



State of Black men in nursing: An oral history of the challenges and the benefits of five Black male nurse leaders

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ABSTRACT

The underrepresentation of Black men in nursing continues to pose a significant challenge to diversity and equity in healthcare leadership. While systemic barriers, such as implicit bias, limited access to advanced education, and lack of mentorship, have been well-documented, there is little literature that highlights the specific journeys of Black male nurse leaders and the strategies that facilitated their success. This oral history presents the narratives of five Black male nurse leaders who overcame obstacles and rose to influential positions within nursing. Through their personal accounts, this paper offers insights into the intersection of race, gender, and professional advancement in nursing. These stories emphasize the importance of mentorship, community support, and resilience in navigating both overt and subtle forms of discrimination. By reflecting on their unique experiences, the paper aims to contribute to the ongoing discourse on diversity in nursing leadership and provide inspiration to future generations of minority nurses.

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The Institute of Medicine's (IOM, 2011) landmark report, *The Future of Nursing: Leading Change, Advancing Health* reported a number of recommendations to increase diversity in the nursing profession. However, there has been little progress in terms of racial, ethnic, or gender diversity. The *American Association of College of Nursing* (2023) reports nursing as the largest healthcare profession with 4.7 million registered nurses (RNs) nationwide. In 2022, Smiley et al., authors of the National Nursing Workforce Survey, reported that the RN workforce, the majority are female (80%) and White/Caucasian (80%), with those belonging to racial and ethnic minority groups such as Asian (7.4%), Hispanic or Latino (6.9%), Black/African American (6.3%), more than one race (2.5%), Native American or Alaska Native (0.4%), and Native Hawaiian or other Pacific Island (0.4%). These disparities become more pronounced given that even fewer individuals belonging to racial and ethnic minority groups hold positions in academic leadership or research. Similarly, in 2022, the National League for Nursing (NLN) conducted the Annual Survey of Schools of Nursing, reporting among full-time nursing faculty,

only 8.1% are male, and 16% of those belonging to racial and ethnic minority groups (Asian [4.2%], Hispanic or Latino [11%], Black/African American [4.2%], more than one race [1.1%], Native American or Alaska Native [0.3%], and Native Hawaiian or other Pacific Islander [no data reported]). Among racial and ethnic minoritized individuals, underrepresentation in academic nursing leadership positions persists with <10% holding positions as deans or directors (NLN, 2015), and <1% are nurse scientists (Smiley et al., 2023). Unfortunately, the documentation of Black male nurses in full-time nursing faculty positions that hold positions as deans or directors is unaccountable for at this time. Without data collection and reporting of demographic data in nursing, it will remain challenging to understand disparities in the nursing workforce, allocate resources, and create policies that address the needs of minoritized groups such as Black men.

There remains a critical gap in our knowledge of the underrepresentation of minoritized groups in nursing leadership, especially among Black male nurse leaders. While past literature has reported the existence of systemic barriers, including limited access to advanced education, implicit bias, and insufficient mentorship, there are few reports documenting the specific challenges and more importantly strategies and support systems that enable Black male nurses to overcome obstacles and achieve leadership positions.

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Collecting data on their backgrounds, experiences, and career trajectories may inform strategies for improving health equity. We offer this oral history of five Black male nurses is to offer an account of the unique challenges as well as strategies that helped them overcome such challenges and achieve positions of leadership.

My Journey Into Nursing

Ernest J. Grant, PhD, RN, FAAN

If you had asked me while I was in high school what I wanted to be when I grew up, you would have gotten the following answer: "... I want to be an anesthesiologist and drive a lime green 1968 Mercury Cougar!" For a young poor Black boy growing up in a rural mountain town of Western North Carolina, that was quite the statement to make. You see, I was the youngest of seven kids from a very poor family.

Nursing Chose Me!

During my senior year of high school, I recall having several conversations with my high school guidance counselor about going to college and on to medical school. I recall him stating that I had the grades to get into college as well as continuing on to medical school. The problem was having money to pay for both. You see, back then (the mid 70s), there were not that many scholarships available for anyone, let alone available for a person of color. The counselor suggested that I might want to try nursing and eventually become a nurse anesthetist. He further stated that if I still wanted to go to medical school, I could work my way through medical school as a nurse anesthetist and not be burdened with a lot of debt. He then went on to state that I might not like nursing and suggested that I try the 1-year (LPN) nursing program at the local community college. If I liked nursing, he said, I could easily transition over into the Associate Degree Nursing (ADN) program. It would delay my becoming a nurse anesthetist by about a year. As I reflect back on his guidance, I sometimes wonder about his word choice of "giving the LPN program a try" as opposed to suggesting that I go directly into the ADN program. In subsequent conversations with nurses of color over the ensuing years, it seems that during the period of the 40s to 70s, there was a pattern of Black and other ethnic minority nurses being encouraged to go into LPN programs and not RN programs.

I started in the LPN Program in the fall of 1976. I was one of two males in a class of 45, but the only Black male. Three months into the nursing program, I totally forgot about medical school as I realized that nursing was my calling! I wanted to do everything I could to advocate for my patients and my community. After graduation, I began my nursing career working on a medical-surgical floor that also took orthopedic overflow. Standing at 6'6", and being very dark skin, meant this was the beginning of my encounter with racism, sexism, and stereotypes that was instantly applied to Black men who dared to enter a female-dominated profession. I encountered comments such as... "is there anyone else?" when I would introduce myself as being their nurse for the day, or "when will you finish medical school" or being referred to as an orderly. I quickly realized that I needed to develop a thick skin and stand up for myself or I would feed into those stereotypes. I developed a response to my female colleagues who would ask me to help lift a heavy patient into a chair or to insert a Foley catheter into a young male patient. My response would be said in a joking manner, but it would cause them to think about what they had just asked of me. That response: "...I don't mind helping you, but tell me, what would you do if I wasn't here today?" or "Didn't we take the same class on how to insert foleys?" Soon, my female colleagues began to understand that I was their equal. A few of them even became an ally when others would still see me as the muscle man.

My Advocacy and Leadership Journey

As an LPN student, I realized that the scope of practice would not allow me to advocate on behalf of my patients the way I would have liked. I needed to become an RN if I was going to really make a difference. I also realized that the higher the degree also meant your advocacy efforts would be taken more seriously and provide you a seat at the table. As I acquired my BSN and subsequent MSN and PhD, I was able to address nursing and healthcare issues at the local, state, national, and global levels. I became very aware of the work of other minority nurses who blazed a trail for me to be able to have a seat at the table. As a result of the realization that I stood on the shoulders of others, I also began my journey of blazing a trail for those who are coming behind me. I currently serve as a mentor, friend, and colleague to numerous nurses (or those who would like to become a nurse) with special attention to those of color. I have long stated that nursing should be reflective of the people we serve. Over the past decade, I have made it my life's work to encourage more men and people of color to consider nursing as a profession. Once those individuals have made that decision, my next endeavor is to encourage them to join their professional organization and become an ACTIVE and visible member. I tell them it is one thing to have your name of the role, it's another to be an active member. I stress that being an active member permits them to have a stronger more vocal voice in how the profession is governed. It is also a way to grow their leadership and advocacy skills. Finally, the last thing I tell them is that now that they have succeeded, it is their turn to reach back and help those who are coming behind them. This is the only way more nurses will become more involved within the profession and find their voice and claim their seat at the table.

Inspiring the Next Generation of Black Male Nurses

Michael Cary, PhD, RN

Growing up in rural Virginia, a professional career in nursing was never on my radar. My career aspirations did not extend beyond securing a stable job at the local power plant. However, my parents planted a seed of possibility when I was in high school, urging me to go to college. Despite being an average student, their persistence and belief in me pushed me toward a dream that seemed distant.

I eventually found my way to James Madison University, where I earned a degree in Health Services Administration. After graduating, I moved to Largo, Maryland, to work for Aetna US Healthcare as an analyst in their Quality Management division. However, Aetna faced financial challenges, and our regional office was closed. At a crossroads, and with wise advice from my manager at the time (Fernando Gruta who had been a nurse for many years before earning his MBA and entering healthcare management), I decided to consider nursing—a decision that would define my professional journey and shape my future.

My clinical training at the University of Virginia (UVA) immersed me in postacute care and rehabilitation. Witnessing patients' struggles during recovery, I began asking critical questions about their care and outcomes. This curiosity led me to pursue further education, and I completed my doctoral training at UVA's School of Nursing in 2012.

While at Duke University, I explored the world of artificial intelligence, fascinated by how algorithms could improve patient outcomes. As a Black man, nurse, and scientist, I lead multidisciplinary teams to identify and mitigate health disparities perpetuated by biased algorithms. As the director of Fostering AI Research for Health Equity and Learning Transformation Hub at Duke School of Nursing, I aim to propel nursing and health professional education toward achieving health equity through AI-powered tools. Our mission is twofold: to equip nurses with AI literacy and to empower nurse researchers to advance health equity. This

initiative is poised to revolutionize healthcare disparities, making significant strides toward eradicating them.

Throughout my career, I felt the sting of racism and discrimination. Before I began my PhD program, during my interview, I was bluntly told (by an individual no longer at UVA), “I can’t see you being successful here,” reflecting biases rather than my qualifications. Another encounter, during my first year as a faculty member at Duke (with an individual no longer at Duke), who disparagingly questioned my ideas by saying, “Where do you come off thinking you have good ideas? It’s embarrassing for you to question my decisions.” These experiences were not only personally hurtful but also highlighted the pervasive racial biases that Black professionals often face.

Reflecting on my journey from rural Virginia to Duke University, now as a distinguished professor and the first African-American PhD-prepared nurse at Duke School of Nursing (DUSON) to be awarded tenure, I realize the importance of mentorship and how critical it has been to my success as I found incredible support from key figures. Courtney Lyder, the first Black male nurse I met while an undergraduate at UVA. Courtney’s influence was profound; he planted the seed of pursuing a PhD in Nursing. His journey was inspiring—he would later become the first Black male dean in a U.S. School of Nursing. Courtney’s example showed me that barriers could be broken, and his encouragement gave me the confidence to aspire higher in my academic pursuits. Elizabeth “Beth” Merwin, my graduate school advisor and dissertation chair, had a transformative impact on my academic career and personal life. She taught me how to design research studies involving the use of secondary data and how to make sense of analytical findings from large, complex datasets. Beyond the technical skills, Beth provided the emotional support I needed to carry through my PhD program and my first academic faculty position at Duke. Her unwavering belief in my abilities helped me to believe in myself during the most challenging times. Ruth Anderson, Cathleen Colon-Emeric, Helen Hoenig, Marion Broome, Kimberly Johnson, Laura Svetkey, Rasheed Gbadegesin, Paula Tanabe, Michael Pencina, Maria Wisdom, and Joanna Downer at Duke University helped me develop as a scientist and leader. They pushed me to improve continuously, and their guidance was crucial in developing my voice. Vincent Guilamo-Ramos, the first Latino dean while at Duke University and the first male dean of the School of Nursing, broadened my perspective to consider the impact of my work as a Black male, an expert clinician, and applied health data scientist, accompanied by the power of policy, I could help inform the redesign of a healthcare system that works for everyone.

Looking to the future, I see the Network of Black Male Nurse Leaders as a powerful force for change, dedicated to expanding opportunities through mentorship and leadership development. I am committed to creating a supportive community that fosters professional growth and champions health equity.

My Journey Into Nursing

Derrick Glymph, RN, PhD

Like many young men of color, I didn’t have a clear idea of what I wanted to be when I grew up. Throughout high school, I explored various interests, from playing football and wrestling to running track and participating in Naval Junior ROTC. I had always dreamed of joining the Army, inspired by childhood games of playing soldier. As the time for this significant life decision approached, I turned to my father, a Navy veteran of 22 ½ years, for guidance. His advice echoed in my mind: “Choose a career that will be marketable when you leave the military, because a war can break out at any time.”

I chose to enlist in the Army Reserve as a 91C, becoming a Licensed Practical Nurse in the military. I had always excelled in Biology and enjoyed helping people, making this a natural fit. This decision ultimately transformed my career trajectory.

Now, in my third decade in nursing and as a Colonel in the Army Reserves, I have progressed from earning a diploma to obtaining multiple degrees: LPN, ADN, BSN, MSNA, DNAP, and PhD.

Throughout my career, I have worked in diverse settings, including nursing homes, med-surg floors, surgical floors, surgical step-down units, ICU, and operating rooms. I even served as the sole anesthesia provider in a war zone in Afghanistan.

Often, I faced isolation as the only Black male nurse, lacking Black male role models. Many of my mentors were Black women who took me under their wings, helping to guide me into various leadership roles and positions. One of my biggest supporters was a White male who advocated for me in key academic settings.

Recently, a colleague who didn’t know me remarked that I had too many credentials. I could not help but wonder if they would say the same to someone who wasn’t a person of color.

In the words of my grandmother, “There is plenty of room at the top.”

It is often challenging to find like-minded individuals with similar backgrounds. In leadership roles, I have been frequently second-guessed, which has led to frustration. However, I believe in mentorship and lifting others as I climb to combat inequities.

It is crucial to be at the table in healthcare to impact change and bring diversity of experience. I hope my journey can be an inspiration to those just starting, demonstrating that perseverance and resilience are characteristics that define people of color.

Leaning on our faith, it’s important to remember that failure is not final. With every valley (disappointments, mistakes, and failures) and every hill (victories, achievements, and awards), the best is yet to come.

In 2024, we are still saying, “I was the first black person in this role of nursing team.” Achieving true diversity remains a work in progress.

It’s vital that we are afforded the opportunity to grow through challenges to increase diversity in healthcare. A recurring theme throughout my nursing journey was a lack of Black male mentorship. That’s why the initiative to pair leaders of color with aspiring leaders is so vital.

My Nursing Journey

Michael Jones, RN, PhD

On June 22, 2024, I celebrated my 24th year as a Registered Nurse! I must tell you that as a Black male nurse and a first-generation college graduate, my journey has been one of endurance, perseverance, and so much dedication! Over the past 24 years, I have used challenge as opportunities for the next phase of my life and career. Allow me to outline my nursing journey, which I often refer to as “from Associate Degree to Associate Dean.”

Why I Chose Nursing

As a child, I always wanted to be a “doctor.” This was drilled into me by my grandmother from the time I was a child even until I had been a Registered Nurse for quite some time. I was fortunate to have my grandmother alive for the first 21 years of my career as a Registered Nurse. I graduated from nursing school in May of 2000. She passed away in November of 2021. As an extremely introverted child and having grown up in poverty in Central Mississippi, I realized that attending medical school was out of reach for me. I knew that I needed to choose a profession in health care as well as one where I could be in a position to “help” others. After spending a great deal of time during my senior year in high school, with the Guidance Counselor at the Vocational Technical Center, I was attending at the time (I took auto mechanics), and having been given an assessment, it was realized that I would be successful as a teacher or as a nurse. After visiting with a local nurse and speaking with the recruiter at

the local community college, I chose nursing. I told myself that if I were not successful in nursing school, I would shift my major to education and become an English teacher because I love reading and writing.

My Education and Career Journey

At the local community college, my major was Pre-Nursing. Between 1995 and 1997, I completed all of the prerequisite courses designed to prepare me to transfer to a 4-year university to complete my coursework to earn a Bachelor of Science in Nursing degree. Again, me being an introverted student and the fact that I had to work during college, I chose to attend another community college to earn an Associate Degree in Nursing. Upon entering this program, I struggled and ultimately failed my very first semester. After picking myself up and having two great mentors who were African American, I endured and ultimately successfully completed the program to earn my Associate Degree in Nursing in May of 2000. By June 22, 2000, I had taken and passed the NCLEX at the age of 23. By earning this degree, I became the first in my family to not only earn a college degree, but I became the first Registered Nurse in the family.

Again, with the constant motivation of my mother and grandmother to continue to educate myself, I enrolled in an RN to BSN Program in 2002 and ultimately graduated in 2003 with a Bachelor of Science in Nursing Degree. During this time, I worked as an Orthopedic Nurse on the night shift and attended school every other Friday and Saturday to earn my Bachelor's Degree. While working as a Registered Nurse, I quickly realized that I did not want to remain at the bedside for the duration of my career. As such, I enrolled in a Master of Science in Nursing program in 2003 and earned my first graduate degree in 2005. By the end of 2005, I left bedside nursing on a full-time basis and only worked weekends. I accepted a position at an insurance company, where I served as an educator for healthcare providers utilizing the Medicare Part A program. After serving in that role for less than a year, I accepted the role of Director of Clinical Quality with the Mississippi Primary Health Care Association, which served as the advocacy arm for Mississippi's 21 Federally Qualified Health Center. Accepting this position was transformational for me because it was during my tenure there that I developed a love for public health, and I realized I needed to further my education. As such, I enrolled in a Master of Business Administration program, which had an emphasis on healthcare management. During the process of earning this degree, I was presented with the opportunity to join the University of Mississippi Medical Center as its inaugural Chief Community Health Officer, where I would manage strategic partnerships throughout the state of Mississippi with the ultimate goal of addressing health disparities. I would remain in this role from 2008 until 2016, where I decided to accept a role with yet another health insurance company. It was also during my tenure at the University of Mississippi Medical that I accepted my first role in nursing academia and decided to pursue a doctorate in nursing.

While earning my doctorate in nursing, life happened with the birth of my two children, the loss of my father and grandmother, and my own personal health issues. Additionally, having to work and provide for my family, I did not have the luxury of attending school on a full-time basis. As such, my doctoral journey was 10 years. Thankfully, in late March 2020, in the midst COVID-19 pandemic, I defended my dissertation, thus earning a Doctor of Philosophy in Nursing from Hampton University. In early March 2020, I lost my job as an Associate Vice President at a health insurance company, which was devastating. With a newly earned PhD, I decided to shift to academia on a full-time basis. I accepted a position near Atlanta Georgia, where I was hired to start a new Entry Level Master of Science in Nursing program, which was a success. That success led to my current role as Associate Dean for Culture, Engagement, and Professional Development with the East Carolina University College of Nursing.

My Journey Into Nursing

Bimbola F. Akintade, PhD, MBA, ACNP-BC, NEA-BC, FAANP, FAAN

As a multinational with leadership aspirations and few trailblazers to lean on, I have learned many life lessons. At every opportunity, I pass on my experiences to future generations of nurses of color, especially men in nursing.

I was born to Nigerian immigrant parents who later returned to Nigeria, so I grew up and spent my formative years there. Like many African parents, they wanted me to become a physician. My elementary school experience was normal, but high school was a challenge. In addition to being suspended six times and almost expelled, I earned the worst graduating West African Examination Council (SAT equivalent) scores in my class of 250 students. If we had a vote for the least likely to succeed, I would have been unanimously nominated. I avoided my high school classmates for years out of shame and embarrassment.

When I returned to the United States at age 19, without mentorship, I planned to become a nurse, work, save money, and pay for medical school. I worked as a mechanic while completing the prerequisites for Prince George's Community College, Largo, Maryland Nursing Program. While in the program, I worked as a security officer to study at work. After completing my prerequisites, my high school certificate from Nigeria was not accepted, so I had to sit out a semester to take the GED. After crossing that hurdle, I finally started the nursing program. Before the end of the first Semester, my mother in Nigeria passed away from a Heart Attack, and I almost failed out of the program. I received tremendous support and grace and had much to prove to myself and others. Ultimately, I was one of two students to graduate with honors in my associate's degree cohort.

I transferred to the University of Maryland School of Nursing (UMSON), Baltimore, Maryland, to complete my bachelor's degree in Nursing. It was time to return to my original medical school plan, so I started taking prerequisites for the MCAT. I decided to start my Master of Science in Nursing (with the acute care nurse practitioner [ACNP] and clinical nurse specialist focus) degree because I believed it would make me a better candidate for medical school. I completed my master's degree and took the MCAT. I did well in the MCAT and was also offered a full nursing PhD scholarship at UMSON. After much consideration, I pursued my PhD, graduated with one of the highest GPAs in my class, and earned a national excellence award. While working as an ACNP at MedStar Washington Hospital Center, I challenged the resource availability and utilization status quo. I was encouraged to pursue a health administration degree if I wanted to make a difference. As such, I completed two master's degrees in business and healthcare administration at the University of Maryland University College.

After completing my PhD, my mentor encouraged me to give back to the University in a teaching role. I agreed to teach at UMSON for two reasons: to give back for the scholarship I received and to try to change the culture of the ACNP program I graduated from as I was the only African American/multinational male student in my baccalaureate, master's, and PhD programs at UMSON. My first year as a faculty member was challenging as I was still introverted and was unprepared to teach. I received very poor evaluations from students, and even though I planned to teach for only a year, I refused to leave on such a poor note. I came back for my second year and worked hard to prepare for my lectures and earned the respect of my colleagues and students. I became the co-program director in my second year and the program director in my third year. The program boasted several positive outcomes during my tenure, including transitioning from a master's to a doctor of nursing practice degree-granting program, a successful Commission on Collegiate Nursing Education and Middle States Accreditation visits, improved U.S. News and World Report rankings, and 100% board certification pass rates. Most importantly, we changed the program's culture to admit

up to 49% underrepresented students and graduates returning to teach in the program.

After serving as program director for 6 years, I was appointed the Associate Dean for the Master of Science in Nursing (MSN) program, where I was responsible for the curricular outcomes of four MSN programs and six certificate programs. During the pandemic, I supported faculty members' transition to the virtual space and grew the master's programs to its largest admission capacity in UMSON's history. I strengthened my role as a student advocate and diversity, equity, and inclusion leader both on campus and nationally. After 2 years in this role, I was sought after for Dean roles nationally. I applied to several Universities, received several offers, and was appointed Dean and Professor at East Carolina University College of Nursing (ECU CON), where I have served for 2 years. I am the first Black and first male Dean in ECU CON's 64-year history. I was also the first Black male program director and academic associate dean in UMSON's 130-year history.

Today, I serve as a mentor and role model to many nurses and share my story and struggles openly to help others better chart their paths to success. My priorities as a mentor are diversifying the nursing profession and ensuring that nurse leaders look like me. Though I started without a mentor, I credit many of my positive decisions and leadership opportunities to the support and guidance of my mentors, who pounded the table for me, connected me to other national leaders, and gave me advice that has made a difference. Looking back on my career, my two most important decisions were becoming a nurse and pursuing my PhD. I adopted three foundational principles along the way: "Whatever is worth doing is worth doing well," "Treat others the way they would like to be treated," and "The reward for hard work is more hard work." These principles have served me well.

Conclusion

The stories of the five Black male nurse leaders detailed in this paper shed light on the persistent challenges faced by underrepresented groups in nursing, as well as the strategies that have proven successful in overcoming these barriers. Their journeys underscore the importance of mentorship, leadership development, and systemic changes to foster diversity and inclusion in the nursing profession. These accounts also highlight the necessity for institutions to collect and report demographic data, enabling more targeted efforts to address disparities in nursing leadership. Moving forward, the nursing profession must prioritize creating pathways that support the recruitment, retention, and advancement of Black men in

nursing. The oral histories shared here not only reflect the resilience of these leaders but also serve as a roadmap for inspiring future generations to pursue and achieve excellence in nursing leadership.

The stories presented further underscores the need for open dialog that would support a more structured mentoring environment for Black male nurses. Such an environment should be inclusive of opportunities for dialog with other Black male nurses, resilience development, as well as leadership and professional development. Such efforts should start on day one upon entry into nursing school. The authors have been made aware of a Black male nurse mentoring initiative at Southern University (Louisiana) where 33 Black male students are enrolled. This initiative called the "Nursing workforce Diversity Program" could serve as a model for future programs.

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The authors declare no conflicts of interest.

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