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AN EXPLORATION OF THE RELATIONSHIP BETWEEN AFRICAN AMERICAN
HEALTH CARE PROFESSIONALS' RESILIENCE AND THEIR
PERCEIVED EXPERIENCES OF THEIR HEALTH CARE
PROGRAMS' ORGANIZATIONAL SUPPORT

by

Jqar Shayne Washington, MEd

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Dedication

This is dedicated to all Organizational Support systems, such as Student Affairs, Office of Admissions, and Academic Affairs for colleges and universities. Also to all African American health care professionals.

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ABSTRACT

AN EXPLORATION OF THE RELATIONSHIP BETWEEN AFRICAN AMERICAN HEALTH CARE PROFESSIONALS' RESILIENCE AND THEIR PERCEIVED EXPERIENCES OF THEIR HEALTH CARE PROGRAMS' ORGANIZATIONAL SUPPORT

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The purpose of this mixed methods study was to examine the relationship of resilience levels of African American (AA) health care professionals and their perceived experiences of organizational support for training in health care programs for colleges and universities. Despite an increase in more diverse applicants for health care profession programs, the AA population is considered an underrepresented minority in the field of medicine. Pressures on higher institutions of learning to resolve the long-standing issue of retaining AAs in the academic environment of health care professions field continue to increase, as do the pressures of the Offices of Student Affairs and Admissions to offer support services that help to enhance the educational experience of students attending the university. Surveys were sent to AA health care professionals in order to assess their perception of their health care training programs organizational support, and to assess the resiliency levels of when they were students enrolled in health care training programs. A purposeful sample of eight AA health care professionals were also interviewed in an attempt to provide more in-depth information on AA college students' experiences with health care training programs. The results concluded that there was no significant relationship between (a) resilience levels of AA and their perceptions of organizational support for training in health care programs, (b) difference of resilience levels by gender, and (c) difference of perceived experiences by gender. Additionally, the majority of the

participants shared more positive than negative experiences about their health care training programs. The factors contributing to the success of the health care participants included faith, support from family and higher education administrators, and personal motivation. Findings from the study indicated that AA health care participants experienced successful academic achievement due to the organizational support offices and support systems that were in place at their university. However, many AA participants conducted research on their own or relied on high school counselors and academic advisors for guidance when they made the decision to attend a health care training program. `

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CHAPTER I

INTRODUCTION

Barack Obama, the first African American (AA) president of the United States of America, illuminated that America is a nation combined of many cultures and races by displaying examples of cross-cultural communication (Obama, 2015). Research has proven that AAs made up 13% of the United States population but only 4% are made up of United States physicians and surgeons, which is why the population may be considered an underrepresented minority (URM) in the field of medicine (Rao & Flores, 2007). Minorities are defined as a group who is smaller in number than the majority group. According to the Association of American Medical Colleges (AAMC, 2015), in the past 37 years' medical schools experienced an increase in more diverse applicants, with the exception of AAs, especially males. A challenge colleges and universities face is determining how to recruit, retain, and graduate AAs for health care profession programs (Moore, 2006). Retention and graduation of AA students is one of higher education's most pressing concerns (Laird, Bridges, Morelon-Quainoo, Williams, & Holmes, 2007). Retention is a critical issue to stakeholders involved in the postsecondary education sector (Moore, 2006).

Due to recent demographic changes, there continues to be a lack of AA health care professionals who display examples of racial and ethnic health disparities in the United States (Barfield, Cobler, Lam, Zhang, & Chitiyo, 2012). Despite the work and focal points that the national government have created to increase AA representation in health care careers, there has been little to no increase (Wallerstein & Duran, 2006).

Health care postsecondary institutions that promote a positive racial climate for a racially diverse student body, help to explain the benefits of racial diversity within health care professions. Jayakumar (2008) believed that society as a whole will suffer due to a lack of diversity on college campuses and in the health care profession.

In order to prepare students to become effective citizens, institutions of higher education need to resolve the long-standing issue of retaining AAs in the academic environment of health care profession fields (Linares & Muñoz, 2011). According to Collins (2015), underrepresented minorities (URMs) are more likely to make the choice to be seen by a medical professional who serves a community that they represent, look like, or with whom they have similar backgrounds. Patients respond to medical professionals with whom they share a common culture, race, language, or gender (Brown & Marshall, 2008).

The fact that recruiting and retaining AAs for health care training programs has not increased in several years due to the extensive research that has been conducted is disturbing. In order to bring action to static recruitment and retention of AAs in healthcare, colleges and universities must rely on strategies and resources designed to increase enrollment.

This chapter will further explore the relationship between AA health care professionals' resilience and their perceived experiences of their health care programs' organizational support. A research problem will be established, the significance of the study will be addressed, a purpose will be proposed, research questions will be designed, and key terms will be defined to further interpret the subject matter of the study.

The Research Problem

Health care training programs located at 4-year institutions range from Bachelor's degrees to advanced college and university degrees or certifications. Examples of health care professions include physicians, Clinical Laboratory Scientists (CLS), pharmacists, nurse practitioners, and occupational therapists just to name a few. For a number of years, research studies focused on the low numbers of diverse applicants for health care profession training programs (Veal, Bull, & Miller, 2012). Racial and ethnic diversity in many health care professions have not kept up with the demographic changes in the general population of the United States (Brown & Marshall, 2008). The lack of AA health care professionals will compound the nation's racial and ethnic health disparities (Carrillo et al., 2011).

There are major barriers to becoming a health care professional as cited by AAs which include financial obligations, lack of knowledge about health care profession fields, little encouragement from the home or school environment, negative view on excelling academically, lack of AA role models who work in health care profession fields, racism in medicine, and the feeling that there are easier or more tempting ways to make money (Rao & Flores, 2007). It is as if the United States is moving backward to the time of offering separate and unequal educational opportunities. Students of color who attend low-performing schools with textbooks that are out dated, teachers who are not certified to teach in the subjects they are teaching, and the physical appearance of buildings that present infrastructure and liability issues to the faculty, staff, and students is a major issue of concern (Brown & Marshall, 2008). The AAMC (2015) concluded

there is an overreliance on test scores that hinder many AAs from being able to apply to many health care profession programs. Admissions committees at various medical schools emphasize achieving high scores on the Medical College Admission Test (MCAT) too much. As a result, the AAMC and the National Medical Association (NMA) intend to launch a task force that will suggest new solutions. This effort will allow collaboration with other medical schools within a state in conjunction with undergraduate schools to address key disparities (Gallegos, 2016).

The policies and practices of the United States along with federal and state government, as well as academic medical centers, must support the health of AAs by empowering them to be doctors. Williams and Mullan (2017) believed that specialized knowledge learned in medical school has a limited shelf life and that new treatments, options, and approaches will soon emerge. They suggested that AA doctors would make great medical professionals that would serve as role models who would display dignity, compassion in the time of need, act ethically, and help all those in need. The Black Lives Matter movement created a platform of young AA men and women who are fighting for equal protection with the police which will translate to other domains, such as health care.

Research from The AAMC (2015) reported that by the year 2014, an increase of 1,337 AA men applied to medical school; however, limited research was produced that addressed the colleges' or universities' organizational support provided for AA health care profession students. Despite the efforts of universities using designed broad marketing strategies to attract students (Lewison & Hawes, 2007), more aggressive

attempts that particularly target URMs is the approach that needs to be considered in order to recruit and retain AA students in health care professional programs (Tab, 2016).

Institutions of higher education need to develop strategic plans that create resolutions to help incorporate AA and other minority students into the academic arena (Baker & Robnett, 2012). A recommendation submitted by Evelyn (1998) to the Council on Graduate Medical Education was to not have test scores and grades be such a strong component for consideration for acceptance. This study looked at URMs, which included AAs, Mexican Americans, American Indians, and Alaskan Indians. It did not include Asian Americans, as this population was well represented in the health care profession. The main conclusion was in order to increase AA representation, the AAMC (2015) needed to implement action programs that would recruit more students. This is an example of a holistic approach, that allows for examining and enhancing institutional policies within the university. The findings of this research study suggested less emphasis be placed on test scores and more on subjective options that displayed overcoming adversity. This supports the research by the American Speech Language Hearing Association (ASHA, 2015) which found that universities' commitment to diversity at every level must first be formed from the Office of Admissions/Recruitment. Most colleges and universities have an Office of Admissions, whereas some colleges may have an Office of Recruitment or both. Colleges and universities that have an Office of Recruitment allows that office to focus primarily on recruitment and retention efforts.

Colleges and universities that use inventive and aggressive approaches to recruit and retain diverse students should attend events such as career/college fairs and graduate

school fairs (Farmer & Hope, 2015). Attending events located within the community and workplace of diverse populations would help to attract students. Although 67% of college institutions did not use race as a factor, 74% of the colleges' and universities' strategic planning missions demonstrated a commitment to diversity (NACAC, 2015).

The offices of Admissions and Student Affairs were created to enhance student learning and provide academic preparation within health care profession programs (Schuh, Jones, Harper, & Associates, 2011). However, in the past, people who worked in the offices of Admissions did not pay much attention to the diverse student population or thought enough to advocate for programs that marketed diversity (Lewison & Hawes, 2007). Having recruitment strategies focus on classroom activities that incorporated mentoring, tutoring, and partnerships with corporations were the approaches taken in order to see overall success with enrollment in the health care profession fields (Schuh et al., 2011).

Further research and understanding of the relationship between AA health care professionals' resilience and their perceived experiences of their health care programs' organizational support may contribute to new developments. This could help colleges and universities become more knowledgeable about how to better recruit, support, and retain AA students for health care programs. Universities that recruit AA students need to be mindful of the new era of multi-channel marketing which requires universities to create multiple touch points geared toward prospective students (Lewison & Hawes, 2007).

Minimal research attention has been directed towards how colleges and universities organizational support offices have actively recruited and retained AAs for health care programs (Donini-Lenhoff & Brotherton, 2010). Colleges should revise admission procedures that incorporate examining the profiles of the best students. In order to make the decisions of what stands out in a students' background, the organizational support offices should take into consideration a students' personality, talents, and skills that corresponded with their success in research efforts (Walpole, 2008).

Significance of the Study

In order to improve health care, more minorities are needed to provide an increase of cultural diversity within communities. Institutions of higher learning need to resolve the standing issue of strongly retaining AAs in the academic environment of health care profession fields (Hurtado, Alvarez, Guillermo-Wann, Cuellar, & Arellano, 2012). Although fewer studies have explored how the organizational support offices on college and universities campuses help recruit, retain, and support AAs in health care training programs, Lewison and Hawes (2007) identified a relationship between college and university marketing strategies and diversity.

Evelyn (1998) recommended that the Council on Graduate Medical Education have less focus on test scores and grades as a strong component for acceptance for AA and minority students. Also, Farmer and Hope (2015) identified that college representatives should attend events that are located within the community and workplace of diverse populations to recruit students. This approach could significantly impact

enrollment of AAs. Therefore, there is a need to explore the relationship between AA health care professionals' resilience and perceived experiences of their health care programs/ organizational support.

Research Purpose and Questions

The purpose of this study was to examine the relationship of resilience levels of AA health care professionals' and their perceived experiences of organizational support for training in health care programs. The following research questions guided the study:

Quantitative

1. What is the relationship between AA resilience and their perceived experiences of organizational support?
2. What is the difference between AA males' and females' levels of resilience?
3. What is the difference between AA males' and females' perceived experience of organizational support?

Qualitative

1. What were AA health care professionals' experiences as college students with health care training programs?
2. What do AA health care professionals perceive as barriers, as well the factors contributing to their success in their health care training programs?

Definition of Key Terms

The following are the definitions for the key terms used throughout this dissertation:

Bridge Programs—programs designed to provide accelerated and focused learning opportunities to help students acquire the knowledge and skills needed for college success (Barnett, Bork, Mayer, Pretlow, Wathington, & Weiss, 2012)

College recruiting—“when a college employee or representative invites a student to their college” [National Collegiate Athletic Association (NCAA), 2015].

Health care—“services that include a variety of elements, such as physician office visits, prescriptions, laboratory tests, radiologic procedures, surgical procedures, and hospital stays” (Hornbrook, Hurtado, & Johnson, 1985, p. 163).

Office of Admissions—the Office of Admissions is responsible for tracking enrollment, deploying new technologies, and navigating the changes that arouse with recruitment and admissions on college campuses (Bastedo & Bowman, 2017).

Organizational support (programs)—“global beliefs about the extent to which the organization cares about their well-being and values their contributions” (Eisenberger, Huntington, Hutchinson, & Sowa, 1986, p. 501). The Offices of Admissions, Student Affairs, and Student Support Services are examples of university organizational support programs. These offices create a strong influence on students’ college experiences.

Perception is a mental image, insight or intuition (Merriam Webster Online).

Racial Socialization—Specific verbal and non-verbal messages transported to younger generations for the development of values, attitudes, behaviors, and beliefs regarding the meaning and significance of race (Lesane-Brown, 2006).

Resilience is “both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and

the capacity individually and collectively to negotiate for these resources to be provided and experiences in culturally meaningful ways” (Ungar, 2008, p. 225).

Resiliency is “a process of, or capability for, or the outcome of successful [life] adaptation despite challenging and threatening circumstances” (Garmezy & Masten, 1991, p. 151).

Retention refers to an institutional rate at which students remain at the same institution where they start in a fall semester until the following fall semester (Erwin, 1991).

Student Affairs—“central to stimulating student involvement in college, long recognized as important contributor to overall success and achievement” (Cohen, Brawer, & Kisker, 2014, p. 210).

Underrepresented minorities (URMs)—“racial and ethnic populations who are underrepresented in a designated health profession discipline relative to the percentage of that racial or ethnic group in the total population” (ACPA, 2015). For this study, African American males and females represent the URMs.

Conclusion

This chapter identified the need to examine the relationship between AA health care professionals’ resilience and their perceived experiences of their health care programs’ organizational support. The research problem and significance of the study were reviewed and research questions presented. Chapter II presents a literature review of the major topics that will encasulate this study.

CHAPTER II

LITERATURE REVIEW

The chapter will present literature related to the following topics that involve African American recruitment to attend college, retention in college, factors that contribute to success in college, graduation statistics for completion of college, factors that contribute to success in college, and resilience. Literature will also be presented on organizational support, recruitment and retention practices implemented by colleges, and a summary of findings and the theoretical framework.

Recruitment of African Americans in College

The purpose of this study was to examine the relationship of resilience levels of African American (AA) health care professionals' and their perceived experiences of organizational support for health care training programs. There is a lack of equality when it comes to recruitment, retention, and graduation of AA students in health care-related programs (Carter, 2006). According to the National Association for College Advising Counseling (2015), 74% of all institutions use specific recruitment activities to increase application from underrepresented racial/ethnic populations; 52% of all institutions have at least one staff member dedicated to multicultural recruitment, and 42% of institutions surveyed have retention programs focused. Research from the media and academic journals stated dismal college enrollment rates for AAs in higher education (Harper, 2012). Thirty-two percent of middle- and upper- income Black families live in severely disadvantaged neighborhoods, which suggests why Black middle-class children are more likely to be first in their families to aspire to earn a college degree (Strauss, 2017).

Gaining equal access to a quality education for AAs continues to be a challenge in the United States. Even with significant progress following the 1954 Supreme Court ruling outlawing discrimination in schools, AAs are underrepresented on college campuses and linger behind Whites and Asian Americans in college enrollment, academic achievement, and degree attainment (Walpole, 2008). The social and economic problems that AAs face in the United States have created concerns and challenges for institutions of higher learning when it comes to actively recruiting AAs (Farmer & Hope, 2015). According to the *U.S. News and World Report* (Smith, 2015), many liberal arts colleges that encountered the challenges of recruiting AA students partnered with other minority-serving organizations to recruit a more diverse student body. Although the overall numbers for applicants and enrollees of AAs are low, undergraduate Admissions at several universities implemented programs over the years to help improve the application and enrollment rates of AA students (Palmer & Gasman, 2008). According to *The Chronicle of Higher Education* (The Data Point, 2014), AA freshman applications increased 72.5% from 2009 to 2015, and the enrollment grew 24% from 2009 to 2015. Universities that wanted to increase AA enrollment recognized the importance of the curriculum, as well as creating a diverse environment for students and having a diverse faculty (McGill, 2015). It can be a costly expense for colleges and universities to improve recruitment practices on campuses.

Recruitment barriers for AAs that should be considered included sources of distrust and the lack of understanding the research process (Yancu, Lee, Witherspoon, & McRae, 2011). Yancu et al. (2011) argued that having a culturally specific strategy that

encompassed trust helped create a non-threatening atmosphere for potential applicants. This process allowed the applicants to understand the importance of the research process.

Retention of African Americans in College

Student retention on college campuses is a major issue in higher education and has created a need for extensive research literature (Strayhorn, 2010). Although there has been much progress for underrepresented minorities (URMs), retaining AA students remained a major challenge for American higher education (Locks, Hurtado, Bowman, & Oseguera, 2008). Attending college can be a process of adjustment for most students. According to Tinto (2012), about half of all college students in the United States will not complete a college degree in 6 years. Students with other racial and ethnic backgrounds besides African Americans are more likely to stay enrolled in college (Baker & Robnett, 2012). According to the *Digest of Educational Statistics*, 30% of White aged 25 and older held a bachelor's degree, while 17% of Blacks and 12% of Hispanics aged 25 and older held a bachelor's degree (Snyder, de Brey, & Dillow, 2016).

Looking back on history, the AA experience had been consumed with social subordination, political repression, and economic exploitation (Strauss, 2017). To overcome these experiences, AAs identified a college education as one of the most valuable resources for improving their standing in America (Jones, 2009). Many colleges and universities implemented retention programs designed for AAs, but few have incorporated a program that had multi-program components that address the academic, social, and cultural benefits of the students (Johnson, 2013).

In a study of one university that changed the rules in order to beat the odds to increase AA enrollment, Rutgers University-Newark in New Jersey offered free tuition for low- and moderate-income Newark residents and local transfer students, regardless of their GPAs and test scores (Kolodner, 2016a). At the same time, this university not only accepted students who had been rejected by other 4-year universities, but the institution aggressively recruited these populations of students. The university sought out AA students that were often ignored, low income, urban, public high school graduates with low test scores. Rutgers University considered a holistic approach for accepting students which did not focus on SAT scores for admissions. The university created emotional and financial support for the students as well as offering enhanced courses. The study concluded that the university had a 6-year graduation rate of 64% for Black students and 63% for White students, as compared with 40% and 61% at public institutions nationally.

Tinto (1999) argued that colleges and universities have done very little to address the issues of student retention, and as a result there has been limited impact. Exploring the interaction effects between student characteristics and intervention program types about retention would be most useful, when it comes to providing and improving retention programs geared toward AAs (Bai & Pan, 2009). Tinto's research has provided a framework by which academic researchers have made considerable progress in order to identify the causes and cures of issues involving retention.

The model of student integration proposed by Tinto (1982) presented a predictive model of attrition that placed integration into academic and social systems of the institution at the center of the attrition process. As a result, through interactions in the

social and academic realms, students either reaffirmed or reevaluated their initial goals and commitments. Students who lacked a sufficient amount of interaction with others on a college campus or had negative experiences may make the decision to withdraw from the university as a result of the reevaluation (Tinto, 2012).

According to Astin's (1984) theory of student involvement, the more students are involved in the life of the university, such as living on campus or holding a part-time job, the more likely they are to learn and enjoy the college experience and eventually graduate. According to Roscoe (2015), a factor that impacted AA college student academic achievement and persistence was being involved in AA student organizations, such as Greek letter organizations, Black student government, and advocacy groups like the NAACP (National Association of the Advancement of Colored People). Research indicated that strong relationships with faculty are important to student success in college (Astin, 1999). In a qualitative study with high achieving AA students, Guiffrida (2005) found that students perceived AA faculty as much more willing than White faculty to go above and beyond to assist students by (a) providing students with comprehensive academic, career, and personal advising; (b) actively supporting and advocating for students at college and home; and (c) demonstrating beliefs in students' academic abilities.

The college retention theory suggested that successful college students need to leave their families and friends from home in order to become integrated into the social and academic realms of college (Tinto, 1993). Due to the fact that AAs are more likely than White Americans to come from low-income households and to be first generation

college students, it is important to recognize how family involvement could be both an asset and liability to AA college students' academic achievement and persistence (Guiffrida, 2005). In a study that evaluated the retention and graduation rates of Science, Technology, Engineering, and Mathematics (STEM) majors in the math and science program of Bowling Green State University, in order to analyze the lack of URM and women, Gilmer (2007) concluded that there was a relationship between first semester academic achievement and fulfillment of long-term goals.

The way students start their college career is oftentimes an indication of how they will finish (Krieg, 2013). Tinto (1993), in order to support his opinion, cited the work of Martin (1990), who argued that minority retention is a reflection of the academic climate in which minority students find themselves just as much as it is a reflection of minority students' academic abilities. The study concluded that retention of the Academic Investment in Math and Science (AIMS) Scholars program after the first semester and subsequent semesters had increased.

From the research on retention efforts listed above it is clear that the factors that influenced student retention such as non-academic factors, external factors, academic self-confidence, academic goals, institutional commitment, social support, and social involvement have been well studied. Strategies such as bridge programs, colleges and universities using a holistic review for admission, and having offices such as Student Affairs and the office of Admissions provide social support for students are examples of implemented strategies designed to improve retention rates (Moore, 2006).

Tinto (1993) addressed that cultural and family factors influences AA students' decision to withdraw or persist in college. According to Tinto (1993), external factors could operate against the retention efforts of institutions, "when the academic and social systems of the institutions are weak, the countervailing external demands may seriously undermine the individual's ability to persist on to completion" (p. 108). However, Tinto's (1993) theory of educational departure, the connections to others on a college campus, may contribute to the higher retention rates of Black students. Some colleges' and universities' open enrollment policies are responsive to the need for students with varying degrees of abilities and academic preparation (Barefoot, 2007). In an effort to serve a broader population of students, universities attract students who fit an at-risk profile in terms of being a racial or ethnic population such as AAs, who have graduated with a low high school grade point average, may require remedial education, and are first-generation college students (Franklin, 2013). Tinto (1993) categorized students' reasons for departure as being internally or externally motivated. Internal reasons for departure included student adjustment, difficulty, and isolation. External reasons for departure included obligations and financial conditions. Tinto (1993) proclaimed that the students who had a strong link between goals and college completion most likely persisted toward graduation. This is of particular interest for this study as one of the qualitative research questions seeks to discuss what AA health care professionals perceive as the factors contributing to their success in their health care training programs.

Factors That Contribute to African Americans' Success in College

The higher education system in America is regarded as one of the most diverse in the world. However, despite its diversity, the American system of higher education is marked by a historical legacy of insulting exclusions. African Americans were not legally permitted to attend segregated White institutions until the mid-1960s, when Title VI of the 1964 Civil Rights Act prohibited colleges and universities from discriminating against students in admissions solely on the basis of race (Ginsberg, Gasman, & Samayoa, 2017).

Education for AAs flourished after the Civil War, as Black ministers and White philanthropists established schools that were later called Historically Black Colleges and Universities (HBCUs) all over the South in order to educate freed slaves (Freemark, 2015). By the 1900s, more than half of the nation's AA teachers were educated at an HBCU (Allen, Jewell, Griffin, & Wolf, 2007). During the early 1900s, HBCUs expanded course offerings and grew significantly. There were 77 HBCUs with enrollment of approximately 14,000 students by 1927 (Allen et al., 2007). According to the National Center for Educational Statistics (2017) HBCUs represent only 3% of all 4,084 institutions of higher education in the nation.

Where students begin their college education is related to their educational aspirations, persistence, and their educational attainment (Pascarella & Terenzini, 2005). Educational aspirations are defined as the maximum level of college education that a student seeks to obtain (Bean & Metzner, 1985). Allen (1999) hypothesized that educational aspirations for AA students have the most significant effect on college

student persistence. When students are motivated about attending college, they tend to perform better. Students believe that they can and will succeed because they have the desire to do so. Strayhorn (2017) found that strong supportive networks were a consistent thread in the literature of AAs college success. The research stated how the students attributed relationships with faculty, staff, and peers on campus to their success. These results mirrored the findings from Tinto's (1993) social integration literature on the ways institutions and the ways faculty provide support through helping, mentoring, and offer a flexible schedule to meet with students.

In a study that aimed to identify factors that impacted the academic success of AA nursing students, a literature review was conducted to consolidate the findings related to AA nursing students in nursing programs to identify the supports to their retention and graduation (Murray, 2015). Several barriers can affect success in college. In this study, many variables were explored: alienation, isolation, and being different. However, academic support, mentoring, and integration and inclusivity were factors that helped the nursing students succeed.

A qualitative study conducted by Nathan (2008) involved AA males in order to explore critical factors that contributed to their academic success. The researcher found that relationships with friends and family were factors used to enhance their retention and persistence in college. The study also reported that some students were personally responsible for their collegiate success. Similarly, McClure (2006) explored the impact that historically Black sororities and fraternities had on the college experience and academic success. Results from this study indicated that engagement in an organization

such as a sorority or fraternity created a sense of community and provided a supportive environment thereby increasing students' academic success and satisfaction with their college experience.

Mentors' Influence on African Americans in College

In Carey's (2016) study, AA students often discussed that their influence and motivation to attend college was instilled in them through family guidance. Familial capital is described as the rich knowledge, information, encouragement, and resources students of color gain from their families, transferred through lessons and practices that serve as rationale, motivation, and support for securing higher educational attainment (Carey, 2016). Many researchers have studied how nuclear families, extended families, and kinship networks have provided encouragement, support, and knowledge about college for students of color (Ceja, 2006; Martinez, 2013). Family members that serve as role models in the capacity of developing positive influences may create a domino effect with other AAs and not be aware. Students who may go on to pursue a college degree may not be able to tell those whom they considered as role models that they have been successful. This means that a person who was perceived as a role model for an AA aspiring to attend college may never know of the impact they had. Although students are exposed to college through media sources, churches, and community centers, the most common immediate source of knowledge comes from family (Carey). Milner (2007) explained that AA families who valued the importance of attending college approached the subject very early in their children's lives.

A study drawn from the Critical Race Theory (CRT) of education helped researchers and theorists identify, analyze, and challenge distorted notions that affected people of color (Yosso, 2005). The ethnographic case study was designed to explore the ways college culture served to influence the educational aspirations of AAs. Families' negative experiences with college, or those who may not have ever gone to college, served as an influence regarding students' process for attending college. Participants shared how they had older siblings who navigated through the college process. It was mentioned how godparents, mentors, church members, and even neighbors should be taken seriously as influences for AA students who choose to attend college. Teachers, administrators, and college counselors can better serve AA students who aspire to attend college by understanding that students of color are strongly influenced through the lens of their family.

Tinto (1993) emphasized the importance of faculty/ student relationships and interactions and added that students must feel a true connection with a faculty member and the college campus in order to achieve academic performance and retention. Student affairs divisions at institutions of higher education encourage a holistic approach to learning and student development that considers the integration of in-classroom experiences, out-of-classroom experiences, and faculty/student engagement in order to promote success (Miller, 2017). Jones (2009) stated that faculty who influenced and supported AA students by engaging them in active learning and presented a positive attitude in the classroom created an environment that positively affected students.

Many urban AAs are faced with the dilemma of choosing a college that will enhance learning, growth, and development and lead to graduation (Hilton & Bonner, 2017). For many AAs that are dealing with external influences and other subtle factors, researchers discovered that a viable option for those students has been to apply to a Historically Black College/ University (HBCU), which offers a nurturing, supportive, and more family- oriented environment (Palmer & Gasman, 2008). Having a strong sense of self-motivation, adequate academic advising, an understanding of the university policies and procedures, and being aware of the various student support services constitute student achievement (Mitchell, 2015).

In a study that looked to examine research that affected and influenced the decision-making process for urban Black males, Hilton and Bonner (2017) measured individual participants' psychosocial process of self-motivation of setting goals. The study concluded that it was evident that for Black urban males to not only attend an HBCU but college in general, a high level of self-motivation was a main factor in order to produce desired outcomes such obtaining a degree.

Graduation Statistics for African Americans in College

According to the National Student Clearinghouse Research Center (2015), AAs earn a college degree at a much lower rate than White and Asian students. Although many public colleges have increased their graduation rates, a gap continues to grow wider between Blacks and Whites (Kolodner, 2016c). A study conducted by Bohanon (2017) revealed that AAs fall far behind their peers of most races and ethnicities with regard to graduation rates. Altogether, 54.8% of the students completed a degree or certificate

within 6 years of entering a postsecondary institution. White and Asian students completed their programs at the rate of 63.2%, while Hispanic students graduated at rates of 45.8% and the Black students graduated at a rate of 38%. The study presented solutions to help increase graduation rates for Black students nationwide. Those solutions included closing the graduation gap at specific schools, increasing the number of Blacks who attended selective institutions, and looking at the schools where Blacks mostly attended and improving those graduation rates (Bohanon).

Tinto (1982, 1993) argued that in order to understand the importance of collecting data that are specific to the development of certain populations, such as underrepresented and AAs populations, behavioral research and analysis must be conducted to provide critical examples for effective student outcomes. Walpole's (2007) research addressed how very little information is provided to understand the college experience outcomes for AAs who successfully obtain a postsecondary degree. *The Journal of Blacks in Higher Education* (1999) revealed that the college graduation rate for Black students stood at an astounding rate of 39%. This was 20 percentage points below the rate for White students. The statistics supported that the graduation rates from institutions of higher learning were an indication of better job opportunities. Over a 5-year span, US institutions reported a 9.66% increase of AA students who earned an undergraduate degree in an academic field that led them to labor-intensive careers with low-paying wages (Karanja & Austin, 2014).

Organizational Support

Organizational support is defined as a person's "global beliefs about the extent to which the organization cares about their well-being and values their contributions"

(Eisenberger et al., 1986, p. 501). For this research, the term organizational support was operationalized to refer to the universities that health care participants attended and the supports they received. Studies have been conducted in an effort to display how colleges' and universities' organizational support offices impact recruitment, retention, and provide support services for AA students (Reynolds, 2013). Student Affairs and the Office of Admissions are considered the organizational support offices on college campuses (Bolman & Deal, 2017). These two divisions of service offered at institutions help to enhance student growth and development (Schuh et al., 2011). Various offices on college campuses wear many hats, and oftentimes are understaffed and cannot offer personalized attention to students (Carpenter & Stimpson, 2007).

Organizational support offices such as The Office of Admissions and Student Affairs were created to enhance student growth and development (Schuh et al., 2011). Student Affairs professionals' focus on student learning, student success, and institutional accountability involve strategic planning initiatives that align with an institution's mission (Orians & Bergerson, 2014). Research by the American College Personnel Association (ACPA, 2015) supported that the Office of Student Affairs was designed to offer services to students who attend institutions of higher education. The Office of Admissions is responsible for tracking enrollment, deploying new technologies, and navigating the changes that arise with recruitment and admissions on college campuses (Bastedo & Bowman, 2017). Admission officers and faculty advisors could also help prepare students for career planning and job counseling (Schuh et al., 2011).

When examining factors that contribute to a student's success in a health care training program, acknowledging the universities' support systems are important. College students learn to adjust to the environment of a university in order to be successful. The offices of Admissions, Student Affairs, and Student Support Services are examples of university organizational support programs that create a strong influence on students' perceptions (Stewart, Russell, & Wright, 1997).

In an effort to evaluate intervention strategies to increase supportive relationships on college campuses, Grant-Vallone, Reid, Umali, and Pohlert (2003) collected survey data from 118 college students to examine the relationship between resilience, self-esteem family support, peer support, academic and social adjustment, and college commitment. Results from this study indicated that students who reported high levels of resilience and more peer support had better academic and social adjustment. However, students who frequently utilized the student support services on the college campus reported higher social adjustment.

Students may sometimes need to seek the support of their university to resolve issues. This can be in the form of counseling or academic assistance. In order to gather data that summarized common experiences of AA nursing students, White and Fulton (2015) found that students defined support as examples that made their progression as a student effortless. These ranged from peers, faculty, and academic support from the college. The implications from this particular study may establish an integrative review of Black nursing students' experience in primarily White nursing programs. The study included a review of data-based literature from health care training programs, education,

and sociology. The findings concluded that AA students have a stronger need for academic and interpersonal support from universities.

The research of this study explored AA health care professionals' perceived experiences of health care programs' organizational support that the university provided for students, as an effort to alleviate problems that could impact retention. Oluseye (2009) conducted a comparative study to determine whether there was a difference in general. As a result, independent *t*-tests were employed and it was determined there was no significant difference between the two.

In a study evaluating underrepresented students, in order to analyze their perspectives on an institution's climate during the application and admission process to a health care profession program, Woods-Giscombe, Rowsey, and Kneipp (2015) concluded that students expressed the importance of having organizational support offices. The offices included admissions and student affairs, which provided encouragement and support specifically for AA students. Twenty-two underrepresented baccalaureate health care students participated in two focus groups. Applied thematic analysis was used to organize the data and identify emergent themes. Findings provided direction that would help to enhance the institutional climate for underrepresented health care applicants.

Colleges and universities that do not review and analyze data pertaining to the number of AA applicants, current students, or graduates may not recognize the importance of recruiting and retaining underrepresented AA students from diverse populations. AA health care professional students depend on academic and interpersonal

support from the colleges and universities in order to help them persevere, graduate, and successfully pass licensing exams (White & Fulton, 2015). Health care training programs should focus on the population that would receive health care services, when diversifying the university's student population. Creating an environment that contributes to all students, regardless of cultural or racial background, should be a top priority of all colleges and universities (Lewison & Hawes, 2007).

Recruitment and Retention Practices Implemented by Colleges

Administrators who want to see AA enrollment increase for their institutions need to consider strategies that include planning interventions in the area of pre-entrance preparation, academic, social, financial support, and faculty development (Condon et al., 2013). There is strong evidence regarding the implementation of colleges and university programs that are designed to increase AA recruitment and retention.

Hesser, Pond, Lewis, and Abbott (1996) conducted a quasi-experimental study merged with a time-series design evaluating the Minority Academic Advising Program (MAAP), a retention program created for AA students enrolled in a health sciences program. The study assessed the MAAP's effectiveness in achieving improved retention-to-graduation rates (RTG) and promoted consistency between the RTG of Black and all other nursing students. Findings concluded an increase in AA enrollment. There were twice as many Black students in the MAAP subgroup than in the Pre-MAAP. Students who first began taking junior level nursing science coursework at the institution between 1978-1982 were considered Pre-MAAP. The study findings suggested that supplementary retention services enhanced the retention-to-graduation of AA students.

In an earlier study that was designed to attempt to improve the recruitment, retention, and graduation of AA students in nursing and health careers, The University of Wisconsin Milwaukee created bridge programs that allowed the university to work with area high schools in order to design a program that would provide incentives and supportive resources to encourage qualified AA students to pursue health-related careers. Underwood (1996) found that students who were involved in the bridge program gained a stronger knowledge about the health career that they wished to pursue. The findings of the study concluded that since launching the program, students were successful in completing the program and being admitted into medical and nursing school. Haskins and Kirk-Sanchez (2006) examined recruitment and retention rates of students from minority groups and concluded that successful recruitment and retention activities include institutions having partnerships with elementary, middle, and high schools.

Evidence displayed how universities made attempts at recruiting minority students to out-of- state institutions. Selingo (1999) found that The University of Texas at Austin and Texas A&M made a more aggressive attempt at recruiting because the number of minority students were declining due to the 1996 Hopwood decision that forced affirmative action to end. The universities adopted the use of an “adversity index” which allowed the university to factor in students’ personal difficulties or challenges. As a result of the index, the universities gained a significant increase in the number of minority students that were eligible to receive scholarships.

The Urban Health Program (UHP) experience created at Chicago College of Medicine was developed in order to increase the potential pool of minority candidates for

medicine who may be excluded due to barriers (Girotti, 1999). UHP presented a more pro-active approach that was targeted specifically for minorities in which four goals included

- (1) Identify a potential qualified pool of minority students and nurture their development,
- (2) Increase the acceptance and enrollment rates for qualified minority students,
- (3) Provide an environment to facilitate the graduation of qualified minority students, and
- (4) Train a cadre of culturally sensitive physicians dedicated to health care delivery in medically underserved areas. (Girotti, 1999, p. 371)

When analyzing admission into medical school for underrepresented minorities, Hadinger (2017) developed a study to explore Black/African American and Hispanic/Latino medical students' perception of the medical school admissions process. The researcher used a qualitative study that utilized a grounded theory approach. Between December 2012 and January 2014, the researcher conducted telephone, face-to-face, and small group interviews with 23 AA students and 10 Hispanic medical students. The study found that motivations for students to pursue a career in medicine included a perceived fit, prior knowledge about the field, encouragement from role models, the desire to help others in need, an interest in science, and perceived benefits. At the same time, barriers and supports include information about health care careers, guidance, financial and academic factors, and persistence.

Research shows that having more diverse health care programs such as medical school provides a better learning environment as it cultivates civic engagement, displays a variety of training approaches, and provides a sense of cultural sensitivity (Adams, 2015). The divide between minority students and other students is harmful due to the fact

it can affect a person's long-term social mobility (Carter, 2006). Although there has been an increase of minorities in professional programs, the diversity of the health professional field has not kept up with the demographic changes that have occurred in the United States (Donini-Lenhoff & Brotherton, 2010).

Resilience in African Americans

Resilience is known as the capacity to withstand stress (Richardson, 2002). Brown and Tylka (2011) believed that AA resilience was important and understudied. According to Bonnano (2008), neither males nor females attain resilience in a definitive way. Historically, AAs have endured hardships and suffered socially and economically for many years. The ability of AAs to transcend environmental constraints since slavery and segregation has been attributed to resilience. Trying to theorize the processes that encourage AA students to become resilient, Theron (2013) synthesized what literature reports as simple processes of resilience and illustrated how the processes were common to students' recollection of resilience. The narrative data case study found the resiliency theory needed to consider the influence of culture on adjustment and cultural interventions. Hill (2003) explained that strong achievement orientation, strong work orientation, flexible family roles, strong kinship bond, and strong religious orientation play a significant role in the resilience of many AAs.

Many at-risk AAs have faced adversity and as result may have become resilient. Wilson-Sadberry, Winfield, and Royster (1991) supported the research that emotional support and care of belief in one's self as a young AA is crucial to resilience and persistence. Using a strength-based approach, an approach that concentrates on the

strengths of an individual, family, or group in order to help with recovery and empowerment, Brown and Tylka (2011) developed a study in an effort to determine whether racial socialization is an implication of AAs resilience. According to Lesane-Brown (2006), race socialization refers to specific verbal and non-verbal messages translated to the younger generation for the development of values, attitudes, behaviors, and beliefs regarding the meaning and significance of race, personal, and group identity. An example is the way parents may teach their children what it means to be Black. The study of 290 young adult AA college students suggested that racial socialization messages helped to alleviate the relationships of resilience. This was due to the fact racial discrimination was negatively related to the resilience levels for students who reported fewer racial socialization messages. The main conclusion of the research is that racial discrimination was negatively related to resilience, and racial discrimination was positively associated with resilience for students who reported a large amount of racial socialization messages. The courage and strength demonstrated by AAs has allowed them to function in the midst of trouble or crisis. In that direction, the findings of this research suggested that racial socialization messages predicted different deviations in resilience. Showing universal support to AAs helps to enhance a youth's interpersonal contexts and self-esteem in the educational setting (Connell, Spencer, & Aber, 1994).

In a similar study that examined racial socialization and social support from colleges and universities as protective factors, Brown (2008) examined the relative importance of racial socialization and social support in the resiliency of AAs provided by universities. According to the U.S. Department of Health and Human Services (2017),

AAs are more likely to encounter poverty, live in violent neighborhoods, have less financial resources, and have higher mortality rates from diseases. The study concluded that social support networks contributed to the aspects of AAs' environments to be furthered examined. The study also concluded that extensive social support networks of AAs created a cultural pattern that contributed to their ability to overcome adversity. The results from the study suggested cultural practices of some AA families and communities had a significant role in a college student's level of resiliency.

Wilson-Sadberry et al. (1991) concluded that having a scope of influences is important in predicting postsecondary achievement of AAs. Since the 1970s, AA families were affected by unemployment, which led to poverty and caused many AAs to feel socially and economically powerless (Boyd-Franklin, 2013). As a result, many AAs sought peace in religious affiliations for strength to overcome unfortunate circumstances. Pargament, Feuille, and Burdzy (2011) asserted that positive religious coping was a resiliency variable. An example of a religious coping method could be viewed as an effective method of spirituality; which is a connection with God.

Resilience plays a significant role in assisting health care students to have the strength to overcome and cope with various hardships and stressors. Resilience results from balancing stress, learning from an experience, and growing as an individual (Finn & Hafferty, 2014). In a study evaluating the understanding of resilience and its relevance to medical training for health care professionals, Howe, Smajdor, and Stockl (2012) concluded that resilience is a useful and insightful construct that should be explored greater when it involves medical education practice and research for students. The study

addressed the question, *What is resilience and what might it mean for professional development in medical education?* The study presented facts that supported why health care professionals need to be resilient in order to be better physicians, doctors, and nurses in order to take a principle stand when needed. The findings of the study suggested that because doctors and other health care professionals faced ethical challenges in their efforts to improve care and challenge deficiencies in health systems in order to appoint what they felt would benefit their patients, this was a strong example of how resilience allowed people to excel from challenges given. Having greater improvements in resilience levels correlated to higher levels of global improvement (Connor & Davidson, 2003).

Drawing upon the work of Greenhill, Fielke, Richards, Walker, and Walters (2015), a qualitative study that consisted of examining the reports of high student resilience in medical students was conducted. Specifically, in depth-interviews that included a purposive sample of 19 medical students, professional staff, and clinician teachers were conducted. An interpretive approach was used to analyze and develop the data with emerging themes that compared to the theoretical constructs and conceptual theoretical framework. Findings from this study concluded that students experienced adversity during their 1st year of clinical as a medical student due to challenges experienced from the environment. The findings from this study proved that there were myriads of inter-related themes to be developed that could help to provide support emotionally for students enrolled in a health care training program aside from medical school.

Resilience in Males and Females

Resilience has been defined as the ability to adapt despite negative environmental conditions (Miller, 1999) and as an individual's ability to withstand traumatic conditions (Jenkins, 2005), and begins as early as childhood. The resilience concept was used to distinguish between males and females who reacted to adversity with symptoms of distress and anxiety, and other males and females, who in similar situations, did not experience distress at all (Dyer & McGuinness, 1996). A person becomes resilient by dealing with small-scale stressors that enable them to learn (Browning, 2015). Resilience has also been described as a trait or a complicated circumstance that develops over time and relies upon biological, psychosocial, and sociocultural factors (Richardson, 2002). Awareness about how to care for men and women is important in order to deepen the knowledge of what contributes to their resilience (Smith & Baltes, 1998).

In a study that explored males' and females' levels of resilience as well as discussed the analysis of their history according to the concepts of the Resilience Scale, a combination of both quantitative and qualitative research was conducted in order to develop a new angle approach towards the understanding of resilience (Alex, 2010). Thematic narrative interviews collected from 24 people were evaluated using content analysis, and the following themes were identified: feeling connected, feeling independent, and creating meaning. The themes were compatible with the underlying concepts of the Resilience Scale. The theme of feeling connected was interpreted as the similar concept of equanimity, the balance perspective of one's life and experiences of being resilient (Wagnild & Young, 1993). The theme of feeling independent was

compared with the concept of self-reliance, which was described as the belief in oneself and one's capabilities (Wagnild & Young, 1993). Lastly, the theme of creating meaning was similar to the concept of meaningfulness, described as the realization that life has purpose, and continuing to reconstruct one's life and remain involved (Wagnild & Young, 1993). The results of this study contradicted concepts of the Resilience Scale, which demonstrated no difference between males' and females' levels of resilience. It concluded that further research was needed to gain a deeper insight into resilient males and females.

Gender plays an important role in building resilience and adjustment (Ravera, Iniesta-Arandia, Martin-Lopez, Pascual, & Bose, 2016). Studies have been conducted to allow researchers to understand how gendered diversity in knowledge and everyday practices matter in producing obstacles and options for achieving resilience and adjustment in society. In a study where a self-reflective interdisciplinary conversation between subjects in the study, researchers explored and experimented with bridging concepts of adjustment and social vulnerability (Bousquet et al. 2016). The understandings of gender were crucial for this study because there were gender differences in the way males and females thought about and perceived resilience (Ravera et al., 2016). There is need for more research and grounded theory that supports gender concepts of resilience.

African Americans in Health Care

Health care careers rank among the top fastest growing occupations according to the U.S. Department of Labor Statistics (2017). The number of AA minorities working

in a health care profession remains low. Barfield, Folio, Lam, and Zhang (2011) developed a scale that identified barriers that explained why AA representation was low for health care professions. Barfield et al. established five factors that were potential barriers to AA student enrollment in health care profession fields: social influence, experiential opportunity, academic preparation, physical self-efficacy, and self-management. Social influence included the perceptions of high school and college faculty, counselors, and coaches toward race/culture. Training for health care professions is not offered to many students; therefore, they have limited information or resources about different health care careers. Experiential opportunity requires for students to be exposed to people who work in a health care profession. In an effort to increase experiential opportunity, many universities have implemented bridge and resource programs to increase student exposure to health care profession programs. Students must be academically prepared for a health care profession program that is rigorous and competitive. Physical self-efficacy involves the student having the confidence, strength and ability to succeed in a health care program. Lastly, self-management examines the student's family demands and the program course curricular requirements of the health care training program, such as clinical rotations and internships.

As an academic advisor for a health care profession, the researcher believed that individuals who pursued a health care degree displayed passion, drive, and perseverance. These individuals make an impact that contributes to solving health-related issues. Minorities reported that they became interested in medicine because they wanted to serve community needs and the need for more minority and culturally qualified physicians

(Hadinger, 2017). The Diversity Medical Education Facts and Figures in 2012 reported that 45% of AA graduates plan to practice in underserved areas, whereas 19% of White students had the same plan (Castillo-Page, 2012). As AAs continue to work in health care professions, they can increase the population of medically trained AA executives and educators within the health care profession (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003). More culturally diverse health care professionals are needed in order to increase the health care profession workforce that can continue to provide care for minority patients (Barfield et al., 2011). The American Association of Colleges of Nursing (AACN, 2011) reported that minority health care providers were more willing to help and less likely to be biased against minority and medically underserved communities.

Brown and Marshall (2008) examined the percentages of minority students who enrolled and those who completed health care degree programs. The findings displayed strong and effective strategies that were implemented in programs nation-wide. This included a 20% increase in student enrollment, a 25% increase in retention, and a 14% increase in National Council Licensure Examination pass rate. The study concluded that minority patients were more likely cared for by health care professionals who were not minorities; this created a cultural deviation that is associated with health disparities.

A study that explored if the minority physician supply would meet United States' proportional needs, projected that reaching racial and ethnic equivalence of 218 physicians per 100,000 population would require the number of 1st-year residents to double for Hispanics and AA physicians, triple for Native Americans, and be reduced by

two-fifths for White physicians and two-thirds physicians of Asian or Pacific Island origin (Libby, Zhou, & Kindig, 2016). Historic data showed 4.91% of physicians identified themselves as being of Hispanic origin; 3.56% Black; 0.15% non-Hispanic, Native American; 80.55% White; and 10.84% of Asian or Pacific origin. These collected data from the U.S. Census Bureau's Equal Employment Opportunity (EEO) were referenced as not being an accurate representation of the number of racial/ethnic physicians. As a result, the EEO applied the percentage distribution to the American Medical Association total to estimate physicians counts by race and ethnicity. The projection model was used to estimate future physician supply. The model consisted of two tracks: an input with the number of 1st-year residents in each year of the projection period, and a track of attrition rates with age-specified probabilities of surviving and remaining in the workforce. The overall findings of the study presented a physician-to-population ratio growth from 195 per 100,000 to 227 per 100,000. The Black physician-to-Black population ratio increased from 52 to 69 per 100,000. Finally, it was emphasized that there were opportunities for the number of Blacks, Hispanics, and Native Americans in the physician workforce to improve.

Past and current research shows health care professions will remain poorly diversified compared to the population it serves (White & Fulton, 2015). This suggests that it is imperative that further study and new strategies be implemented by colleges and universities on how to recruit, retain, and graduate minority health care professionals. In an attempt to evaluate ethnic disparities in health care across a wide range of disease areas and clinical settings, Rao and Flores (2007) found that universities must implement

specific interventions that will improve retention rates for minority students who wish to pursue a health care degree. A study conducted by Koh, Khoo, Wong, and Koh, (2008) designed to measure the effects that problem-based learning during medical school had on physician competencies to be successful concluded that positive effects were a result for AA physicians after graduation.

Recruitment of African Americans in Health Care

A college education can significantly impact an individual's quality of life and earning potential. The research focus herein is AAs. A vast amount of literature has been written concerning recruitment and retention of minority students for health care profession programs, but little emphasis has been conducted on how to help AA students become successful once accepted to a program (Carlson, 2014). If current demographic trends remain, it is proposed that by 2048, minorities will make up more than half of the United States population (Woods-Giscombe et al., 2015). Colleges and universities should recognize that while AA minority students are more similar than they are different, not all students are the same. Many colleges and universities that have health care training programs do not have specific strategies in place for recruiting and retaining minority students. Increasing diversity in health care training programs would help to improve the overall health of the nation as well as strengthen cultural competence for all health care providers (Mitchell, et al., 2006).

Haskins and Kirk-Sanchez (2006) chose to survey program directors of programs that offered master's and doctoral degrees in physical therapy. The questionnaire requested information about the program demographics, number of applicants, students

and graduates from minority groups, as well as recruitment and retention strategies utilized. The study was conducted to determine which strategies were associated with better recruitment and retention efforts of students from minority populations. Fifty programs made a special effort to recruit and retain students from minority groups. Nine recruitment strategies and three retention activities were involved with programs having higher proportions of minority applicants, students, and graduates. The findings showed the most frequently used strategies were disparate, and most often employed by programs with the highest proportions of applicants, students, and graduates from minority groups. The results provided information to help physical therapist educators determine specific strategies to help recruit and retain students from minority groups.

In an attempt to increase AA representation in the health care professions, Gabard (2007), a professor in the Department of Physical Therapy, proposed that health care educators be more proactive in the admitting and recruiting process for AA students. The study implied that creating a more diverse health care provider population would result in the following positive aspects of health care: increased cultural competency among physicians and practitioners, greater access to care for AA patients, implementation of a stronger agenda that will adhere to the research of health care, and an increase of AA health care administrators who are knowledgeable about the diverse cultures of their patients.

Retention of African Americans in Health Care

The demand for more health care professionals is larger than the supply (White & Fulton, 2015). The Institute of Medicine (2008) reported that the American workforce

will soon be too small to meet the demands. Recruitment, retention, and graduation rates among AA students continue to be a challenge for health care profession programs (Haskins & Kirk-Sanchez, 2006). Research implementing Tinto's (1993) framework has contributed a great deal to the understanding of what causes student attrition, dropout, and student persistence. Tinto's Model of Attrition (1975) was designed as an interaction model that laid the theoretical foundation for research about student attrition (Mannan, 2007). Universities and colleges are faced with answering the posed question: "How do we retain and graduate greater numbers of minorities?" Haskins and Kirk-Sanchez (2006) concluded that students who are from minority groups have graduation rates comparable to students not from minority groups, except for AA students. Increasing recruitment, retention, and graduation rates of AA health care professionals can promote an expansion of AA within the health care workforce.

According to the National Center for Education Statistics (NCES, 2017), by the year 2022, White and Asian students will increase their attendance on college campuses by 7%, whereas AAs, who make up the larger percentage rates of students on college campuses will decrease. In a study evaluating how academic resilience informs what college faculty can do to help increase the retention of low socioeconomic minority status students, Morales (2014) concluded that institutions that demonstrate ongoing commitment to fostering resilience will create success for all students enrolled, not just the students from a low socioeconomic background. The study presented specific objectives and values that institutions could adopt that would help to increase the retention and graduation rates of their most at-risk student population.

A review of literature study that was intended to analyze AA students, retention, and team-based learning, conducted by Hunn (2014), suggested that retention of AA students can be decreased with pedagogy that eliminated cultural sensitivity. Findings suggested that team-based learning and learning community pedagogies that addressed culturally sensitive needs could create a sense of belonging for AA students.

Summary of Findings

A gap exists between the demographics of health care professionals and the general public. By 2048 minorities will make up more than half of the US population (Woods-Giscombe et al., 2015).

The Offices of Student Affairs on college campuses need to recognize the importance of retention programs that are designed for the AA student population and having faculty and staff promote a more diverse image (Stewart et al., 1997). Effective Student Affairs professionals need to examine strategies for increasing academic achievement and student learning in order to produce an innovative and competent future for AA health care professionals (Blake, 2007).

Unfortunately, AAs demonstrate lower rates of graduation from health care training programs (Kolodner, 2016b). Furthermore, AAs are less likely to enroll in health care training programs due to the lack of resources or source of knowledge about health care programs (Walpole, 2007).

According to Miller (2017), the offices of Student Affairs on college campuses should create situations that would enhance the learning and personal development of students. Recruitment, retention, and graduation rates among AA students continue to be

a challenge for health care profession programs. In order to recruit and retain students for health care positions, institutions must evaluate and examine the factors that affect AA students' enrollment and graduation in health care profession programs.

Theoretical Framework

Given the study's exploration of the relationship between resilience and perceived experiences of AA health care professionals, two theories guided the development of the study: resilience (Richardson, 2002) and critical race theory (Ladson-Billings & Tate, 1997). As described by Brown (2008), resilience refers to the ability to overcome adversity or stress in ways that are productive. Benard (1995) defined resilience as "a set of qualities that foster a process of successful adaptation and transformation despite risk and adversity" (p. 1), adding that these qualities are innate biological organisms that naturally respond with flexibility to social challenging. The literature suggested that the focus is not necessarily on the outcome of one's success but rather on elements or processes that are inherent in a person's environment that helped foster a successful adaption to an adverse circumstance (Theron, 2013).

The exploration between the relationship of AAs' resilience and perceived experiences of organizational support is defined within resilience theory (Richardson, 2002). Resilience theory uses an educational and practical framework that provides a means for connecting with and helping to nurture a students' resilience. As cited in Richardson's study of resilience, his theory supported that resilience can provide hope and increase self-efficacy. This would allow for people to be in control of their lives and rely less on support from others.

In a study conducted with students who attended seven different high schools that were assigned to serve a population of ethnic minorities, Fergus, Noguera, and Martin (2014) found the schools promoted a supporting climate for the development of resilience in the students. The students expressed how they felt a sense of encouragement from everyone at the school, including principals, teachers, counselors, and peers, that they would succeed and pursue a degree in higher education. This resulted in resiliency and the belief that they could be successful.

Scholars have researched resilience for years and, according to Ebersohn and Bouwer (2013), the theory of resilience has evolved in four primary waves. The first wave of resilience focused on the intrinsic and extrinsic protected factors in order to understand the phenomena of motivation despite adverse conditions and experiences (Masten, 2001; Masten & Obradovic, 2006). The second wave of resilience research went beyond the focus of an individual's coping mechanism to place emphasis on resilience in the development of an individual's decision-making process (Bronfenbrenner, 1999; Masten, 2009). The third wave pushed into a postmodern, multidisciplinary, intrinsic and extrinsic motivation and competence for prevention and intervention strategies (Masten, 2004; 2009). The fourth wave attempted to integrate behavioral sciences with neurosciences for a multifaceted comprehensive holistic approach to endorse positive development outcomes (Masten & Obradovic, 2006).

Within the framework of evolved theories of resilience, the first three waves helped shape the working definition of resilience used for this study. Most of the AA health care participants faced risk factors in their ecological life experiences (i.e., family

and finances). Direct and indirect external factors that facilitated life stressors as described by Benard (1995) were (a) social competence, (b) problem-solving skills, (c) a critical consciousness, (d) autonomy, and (e) a sense of purpose. Direct and indirect factors could benefit individuals in succeeding at three types of characteristics of resilience: overcoming disparity, coping with negative circumstances, and the recovery from trauma (Taylor, 2009; Werner, 1995).

Masten (2004) stated that resilience is common and that it usually will arise from the normative functions of a humans' adaptation system. Cora-Bramble (2006) explained that although the theoretical concepts of resilience have been studied and mostly applied to child development and psychology, resilience might be able to provide an advanced and new model to describe the discussion of minority recruitment, retention, satisfaction, and advancement in higher education.

Critical Race Theory

Applied to the study was critical race theory (CRT), another theoretical framework used to examine the experiences of AA health care professionals who attended and successfully completed a health care training program. This study concentrated on AA health care professionals and determined their perceived experiences of organizational support for health care training programs. Racism is structural in nature but is defined as the belief that a person or group of persons is inherently superior or inherently inferior because of their culture (Jones, 2000). Institutional racism refers to oppressive activities and patterns within systems and institutions (Nieto, 2005). Racism includes individual and institutional racism which has been revealed in different ways.

An example of institutional racism is how minority communities are frequently targeted by institutions that promote unhealthy products, such as alcohol and tobacco (Nyika & Murray-Orr, 2017).

Delgado and Stefancic (2012) defined critical race theory (CRT) as a movement of “an assortment of philosophers who were interested in researching and developing the relationship between race, racism, and power” (p. 3). Critical race theory originated in the 1970s, post-Civil Rights Movement period, in response to legal scholars who were frustrated by how the US failed to abolish racism (Ansley, 1989). Social theory researchers Antonio Gramsci, Paulo Freire, and W.E.B. Du Bois were influential for CRT. Gramsci’s work displayed suggestions and implications for social inquiry. His ideas and understanding of society-at-large and social movements were directed toward social transformation (Jubas, 2010). Freire strongly believed that education was political and schools were not neutral institutions. He provided educators with the foundation for a theory of democratic schooling that was created to liberate individuals who were forced to exist on the margins of society (Maddox & Solorzano, 2002). Du Bois explained how there was real meaning to race. He was a central figure involved in the debate about the nature of race because he generated an intense discussion about the extent to which there is a biological basis to race and how cultural features define race (Rashid, 2011).

Ladson-Billings and Tate (1997) were the first to introduce CRT to education. It first emerged as a view of race and racism. Many scholars felt that the laws and policies in the United States were biased against people of color, and they focused their scholarship

on demonstrating the ways in which the legal institutions supported bias (Ladson-Billings, 1998).

Six tenets were developed to guide CRT. First, racism is viewed more as a normal occurrence as opposed to an abnormal one. An example is police use of force during an arrest. Police are more likely to use force like Tasers, dogs, pepper spray, and physical force against Black people than White people in making arrests (Eitle, Stolzenberg, & D'Alessio, 2007). The second tenet is material determinism. This means moral, cultural, intellectual, and vocational choices of a person determined by material factors (Delgado & Stefancic, 2012). For instance, how Whites can have little to no interest in addressing or abolishing racism because it benefits the White majority both materially and psychologically. Third, race was considered a social construct developed to explain that racism is indeed a reality (Goodman, Moses, & Jones, 2012). As Smedley and Smedley (2005) suggested that while race as biology is fiction, racism as a social problem is real in the US. Examples include socioeconomic status, education, and wealth. The fourth tenet is the concept of differentiated racism which occurred when different groups were marginalized as the result of economic factors (Delgado & Stefancic, 2012). For instance, how most AAs identify with multiple marginalized groups, and as a result may experience further marginalization as a result of their intersecting identities that can include but are not limited to race, gender, age, and/or religion (Nyika & Murray-Orr, 2017). The fifth tenet recognized is intersectionality. This is used to refer to specific conditions that exist when a person holds two or more social statuses (Deaux, Ashmore, & McLaughlin, 2001). For example, an individual can

oftentimes occupy several statuses at the same time. Someone can be an AA, a woman, and also reside in an upper-middle class neighborhood.

Along with the six tenets, CRT has three main goals: (a) To present storytelling and narratives as valid approaches to examine race and racism in the United States, (b) To argue for the eradication of racial subjugation while simultaneously recognizing that race is a social construct, and (c) To draw important relationships between race and other axes of domination (Parker & Lynn, 2002, p. 10). According to Struyk (2017) there are major divides in how Americans see how racism and discrimination changes everyday life for AAs in the US. For instance, non-Whites see racism a lot more than Whites do. According to the Public Religion Research Institute (2017), 87% of Black Americans say Black people face discrimination and racism, but only 49% of White Americans say the same thing.

Critical race theory allowed for the exploration, understanding, and explanation of the lack of AAs in the health care profession through the words and experiences of AAs and thus provided a means to disrupt “the causes of structural domination and inequality” (Kumasi, 2012, p. 34). The history of AAs seeking a health care training degree in the US has been affected by racial segregation, cultural constructs, and legal doctrines that are different from other racial groups. Critical race theory provides a purposeful lens that would otherwise be confusing in a society not influenced by racial prejudice (Guinier & Torres, 2002). Issues of racial prejudice involve underlying problems in society that ultimately affect everyone, not just AAs.

For the purpose of this study, CRT provided a framework for AAs because it examined the lived experiences of AA health care professionals. The detailed experiences that were shared highlighted strategies of how AAs successfully completed a health care training program and suggested factors that contributed to the efforts of the organizational support received by students.

Conclusion

This chapter presented a review of relevant literature relating to the purpose of this study, which was to explore the relationship between AA health care professionals' resilience and their perceived experiences of their health care programs' organizational support. In Chapter III, the methodology section will discuss overview of the problem; operationalization of the theoretical constructs; research purpose and questions; research design, population, and sampling selection; instrumentation; data collection procedures; data analysis techniques; validity; privacy and ethical considerations; and the research design limitations for this study.

CHAPTER III

METHODOLOGY

Overview of Research Problem

The purpose of this study was to examine the relationship of resilience levels of African American (AA) health care professionals and their perceived experiences of organizational support for training in health care programs. Resilience is defined as

. . . both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and the capacity individually and collectively to negotiate for these resources to be provided and experiences in culturally meaningful ways. (Ungar, 2008, p. 225)

According to Finn and Hafferty (2014), resilience is important for various reasons; it enables the development of mechanisms for protection against experiences which could be overwhelming, it helps to maintain balance during difficult or stressful times, and it can protect from the development of mental health difficulties and issues.

The researcher collected survey and interview data from a purposeful sample of AA health care participants to ensure that they were representative of the larger population in terms of gender, job types, professions, and age. The researcher analyzed data from the survey responses using inferential statistics and qualitative data for emergent themes. This chapter presents an overview of the operationalization of theoretical constructs, research purpose, questions, research design, population and sampling selection, instrumentation, data collection procedures, data analysis, research identity, validity, privacy and ethical considerations, as well as limitations to the research design of the study.

The impact of completion rates of health care training programs by AAs may reflect the lack of diversity on college campuses and in the health care profession (Saha, Guiton, Wimmers, & Wilkerson, 2018). Underrepresented minority (URM) racial groups are more likely to make the choice to be seen by a medical professional who served a community that they represented, looked like, or had similarities with (Collins, 2015). The Office of Student Affairs on college campuses, concerned about enrollment and retention rates of AAs, needs to make sure students feel accepted and supported by the university (Stewart et al., 2003). Organizational support offices such as the Office of Student Affairs should purposefully create situations to enhance student learning and personal development (Miller, 2017).

Resilience is an essential skill for college students to learn and develop as it sustains the well-being of students to be successful (Brown & Tylka, 2011). Colleges and universities should implement programs to enhance protective factors that educate students about well-being and coping skills (Grant-Vallone et al., 2004). The college environment can be a challenging experience, where students are faced with adjustment issues and life transitions that can elevate stressors (Ozaki & Hornak, 2014). Exposing students to coping skills can help them to be better equipped to seek help early.

Perceived organizational support refers to the AA college students' perceptions concerning the extent to which the organizational support offices of Student Affairs and Office of Admissions values their contribution and cares about the well-being of the health care students (Huntington, Hutchinson, & Sowa, 1986).

Operationalization of Theoretical Constructs

For this research, the term “organizational support” was operationalized to refer to the university that the health care participants attended, and the supports that included the organizational support offices of Admissions and Student Affairs. These offices were recognized as important contributors to overall success and achievement for college students (Cohen et al., 2014). Organizational support was defined as a person’s “global beliefs about the extent to which the organization cares about their well-being and values their contributions” (Eisenberger et al., 1986, p. 501).

This study consisted of the following theoretical constructs: (a) the perceived experiences of organizational support from the Offices of Admissions and Student Affairs for AA health care participants which was measured by the Survey of Perceived Organizational Support (SPOS; Eisenberger et al., 1986) and (b) the resiliency of AA health care professionals, which was measured by the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) survey. The survey measured resiliency levels of AA health care professionals that were asked to reflect back to when they were enrolled in a health care training program.

The researcher defined URMs as the racial and ethnic populations that were underrepresented in designated health profession disciplines relative to the percentage of that racial or ethnic group in the total population. For this study, AAs represented the URMs.

Research Purpose and Questions

The purpose of this study was to explore the relationship of resilience levels of AA students and their perceived experiences of organizational support for training in health care programs. The study addressed the following research questions:

Quantitative

1. What is the relationship between African Americans' resilience and their perceived experiences of organizational support?

Ha: There is a significant relationship between resilience levels and perceived experiences of organizational support.

2. What is the difference between African American males' and females' levels of resilience?

Ha: There is a significant difference between males' and females' levels of resilience.

3. What is the difference between African American males' and females' perceived experience of organizational support?

Ha: There is a significant difference between males' and females' perceived experience of organizational support.

Qualitative

1. What were African American health care professionals' experiences as college students with health care training programs?

2. What do African American health care professionals perceive as barriers as well as the factors contributing to their success in their health care training programs?

Research Design

The researcher used an explanatory sequential mixed methods design to collect quantitative data and provide an explanation of the quantitative results with in-depth qualitative data. In the first phase, the quantitative CD-RISC Scale survey measured resilience levels of currently employed AA health care professionals, and the SPOS survey measured the participants' perceived experiences of organizational support. For the quantitative analysis, the researcher selected a purposeful sample of AA male and female health care professionals for inclusion in this study. In the second phase, the researcher used qualitative semi-structured interviews to explore AA health care professionals' experiences as college students and discuss their perceptions about why they felt they were successful in their health care training program (Creswell & Plano-Clark, 2011).

Participants

Population and Sample

The population of this study consisted of AAs who currently worked in a health care related profession. The group of participants were males and females over the age of 21 asked to reflect back to their own resiliency when enrolled in a health care training program.

Sample Selection

At the end of the survey, the researcher asked participants who were interested in participating in an interview to provide their contact information. The researcher used a purposeful sample (Fetters, Curry, & Creswell, 2013) of participants that represented the

larger population in terms of gender, job types, and age. Eight participants agreed to be interviewed. The researcher interviewed participants who had graduated from a health care training program across a range of years. The researcher used a non-probability sampling method known as snowball sampling to recruit research participants. The researcher contacted current health care professionals who were friends, family, and former students via Facebook, email, or a phone call to inquire if they would be willing to complete a survey related to AA health care professionals as well as pass on the survey link and post to their Facebook page for others who may also be interested in completing the survey.

Instrumentation

Survey of Perceived Organizational Support (SPOS)

In 1986, Eisenberger et al. developed an instrument called the SPOS survey (Huntington et al., 1986). The researchers conducted a study that focused on measuring perceived employer commitment. This was validated using factor analysis. The findings supported that employees' commitment to the organization was strongly influenced by their perception of the organizations' commitment to them. A two-factor solution was obtained. The factors included affective attachment to the organization and the employees' expectancy that greater effort toward organizational goals would be rewarded. The Cronbach's alpha for this SPOS study was .93 (Huntington et al., 1986). In Spring 2016, the survey was piloted with a purposeful sample (N = 50) of health care professionals. The Cronbach's alpha for this study was found to be .80.

Connor-Davidson Resilience Scale (CD-RISC)

The Connor-Davidson Resilience Scale (CD-RISC) is comprised of 25 items, each rated on a 5-point Likert-type scale (0-4), with higher scores reflecting greater resilience. The scale was administered to subjects in the following groups: community sample, primary care outpatients, general psychiatric outpatients, clinical trial of generalized anxiety disorder, and two clinical trials of post-traumatic stress disorder (PTSD). The reliability, validity, and factor analytic structure of the scale were evaluated and referenced scores for study samples were calculated. Cronbach's alpha for the full scale was 0.89 for Group 1 (N = 577) and item-total correlations ranged from 0.30 to 0.70. The mean CD-RISC scores at Time 1 and Time 2 demonstrated a high level of agreement, with an intraclass correlation coefficient of 0.87. CD-RISC scores were positively correlated with the Kobasa hardiness measure in psychiatric outpatients. This result also indicated that higher levels of resilience correspond to lower levels of perceived stress vulnerability (Connor & Davidson, 2003).

Data Collection

Quantitative

Upon approval from the University of Houston Clear Lake's (UHCL) Institutional Review Board (IRB), a purposeful sample of AA students was emailed the survey link provided by Qualtrics, an online survey software program. The researcher contacted National African American Health Care professional organizations by email and telephone to inquire about disseminating the survey link on behalf of the researcher to members of the organizations including the following: Association of Black

Psychologists, Association of Black Cardiologists, National Medical Association, National Podiatric Medical Association, National Black Nurses Association, Society of Black Surgeons, Association of Black Women Physicians, and National Dentist Association. Snowball sampling was also included as a way to collect data. Participants were provided with a survey cover letter, stating the purpose of the study, that participation would be completely voluntary, the timeframe for taking the survey, that their identities would remain confidential, that consent would be implied upon completing the survey, and there was no penalty for withdrawing from the study. Data were downloaded from an Excel file into a Statistical Package for the Social Sciences (SPSS) database for further analysis. Data were stored in two locations: computer hard drive and data stick. Data will be stored and password protected for 5 years before destroying it.

Qualitative

Upon completion of the analysis of the quantitative data, the researcher applied the findings to develop the interview questions in an attempt to provide more in-depth information on AA health care professionals' experiences as college students with health care training programs.

After receiving approval from the UHCL's Committee for Protection of Human Subjects (CPHS), the researcher collected qualitative data through a series of eight interviews, conducted in person and over the phone, with participants who volunteered their contact information. When recruiting participants, the researcher explained that each interview could take up to 1 hour.

Before conducting the interview, the researcher introduced herself, gave a brief explanation of the purpose of the study, and explained that the interview responses would be used to expand upon the survey results received. The researcher thanked the participants in advance for taking the time to participate in the research and were informed that the interview would be recorded. Upon the subject signing the informed consent form, the interview began.

The interview consisted of 22 open-ended questions based on the gathered and analyzed information from the surveys sent out regarding resiliency levels of AA health care professionals' perceived experiences of organizational support. The researcher asked participants to reflect back to when they were students enrolled in a health care profession program. The researcher introduced flexibility into each interview by including follow-up questions as needed in order to obtain more information from the participant. Participants provided comments regarding persons, resources, and influences they perceived as support in their health care training program. The interviews provided insights to the participants' self-perceptions and their experiences with the Offices of Admissions and Student Affairs. The interview questions created dialogue that allowed the participants to elaborate on their experiences regarding the support or challenges they encountered from the organizational support offices and the personal experiences that led them to be successful. The researcher uploaded each recorded interview to the password-protected computer and saved it on a password-protected flash drive. Once the interview was completed, it was uploaded to the computer, and transcribed word-for-word into a Word document.

Data Analysis

Quantitative

Following data collection, the researcher downloaded the information into an Excel spreadsheet and transferred into SPSS for statistical analysis. To answer Research Question 1, *What is the relationship between AA resilience and their perceived experiences of organizational support?*, a Pearson's product moment correlation (r) was conducted to measure the relationship of resilience levels of AA participants and their perceptions of organizational support for training in health care programs. Given that all of the variables listed were measured on a ratio scale (continuous in measurement with a series of exact size intervals) and the research design was intended to assess only whether or not a correlation existed between the variables and not whether one variable caused or affected the other, a Pearson's product moment correlations statistical analysis was appropriate for the study.

To answer Research Question 2, *What is the difference between AA males' and females' levels of resilience?*, and Research Question 3, *What is the difference between AA males' and females' perceived experience of organizational support?*, independent samples t -tests were used to compare the males' and females' results. Both dependent variables and the independent variable (gender) were continuous in measurement.

Qualitative

The researcher collected qualitative data obtained from the interviews, and analyzed the findings using thematic analysis (Lichtman, 2013). Following transcription, the researcher transferred the interview transcripts into *NVivo*, a qualitative analysis

software package, for coding (QSR International, Version 11, 2018). To answer Research Questions 4 and 5: *What were African American health care professionals' experiences as college students with health care training programs?*, and *What do AA health care professionals perceive as the factors contributing to their success in their health care training programs?*, a thematic analysis was used to code the interview data and identify patterns and emergent themes (Lichtman, 2013). Codes are a small unit of meaning that can be extracted from a statement; for this study, codes were chosen based on definitive statements within the interview and from emergent concepts; to increase the validity of findings, codes were connected to the literature review and survey results (Lichtman, 2013). The researcher coded the responses from the transcribed interviews, and the codes were organized into larger groups of themes. The researcher used emergent themes to describe the relationship between resilience and perceived experiences of organizational support from health care training programs. Following this process, a qualitative expert faculty reviewed the codes and themes to ensure validity of the coding process.

Researcher Identity

As a first-generation college student, I was forced to deal with resiliency issues with regard to the organizational support I received from my degree program. As an AA female employed in a health care training program for the past 6 years, I was cautious about how I could potentially display bias during data collection. I was concerned I would be viewed by the interviewed participants as a potential participant and not the

researcher of the study. If this occurred, participant responses could be biased from an attempt to provide truthful responses or responses they thought I might want to hear.

As a student who attended an HBCU (Historical Black College/University) in which the majority of the student and faculty population was AA, I felt as though I was surrounded by people who were like family and were there to offer support and help in any way. My prior experiences allowed me to relate to those participants interviewed who also attended an HBCU. This provided a sense of familiarity. However, the participants who attended a Predominately White Institution (PWI) shared similar perspectives to the participants who attended an HBCU. Based on research findings, I made the assumption that the majority of AAs who chose a health care profession had done so because they had a parent who pursued a degree in the health care field. Many of the students I have had the pleasure of interviewing for the Clinical Lab Science (CLS) profession have indicated that they found out about CLS profession because they have a parent or close relative who educated them about the profession. I find this intriguing, because many people are not familiar with the CLS profession. However, my assumption that the interviewed participants chose a health care profession because they had a parent who pursued a health care degree was incorrect.

To minimize my personal bias, I was sure to provide empathy and not sympathy for my participants as they shared their experiences. I was careful not to misinterpret answers that were provided by the participants. When conducting a face-to-face interview, I made sure to pay close attention to the body language and voice cues of the participants. If the participants answered in a way that was unclear, I asked for

clarification or an example to help further explain what they wanted to express. By acknowledging my personal biases, I felt as though I was able to obtain honest feedback from the participants.

Qualitative Validity

The process to establish and determine validity was completed during the data collection and data analysis phase. The validity of the data collection phase was ensured based on broadness and intensity. Broadness established the amount of time the researcher spent interviewing the participants. To further establish broadness, the researcher made sure to member-check the information received from participants at the time of data collection. A copy of the transcript was emailed to the participants in order to check the authenticity of the answers provided to the questions. An email reply from the participant served as a check on the viability of the interpretation. This allowed the researcher to avoid any misinterpretation of the participant's explanation to the questions.

Lichtman (2013) stated that the researcher must promote action in order for validity to be achieved. To establish validity through intensity, the researcher gathered several different forms of data that were appropriate for the study participants.

Triangulation of data sources was established through the use of surveys and interviews to better understand participants' perceptions and levels of resiliency.

Privacy and Ethical Considerations

The researcher gained approval from UHCL's CPHS and the participants before collecting data. At all times, the data were secure on the researcher's password-protected computer hard drive and on a password-protected memory stick. Once the study was

completed, the researcher will maintain the data for 5 years, which is the required time set forth by CPHS guidelines. Once the deadline has passed, the researcher will destroy all data files. Prior to administering the surveys, participants were provided with a survey cover letter stating the purpose of the study, that participation was completely voluntary, the timeframe for taking the survey, that their identities would remain confidential by assigning pseudonyms, and that consent would be implied upon completing the survey. The researcher protected the interviewees' identities by not using their real names.

Research Design Limitations

The study had several limitations to external and internal validity. First, the small number of health care programs considered in this study limited the generalizability of the findings. Second, a self-reported survey instrument used for the study could have caused response bias. Therefore, the data were only as accurate as the honesty of the AA health care professional participants that completed the survey and participated in an interview. Third, the number of years that passed since the participant completed the health care training degree program could limit the accuracy of the participant's perceptions related to the construct measure. Finally, with snowball sampling, representativeness of the sample was not guaranteed and, biases may be presented.

Conclusion

The purpose of this study was to examine the relationship of resilience levels of AA health care participants and their perceived experiences of organizational support for training in health care programs. This chapter provided an overview of the research problem, operationalization of theoretical constructs, research purpose, questions,

research design population and sampling selection, instrumentation used, data collection procedures, data analysis, researcher identity, validity, privacy and ethical considerations, and the research design limitations of the study. Chapter IV displays the researcher's findings for this study.

CHAPTER IV

RESULTS

A challenge that most colleges and universities face is determining how to recruit and retain African Americans (AAs) for health care training programs. Retention and graduation of minority students is one of higher education's most pressing concerns (AAMC, 2015). The purpose of this study was to examine the relationship of resilience levels of AA health care participants and their perceived experiences of organizational support for training in health care programs. Interviews of the AA health care participants helped to determine factors that led to the success of completing a health care degree program. The researcher examined eight AA health care participants' experiences as explained through their perspectives. This chapter presents the results of the quantitative and qualitative data analysis of this study. AA health care participants' levels of resilience were measured by the Connor-Davidson Resilience Scale (CD-RISC) survey, and their perceived experiences of organizational support were measured by the Survey of Perceived Organizational Support (SPOS). The researcher downloaded the survey data into a SPSS database for the purpose of analysis and analyzed the quantitative data using Pearson's product moment correlations. The qualitative data obtained from the AA health care participants were analyzed using an inductive coding process. The researcher extracted emergent themes from the information shared by the participants that required them to reflect back to when they were students enrolled in a health care training program.

Participant Demographics

The Association of Black Psychologists, Association of Black Cardiologists, National Medical Association, National Podiatric Medical Association, National Black Nurses Association, Society of Black Surgeons, Association of Black Women Physicians, and National Dentist Association were contacted by email and telephone to inquire about disseminating an online survey link that was created thorough Qualtrics, on behalf of the researcher, to active members of the organizations. A non-probability sampling method known as snowball sampling was also used to obtain participants. A purposeful sample of 165 AAs, who identified as currently working in a health care profession field completed the research survey. A total of eight (four females and four males) participants volunteered to be interviewed.

Table 4.1

Participant Responses to CD-RISC and SPOS

Variable	Gender	Mean	SD
CD-RISC	Male	108.6	10.0
CD-RISC	Female	109.6	8.9
SPOS	Female	31.4	4.8
SPOS	Male	31.2	4.1

Research Question 1

Research Question 1, *What is the relationship between African Americans (AA) resilience and their perceived experiences of organizational support?*, was measured by conducting Pearson's product moment correlation (r) to measure responses to the Connor- Davidson Resilience Scale (CD-RISC), a survey of 25 items scored using a 4-

point Likert-type scale (0 = Not True at All, 4 = True Nearly All the Time), and the Survey of Perceived Organizational Support (SPOS), a survey of eight items scored using a 6-point Likert-type scale (0 = Strongly Disagree, 6 = Strongly Agree) and responses of the participants who volunteered to participate in a semi-structured interview. Results indicated that there was no statistically significant relationship between resilience *levels of AA participants and their perceptions of organizational support for training in health care programs* [$r(163) = -.019, p > .05$].

Research Question 2

Research Question 2, *What is the difference between AA males' and females' levels of resilience?*, was answered by using independent *t*-tests to compare the males' and females' results. Both variables were continuous in measurement. The Levene's test indicated that there was homogeneity of variances. When examining the difference between resilience levels by gender, results indicated that there was no statistically significant difference [$t(163) = -.54, p > .05$] between males and females, meaning that men and women displayed equal levels of resilience for this sample.

Research Question 3

Research Question 3, *What is the difference between AA males' and females' perceived experience of organizational support?*, was answered by using independent *t*-tests to compare the males' and females' results. When examining the difference of perceived experience levels by gender, results indicated that there was no statistically significant difference $t(163) = .16, p > .05$ between males and females on perceived

experiences, meaning that men and women displayed similar levels of perceived organizational support for this sample.

Research Question 4

The researcher designed qualitative research questions to analyze AA health care participants' experiences, perceptions, and beliefs associated with health care training programs. This was important because it allowed AA health care participants to reflect on the role university organizational support offices played in enhancing AA students' college experiences as well as identified factors that helped students be successful in their health care training programs. Over the years, research has confirmed that Tinto's Model of Attrition (1975), if used by colleges and universities, could implement programs that would help to increase enrollment for minority students for health care training programs.

Below is a description of the interviewees; their identities were protected through the use of pseudonyms throughout this section. The names and ages during the time of the research study for the eight AA health care participants were: Whitley (age 40), Kim (age 40), Jelissa (age 35), Denise (age 37), Walter (age 53), Ron (age 42), Brad (age 26), and Dwayne (age 45). The following are brief descriptions of the participants' current jobs and the institutions they attended for their degrees.

Whitley is a board-certified radiologist and Associate Professor of Radiology. She specializes in advanced breast imaging, biopsies, and 3D mammography. She currently serves as Director of the Breast Imaging section at a hospital. Whitley earned her degree from a Predominately White Institution (PWI).

Kim earned a bachelor's degree of science in Nursing and a Master's of Community Health Nursing from an Historically Black College/Institution (HBCU). She has a clinical background in pediatrics and a sub-specialty in infection control. She serves as a patient advocate for women and children in order to ensure safety and prevention of disease.

Jelissa is a double board-certified internal medicine and pediatrics medical doctor. As a pediatrician, Jelissa diagnoses and treats infections, injuries, and other disorders in children. She is responsible for the physical, mental, and emotional health of her patients. Jelissa graduated from a PWI.

Denise specializes in anesthesiology. She earned her degree from a PWI. Denise is affiliated with numerous hospitals as well as having her own medical practice at a local hospital. She is also an Assistant Professor in the Department of Anesthesiology at a Medical School.

Walter earned a bachelor of science degree in clinical lab science (CLS) from a PWI. Walter described a Clinical Lab Scientist as the individual who runs laboratory tests in a hospital-based laboratory run by the pathology department. Walter is responsible for specimen handling, the actual methodology of the test, and the reporting of the test results. Walter has a specialization in Hematology and Coagulation, and is also an Assistant Professor of Instruction within the School of Health Professions.

Ron earned a PhD in pharmacology from a PWI. His research focuses on the pharmacological effects of various classes of drugs such as sedatives and stimulants. He

is currently a pharmacologist/toxicologist reviewer with the Food and Drug Administration (FDA).

Brad graduated from an HBCU with a degree in nursing and specialization in mental and psychiatric health. Brad assesses patients and develops an individualized plan to give the patient in order to live a productive life. He provides crisis intervention, mental health counseling, medications, and therapies for patients with mental illness.

Dwayne earned his first healthcare certification with the United States Army as an Emergency Medical Technician. He then went on to become an X-Ray Technician. He later graduated from an HBCU with a Bachelor's degree as a Registered Nurse. He is certified as a Rehabilitation Registered Nurse and a Certified Healthcare Simulation Educator. Dwayne currently serves as the Director of a Simulation Center at a local hospital.

To help identify AA health care professionals' experiences, perceptions, and beliefs that supported academic achievement that further help organizational support offices implement strategies and resources for AA students, the following research question was addressed:

What were AA health care professionals' experiences as college students with health care training programs? In order to address Research Questions 4 and 5 using interview data, responses were coded by one of the seven themes: health care college experiences, successful influences, recruitment for health care program, the application process, organizational support, support systems, and stressful situations. The emergent

themes and sub-themes are listed within this chapter along with supporting participant comments.

Health Care College Experiences

College not only educates a person for the pursuit of a career, but it also provides general knowledge and introduces real-life situations that help people learn about life and themselves (Finn & Hafferty, 2014). Participants shared how the campus library and study hall rooms were equipped with dry erase boards and markers as well as necessary items such as pens, paper, and index cards to help with reviewing course content. As health care students, they believed that faculty and staff within the department supported the effectiveness for student learning. Brad shared, “We pretty much had our [nurses] own building, they gave a hall to us, to come, be open. So, like late at night we'll be able to go even when our library was closed. It was open 24/7.”

Whitley shared how during finals week deans of the schools would grant permission to allow computer labs to be open for extended hours to accommodate students that needed to study late at night. She expressed, “I was surprised that [other] medical schools did not offer accommodations to their students like my school did.” She felt the flexibility and accommodations afforded to her and other students allowed her to succeed. “I had friends that attended different schools that would come to our campus to take advantage of our labs being open late at night,” she commented. The flexibility and positive culture displayed by the campus staff provided support for students and their academic achievement.

Teaching methods used by professors were designed to enable students' learning. The class structure for most health care training programs included problem-based learning modules, system-based curriculum, and lectures. The problem-based learning method includes a group of health care students working together to solve a patient case. This approach focuses on exploring the case and diagnosing the patient. All of the approaches described were determined by the professor and the subject matter that is being taught.

A system-based curriculum involved the more traditional method in which classes may be divided or split into sections of the lecture being taught; for example, the reproductive system. The lecture approach allowed for students to sit in a class, listen to an instructor and take notes. This is most likely followed by a paper and pencil or computerized test. Denise shared her experience of the system-based and lecture approach with a class of 200 students saying,

When we take the classes, all of the classes are in big lectures, so it's everyone in there. You have small groups that you break off into, but your main course group is everybody taking lecture at the same time.

The participants acknowledged that they experienced both negative and positive encounters as students enrolled in a health care training program. They felt that experiences in life have a lesson from which they could learn from. The next section will address the negative and positive experiences shared by the participants.

Negative Experiences. With regard to the health care participants' perceptions about their college experiences, fewer negative versus positive experiences were shared. I asked the participants to share a detailed negative experience they encountered as a

student in their health care profession program. This was demonstrated by some participants highlighting factual accounts and others highlighting emotional accounts. The negative experiences shared involved racism in a rural location as well as in videos displayed for instruction and experiences with faculty.

Jelissa felt that although she enjoyed the use of video learning modules as instruction, the content viewed should be current and unbiased. She shared,

We had a day of watching a video. The video was [out] dated. And it was pretty biased. I could tell by the language that the narrator of the video was racist. He made a lot of negative comments. He was talking about crack cocaine and how it was an issue in the Black community and he quoted some numbers which may even had been true for like a small county in FL. But he projected them as though they were regular numbers for the US. He said 1 in 4 African American women tested positive for cocaine whenever she went in to deliver a baby. And this was an older professor showing this video to all of the students; he had been showing this video for years. I went to him and said, “You know there is racist language in this video and I felt it was inappropriate and I felt insulted.” And he was like, “Well whatever you don’t like in there you can edit it out.” And I was like, “Okay, that’s cool, but I’m not an editor.” I didn’t even know where to begin with his tape. I did address this problem with one of the deans and I don’t think anything was actually done about that. That was not a pretty good experience.

Jelissa expressed how the professor gave the impression that he was not concerned about how the language used in the video was perceived as racist and offensive to the AA students. His comment to Jelissa for her to edit what she did not like in the video, reflected he did not want to entertain suggestions on how he could improve the lesson. While Jelissa followed what she felt was proper protocol by addressing the issue with the dean, she may have been reluctant in the future to do so again, since nothing was done about the negative experience she had.

Another participant, Kim, shared a negative experience she encountered in her graduate health care degree program:

The negative experience was I had to do a lot of independent clinical rotations. And I was in a very rural area of Georgia. A very racist area. I encountered a lot of threats. Things like that. At one point I had to ask for police escorts, or people to escort me to my car when I did home visits. It was a very close community and they were not used to seeing many or sometimes anyone of color. So part of it was education, part of it was racism. But it was a very scary time for me and I felt like when I brought it up to do the program directors—that maybe this wasn't the best assignment for me because I felt threatened and I didn't feel like I got much support. I was pretty much told you need to do what you were told to do if you want to be a part of this program. And, that was something I had to overcome and it was difficult for me as I thought about leaving the program at that time.

Kim's comments suggested that she felt threatened while going on clinical rotations in certain rural areas. It appeared the program director was more concerned about Kim performing the required duties of the program regardless of how she felt about her safety. Kim displayed a strong sense of perseverance and resilience in order to successfully complete the program. She did not succumb to the idea of withdrawing from the program.

Walter shared a negative experience he had that involved faculty interactions. This event occurred in 1993, when Walter was a senior in the CLS program. He explained,

One negative would be . . . Faculty and student interactions are very different now than the way they were back then. Back then faculty were not as caring and politically correct. We had a particular instructor, and in the height of her celebrity she was one of those who came across as one of those drill sergeant, intimidating, my way or the highway instructors in the laboratory setting. Many times she was so intimidating that it was hard for us to learn from her. She taught the blood bank course and she said we MUST write in black ink and write legibly. I remember taking an exam for her and I wrote on there clearly—trying to get my pen to write (WALTER demonstrated for me how he wrote his answer using a black ink pen—he showed me how he wrote over and over the markings in order to make it darker and legible). And for each of these she took off 20 points. When I got my exam back from my practical I made a 55—Which means I flunked! I should have made a 95. She said, “Those are mark overs, and I told you I will not accept mark overs when you put out a lab report”. I tried to explain that it was not

a mark over but from me getting my pen to write because it was running out of ink. She yelled, “That’s a mark over”! It wasn’t a matter of whether I knew the content, it didn’t matter how well I knew my technique, she was more concerned that I knew how to write with a pen to where it was legible with one stroke and no mark overs. I could have argued with her and had been right, I could have stated that was legible, I could have gone to the chair or the dean.... and I was angry I was mad as hell. I said there goes my grade! I wound up making a C in that class because of how I wrote the letter twice. That kind of thing was very stressful.

Based on Walter’s comments, it appears that his instructor focused more on the quality of his penmanship than the content of his responses. This, coupled with his comments about how faculty at that time exhibited lower levels of concerns toward students, suggests that faculty may have wanted to exert their power over students. While Walter did not speak to this, he may have been reluctant to discuss his grade with his professor due to the way she responded to him in class; few students would have felt comfortable approaching a faculty member after being yelled at and humiliated in front of their classmates.

Interview participants that encountered misfortunate events that involved faculty/student interactions kept in perspective that it was a learning experience. Colleges and universities that encourage positive faculty/student interactions help to foster student engagement (Chang, 2005). College students perceive faculty to be in a position of trust, therefore colleges and universities must discourage negative faculty/student interactions (Pianta, 2016).

Positive Experiences. Although participants provided detailed and lengthy responses regarding negative experiences, all of the AA health care participants claimed to have an overall positive experience with their health care training program. Denise commented, “A surgery resident told me that some of the other residents felt I wasn’t holding up to the standards, but he took the time to tell me what I needed to do to

improve my technique, I really took his advice to heart.” As a result, Denise now takes the time to provide constructive criticism to her residents. She shares with them what she learned because someone took the time to “show” her what she was doing wrong and what she needed to do to correctly. She takes this same approach with her students as well, because she knows they are sometimes afraid to ask for help.

The male participants shared more positive experiences that pertained to the lifelong friendships and professional networks that were formed as a result of their health care training programs. The participants shared that joining on-campus organizations, networking, making connections, and developing rapport were major positive influences. Developing long-term relationships proved to be successful for the participants in both personal and professional aspects of their lives. For example, Walter stated, “One of the more positive ones is I was able to form friendships outside of students in the program. I sought out other AA male students in other programs. It wasn’t about being a college student, we were professionals.” This participant felt that he and his fellow AA male students were colleagues more than students, with their close interpersonal connections extending beyond the classroom. Walter enjoyed making lifelong friends outside of his program and currently encourages the students he teaches to become involved in interprofessional learning activities that will help foster relationships.

In addition to developing friendships within the health care training program, developing professional networks was cited as a positive outcome. Dwayne said, “I will say the most positive thing is all those professional networks that I still have today. And get to work with all [of those] people, and they’ll be there for me, because we all stuck it

out together.” Dwayne shared how if he needs resource materials or to fill a position at his hospital he can rely on his professional networks to help guide him. Another participant shared how empowering it was to work directly with individuals he once considered his role models.

Ron commented, “There're a bunch of different positive experiences. One positive experience is that I was able to form a very, I don't know, I guess a deep bond with my mentors, a bond that has actually become stronger over time.” Ron had the pleasure of presenting at national conferences with some of his mentors that trained him in his health care profession training program.

There were various examples of positive experiences shared between the males and females on the research surveys and during the interviews. All of the AA health care participants interviewed agreed that the health care program from which they graduated from was not only beneficial to them or contributed to their success but also provided a strong foundation that participants like Walter and Denise to replicate for their current students.

Research Question 5

Health care participants were asked the following research question, *What do African American health care professionals perceive as barriers as well as the factors contributing to their success in their health care training program?*

Successful Influences

Many AA individuals are motivated and qualified to attend college but faced significant challenges to achieving this goal. The participants shared how positive

influences they encountered helped prepare them for long-term professional success. The researcher asked questions designed to gather information on how the participants felt encouraged and supported to pursue a health care major. The factors considered for successful influences included faith, support from family and higher education administrators, and personal motivation are the sub-themes discussed in the next sections.

Faith. The researcher asked the participants to what they attributed most of their success in completing a health care degree program; four participants contributed their success to their faith in God and prayer. One participant, Dwayne, commented,

It's like, it was God. Everything falls into place, you know? And I believe that because I don't fight so much, some things I do fight, but you know most things I don't, when I turn them over to God, that my path is laid straight. And I end up where I'm supposed to be at. I have been enormously blessed, and I sit back and wait. What is it [about] these life experiences, you know why I've gone through things, what is now gonna be my inner responsibility, or my role in passing it forward and giving it back. I cannot attribute anything that I have done. I can attribute some of my success to my mother, and the example that she had. But other than that, it has all been divine.

Whitley was almost at a loss for words as she thought to answer the question. She shared how being away from her church home, she felt the immediate need to find a church she could visit and with which she could get connected. She asked for her new church family and her church back at home to continue to keep her in prayer as she embarked on the journey of medical school. She commented, “God. God. Yeah, God and definitely prayer. It's [been] an experience, looking back.” She explained how God is who she gives all praises to for getting her through medical school.

Having a strong faith in God reminded the participants that they were not alone. They felt that praying and having a relationship with God contributed to the factor of their successes.

Support From Higher Education Administrators. Four participants shared how faculty, advisors, executive administrators, and staff who worked in the organizational offices on the college campuses provided support that was influential in helping them succeed. The comments shared with the researcher demonstrated that the participants felt appreciated and supported as adults since they were over the age of 22. The examples regarding the university and organizational supports offices implemented developed, according to the participants, a sense of trust and mutual respect for how schools were invested in students' futures. Based on their comments, faculty and advisors made sure students on campus were aware of the services and supports available to them in order to be successful. Many of the participants who were medical doctors stated how their pre-med advisors were very supportive in helping with course selections that would help strengthen their knowledge and grade point average. For example, Jelissa shared how the financial aid department was helpful. Students would be made aware of grant and scholarship opportunities. "The dean of the financial committee (I think that's what it's called) would always keep us informed of any scholarships that became available so that we could put in applications," stated Jelissa.

Brad shared about a time when he was distant in class due to worrying about his grandmother. He was having a hard time concentrating. After class his professor took the time to ask him what was wrong. Brad was surprised his professor acknowledged

that he was not himself that day. She showed him that she was worried about him. He commented,

I had just found out my grandmother had a stroke, and I can remember just sitting in class and usually I always sit in the front. I'm still kind of down thinking about my grandmother, like almost the entire time. After the class, my teacher called me to the side. She was just like, "What's going on?" I told her about my grandmother and she said I could have extra time to submit my assignments if I needed. And she told me that she was praying for me.

Brad shared how he never received compassion like that from a professor. His professor's sense of showing compassion towards him was a personable experience for him.

Ron shared how the year before he was a graduate student he was working in the department of neuroscience. At a conference he met a man, Dr. N, who was a former faculty member in the department of neuroscience where Ron worked. Dr. N was now a faculty member in a different department but at the same university. He was instrumental in helping Ron gain acceptance as well as be a resource for him. Ron stated, "He connected me with people from the medical school. In fact, that guy who made the introduction has been pivotal in my career because he's remained a mentor and an advocate for me."

The Offices of Financial Aid on college campuses are designed to assist students with information on how to pay for education. This process can be confusing and overwhelming to students. There is so much information about both federal and private loan aid options, including aid programs that are for specific schools. Students will oftentimes visit the office to obtain information about payment plans or information about available scholarships. Denise explained how the staff of the Offices of Admissions and Financial Aid were helpful. The staff members who were of AA descent

went the extra mile to help and offer support to the AA students who came into the Financial Aid office. She commented,

Even though our student body was only maybe ten percent African American, our support staff was pretty much all African American, like, the ladies in Student Affairs, Admissions, and Financial Aid. So of course they gonna see us and they're gonna single us out, "Come over here, let me help you," so that was really, really helpful, especially our ladies in financial aid, "You ain't pay this balance, put it on the table right now, I'm going to get you an extra day." They really tried to take care of you because they've seen . . . they pretty much you know all of the doctors in Detroit who came through Blaine State, because they've been there so long. And so, they fostered that relationship . . . With every new class, they kind of adopted us so that was really, really helpful.

The results of the study found that half of the participants perceived support from higher education administrators and the organizational support offices as important to their success, yet the other half did not utilize the services. Participants who did not feel there was a need to visit the organizational support offices preferred to figure things out for themselves or ask their peers.

Support From Family Members. The researcher asked the participants to provide examples of how they felt encouraged and supported to pursue a health care major. Three participants responded that family members influenced them to pursue a health care degree. Kim shared how her mother, who was a single parent and an educator, displayed unconditional love and unwavering support by fostering resilience, balance, and persistence. She felt these were critical skills for her as an adult and as a future nurse.

As an only child, Whitley was drawn to a profession that involved caring for people. Her mother was diagnosed with muscular dystrophy and from an early age she

was involved in her care. Whitley could vividly remember going to doctor visits and staying with her mom overnight in the hospital. She shared,

I was around quite a few doctors, in that sense. And it always interested me, the field. Further along in that . . . In high school, I played basketball. I ended up with a knee injury, which required surgery. That surgeon was very gracious when I asked questions, that type of thing. My mom encouraged me to ask him to become somewhat of a mentor for me.

Whitley's mother supported her financially, spiritually, and emotionally while she attended medical school. Her mother sent care packages and spent hours upon hours on the phone with Whitley whenever she called to talk about the struggles of school.

Jelissa recalled how her mother did not want her to attend medical school. Her mother wanted her to select a different career field, one that she could graduate and get a job faster. Jelissa's mother had personally experienced how medical school can affect a person and did not want Jelissa to go through a painful experience. Jelissa spoke with immediate family as well as her brother-in-law who was a practicing pediatrician during the time she wanted to pursue medical school. He was helpful and provided her with guidance on what to expect throughout the different phases of medical school. He shared with her the importance of working with doctors who demonstrated empathy and helped medical students understand the emotional demands placed on physicians. He also provided examples of how to strengthen patient-doctor relationships.

These participants believed their family members provided significant support to them as they earned health care degrees. This support was both constructive, as with Jelissa's brother-in-law guiding her through the medical school process, and emotional,

as Kim expressed how her mother displayed love and support throughout her nursing school process.

Personal Motivation. Three participants expressed that their biggest influence was the goal of pursuing a promising career, to help better themselves, and not fulfill the negative “stereotype” of the AA community, which was Black students lack motivation and had low expectations for achievement, in order to attend college. Denise commented,

I just knew that I had to get out of my situation. I was like, I love my family, I love where I'm from, but this cannot be life. This cannot be it. So I was just determined to just do something better. I didn't really know what.

One participant responded that perseverance was the one thing that he attributed to successfully completing his health care program. Ron stated, “Just never giving up. Perseverance. Just work[ing] hard, the biggest thing.”

Confidence in one’s abilities helps to enhance motivation, making it a valuable asset for individuals (students) to gain willpower (Benabou & Tirole, 2002). By setting high expectations for themselves, the health care participants shared experiences that led to successful outcomes as college students. Colleges do not treat the recruitment process lightly. However, many colleges and universities that have health care training programs do not have specific strategies in place for recruiting and retaining minority students (Gabard, 2007). The next section shares results of the AA health care participants’ experiences of how they chose the health care training program which they pursued.

Recruitment for Health Care Training Programs

Educating colleges, universities, and health care program staff on how to recruit more AAs into health care related programs is necessary in order to see an increase in AA

enrollment (Childs, Jones, Nugent, & Cook, 2004). The majority of the participants interviewed conducted research about the particular health care degree they intended to practice or had a mentor that suggested specific colleges to which they should apply. Kim shared how, during her senior year in high school, she saw an advertisement on a United Negro College Fund (UNCF) brochure for the nursing program at Washington University. She knew she wanted to pursue a nursing degree so her mother arranged for a college tour.

While attending community college, Dwayne heard a presentation from an Army staff recruiter on various career opportunities. This led him to join the Army and become an Emergency Medical Technician (EMT). This experience sparked his interest in a medical career and became his entry point into the health care field. He later attended an HBCU where he earned a degree as a registered nurse. For the purpose of this study, the researcher focused on Dwayne's degree as a registered nurse.

Walter shared how he had a love for science, therefore he did research on different types of careers that involved science. He came upon a degree program he knew a little about and decided to give it a try. Walter stated,

I was always a science person. And I knew about it [Clinical Lab Science] for some time. I didn't think it was something I would want to do, but I figured it was a good opportunity. So I just explored it and I really liked it.

Another participant shared how he was interested in drug addiction research and was able to network and gain insight about a program while attending a conference. Ron was a graduate student focusing on how the brain works. While attending a National Institute of Drug Conference he met someone who shared with him a discipline that

focused on the studying effects of drugs. This conversation helped Ron solidify his study focus. Ron said,

I was at a conference for the National Institute of Drug Abuse speaking to a guy about my interests. I was sharing with him the basis of my interest in addiction research in particular. What the fellow told me was, "Hey, you're interested in how drugs impact behavior, and there are people that focus in on drugs themselves and how they produce biological effects," so the focus is more on the drug itself and less on the brain, if that makes any sense. He had some folks that graduated from the same school that he attended as a graduate student. Those friends were faculty at the LUV Med School. He just made the connection for me. In fact, that guy who made the introduction has been pivotal in my career because he's remained a mentor and an advocate for me. In fact, he's partially responsible for me being in the federal government right now as a scientist.

In Ron's case, recruitment involved one individual that developed from an informal experience that occurred outside of the university. Based on his experiences, one-on-one interactions may influence students to enroll in a particular college or program. Admissions staff rely on technology developments such as social media that can allow testimonial quotes from current and alumni students that can help entice students to enroll (Strauss, 2017).

Colleges and universities employ a variety of tactics to recruit students for their various degree programs. The participants of this study shared how the majority of the colleges they attended promoted their academic profile. From attending College Night that was hosted by their high schools in order for parents and students to speak with college recruiters to arranging college tours on their own, the participants were different in nature as to how they learned about their degree program.

Application Process

Of the eight participants, the majority shared that they received support during the college application process and a few had more than just one source of help. Helpful college faculty, advisors, and individuals who worked within the organizational support offices were cited by six participants. Brad conveyed that the personnel from the Office of Student Affairs and the upper-class students helped create an environment that was welcoming to incoming students. Brad said,

A lady named Ms. Catherine who worked in Student Affairs. She was very nice, and had been there for a long time. She was the first person I talked to when I turned in my application and essay. She said I could contact her if I had any questions. Also some of the students who were in their second year. They gave their insight on what helped them through the process.

Another participant, Whitley, mentioned, “I had a sorority sister who was already enrolled in the program so she was able to give me guidance.” Whitley realized that medical school was a different environment with different challenges to come in comparison to her undergraduate degree program. She took advantage of talking with students who had already experienced what she was currently going through. Another participant shared how having faculty support was important. Jelissa cited, “I was fortunate to have a very experienced advisor who helped me and gave me good tips on filling out the application.” These participants felt the support they received contributed to their academic success.

Denise stated that she did not have anyone help her with the application process. She shared,

So I didn't [receive] any guidance. I was not shy about asking people, because I think it's always good to have somebody who definitely knows the process and

can take you by the hand . . . but I think I got through it, but it would have helped to have some guidance.

The researcher asked the participants to reflect and share obstacles they faced throughout the application process; four stated that the financial obligation of the application fees was a big concern. Denise said,

My peers, I could tell you applied to like fifteen or twenty schools. I applied to four and it wasn't [be]cause of ego, it's because of money, because each application costs, probably 35-50, no, 35 to, like, 75 dollars per application, depending on the school and then, interview cost you have to pay to fly there if it's not drivable. And then the secondary applications are still, like, 50 [or] so dollars or whatever, plus sending your transcripts to each of these schools. It's very costly. I asked my granddad if he could help me, and he said yes, and he gave me \$250. Most people spend \$2,500 to \$3,000 on medical school, so I had to work with what I had. So, [applying to] four was my number.

Two participants cited that their MCAT (Medical College Admission Test) scores were obstacles they had to overcome. Many students aim to earn high scores on the MCAT, but some medical schools consider a holistic approach that does not focus solely on test scores. Jelissa shared her experience of the approach she used when she took the MCAT that helped her to gain approval for admission from the dean. She expressed,

I kinda went to a couple of like practice workshops, but I wasn't really. I can't even tell you what my mind set was really like at the time. I think, I was thinking hey, I'm a science major- I'm going to do fine on this. I kept telling myself I totally know this, I got this. The thing that I studied for the most on my MCAT is the verbal section—because I knew that it was not my strength—I knew I needed to practice this. I'm not a detailed reader—I'm a slow reader. So I practiced that section of the exam over and over again. I needed to practice enough in order to get my timing down so that I could make sure that I finished the test. And that ended being my strongest section by far. But my test was like my sore spot even though it was acceptable. The Dean of Admissions at the time told me that although my test scores weren't good they had done some studies and they looked at students and their overall success rate and their ability to stay in the program and complete it successfully. And that the best indicator if looking at the scores was the verbal section of the MCAT. But I'm grateful for that section of the test because it got me in.

The Dean's willingness to consider the research on what makes students successful enabled Jelissa to be admitted to the program. She was grateful that she studied for the verbal section of the MCAT because those scores, and the Dean's perspective, were what ultimately contributed to her admission to the program. Studying hard, and the support of an administrator, helped her to overcome this obstacle for admission to medical school.

One participant cited the obstacle of dealing with anxiety and how she feared it would affect her academically. "I think the barriers were more of like, just anxiety you have about whether or not I was gonna be good enough. Am I gonna pass the test are they gonna accept my application. Things like that."

Another participant, Dwayne, talked about the challenges of balancing work and life. He had to work full time in order to cover the cost of tuition and living expenses for him and his family. He shared how he had to prioritize and be flexible when it came to spending time with his son and studying for classes. His goal was to maintain balance and have a plan to work toward obtaining his goals.

The participants for this study shared how building relationships with faculty, peers, or the offices on campuses inspired them to succeed. The support received by the participants created a drive in them to learn. The next section will address the offices on college campuses that help create a strong influence on students' college experiences (White & Fulton, 2015).

Organizational Support

The following section describes the college campuses' organizational support offices that are designed to provide support services that help with recruitment, retention,

and graduation of students. The offices of Admissions, Student Affairs, and Student Support Services are examples of university organizational supports that create a strong influence on students' perceptions. According to the American College Personnel Association (ACPA, 1996), Student Affairs professionals could purposefully create situations to enhance student learning and personal development.

Challenges With Organizational Support

Recruitment and retention work closely together, therefore colleges and universities need to develop strategic plans that will help to recruit and retain AA college students (Baker & Robnett, 2012). The majority of colleges and universities have strategic plans in place that state the university's core objectives which is to recruit, retain, and graduate students (Martin, 2016). All offices on college campuses are responsible for retaining and graduating students, from the engineers who are responsible for the upkeep of the outside look of a campus, to the faculty and staff who see the students daily (Adams, 2015).

Kim was grateful for the opportunity to have graduated from a large prestigious university. However, she felt the Office of Student Affairs and Student Support Services failed to educate students about university policies, procedures, guidelines, and protocol. Joint initiatives between offices and departments should have been formed in order to disseminate information more efficiently and effectively, she believed. She felt that due to the lack of support from university offices, she felt she had to figure things out on her own in order to be successful. She stated, "If you succeeded, you succeeded if you didn't . . . you know, oh well."

The lack of a creating a welcoming Admissions Office for prospective students could negatively affect an institution's effort to increase enrollment. This happened to Dwayne, as he described, "The staff member never made eye contact or said hello to me, it was like she didn't want to be at work that day." Despite this incident, Dwayne still decided to attend this school in which he was greeted by unpleasant staff that were reluctant to evaluate his transcripts.

Walter explained that his challenge was with the Office of Student Support Services. He did not have much money as a college student. The campus he attended was prone to flooding, and one day during a heavy rain his car flooded and it was going to cost \$1000 to fix. He attempted to gain assistance from the Office of Student Support Services since the incident happened on campus with hopes of being able to receive some type of assistance for the repair of his car. His car, along with many other students' cars, was damaged and they were not granted any assistance or provided with any information as to what steps could be taken. Despite this unfortunate event, Walter made the decision to take advantage of the free parking lot that was far from the campus. He chose to walk the far distance as to not have to worry about if his car would flood again. Walter currently works at the institution from which he graduated and the campus still floods whenever there is a heavy rain. He has witnessed some of his students go through the same painful ordeal of having their cars flooded.

As a result of Walter's and many other students' experience with flooded cars, the campus has signs placed in specific areas that state: In case of heavy rain this area is prone to flooding. The university is not responsible for damaged cars. If during the day a

heavy rain begins the university will send an email out to students informing them to move their vehicle if they are parked in an area prone to flooding.

Student support included factors that encouraged and motivated student learning. Participants shared what they believed positively impacted their lives as a health care student. The next section will address the positive encounters with organizational support the AA participants experienced that helped meet academic demands.

Positive Experiences With Organizational Support

Most health care participants reported receiving unceasing help from professors and the Office of Admissions. The participants expressed that they felt the lines of communication were open amongst the various organizational support offices on campus. Departmental deans also were available to provide assistance to the students. Denise shared her experience with a meeting that she had with the School of Medicine dean that led to a positive outcome her admissions process. She commented,

I made an appointment to meet the dean just talk to him to find out about the school, to find out about . . . just more about the program.

Two years later, I applied and interviewed. The dean called my mom while I was in D.C. So I called him back and he asked me if anybody offered me a scholarship. I said no, and he said, "Well, you come to Wayne State. We'll give you full tuition scholarship." I said, "Okay!" That sealed the deal, I mean, just-yeah, for somebody to reach out, that was really helpful.

Jelissa also had a positive experience with the dean of her college. She shared her encounter with the dean of the Financial Committee, stating,

So our school had the Office of Diversity. The dean had the office always open. And that's where the minority students migrated. It was open to everyone—but we migrated there. We all knew each other—we were all plugged in with one another. She would even open the office up during test week and offer to open it up at night time so we would have a place to study. The dean of the financial

committee would always keep us informed of any scholarships that became available so that we could put in applications. She was very helpful.

The guidance that Jelissa received from her institution's offices made her feel supported at her school. These positive experiences likely contributed to her academic success, as the dean made it a point to communicate with students, leading to the positive perceptions of support expressed by Jelissa in the above quote.

Walter reported that he received great support from a staff member from the Office of Admissions at the time he applied. Walter shared that he was initially classified as an out-of-state student because he had not been employed in the state for a full year. He felt he would be unable to enroll if he had to pay the out-of-state tuition rates, so he contacted the Office of Admissions for assistance. He said,

There was a faculty member by the name of Ms. A, who I had met when I came to an Open House to visit. She was able to help me get organized with my application—she was the Program's admission's chair. I had her direct number and she would call me pretty routinely.

He was ultimately classified as an in-state student after appealing the initial decision. During his appeal process, he worked closely with the Office of Admissions, which he felt was a positive experience due to the support they provided for him.

Brad mentioned how helpful one person in the Office of Student Affairs was, a lady by the name of Ms. Adele. She was very familiar with the admission process and if a student did not get accepted, you would be instructed to follow up with Ms. Adele. She would inform prospective students of the steps to follow in order to increase their chances to be accepted. The researcher discovered that the majority of the participants explained

they did not use organizational support offices in order to obtain information about resources or advice.

Support Systems

The interview process explored the participants' health care training program experiences, successful influences, recruitment, application process, organizational supports, and support systems such as family, outside organizations, on-campus networks, and any other identified influences from the participants' lives. This section discusses support system examples that emerged from the males' and females' responses to the questions related to their experiences as they pursued their health care training program. The researcher asked the participants to provide examples of how support structures and networks (inside and outside) of the educational setting contributed to the pursuit of a health care training program. Many participants shared how family members were supportive and encouraged them to obtain a health care degree. The researcher wanted to obtain evidence that supported whether males or females were more resilient. Also the researcher wanted to determine the differences of males' and females' perceptions of their experiences with organizational support on college campuses. In conclusion, evidence supported that the male participants, in particular, spoke highly about the support they received and the lifelong relationships that were formulated.

Males' Support Systems

The male participants shared several examples of how they felt supported while obtaining their degrees. They appreciated the open lines of communication with faculty, professors, and other personnel. The majority of the participants felt the organizational

support offices offered assistance with administrative procedures in conjunction with their department. Spirituality and having a strong belief in God served as a support for academic success.

For Dwayne, his colleagues were going through the same process as he was as a nursing student; this was important to him because he could share with people who had a complete understanding of what he was experiencing. There have been concerns about Black males' academic achievement, therefore it is significant that the support of peers was found to be a factor attributing to the success of AA males in college (Harper, 2006).

Dwayne shared how he felt that a faculty member, Ms. Lety, was his mentor. She continued to be an intricate part of his professional career. They continue to keep in touch and he shared an example of how connected she was in the "nursing world." He explained,

Ms. Lety is so powerful that I applied for a job at Ocean View College. Ms. Lety called me because I was transitioning between roles until I knew what I wanted to do. She said, "Dwayne, apply here." And then I applied, and she called me a couple of weeks later and said, "Have they called you?" I said, "No, they haven't called me." She said, "I'm gonna call you back in fifteen minutes." In less than five minutes, the school was calling me. She called me back a couple of weeks later and said, "Dwayne, have they offered you a position?" I said, "No, they haven't offered me anything." Within five minutes they were calling me back offering.

One participant shared how the selection of great mentors from different capacities within the department along with fraternity brothers provided a great deal of support for him. Ron shared, "There were times when my fraternity brothers, who were also in school, would stop by and make me go out for a while . . . just to step away for a

bit to help me refocus.” For Ron, the social support was just as important as the academic support he received.

Brad, who was an honor roll student, shared how it was financially hard for him to pay his tuition 1 semester and he was afraid he would have to withdraw from the university. He stated,

If it wasn't for my grandmother's church, [emotional pause] that's the missionary church. One semester when I was having issues with my financial aid the church took up two collections and gave it to me. They said to me, “Here, we believe in you and understand you are an honor roll student.” I was so shocked.

Walter shared how the discovery of joining a Catholic Church as an AA male opened his world to a network of other Black male Catholics, which provided him with a strong support system. He stated,

I joined a Catholic organization called The Knights of Peter Clavier (KPC). By becoming a member, it opened my world to a network of Black male Catholics. And I got to meet even more people. This opened up a social, political, and professional network I could not have imagined would exist. I met so many people just like me who were trying to get their education and were struggling just like me. And being so active with KPC I've met people from east Texas, Louisiana, etc. and people from other churches who have long established KPC members. This in turned just opened up enormous support and not for just in the town I live but all through northwest Texas.

Due to his involvement in the KPC, Walter found other Black male Catholics who offered him professional and emotional support. This group also created additional opportunities for building strong networks with other group members across a greater geographical range. He felt this support was essential to his ability to succeed in school.

The male participants shared how at times they did not want to ask for help. Most times, they would solve problems on their own. However, they appreciated the positive support systems they gained from close friends, professors, and peers who were also

experiencing some of the same issues they were encountering. Surrounding themselves with positive people who were going to help build them up and demonstrate true leadership was important to many of the male participants.

Females' Support Systems

The female participants shared examples of the support systems they felt helped inspired them to achieve academic and professional success. From family members, parents who offered strong words of encouragement, to faculty professors who demonstrated an interest in their students by actively guiding them toward the degree they obtained.

Denise shared how although her university was approximately 10% AA, she never felt race was a barrier or a challenge. The people who encouraged her to pursue a medical degree were not AAs. She shared an experience she had with one of her business faculty professors. She expressed,

My professor was like, "You are at the top of the class, you're my number one student. Why are you in business?" I'm like, "Oh, well, I want [to] work at a hotel." So she saw something in me and she went, "No. You explore some options. You can do this, you can do that, and so when we talked about medicine, I was like, "Well, my next year I'll try to take the pre-med courses. I want [to] change my major. And if I do well in the pre-med courses then I change." So next year I did well, so I'm like, "Okay, let's go. Let's try it."

Jelissa explained how she sought support from the Christian groups on campus. She was a part of an undergraduate mission group and Medical School Christian group. She stated, "It felt good to have your brothers and sisters here with Christian beliefs along with the camaraderie of your studies--those were good supports."

Kim stressed that outside of the education setting she gave credit to her mom for being an excellent support. Her mom was a former teacher who instilled study habits and tips on how to retain information. Kim also explained how attending an HBCU made her feel like someone truly cared. She said,

I think that being a student at the university, I always felt like someone cared. Like someone was always watching out for me. So for me that was really important. You know, I felt like someone cared about my success. I felt like the instructors or teachers were approaching me and asking me what could they do to help me. It also was a lot of like test prep, for your certification exam when you graduated. So you knew what kind of resources and things that you needed to be successful. Also informally, between me and my classmates, we had study groups. We studied together. We exchanged notes. We were just supportive of each other.

In her quote, Kim referenced multiple resources she had access to, including her mother and her classmates. She also felt the environment at her HBCU provided foundation and that her instructors cared about her. She felt she would be successful in nursing school.

The researcher explored contrasting areas men and women described as support, with their comments shared above. Overall, a few of the men explained how if it was not for the close relationships they formed with faculty and peers, they may have been less apt to ask for help when it was needed. The bond that was formed allowed the men to recognize and appreciate having support systems that aided in their success. The women in the study shared how they formed close relationships almost immediately with other females who were either in the same classes or were from the same area. The women were more prone to share personal issues and ask for help when they felt it was needed. One participant shared how she went to see a counselor on campus when she felt

overwhelmed and needed a mental break. The next section will present research that explored the variations in how the participants (students) dealt with stress.

How Health Care College Students Handled Stress

Many AA college students enter higher education with multiple barriers and stressors. Many individuals develop resiliency after being exposed to negative events which oftentimes have been referred to as obstacles, adversity, or high-risk events, supporting Miller's (1999) explanation of how racial socialization and racial identity, which are examples of obstacles some disadvantaged minority students face, improved the disadvantage minority student's ability to cope with stressful situations caused by an unpleasant environment. As a result, minorities' abilities to cope with stressful situations may be linked to their resilience (Theron, 2013).

The researcher asked the participants how they did or did not adapt when changes occurred and to provide examples of what they would do when they encountered stressful situations. Three participants cited that they did not have an issue with adapting to change, they just went with the flow of how things were expected to be followed and did not resist. Ron said, "I'm a pretty easy going person—when I'm told to do something I don't usually argue about it- I just do it." Three other participants stated that they did not feel they had any say-so when changes were brought forth. Dwayne explained,

I remember one year the nursing students felt they were not being heard about the class content information was not covering the licensing exam content, so they wanted to go and knock on the President's door and speak with him.

Dwayne shared how he felt the same way they did, but he did not see where complaining to the University President was going to solve the issue. Two participants shared that

they were opposed to change and had a difficult time adjusting. One medical doctor participant recalled the transition from 2nd year to 3rd year. In order to adjust, she relied on praying and asked God to help her with the difficult transition. She explained,

Change is hard for me. Especially when we made that change from 2nd year to 3rd year. I remember my brother-in-law saying, “Oh you’re going to love it when you start doing your rotations.” And I actually did not like the change because the change went from going to school from like 8AM to 2 PM—and being done with a lunch break, of course, to going early in the morning, working all day, having to spend the night in the hospital every third night because that was when there were surgery rotations. So every third night you would spend like 30 hours in the hospital.

When faced with stressful situations, many participants would reach out to a family member, friends/colleagues, or spoke with a counselor. Some participants chose exercise as a means of de-stressing. The participant who shared her experience with becoming so overwhelmed that she needed to visit with a counselor, felt as though the counselor was very helpful as she made arrangements for the participant to get a few days off from school so that she could refocus. Two participants shared how relying on their faith in God helped them through stressful situations. Brad shared how his own words of wisdom helped him out when he was dealing with a crisis. He stated,

A big thing for me is definitely prayer and meditation. The good thing I've realized about my life is I have a lot. And there are a lot of people in the world. I am not the first one that's been through all the situations I have encountered and knowing when to humble myself and ask for help. I feel like everything is just an obstacle, but there's always a way to overcome that obstacle. So, if you just breathe. I try not to make hasty decisions and when I have an issue, it [meditation] just calm[s] me.

Jelissa shared how praying with friends before exams was so powerful to her. She stated,

One is prayer. Faith in God. Have a strong belief in something beyond you. Beyond this earth. I had to believe that there is calling for me—there is a purpose for what I am doing. And even the bad things—God can turn something bad into something good. And then social support—we had a strong group of prayer friends. In undergrad we would pray together before each exam and then a smaller group would pray together before med school exams.

Ron explained how at times it was best when he was stressed to take a break and come back later to address the situation. His focus was more on changing himself as opposed to the issue. He commented,

I was able to turn to folks outside of the school. Fraternity brothers. A lot of my coping with the stress related to what was going on in school was just step out of the situation for a little bit, cool my head, then go back in. So there were nights where I was just done. I didn't want to have anything to do with it, and then people, you know, fraternity brothers would come and grab me, go out and have some drinks. I'd take the night off, wake up in the morning, and I'd jump back into whatever situation was going on before. That was pretty much it. Part of that is because with my program and other programs, it's difficult and you are jumping through a bunch of hoops, and while you could challenge what was going on, ultimately, I didn't think that it would make much of a difference, so I just pressed forward, took a break, and pressed forward.

Stress is part of life. High academic standards along with the expectations to be successful in college can create greater levels of stress that are related to academics. The use of stress reduction techniques, such as praying or meditating, can help alleviate stress. The participants in this study demonstrated how stress management techniques helped them to persevere and grow.

Summary of Findings

This chapter included experiences of AA health care participants and an analysis of their resiliency levels and perceptions of organizational support during their health care training program. The recounted experiences of the eight health care participants were produced from the discussions in relation to the interview questions. The narratives

helped to identify common themes among the participants, including health care college experiences, successful influences, recruitment for health care training programs, application process, challenges with organizational support, positives with organizational support, males' support systems, females' support system, and how stressful situations were handled. The results of this study are informative to colleges and universities that offer health care degree programs and wish to increase AA enrollment.

Conclusion

The eight health care participants provided useful information on suggestions that helped to serve AA college students who wish to earn a health care degree. The majority of the findings intertwined with AA resilience and perception. Many insightful findings were discovered. The perspective of having strong organizational support can help to recruit and retain AAs for health care training programs.

CHAPTER V

SUMMARY, IMPLICATIONS, RECOMMENDATIONS, LIMITATIONS, AND CONCLUSIONS

This chapter identifies implications, recommendations, and several limitations for possible consideration in future research. This study examined the relationship of resilience levels of AA health care participants and their perceived experiences of organizational support for training in health care programs. Throughout this investigation, the findings indicated that many African Americans are resilient because they have faced adversity (Brown & Tylka, 2011). The display of resilience of AA health care professionals has been documented in the research literature, but the effect that organizational support offices on college campuses for AAs in health care training programs has been minimally explored (Haskin & Kirk-Sanchez, 2006). In the past 37 years, medical schools have experienced an increase in more diverse applicants, with the exception of AAs (AAMC, 2015). Similarly, studies have been conducted in an effort to increase student enrollment (Fike & Fike, 2008). However, studies have not considered how organizational support offices at colleges and universities are to do a better job of recruiting and retaining AAs for health care training programs (Moore, 2006).

According to Miller (2017), the organizational support on college campuses should create situations that help to enhance the learning and personal development of AA students. To investigate AAs' resilience and their perceived experiences of the organizational support for health care training programs, 165 AA health care

professionals from all over the United States completed the Connor-Davidson Resilience Scale (CD-RISC) and The Survey of Perceived Organizational Support (SPOS).

Additionally, eight professionals participated in semi-structured interviews and enriched qualitative data. Within this chapter the following sections will be addressed: (a) Summary of the Findings, (b) Implications, (c) Recommendations for Future Research, (d) Research Limitations, and (e) Conclusion.

Summary

This explanatory sequential mixed method design was used to collect quantitative data and provided an explanation of the quantitative results with in-depth qualitative data. In the first phase, 165 participants completed the quantitative survey instruments (CD-RISC and SPOS) used to measure resilience levels and perceived experiences of organizational support. In the second phase, eight qualitative semi-structured interviews were conducted to explore college experiences and perceptions of AA health care professionals.

Resilience and Perceived Experiences of Organizational Support

The results of the quantitative data regarding the relationship between levels of resilience and perceived organizational support indicated that there was no statistically significant relationship between resilience levels of AA participants and their perceptions of organizational support for training in health care programs.

Currently, no literature exists to support the absence of a significant relationship between resilience and perception of organizational support. The researcher therefore analyzed that AAs' emotional support and care of belief in one's self is crucial to

resilience and persistence, according to Wilson-Sadberry et al. (1991). Within this research study, the AA participants expressed that resilience and persistence were crucial in terms of the support one did or did not receive from campus organizational support offices. This response mirrored the feedback of a narrative data case study that illustrated how culture adjustment and cultural interventions encouraged AA students to become resilient (Theron, 2013).

During interviews, approximately half of the AA participants reported they never received any type of support from organizational support offices on campus. They explained they were aware of how to navigate on their own to get answers to specific questions or felt comfortable speaking with professors, peers, or deans of the college. Even though college students will seek advice on their own or self-advise, universities that require students seek mandatory advising or approval from departmental deans could increase the likelihood that students are actively assisted by staff and personnel from the organizational support offices. Having students visit organizational support offices and see firsthand exactly what the office provides can help to build rapport for students to want to seek advisement from organizational support offices on campus.

The number of AAs working in health care professions is low; therefore, it was important to analyze recruitment and retention for AAs in health care training programs (Barfield et al., 2011). This study found that there was a level of influence that organizational support offices have on recruiting, retaining, and graduating AAs for health care training programs. This reflects the findings and conclusions from Grant-

Vallone et al. (2004), where their research examined intervention strategies to increase supportive relationships from organizational support offices on college campuses.

Resilience and Gender

The results indicated that there was no statistically significant difference between males and females. This is comparable with the research study conducted by Bonnano (2008), in which it was determined that neither gender attains resilience in one specific way. In sum, similar to the method used by Greenhill et al. (2015), an interpretive approach was used to analyze males' and females' resilience while attending medical school.

Given the study's examination of the relationship between males' and females' levels of resilience, the interaction of educational and practical framework of the resilience theory was utilized as one of the theoretical frameworks (Richardson, 2002). Masten (2004) explained that resilience is common and will usually arise from the normative functions of a human's adaptation system. Examples may include direct and indirect factors such as overcoming disparity, coping with negative circumstances, and recovering from trauma (Taylor, 2009; Werner, 1995). Students of AA descent may face risk factors that facilitate stress factors that can affect successful outcomes when enrolled in college. Colleges and universities that want to provide services to students on campus who may be dealing with issues should develop a behavioral intervention team that would include counselors and representatives from campus departments such as organizational support offices and campus security. The goal of this team would be to identify incidents or patterns that might indicate possible problems for specific students

and formulate a course of action. Professors should have staff from counseling centers visit their classes and give advice and suggestions on how to handle stress and anxiety, and test-taking strategies. Having the counseling center come to the students can help to make the students feel more comfortable with the idea of coming to the counseling center on their own, if the need arises.

Perceived Experiences of Organizational Support and Gender

The findings indicated that there was no statistically significant difference between males and females on perceived experiences of organizational support. This is consistent with conclusions and findings from Oluseye (2009) who used an independent *t*-test to determine if there was a difference between male and female perceptions. It was discovered that there was no significant difference between the two parameters measured. In support of this finding, the research revealed that gender does not appear to have a significant effect on the perceived experiences of organizational support.

AAs' Experience With Health Care Programs

Throughout this investigation, the findings predominantly indicated that positive experiences were more communal than negative experiences shared. Various examples of positive experiences were shared; however, all of the participants agreed that the health care program from which they graduated contributed to their success as a health care professional. This is compatible with the problem-based learning approach introduced to medical students as a way to promote positive effects (Koh et al., 2008). A scoring system was used to assess the quality of the studies using the problem-based learning approach. According to the self-assessments, 8 of 37 competencies displayed

strong evidence in the support of the problem-based learning approach. Also consistent with this study were conclusions and findings from Yosso (2005) who found that the college culture served as a positive influence to educational aspirations of AAs. Yosso's study examined experiences that involved exposing the racism underlying cultural deficit which revealed the need for the US institutions to restructure skills, knowledge, and networks utilized by people of color.

Factors That Contributed to Success in Health Care Training Programs

The participants described perceived factors as contributions to their success in a health care training program. Also, qualitative inductive coding processes and the analysis of the responses provided by the participants were used. The participants shared how positive influences they encountered helped prepare them for long-term professional success. When analyzing the interview responses, half of the participants felt that *Faith* was a contributing factor to success. This is congruent with findings from Hill (2003) who explained that strong achievement and strong religious orientation played a significant role in the resilience of many AAs. Similarly, in the past, AAs have felt a sense of feeling socially, academically, and economically powerless to the extent many sought peace in religious affiliations for strength to overcome (Boyd-Franklin, 2013). Three participants (37.5%) expressed that *Personal Motivation* was a contributing factor. This supports that strong achievement orientation along with strong work orientation play a significant role in success (Hill, 2003). Three participants stated that receiving *Support from Family Members* was a contributing factor for them. This finding mirrors the findings and conclusions from Hadinger (2017), where the study found that motivations

for students to pursue a career in medicine included roles models, such as immediate and extended family members. Lastly, three participants (37.5%) believed *Support From Higher Education Administrators* was a contributing factor. This is in relation to the study conducted by Fergus et al. (2005), that found students expressed they were successful because of the encouragement received from on-campus school officials.

Implications

Administrators within higher education are charged with the task of balancing large organizations that are influenced by external forces such as institution rankings and increased student enrollment numbers (White & Glickman, 2007). Internal stresses for institutions are produced by coordinating boards and accrediting agencies that demand accountability and concrete evidence of support (Orians & Bergerson, 2014). This study supports the organizational support offices' capability in improving recruitment, retention, and graduation of AA health care students. Given the results of this study, increased recruitment, retention, and graduation rates of AA health care students should occur by incorporating more creative and aggressive strategies that involve all organizational support offices, faculty, and staff. Innovative ideas, methods, and strategies could offer flexibility to allow institutions to adapt more readily to the constantly changing environment when it comes to increasing enrollment and marketing health care programs offered at universities (Donofrio, 2006).

The following implications for professional practice were based on the findings from this study. The results may enhance the knowledge of higher education administrators, organizational support offices on campuses, and various degree programs.

The supported findings could help to increase college administrators' awareness of variables affecting recruitment, retention, and graduation of AA students. The contributing factors described throughout this study could affect the enrollment of AA students within the higher education system. The results can provide college administrators with information on factors that could help to increase college student resilience in AA students. Offices of organizational support and administrators from higher education institutions should develop detailed plans geared toward recruitment, retention, and graduation of AA students for all degree programs. Devising strategies that ensured AA students experienced a smooth transition would help to decrease attrition rates. The results of this study will lead colleges and universities to develop more faculty-student mentor programs to assist AA students with becoming more socially integrated at higher education institutions. The method of designing and implementing mentor programs would require top level support in the form of promoting equality among the various degree programs and community events, and providing leadership/mentor training to educators and administrators. Organizational support offices may want to form groups that meet regularly in order to plan, organize, and schedule events with an emphasis on educator participation for increasing AA enrollment in degree plan programs offered. Administrators may also find that this study gives them precedence to support educators and AA student efforts.

Currently, the lack of minority health care professionals continues to compound the nation's racial and ethnic health disparities (Carrillo et al., 2011). Within this analysis, it would be wise to consider implementing bridge programs, offering to visit

middle schools, high schools, and community colleges that offer a diverse audience. A few of the interview participants in this study noted that the organizational support offices on their campuses offered great benefits to the students. However, many of the participants conducted research on their own, asking their peers or faculty for guidance.

Minimal research has been conducted to determine how colleges and universities should actively recruit, retain, and graduate AA students for health care training programs. Given this fact, it is essential for colleges and universities to understand the importance of creating and implementing new developments that will positively impact AA students. If organizational support offices take a more active role in recruiting, retaining, and graduating AA students, colleges and universities would help to increase the racial and ethnic diversity of US physicians, as well as increase enrollment of AAs in health care training programs. When considering admitting AA students, a holistic approach of a students' background, skills, and talents should be taken into consideration.

An important finding of this study was finding out how the participants learned about the degree they choose to pursue and the university they attended. Many did the research on their own or relied on high school counselors and academic advisors for guidance, especially for those who knew they wanted to attend medical school. Tinto (1993) argued that colleges and universities have done very little to address the issue of minority student retention, and as a result there has been limited impact. The organizational support offices such as the Office of Admissions and Student Affairs need to recognize the importance of being better involved in developing strategies to increase AA enrollment for health care training degree programs. According to Childs et al.

(2004) creating programs that educate colleges, universities, faculty, and staff on how to recruit diverse students is necessary in order to see an increase in enrollment. Colleges and universities that offer health care training programs could make more of an effort to recruit for minority students. This could be accomplished by publishing pictures of AA students along with comments about their experience in health care training programs to serve as a role model for prospective students. Colleges and universities could create inventive approaches that involve exploring ways to expose students to various health care training programs offered at colleges and universities. This can be done by extending invitations that allow students, teachers, and counselors to visit college campuses for a tour to see student classrooms and labs. Also offering to send representatives from the college to attend events such as career day at schools that include students from diverse populations is an approach to consider.

Recommendations for Future Research

This study contributed to research by examining the relationship of resilience levels of AA health care participants and their perceived experiences of organizational support for training in health care programs. This study included data from various health care professions, inclusive of nurses, doctors, dentists, surgeons, etc. Future studies should focus on two specific health care professions. This will allow researchers to compare findings that would be consistent throughout the two chosen professions. This study focused on the resiliency levels and perceived experiences of organizational support; however, future studies could expand the focus to further explore the relationships between organizational support and AA social support networks.

Future research could also focus on college and university programs that are designed to increase AA recruitment and retention for health care training programs. African American health care professional students depend on academic and interpersonal support from the colleges and universities in order to help them persevere, graduate, and be successful (White & Fulton, 2015).

Limitations

The study has several limitations to external and internal validity. First the small number of health care programs considered in this study limited the generalizability of the findings. Second, the self-reported survey instrument used for the study could cause response bias. Therefore, the data were only as accurate as the honesty of the AA health care professional participants who completed the survey and participated in an interview. Third, the number of years that passed since the participant completed the health care training degree program could limit the accuracy of the participant's perceptions related to the construct measure. Finally, with snowball sampling, representativeness of the samples is not guaranteed; biases may be present.

Conclusion

This study explored the relationship of resilience levels of AA health care professionals and their perceived experiences of organizational support for training in health care programs. The study was conducted using surveys to measure resilience and perception levels, and interviews to gather personal experiences from participants in order to determine what led them to be successful in their health care training programs.

The study examined the eight participants' traits in order to determine the males' and females' similarities and differences of positive and negative experiences as a student in a health care training program. Findings determined that there were various examples of positive and negative experiences shared between the males and females on the research surveys and during the interviews. More examples of positive experiences were shared versus negative. However, 100% of the AA health care participants interviewed agreed that the health care program they attended was a strong contribution to their success as a health care professional.

Several successful influential factors that contributed to the success of the health care participants were identified. The factors discussed that contributed the most to success were faith, personal motivation, support from family, and support from higher education administrators. Having a strong faith in God helped many participants to overcome hardships that arose; this allowed them to feel that they would be just fine as long as they trusted and believed.

Personal motivation was expressed by participants as their biggest factor to pursuing a health care degree and being successful. Some felt that developing self-motivation is a long-term prospect that is needed not just to be successful in college, but to be successful in life. One participant shared how she wanted to better herself and not fulfill the negative "stereotype" of the AA community, so she aspired to pursue a promising career.

Family members were very important to their success in health care training programs. Families provided emotional, spiritual, and sometimes financial guidance.

Having a strong family foundation encouraged strong determination. Participants shared how their family relationships influenced their ability to adapt to new situations, independently make decisions, and learn to accept the consequences.

An integral factor in the success of these health care participants was the role that higher education administrators such as deans, faculty, and staff played. The participants felt appreciated and supported as respectable students and adults. Executive administrators were empathetic to the needs of students wanting the computer labs to be open late at night so that they could study after hours. Academic advisors were supportive to those students who were pre-med majors and wanted advice with the selection of courses to help prepare them for medical school. The information gained from this study is needed to help the organizational offices such as Student Affairs administrators and health care profession programs gain a better understanding of AAs and their resilience in gaining acceptance into health care profession programs. The research collected could also provide health care programs with information that would allow them to be more knowledgeable about recruiting and retaining practices that could help to increase the enrollment of AA students.

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APPENDIX A
COVER LETTER

August 2017

Dear Healthcare Professional:

Greetings! You are being solicited to complete the Connor-Davidson Resilience and Survey of Perceived Organizational Support (SPOS) Scale. The purpose of this survey is to assess the relationship of resilience levels of African American student and their perceptions of organizational support for training in health care programs. Throughout the training you will also respond to open-ended questions. The data obtained from this study will not only allow the researcher to track the resilience levels of African American who are currently working in a health care profession, but will also provide information that explains how African Americans may have been introduced to health care professions.

No obvious undue risks will be endured and you may stop your participation at any time. In addition, you will also not benefit directly from your participation in the study. Your responses will only be reviewed by me and your confidentiality will be maintained at all times.

Your cooperation is greatly appreciated and your willingness to participate in this study is implied if you proceed with completing the survey. Your completion of these questions from the Connor- Davidson Resilience Scale is not only greatly appreciated, but invaluable. If you have any further questions, please feel free to contact Shayne Washington at WashingtonJ8556@uhcl.edu .

Sincerely,
Shayne Washington, M. Ed
Doctoral Student
Educational Research & Assessment
(504)884-6996

APPENDIX B

INFORMED CONSENT

Informed Consent to Participate in Research

You are being asked to participate in the research project described below. Your participation in this study is entirely voluntary and you may refuse to participate, or you may decide to stop your participation at any time. Should you refuse to participate in the study or should you withdraw your consent and stop participation in the study, your decision will involve no penalty or loss of benefits to which you may be otherwise entitled. You are being asked to read the information below carefully, and ask questions about anything you don't understand before deciding whether or not to participate.

Title: An Exploration of the Relationship Between African American Health Care Professionals' Resilience and Their Perceived Experiences of Their Health Care Program's Organizational Support

Student Investigator(s): J. "Shayne" Washington
Faculty Sponsor: Dr. Renée Lastrapes

PURPOSE OF THE STUDY

The purpose of this study is to explore the relationship between African American health care professionals' resilience and their perceived experiences of their health care programs' organizational support.

PROCEDURES

In the fall of 201X, students who have volunteered to be interviewed will be contacted. The interview will take place either in person at a location convenient to the participant, by telephone, or online via Skype as per the participant's preference. The interview will be audio recorded and transcribed.

EXPECTED DURATION

The total anticipated time commitment will be approximately 30 minutes.

RISKS OF PARTICIPATION

There are no anticipated risks associated with participation in this project.

BENEFITS TO THE SUBJECT

There is no direct benefit received from your participation in this study, but your participation will help the investigator to better understand the resilience levels of African Americans who gain acceptance into health care profession programs.

CONFIDENTIALITY OF RECORDS

Every effort will be made to maintain the confidentiality of your study records. The data collected from the study will be used for educational and publication purposes, however, you will not be identified by name. For federal audit purposes, the participant's documentation for this research project will be maintained and safeguarded by the Principal Investigator for a minimum of three years after completion of the study. After that time, the participant's documentation may be destroyed.

FINANCIAL COMPENSATION

There is no financial compensation to be offered for participation in the study.

INVESTIGATOR'S RIGHT TO WITHDRAW PARTICIPANT

The investigator has the right to withdraw you from this study at any time.

CONTACT INFORMATION FOR QUESTIONS OR PROBLEMS

If you have additional questions during the course of this study about the research or any related problem, you may contact the Student Researcher, J. Shayne Washington, at phone number 504-884-6996 or by email at WashingtonJ8556@uhcl.edu. The Faculty Sponsor Dr. Renée Lastrapes, may be contacted at phone number 281-283-3566 or by email at Lastrapes@uhcl.edu.

SIGNATURES:

Your signature below acknowledges your voluntary participation in this research project. Such participation does not release the investigator(s), institution(s), sponsor(s) or granting agency(ies) from their professional and ethical responsibility to you. By signing the form, you are not waiving any of your legal rights.

The purpose of this study, procedures to be followed, and explanation of risks or benefits have been explained to you. You have been allowed to ask questions and your questions have been answered to your satisfaction. You have been told who to contact if you have additional questions. You have read this consent form and voluntarily agree to participate as a subject in this study. You are free

to withdraw your consent at any time by contacting the Principal Investigator or Student Researcher/Faculty Sponsor. You will be given a copy of the consent form you have signed.

Student's printed name: _____

Signature of Student: _____

Student's Parent printed name: _____

Signature of Student's Parent: _____

Date: _____

Using language that is understandable and appropriate, I have discussed this project and the items listed above with the subject.

Printed name and title: _____

Signature of Person Obtaining Consent: _____

Date: _____

THE UNIVERSITY OF HOUSTON-CLEAR LAKE (UHCL) COMMITTEE FOR PROTECTION OF HUMAN SUBJECTS HAS REVIEWED AND APPROVED THIS PROJECT. ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UHCL COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (281-283-3015). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT UHCL ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT. (FEDERALWIDE ASSURANCE # FWA00004068)

APPENDIX C

INTERVIEW QUESTIONS

A note to my participants: I appreciate you taking the time to sit down with me and answer a few questions. As the interview being conducted will be audio recorded, I promise to protect your identity and your responses will remain anonymous. Participants will sign and return copies of the informed consent to the researcher. Interviews conducted via Skype or phone will obtain verbal permission, and a copy of the informed consent will be emailed to the participant. Please keep in mind that as you answer the following questions I will need for you to reflect back to when you were a student pursuing your health care degree.

College Experience:

1. What college did you attend for your health care profession training?
2. Was the college you attended an HBCU or PWI?
3. What health care degree did you earn?
4. What is your specialization?

Healthcare program background:

5. How did you find out about the health profession program you choose to pursue?
6. How did you know or hear about the institution from which you graduated?

Application Process:

7. Can you please describe your application process?
8. What was your experience like with the office of admissions/ student affairs?
9. What support, if any, was in place that made you successful during your application process?
10. What barriers or challenges, if any, did you experience or feel, were going to hinder your acceptance into the health care program of your choice? If so, please explain.

As a student in the program:

11. Can you provide examples of how you felt encouraged and supported to pursue your health care major?
12. How did you handle any challenges that surfaced in your home or collegiate environments?
13. Can you give me an example of how support structures and networks **inside** of your educational setting contributed to your pursuing a career in the healthcare profession?
14. Can you give me an example of how support structures and networks **outside** of your educational setting contributed to your pursuing a career in the healthcare profession?
15. Can you think of any examples of how you may have adapted (or not) when changes occurred while you were in school?
16. During stressful times as a student, where do you turn for help?
17. Were there achievements you had as a student that you took pride in? If so, what were they?
18. Please share with me a **positive** experience you encountered in your health care profession program.

19. Please share with me a **negative** experience you encountered in your health care profession program.

20. To what do you attribute the most to your success in finishing the program?

As a Health care professional:

21. What is the most rewarding part of your job?

22. What is the least rewarding part of your job?

Is there anything you would like to add or share with me before we conclude the interview?