

Abstract: *An understanding of the experiences nursing students of color have while navigating the educational system can provide insight for nurse educators, who desire, and perhaps struggle, to meet the learning needs of their students from ethnically and culturally diverse backgrounds. In alignment with the basic storytelling element of Critical Race Theory, narrative inquiry was used in this study to capture the educational experiences of nurses during their life journeys. Two recurring themes emerged from the data: Experiences of Exclusion and Benefits of Inclusion.*

Keywords: *Critical Race Theory, Inclusion and Equity, Nursing Education*

Critical Race Theory as a Lens for Exploring Inclusion and Equity in Nursing Education

“However important they are, good intentions and awareness are not enough to bring about the changes needed in educational programs and procedures to prevent academic inequities among diverse students. Goodwill must be accompanied by pedagogical knowledge and skills as well as the courage to dismantle the status quo” (Gay, 2010, p. 14).;

A diverse and culturally competent nursing workforce is essential to meet the changing demographics in the U.S. The 2010 *Future of Nursing Report* calls for an increase in ethnic and racial diversity in the nursing workforce, highlighting the unique perspectives of ethnically and racially diverse healthcare providers and their contributions to the advancement of the nursing profession and enhanced health outcomes (Institute of Medicine). The profession of nursing, comprised primarily of white females, does not reflect the diversity in the population. In 2012, racial and ethnic persons represented 37% of the total population in the U.S. (U.S. Census Bureau, 2012) yet ethnically and culturally diverse nurses represented only 19% of registered nurses (American Association of Colleges of Nurses, 2014).

Recruitment and retention of diverse and culturally competent nursing students continues as a mandate among healthcare stakeholders to address a growing diverse population and issues of health equity (Amaro, Abriam-Yago, & Yoder, 2006). The percentage of minority students enrolled in basic RN programs in 2012 was 26%, a decline from 29% in 2009 (National League for Nursing, 2012). Further, many of these students will not complete nursing

school where attrition rates are high for students of color. Dropout rates for nursing students of color in community colleges range from 18% to 20% (Alvy, 2010). A critical examination of the diversity gap in nursing is essential. Experiences of nursing students of color and the influence of faculty and peers on those experiences are not addressed well in the nursing literature. The purpose of this narrative inquiry was to illuminate the education experiences of nurses of color. An understanding of the experiences of nursing students of color while navigating the educational system can provide insight for nurse educators, who desire, and perhaps struggle, to meet the learning needs of their students from ethnically and culturally diverse backgrounds.

Multiple factors contribute to lack of diversity in the profession of nursing. Numerous educational barriers for students of color have been noted in the literature. Despite high performance and achievements, educators in elementary to higher education classrooms exhibit lower expectations for students of color than their white counterparts and provide fewer opportunities for advancement (Gay 2010; Howard, 2010; Sullivan Commission, 2004; Tenenbaum & Ruck, 2007). Institutional racism generates inequities and affects recruitment and retention of students of color. Discriminatory admission processes (Sullivan Commission, 2004) and the use of standardized testing for admission to schools of nursing (Gardner, 2005; Marbley, Bonner & Berg, 2008; Sullivan Commission, 2004) creates unsurmountable barriers to nursing school entrance for students of color. For students of color admitted into schools of nursing, an inhospitable institutional climate coupled with bias and discrimination

is difficult to overcome (Gardner, 2005; Giddens, 2008; Sullivan Commission, 2004; Yoder, 2001). Students as a group face obstacles that are both common and idiosyncratic. However, in order to provide an excellent and diverse nursing workforce, the additional layer of obstacles experienced by nursing students of color must be problematized in order to alleviate them.

The American Association of Colleges of Nursing (AACN) (2013) recognizes the strong connection between the numbers of culturally and ethnically underrepresented nurses in the nursing workforce and quality of culturally competent patient care. AACN mandated that more must be done to recruit nurses of color into the nursing workforce. One recommendation for increasing diversity in the nursing workforce is through actively recruiting students of color and ensuring their success during nursing programs.

Framework: Critical Race Theory

The theoretical framework for this study is Critical Race Theory (CRT). CRT is a framework that can be used to examine the ways that race and racism affect social structures, practices and discourses (Yosso, 2005). CRT is rooted in the civil rights litigation during the Civil Rights Movement, and it emerged as legal scholars began to openly criticize the legal system for playing an enormous role in racially based social and economic oppression in the U.S. CRT differs from other theories in that it is an iterative methodology that requires researchers to be attentive to equity during research, scholarship, and practice (Ford and Airhihenbuwa, 2010). CRT is a lens exposing the ways in which racism on college and university campuses has become more subtle, but no less pervasive (Yosso, Smith, Ceja, and Solorazano, 2009).

Ladson-Billings and Tate (1995) proposed CRT as foundation for educational theory and a tool for examining educational disparities based on race. The works of Taylor (2009) and Dixon and Rousseau (2006) examined the evolution of CRT into the development of Critical Race

Theory in Education (CRTE). They noted that despite ongoing gaps in educational achievement based on race, the U.S. educational system lacked a theoretical perspective to address educational disparities. Despite disproportionate drop-out rates and limited access to advanced placement opportunities the U.S. educational system has not acknowledged a problem exists nor established co-racial approaches for addressing it (Taylor, 2009).

The omnipresence of race and the importance of revealing the perspective and history of people of color through storytelling are central tenets of CRT and CRTE and as such, serve as the framework for this study. The omnipresence of race means that for people of color in the U.S., race is a social construct that is ever present in institutions such as education and healthcare and hinders people of color from access to and full benefit from these institutions. Through storytelling, disparities in education can be exposed and solutions for addressing disparities can be sought. Through narrative, the White perspective can be redirected to the very real and sometimes vastly different experiences of people of color (Taylor, 2009). Stories are a powerful way to establish bridges between people, particularly those separated by factors such as race, culture, gender, and social class (Gay, 2010). From the voice of those who experience institutional racism, inequities in education can be exposed and solutions for addressing disparities may be sought.

Method

In alignment with the basic storytelling element of CRT and CRTE, narrative inquiry was used to capture the educational experiences of nursing students of color. Narrative research works under the premise that people most effectively make sense of their world and their experiences by constructing and narrating stories (Merriam, 2009). A strategy to gain knowledge about inequities in education and healthcare is narratives from those experiencing the social construct of inequity. The power of narrative inquiry is the insight it can provide for

Table 1. Demographics of Participants

Name	Gender	Age Range	Identified Ethnicity	Education Level	Years of Experience
Pearl	F	70+	African-American	Master's Degree and PhD	Greater than 25 years
Rosie	F	60-69	Latina	Master's Degree	Greater than 25 years
Vanita	F	30-39	Wailaki	Bachelor's Degree	1-5 years
Serena	F	30-39	African-American	Bachelor's Degree	1-5 years
Bonnie	F	50-59	Latina	Master's Degree	5-10 years
Alexa	F	20-29	East-Indian/Pacific Islander	Bachelor's Degree	New graduate nurse
Debra	F	40-49	African-American	Master's Degree	10-20 years

Figure 1 Reflection Questions*

- Please tell me about being a person of color navigating the educational journey of becoming a nurse.
- Do you perceive that your educational experience was different from White students? If so, in what ways?
- I am interested in the interactions nurses of color had during their educational experiences. For example, with faculty, peers, hospital staff or anyone that was significant for you.
- Were there other students of color in your classes? Faculty? Hospital staff?
- When you reflect upon your educational journey to becoming a nurse what are some of the things that stand out for you? Please include both positive and negative stories as you feel appropriate.
- How did your educational experience shape who you are as a nurse and as a person?
- If you have questions for me as you reflect upon your narrative, please do not hesitate to contact me.

*These questions were intentionally broad to avoid leading participants' narratives in a particular direction.

educational strategy. Through this lens nurse educators can extrapolate relational and teaching strategies to achieve inclusion and equity in nursing learning environments. Institutional Review Board (IRB) approval was obtained. Using purposeful and network sampling, a convenience sample of nurses of color was recruited via email invitations. Nine nurses responded to a call for participation. Telephone contact was made with each participant to provide an overview of the study and to schedule a time and place for a subsequent interview. Two nurses were unable to participate due to time conflicts. A verbal discussion with the remaining interested participants followed. A consent document including a description of the study was emailed to each of the participants. Additionally, participants received written reflection questions at least one week prior to their scheduled interview to allow them to mentally formulate their narrative (see Figure 1).

The study included seven participants who shared unique narratives of their educational experiences. Table 1 depicts participants' demographic characteristics. With the exception of one participant who lived in a nearby state, all participants resided in California.

Narratives were gathered through individual interviews. To accommodate the schedules and geographic location of the participations, interviews were conducted face to face, by phone or by Skype. All interviews were audio recorded with participants' permission and transcribed verbatim. Interviews lasted 30-90 minutes. The use of open ended questions allowed the participants to freely tell their stories. During each interview, clarifying and probing questions were used. To establish credibility of the data, clarification and accuracy of understanding of the participants' responses were verified throughout and at the end of each interview. Audio recordings of the interviews were transcribed and checked for accuracy. After their interviews, three participants submitted voluntary written reflections and stories of their educational experiences. Participants' names were changed to pseudonyms chosen by the researcher to provide participant anonymity and confidentiality.

Data used in the analysis included interviews, written submissions from participants and field notes recorded

and maintained by the researcher during the interviews. Thematic narrative analysis was used to uncover themes in the education experiences of the participants. Thematic narrative focuses almost exclusively on the content of the story rather than the interaction between teller and listener (Riessman, 2008). The researcher listened to and read each interview several times to identify key words, concepts and themes in the data. During data analysis, words were coded and categorized. The categories led to the broader themes: *Experiences of Exclusion* and *Benefits of Inclusion*. Trustworthiness and confirmation were facilitated by data triangulation of the interview, written and field notes.

Findings

Experiences of Exclusion

Exclusion manifested in several ways. Participants were excluded in the classroom and the clinical arena, by instructors or peers. Although bias and prejudice were sometimes nuanced or denied, participants often experienced blatant racism.

Survived Social Prejudice

Pearl attended nursing school during the 1950's and 1960's. Her account puts an important historical perspective on where we have been in nursing education. The following is from written data contributed by Pearl.

I was the only Black nurse in the class. The white instructor started out by saying that he would like to get to know each of us by name, so he told us he would be making an effort as we raised our hand to ask or answer questions. He would say, "Yes, Ellen," or "Do you have a comment or question Sara," etc. But, when I raised my hand, he would say, "yes, you." Or, if he asked a question and I was the only one to raise my hand to answer it, he would say, "I can see nobody knows this." One day there were about ten of us gathered around a table. I was seated on his immediate left. He started to pass a handout sheet with the comment, "There may not be enough of these

to go around,” so he immediately retrieves the stack of papers he has started to pass my way and starts the handout from the opposite side of the table. It was an eye-opener to me on the power of racial mind-raping in the classroom (that is what I later started to call it).

When we were taking our State Board Exams for our Registered Nurses license, which was 3 full (8-hour) days of testing. The first day, I prayed that my mind would not fail me because America had when it came to eating lunch. We tested from 9AM to 12; 12-1 for lunch. But when I tried to enter the nearby restaurants to eat, they would not let me in. I returned to the testing area hungry and light-headed for the 1 to 4pm testing. The next two days I brought a sandwich with me.

Required to Defend Self

Bonnie described her community growing up in the 1960's and 1970's as so prejudiced that store owners hung signs saying, “No Mexicans or dogs allowed in the store.” She explained that although things have improved in her lifetime, “That doesn't take away what was already learned by society”. Bonnie described an event that occurred during nursing school in 2005.

I was one of two students of color in my nursing class and maintained a 4.0 grade point average. I remember one of the White girls in my class making a comment about my paper. I received a 98% on a paper, whereas the girl had received a B. The girl told me, “The only reason you scored that high is because you are Mexican and they have to meet a quota.” I replied, “No, I've always scored very high in English and in writing and I have earned where I am.”

It may be argued that things are not the same now as they were the 1950's, 60's and 70's. However, Bonnie's experience was recent and both Vanita and Serena recount events they experienced in the 2000's.

Identified as Different

Vanita recalled a clinical nursing instructor who focused on Vanita being Native-American. She described the situation using the words: abusive, manipulative, and belittling. She further stated:

It was an issue that put me through the wringer of public humiliation in front of my classmates and humiliation in front of patients in clinicals, um, telling me certain things, like I think differently because I'm Indian. Which that one kind of stuck with me a lot um, because in some aspects I think that it's true, but is it so true that she needs to always say it in a way that is humiliating in front of the rest of the class? So, um, many times she'd try and get me to do spontaneous, uh, presentations on my tribe or culture without,

uh, telling me that that's what I was going to be doing. And I was you know trying to appease my teacher and teach all the other white students what it is like to be Indian.

She went on to say:

Yeah, well it is true I think differently because I'm Indian, but why do you have to acknowledge it in such a way? What [she] was referring to is that most White students think linear, like you are reading a book, and for Native-Americans, theologically, everything is interconnected. It's not point A to point B but both points A and B connecting with most everything intertwined. It's that circular type pattern of thinking. Yeah, I may think that way, but you don't have to put that in every cheerio I eat!

Vanita further described being constantly quizzed on minute details; if she would pause to think or gather her thoughts the instructor would immediately call another student over to help her. Vanita stated, “Eventually just hearing the instructor's voice or having her close by would cause me anxiety.” Vanita filed a request to be transferred to a different instructor. She met with a reluctant response from the nursing program, but with advisement from a Native American professor in another department and support from her classmates, she prevailed.

Confronted by Racism

Serena is from Nigeria and moved to the U.S. as adult. Serena explained that she went to nursing school on a primarily White campus. She stated, “I have a Blacker face than anyone here and it was different.” Serena, who graduated from nursing school in 2008, also experienced a clinical instructor whom she described as “racist”. She said, “She didn't like me and didn't hide it.” Serena stated the instructor would put her down in front of her classmates. She explained the instructor would tell her, “This is how we do it. You are in America now!” The following quote illustrates the depth of emotion involved in such experiences:

Whenever I think of these things that I went through tears develop in my eyes (Tearful) I don't really like to think about it because it is like, God, it feels like... (Crying, takes a deep breath) The other students noticed too. They would be like, you keep getting into trouble; she doesn't like you.

Proceeded with Caution

Serena also described discrimination from her classmates who minimized or would not acknowledge contributions she made to group projects. She said:

Yeah, sometimes when we have a group project and we come together and people have different suggestions and that was okay, but when I give a suggestion they

looked like they were not hearing what I am saying or you are a dumb person. It make (sic) me feel like I was dumb or something like that. But when they check it out later they would say, "Oh that was a good idea!" or "Oh yeah you were right." But that would be maybe two or three days later.

People don't get to know you. They judge you! Sometimes you don't have any support and you have to do everything on your own. Like even in the classroom I feel like I can't ask a question, I have to do it later. I have to wait to talk to the professor. It is really very lonely. And you have to be really careful. I don't know. I don't know how to explain it.

Made to Feel Guilty

Serena described an incident of being plagiarized by a White student.

And it was a White person. They are not going to believe me. So one of the good persons told the professor and the professor said she was going to pass me and not make a problem about it. And then she tell (sic) me that I should have said something sooner and talked to the lady about it and expose her in front of the class and stuff. But the professor didn't understand how hard it would be for me to make trouble for the department. And then maybe they wouldn't let the next Black person into the program. I don't want to block the opportunity for somebody else. I don't want to create any problems. I was upset and wanted to expose her but did not want to be seen as the confrontational angry Black woman.

Made to Feel Like an Outsider

Alexa, an East-Indian/Pacific Islander who immigrated to the U.S. in high school, stated,

"The manner or tone students use to talk to the instructors is really shocking." She also described her living situation. "But my first semester in nursing I was not doing well because it was all kinda like White kids surrounding me and I was, like, it was the way their thinking was totally different. Like, I had to share a bedroom, and the other girl bringing in her boyfriend was really offending to me." She went on to say, "I think I am isolated from people because of my thinking process. I just felt different."

Discouraged from pursuing a Nursing Career

A subtheme of exclusion that occurred for several participants was being advised away from what they wanted to do. Rosie went to nursing school in the 1960's. In written format she described the following incident that occurred while she was in high school.

My sophomore year I was called into the counselor's office to talk about my future. I was asked the ques-

tion, "What do you want to be when you grow up"? I told him that I wanted to be a nurse. He looked at me with a frown and then proceeded to shake his head and tell me that I was poor, a Mexican and that I needed to become a secretary. I did not have a problem with the first part of his statement; I knew I was poor and that I was a Mexican, but I did have a problem with the last part of his statement. I repeated that I wanted to be a nurse, not a secretary. He just shook his head, told me that he knew best and would put me in business classes my junior year that would provide me the secretarial skills to help me prepare for my future.

Bonnie described her experience of being guided away from nursing school.

Growing up, my high school graduating class was 112, I was ranked 12th out of 112. I remember distinctly sitting with my counselor and her saying, "I think that you should go to a junior college" (which was about 17 miles away) "and you should consider being a beautician." And I said, "Well, I would really like to pursue a nursing career." And she said, "I just don't think nursing is for you." And that was pretty much the direction and the treatment we received.

Debra's experience of exclusion occurred in her plans to attend college.

"I don't think the guidance counselors were very forthcoming in helping the African-American students in getting into college.

So, when I was in – when I started to think about going to college, it wasn't until I was in ninth grade – and I talked about my interest in college with my guidance counselor and he's, "Oh no, you'll never make it in college, you shouldn't do that. You can probably go to like a trade school and you are really good at typing, so you could start working as a secretary or something."

Eventually, Debra was able to transfer to an African American counselor who was supportive and encouraging. Debra did not describe any experiences during nursing school that could be classified as exclusive. Interestingly, she was the only participant who attended a historically Black university.

In the early 2000's Vanita described a conversation with a clinical instructor.

"I wanted to do ER nursing and, my old teacher was um, you'll never be an ER nurse, that's not, you know, you're not capable of that because you know, if you want to go to the ER and float, you have to tell me the names of the three muscles that, you know, you're most likely to give an injection in."

Despite the instructor's condescension, Vanita is currently a very successful ER nurse.

Benefits of Inclusion

Although many of the participants recalled experiences of exclusion, all participants had positive experiences. The term inclusion provides a dialectical counterpoint for exclusionary interactions and describes those interactions which were beneficial for participants.

Rewarded for Endurance

Pearl stated that she was recognized by the director of her nursing program with the "Outstanding Student Nurse Award". She described being tied with another student academically, but that the director said, "

I should get the award because I had performed 'grace under pressure' just as well as the other student, but she had not had to endure the blatant racism that happened to me almost daily."

Supported by Others

Rosie recalled the many positive relationships she had with her classmates, stating that many of them would become lifelong friends. Rosie stated she and her classmates would take turns supporting one another when things got tough. "We would cry on each other's shoulders when we needed a good cry". Rosie recalled deep camaraderie in nursing school that conveyed how essential her relationships with peers were to her. Bonnie stated she never felt treated differently by her nursing instructors and described them as welcoming, supportive, and helpful.

Mentored by Faculty

Vanita stated that despite the instructor she described earlier, she had a wonderful nursing education. Vanita described a clinical instructor who focused on the quality of her work rather than the small mistakes. She also noted other instructors she enjoyed who were approachable and caring. Most important was the Native-American professor who had been instrumental in helping Vanita overcome the challenges she experienced in her nursing program. Vanita explained that because this professor was also Native-American she was supported by someone who understood her and it made a difference in her success in nursing school.

Defended by Peers

Vanita also recalled how important her relationships with her classmates were. She stated that she had many friends, but one particular outspoken White friend named Wendy protected and supported Vanita. She explained that Wendy was not afraid to confront the instructors who were discriminating against Vanita. She also noted the support she had from her classmates when everyone in her clinical group signed a document validating that she was being treated unfairly by a clinical instructor and should be transferred to a different clinical group.

Referred to Academic Resources

Serena stated, "There were some professors that were really good." She named a professor and said

[She] was very helpful because when I came in she told me about the writing center to get more help and more time on the tests and talked to me about how to take tests. It really helped to be able to take exams in the testing center and have more time. And talking to me to help to be confident really helped. Now I don't need extra time anymore. Yeah, I can just take tests now. Because of everyone's help I know how to take multiple choice exams now. That has really changed my life.

Validated for Who One Is

Serena also said she had several "Teachers who were very approachable or professors who made me feel like I could come to them were very helpful. Like when a teacher will help you problem-solve or think about stuff was really helpful. There were some people in class too that really helped me out and we stay in touch." She recalled a social event where she began chatting with some of her classmates; they told her that they had made assumptions about who she was and admitted that they were wrong. Serena also noted that when she was having difficulty with her racist (her word) nursing instructor, it was validating to find that other students had noticed the instructor's behavior.

Encouraged to Succeed

Alexa expressed how instructors had been helpful to her.

I had a tough time writing those care plans, the words, and I was so new to care plans. So the instructors would really read my papers and help me with the mistakes and give it back to me. Or they would advise me to go to the writing center, or give me examples of a good paper. I would go to some of the instructors and say, "I don't know if I am ever going to survive or, oh, this doesn't feel right" and they were encouraging and would say, "Oh, I know you can do it!" So, I took the encouragement and went on. It was totally hard in my first semester not being around people, not talking in my own language, not seeing anyone. But after being here for a while and working, now I feel comfortable.

Alexa also noted a very supportive relationship she had with a classmate. She stated their relationship was very important because they were both Pacific Islanders and shared the experience of being different.

Debra described a community health instructor who was particularly meaningful for her. Debra said, "She was one of the ones that encouraged me to, you know, follow my dreams". She described this instructor as energetic, friendly, engaging, and loving what she did. Debra liked her

instructor's philosophy about giving whatever you are doing 100% effort.

Discussion

The stories that these nurses of color shared about their education experiences reveal racism and exclusion. Yet despite hardship, these women persisted and achieved their education goal buoyed by their experiences of inclusion. Race did matter for the participants during their educational journeys to becoming nurses and their stories illustrate the reality non-White students can and do experience. Throughout their education journey, the participants were expected to remain silent, to accept, to adapt, and mold into the dominant system in which they endured discriminatory and hurtful behaviors from and interactions with others in order to persevere in nursing school. Clearly, racism has persisted across time in nursing education, changing from overt acts of racism to the subtleties of racism embedded in color-blind racial ideology in which racial differences are denied by emphasizing sameness (Nevill, Awad, Brooks, Flores, & Bluemel, 2013).

Critical race theory provides the opportunity to bear witness to racism through story and enables nursing scholars to analyze the narratives of individual participants to better understand systemic and institutional racial oppression (Vaught, 2008). The narratives in this research study offer nurse educators insights into individual and institutional racism and inspire them to action.

While instructive, these narratives are inadequate to challenge the social inequities in nursing education. Parallel to the conceptualization of "formal equality" in the U.S. educational system (Crenshaw, 1995), nursing education has created the illusion of equality and inclusion, masking the system of white dominance and privilege in nursing education (Allen, 2006). A critical examination of the centrality of cultural competence in nursing education must continue.

Cultural values and practices of diverse persons remains an important core of nursing education, yet there continues to be inadequate focus on the centrality of privilege and power in nursing education and health care. Incorporating pedagogy in nursing education to address racism and other forms of oppression can be challenging and threatening for nursing educators who may not be able understand the complexities and forms of racism and discrimination (Markey & Tilki, 2007) or willing to self-identify as racist. These narratives provide a catalyst for conversation and change in the nursing academy. Transformation in nursing education requires that which is unseen and unknown to become visible in the learning environment. Dismantling inequities in nursing education will require persistence and ongoing evaluation. Students of color voices must continue to be heard and honored, voices to inform nurse educators and reinforce the necessity of inclusion and equity in nursing education and, ultimately, in healthcare.

The participants unanimously identified behaviors of nurse educators that contributed to their success. Descriptors such as "recognition", "being approachable",

"caring", "problem-solving", "validation", "support", and "boosting confidence" were used to identify positive interactions with nurse educators. The theme of inclusion aligns with the "bridging approach" to teaching students with varied ethnic backgrounds. A bridging faculty is committed to preserving the cultural or ethnic identity of students and providing a safe learning environment that honors differences. Bridging faculty also facilitate students to cope with barriers to their education, help them navigate conflict, and work collaboratively (Yoder, 2001). The findings from this research clearly identify interpersonal interaction as a critical element of a positive educational experience for the students of color and merits further critical examination.

A limitation of this study was the small sample size limiting the scope and generalizability of findings. Further qualitative and quantitative research is needed to inform the nursing academy about best practices to achieve inclusive and equitable nursing learning environments to enable students of color to achieve their full potential as students and future healthcare providers.

Conclusion

Knowledge about and appreciation for the education experiences of students of color are essential to create inclusive teaching and learning environments. Fortunately, there are nursing educators who recognize and address challenges students of color face as evidenced in the storied narratives told and respectfully repeated in this study.

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