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A Historical Analysis of Entry Into Professional Nursing by African Americans in the City of Pittsburgh, Pennsylvania (1940-1979)

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A HISTORICAL ANALYSIS OF ENTRY INTO PROFESSIONAL

NURSING BY AFRICAN AMERICANS IN THE CITY OF

PITTSBURGH, PENNSYLVANIA (1940-1979)

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

Christina Serrao Baktay

Indiana University of Pennsylvania

May 2019

Indiana University of Pennsylvania
School of Graduate Studies and Research
Department of Nursing and Allied Health Professions

We hereby approve the dissertation of

Christina Serrao Baktay

Candidate for the degree of Doctor of Philosophy

_____   _____
                                          Edith A. West, Ph.D., ACNS-BC, RN
                                          Professor of Nursing, Advisor

_____   _____
                                          Michele Gerwick, Ph.D., RN
                                          Professor of Nursing

_____   _____
                                          Jeanine M. Mazak-Kahne, Ph.D.
                                          Associate Professor of History

ACCEPTED

_____   _____
Randy L. Martin, Ph.D.
Dean
School of Graduate Studies and Research

Title: A Historical Analysis of Entry Into Professional Nursing by African Americans
        in the City of Pittsburgh, Pennsylvania (1940-1979)

Author: Christina Serrao Baktay

Dissertation Chair: Dr. Edith A. West

Dissertation Committee Members: Dr. Michele Gerwick
                                  Dr. Jeanine M. Mazak-Kahne

Each year, hundreds of nursing students begin their education at one of the many educational institutions located in Pittsburgh, Pennsylvania. Despite the fact that more than a quarter of Pittsburgh's residents identify themselves as a racial minority, the current demographics of nursing professionals in Pittsburgh remains overwhelmingly White. The city is home to 15 different nursing programs where students can obtain a diploma, associate, or baccalaureate degree, in two, three, or four years' time. Despite various initiatives to facilitate minority inclusions in the health professions, minorities continue to represent a fraction of nursing students graduating from the 15 nursing programs in the area. Using historical and oral history methods, this study examines the historical circumstances that precipitated this disparity, focusing on the entry of African-Americans into the profession of nursing during the post World War II era at various schools of nursing in the Pittsburgh area. The study explored why and how, nine women decided to enter the nursing profession as well as the lived experience of these individuals as it relates to professional nursing practice. Study findings revealed themes of subvert and overt discrimination, denial of actual discriminatory practices experienced and strong themes of resilience, most notably that of family and community support, personal determination and growing up recognizing the value of an education.

AUTHOR'S NOTE

When I first entered the PhD program at Indiana University of Pennsylvania, I had no idea that I would embark on a study involving African American nurses in Pittsburgh. My only goal in choosing a topic was to study something that would challenge me and cause me to grow personally, professionally and as a citizen. I have always thought of myself as culturally aware so I was surprised at how painful this growth process would be. As a woman in my 40's I did not appreciate how disconcerting it would be to challenge and restructure my societal worldview. While I certainly have much to learn, I believe I have accomplished my original goal.

My initial interests revolved around reasons why there was such a lack of diversity among the nursing workforce. I quickly modified my topic as I would feel uncomfortable discussing certain racial issues. I thought that conducting a historical study would inoculate me from the broader racial issues. How naïve I had been. I had not anticipated the numerous current events, police shooting, riots, and protests that would occur throughout the country, polarizing communities, media and the political landscape. Yet I hope that the broader principals of social justice will prevail. I hope that in my small circle of influence, this study can help foster conversation and provide insights to deepen the collective understanding of the lived experiences of the African Americans nurses in Pittsburgh during the mid-twentieth century. As Audre Lorde, an African American, feminist and civil rights activist wrote in 1986, "It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences." It is my hope that this study recognizes, accepts and values these differences.

ACKNOWLEDGMENTS

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CHAPTER ONE

INTRODUCTION: AIM OF THE STUDY

The following chapter introduces the phenomenon of interest and justification for studying the entry of African-Americans into the profession of nursing in the city of Pittsburgh, Pennsylvania. The context of the study is identified as well as the research assumptions. This chapter also introduces and reviews the study's historical and oral history methodologies. Finally, discussion on the relevance of the research to professional nursing is presented, inclusive of the study limitations.

Phenomenon of Interest

The purpose of this proposed research study was to examine the entry of African-Americans into the profession of nursing during the 1940s through the 1970s at various schools of nursing in the Pittsburgh area. The study explored why and how these women decided to enter the nursing profession as well as the lived experience of these individuals as it relates to professional nursing practice. Additionally, issues related to recruitment and retention were explored. The study focused on this period as prior to the mid-1940s no schools of nursing would admit African-American individuals into their program of study (Frazier, 2008; UoP SON, 2004). Furthermore, the mid-20th century stands as a period of radical transformation with subsequent policy changes in employment and housing opportunities, and the civil rights movement (Lorant, 1999). The research expects to demonstrate how these historical events affected the African-American community in Pittsburgh with resulting opportunities and challenges for those who sought to enter the profession of nursing. The research questions for this study include:

- When, and to what extent did African-Americans gain entry into the city of Pittsburgh's numerous nursing schools and colleges?

- What situations prevented or potentiated African-American women's entry into the profession of nursing? Addressing this question required an examination of historical sociopolitical events that occurred during this period. Additionally, oral history interviews were conducted to capture the lived experiences of African-American women who entered nursing within this period providing first-hand accounts of the events surrounding their entry into the profession.

Justification for Studying the Phenomenon

Today, rapid technological advancements, the surge of market-driven policy, and shifting racial demographics have changed healthcare and educational institutions throughout the country (Eckel & Kezar, 2003; Lindeman, 2000). The city of Pittsburgh has successfully met many of today's challenges transforming itself from its industrial roots into a center of healthcare, technology, and education. However, the breakdown of the city's old industrial infrastructure still bears palpable consequence in that the economic revitalization of the region unevenly affected the city's African-American citizens (Trotter & Day, 2010). After World War II, industrial jobs relocated to other areas of the country. With the decline of Pittsburgh's main industries, the city digressed into a prolonged period of economic turmoil, and the population declined precipitously (Trotter & Day, 2010). During this same period, the population of African-Americans in the city increased (Bodnar, Simon & Weber, 1983). These changes caused racially biased employment policies to persist, despite the federal policy changes of the post-World War II era. The city's African-American populace "experienced difficulties

gaining access to jobs in the vibrant, higher-paying sectors of the service economy"
(Trotter & Day, 2010, p. xviii). With limited options for employment and affordable
housing, African-Americans became dispersed throughout many neighborhoods leading
to a loss of socio-political unity and community support (Trotter & Day, 2010).

Gradual and steady demographic changes have occurred in the area (Table 1).
However, the establishment of a racially diverse healthcare workforce remains largely
unchanged from previous generations (Robert Wood Johnson Foundation, 1990; 2004).
The most current available information (United States Census Bureau, 2010) reveals that
African-Americans represent 26.1% of the population of Pittsburgh, 13.1% of the
Pittsburgh Metro area, and 12.5% of Pennsylvania. Hispanics and Asians residing in
Pittsburgh represent 2.7% and 5% of the population respectively. In spite of the fact that
more than a quarter of Pittsburgh's residents are racial minorities, current demographics
of nursing professionals in Pittsburgh remain overwhelmingly White (Robert Wood
Johnson Foundation, 2011). Population estimates for 2018 remain unchanged.

Table 1

City of Pittsburgh Population, Pennsylvania Nursing Workforce

	Pittsburgh Population			PA Nurses (RN)		
Year	Total	White	Black	Total	White	Black
2012-2013				186,659*	91%	5%
2010	305,704	66.0%	26.1%	85,333	90.4%	4.7%
2000	334,563	67.6%	27.1%			
1990	369,879	72.1%	25.8%			
1980	423,959					
1970	520,117	79.3%	25.4%			
1960	604,332	83.2%	16.7%			
1950	676,806	87.7%	13.9%			
1940	671,659	78.1%	9.3%			
1930	669,817	75.4%	8.2%			
1920	588,343	73.1%	6.4%			
1910	533,905					
1900	451,512					
1890	343,904					

Note. U.S. Census Bureau, 2010; Pennsylvania Department of Health, March 2015; Pennsylvania Department of Health, November 12, 2013.
* Two years of data averaged.

Notwithstanding the significant changes in the industry and economy of the area, notable educational, health-related and economic inequalities disproportionately affect African-Americans in Western Pennsylvania (Center on Race and Social Problems, 2015; United States Census Bureau, 2010). For example, in 2009, 37.9% of African-American residents in Pittsburgh were living in poverty, compared with 9.2% of White Non-Hispanic residents (City Data, 2015). While the reason for these disparities remains beyond the scope of this study, the cause of these inequalities may remain largely unchanged from previous generations.

During the first half of the 20th century, Pittsburgh relied heavily on industrial metal production to employ a substantial portion of its population (Hinshaw, 2002), with

skilled employment opportunities often out of reach for its African-American citizens (Couvares, 1984). Similarly, today, according to the U.S. Department of Labor (2013) the Pittsburgh area disproportionately relies on the health-care sector for employment opportunities and growth. Of the 662,099 paid employees in Allegheny County in 2010, 120,853 found employment in health care or social assistance industries (U.S. Census Bureau, 2010). Employment in the retail sector encompassed 74,389 jobs (second largest industry) with professional, scientific, and technical services involving 58,001 jobs (third largest sector) (U.S. Census Bureau, 2010). In the past century, numerous barriers prevented minorities' entry into the dominant industry of the region (Couvares, 1984; Reid, 1930). If similar barriers exist today in an area where so many jobs center around one industry, African-American individuals may have limited success altering their employment and economic trajectory with implications that affect the overall health of the region.

Demographic information related specifically to nurses in the city of Pittsburgh is unavailable. However, according to the Pennsylvania Department of Health and Human Services (2015) African American comprised only 5% of the RN workforce in the state of Pennsylvania in the years 2012 -2013. Despite the lack of more current demographic data, these figures demonstrate considerable inequity when compared with survey results from the National League for Nursing (NLN) (2012) which indicates that nationwide African-American students comprise 12% of baccalaureate nursing programs, 30% of hospital diploma programs, and nine percent of associate degree programs. Undoubtedly, for Pittsburgh to fulfill the Institute of Medicines (2011) recommendations to diversify

the nursing workforce, a greater number of minority students must gain admittance to and graduate from the areas many nursing programs (Appendix A).

Despite the unique history of the city's African-American populace, there remains a dearth of research focusing on the post-World War II years (Trotter & Day, 2010). The proposed research attempted to elucidate the extent to which African-American individuals gained entry into the profession of nursing at various schools in the city of Pittsburgh in the post-World War II era. The research explored the decision these women made when choosing to become nurses and further explored the lived experiences of these early African-American nurses as it pertains to the profession of nursing. Anticipated outcomes of this study include a greater awareness of the historical challenges of minority students as well as identification of areas for future research. Additionally, through this research the author hopes to encourage ongoing discussions regarding racial inequities in the profession among nursing leaders, contemporary social researchers, students, and teachers.

While this research did not directly examine the lack of minorities in nursing in Pittsburgh today, it may provide groundwork for the future examination of this topic. Ostensibly, a greater understanding of the historical barriers that prevented African-Americans entry into the profession provides today's nurse leaders with insights to matriculate and retain minority students today.

Social Justice: Historical Perspective

Researching the wealth of literature readily available from this era has indeed revealed the societal issues related to social inequality, discrimination, societal integration, social inclusion, social exclusion, institutional racism, resilience, and neglect

of African-American professional advancement. Due to the societal challenges and

transformations that occurred during this period, it was the intention of the researcher to

address these various concerns from the ideological perspective of social justice as a

valued goal of a civilized society. For this study, the construct of social justice is defined

as:

. . . full participation in society and the balancing of benefits and burdens by all citizens,

resulting in equitable living and a just ordering of society. Its attributes include: (1)

fairness; (2) equity in the distribution of power, resources and processes that affect the

sufficiency of the social determinants of health; (3) just institutions, systems, structures,

policies, and processes; (4) equity in human development, rights, and sustainability; and

(5) sufficiency of well-being. (Buettner-Schmidt & Lobo, 2011, p. 948)

The construct of social justice supports the conviction "that all people share a

common humanity and therefore have a right to equitable treatment, support for their

human rights, and a fair allocation of community resources" (National Federation for

Catholic Youth Ministry, 2008, para 2). Although many of the world's major religions

share this belief, the term "social justice" first gained usage in the mid-1800s as redolent

of the teachings of St. Thomas Aquinas (Coghlan & Brydon-Miller, 2014). Critical

examination of this construct persisted after the Second World War, to include the

relationship between employers and employees, as well as the distribution of wealth

arising from capitalist institutions (Barry, 2005). This construct expanded further to

include an equitable balance between societal benefits and collateral responsibilities with

those rights (Lebacqz, 1986).

A more recent examination of social justice draws attention to the notion of "fairness" as it relates to educational and employment opportunities (Barry, 2005). In the mid-1900s, ideas of "fairness" began to change in America, as citizens began to recognize that Jim Crow ideas conflicted with the principles exemplified in the U.S. Constitution (Anderson, 2004). During the Roosevelt Administration, the notion of "fairness" developed further to include the idea that "all taxpayers should have the opportunity to hold jobs supported by their taxes" (Anderson, 2004, location 707). This change fueled political debate, first with the New Deal, then later with the discourse surrounding Affirmative Action legislation (Anderson, 2004). These examinations led to slow but significant changes for African-Americans throughout the United States and may be examined as part of this proposed research. Debates surrounding ideas of fairness or social justice have not waned in popularity. Today, the provision of universal primary education (United Nations, 2015) and universally affordable health services (World Health Organization, 2014) remains at the center of political debate, both nationally and abroad.

Recognition and Identity

Today, the notion of social justice reaches much further than issues related to economics and employment. In recent years, Fraser (1997) asserts that the construct of social justice has transformed to include the importance of recognition and cultural identity. The most outstanding social movements are culturally defined communities of importance who struggle to protect their identity, reject cultural domination, and gain recognition (Fraser, 1997).

A racially biased view of African Americans has created a lack of documented evidence demonstrating the contributions African-Americans have made in the country and the region. This gap in the historical literature has a detrimental effect, as a noted relationship exists between recognition and identity. According to Taylor (2005), absence of recognition can create real injury and distortion, ". . . if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves" (p. 472).

> Nonrecognition or misrecognition can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being . . . .
> Within these perspectives, misrecognition shows not just a lack of due respect. It can inflict a grievous wound, saddling its victims with a crippling self-hatred . . . .
> Due recognition is not just a courtesy we owe people. It is a vital human need.
> (Taylor, 2005, p. 465-466)

Although an acknowledgment of accomplishment and struggles of the past does not rectify the gross injustice related to racism and discrimination, it can at least, provide future generations of minority nurses with historical recognition and respect.

Contemporary Social Justice in Nursing

In regard to healthcare, social justice embodies a vision of society that is equitable, fair, and safe (Levy & Sidel, 2006). While this construct may exist within various contexts and environments, it most certainly addresses inequalities in health and healthcare (American Association of Colleges of Nursing, 2007). The Commission on Social Determinants of Health (2008) states, "social justice is a matter of life and death" (p. 3). Virtues of social justice serve as guiding value in the profession of nursing

(American Association of Colleges of Nursing, 2007), as well as a provision of the most

recent Code of Ethics for Nurses (American Nurses Association, 2015); the Essentials of

Baccalaureate Education for Professional Nursing Practice (2008); the Guide to

Nursing's Social Policy Statement (2015); as well as the Nursing Scope and Standards of

Practice (2015). Leuning (2001) asserts, "The question of 'who suffers and why?' should

always be in the foreground of our scholarly discussion and in our practice" (p. 300).

According to Barnes, (2005) assimilating principals of social justice in nursing

necessitate a broadening of our definition of excellence to embrace ways in which we

promote and restore health, to clients and communities. Social justice requires breaking

down barriers of inequality, both individually as nurses and collectively as a profession

(Barnes, 2005). Leuning (2001) takes the stance of social justice one-step further by

suggesting that we "adopt a pattern of thought and action that challenges institutionalized

power relations or relations of domination" (p. 300). Accomplishing the goals of

promoting health, ending inequality, and challenging power relations of domination

requires a hard look at why the current situation exists.

Toward the end of World War II, during a time when America and Britain were

fighting for the rights of Jews and other people groups throughout the world, Winston

Churchill stated at the Royal College of Physicians in London,, "The farther backward

you can look, the farther forward you are likely to see" (as cited in Langworth, 2008, p,

25). The thoughtful understanding of history and challenges of the era add depth of

meaning to a group of people, culture, and profession. A historical analysis of the

cultural and sociopolitical challenges as well as the achievements of African-American

women as they entered the nursing profession nearly 70 years ago may provide educators

and researchers with a clearer perspective of the road ahead by discovering what factors specifically held some back, while propelling others forward.

Research Methods - Overview

The remainder of this chapter reviews the qualitative methods of historical research and oral history that was utilized in this study. The use of mixed methods allows the researcher to explore a research subject when it cannot be answered completely using a single method of inquiry (Morse, 2009). Moreover, the use of mixed methods allows research explorations that require real-life contextual understanding from a variety of perspectives and cultural influences (Creswell, Klassen, Plano Clark, & Smith, 2011), drawing on the strength of each, framing the investigation within philosophical and theoretical positions (Creswell et al., 2011).

Mixed methods allow the researcher to employ different approaches or perspectives. Oral history interviews utilize a constructivist approach, focusing on "understanding the human experience as it is lived, usually through the careful collection and analysis of qualitative materials that are narrative and subjective" (Polit & Beck, 2012, p. 14). Historical documents were reviewed and analyzed to develop theoretical and holistic conclusions (Austin, 1958). This approach highlights the inherent complexity of individuals and their ability to shape and create their experiences (Polit & Beck, 2012) and appropriately facilitate the study's focus and goals. In the process of seeking out these resources, individuals such as nurse administrators and nurse educators who had firsthand knowledge of school admittance and hiring policies were encountered, and where possible interviewed, adding increased depth and breadth to the study's conclusions.

Historical Research

Historical resources were reviewed to explore the major occurrences of the mid twentieth century. Historical research is the gathering and synthesis of historical information to analyze and develop theoretical and holistic conclusions (Austin, 1958). Historical methods do not stem from a particular philosophical school of thought. "Models which are developed to explain events in the physical world cannot be adopted to describe accurately a sequence of past events in human society (McDowell, 2002, p. 35). However, historical research may be utilized within a social framework (Lewenson, Lewenson, & Herrmann, 2008). Furthermore, the relationship between structures, information, and inquiry may be reciprocal and dynamic, with each structure influencing the other (Lewenson et al., 2008).

Historical research crosses numerous disciplines and provides a foundation to answer the question: "Why are things this way?" (Malmgreen, n.d.). Historical nursing research often explores the social context of a society and seeks to understand the prevailing values and beliefs during a particular period (Malmgreen, n.d.). This type of research provides a significant contribution, as an understanding of the past promotes an awareness of current and future trends (Lewenson et al., 2008). This awareness therefore provides the contemporary nurse with a foundational understanding of the grander contribution nursing has provided in the healthcare system, providing insights and inspiration which affects their practice, education, and role in the healthcare system (Lundy, 2012).

An appropriate assessment of historical sources involves consideration of "temporal, geographic, social, cultural, political, and professional contexts" (Wood, 2011,

p. 32). Historical research also includes a "critical examination of sources, interpretation of data, and analysis that focuses on the narrative, interpretation, and use of valid and reliable evidence that supports the study conclusions" (Lundy, 2012, p. 384). Considering the context of historical sources necessitates comparing it with other primary and secondary information material from that period.

A review of hisorical documents allowed for an exploration of the entry of African-Americans into the profession of nursing in the Pittsburgh area. This method involves a factual, descriptive, and fluid examination of elements from the past, linking them together with written or photographic information to systematically recapturing events, ideas, and meaning (Berg, 2004). Primary and secondary historical document examination, including archival records from various schools of nursing in the Pittsburgh area, were analyzed in the sociocultural context of the 1950s - 1970s. Foundational background information, including local, world, and sociopolitical history as it pertains to African-Americans, as well as the profession of nursing during the mid-1900s were also examined.

Additionally, information from relevant "wider" primary and secondary data sources, archival data sources, interviews of individuals who had firsthand information, and oral histories from the 1950s-1970s were reviewed. The data was analyzed through understanidng the ideological perspective of social justice as a valued goal of a civilized society.

Oral History

Oral History illuminates the collective experience of individuals (Oral History, 2012) in a constructivist tradition. The inclusion of oral history testimony creates

valuable information about the everyday life, perceptions, and attitudes of "ordinary people" that may be unavailable from more traditional sources (Shopes, 2002). The method of oral history seeks to gather information from an individual typically related to their personal experience, memories, attitudes, beliefs, and perceptions (Leavy, 2011). This unique method assumes the conception of meaning through the creation of the interview narrative as well as the exploration and analysis of that narrative (Leavy, 2011). The compilation of oral history testimony may illuminate an individual's experience and shed light onto facts of the historical period (Oral History, 2012).

Oral history interviews were conducted to explore the lived experience of African-American individuals who attended any of the various nursing schools in the Pittsburgh area during the 1940s through the 1970s. Oral history interviews occurred over a period of several months. The compilation of oral history testimonies lead to a subsequent examination and analysis of the data for the presence of meaningful themes as it pertained to African-Americans and the profession of nursing during the mid-1900s. To assure the veracity of the study, interviews were recorded, transcribed, and examined for internal consistency. Information extrapolated from each interview was crosschecked with as many other sources as possible, anchoring the narrative to local, world, and sociopolitical history (Thompson, 2000). It is the hope of the researcher that the exploration of written historical documents as well as the compilation of oral history data from this crucial period will provide a record of historical recognition that may spur dialogue within the profession.

Assumptions

Overarching assumptions of a qualitative study vary depending on the nature of the research questions and the method of examination. The study of a social phenomenon in its historical context involves an interpretive approach (Denzin & Lincoln, 2005). Qualitative research does not occur from within a neutral or objective positivist perspective: "Every researcher speaks from within a distinct interpretive community that configures, in its special way, the multicultural, gendered components of the research act" (Denzin & Lincoln, 2005, p. 21).

As illustrated in the writing of George Orwell: "The most effective way to destroy people is to deny and obliterate their own understanding of their history" (Blair, 1949, p. 86). Fundamentally, historical research assumes that a study of the past provides a greater understanding of current circumstances and phenomena (Berg, 2004). It is assumed that insights from nursing's past may help define the present, and, therefore, influence the future of the profession (American Association for the History of Nursing, 2007). An understanding of significant past events expands a nurse's thinking by promoting an understanding of the origins of the profession, providing the student and professional with a sense of identity and heritage (Keeling & Ramos, 1995).

Pittsburgh serves as a leader in healthcare education, technology, and advancement. However, the current nursing workforce in Pittsburgh lacks racial diversity. This disparity remains unchanged despite significant education and employment opportunities in the region. Taylor (2005) asserts that the absence of recognition creates real injury and distortion, "if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves" (p. 472).

Perhaps this has occurred in Pittsburgh where little recognition has been provided to the contribution of the African American women who pressed into the unwelcoming profession of nursing.

Therefore, the current lack of African-Americans employed as nurses intensifies feelings of distrust and exclusion, hindering those with an aptitude for nursing from considering it as a career option. Despite the available employment and educational opportunities, without a previous generation of role models from within their race, African-American men and women today may not recognize nursing as a worthwhile and viable profession. Finally, with so few African-American nurse educators and administrators, the profession of nursing may be considered an unwelcoming profession to African-American individuals (Wilson & Andrews, 2006). These numerous challenges warrant historical examination.

The proposed research created a body of knowledge that provides fundamental lessons for future generations. This study examined the entry of African-American individuals into the nursing profession during the 1940s through the 1970s. The research explored the choice these individuals made to become nurses; their admittance into the various schools of nursing in the Pittsburgh area, as well as their experiences as it relates to professional nursing practice.

Relevance to the Discipline

The current lack of diversity among healthcare professionals has contributed to discrimination and a lack of trust in the healthcare field by African-American patients. Moreover, the near absence of African-Americans in the nursing profession contributes to a lack of professional identity among African-American nurses. These issues have

negatively affected patient care. Nelson, Smedley, and Stith (2009) found that feelings of

mistrust and dissatisfaction with the healthcare system in the United States persist among

African-American patients. Although this can be attributed in part to detrimental

occurrences of the past, the health disparities noted across care settings and diseases

exacerbate the situation (Nelson et al., 2009). Moreover, existing studies have shown

that African-Americans continue to experience discriminatory treatment from health

professionals (Centers for Disease Control and Prevention, 2013; Nelson et al., 2009).

Additionally, a recent study conducted at Children's Hospital of Pittsburgh found that

African-American parents experience significantly higher levels of mistrust of the

medical community and are therefore less likely to enroll their children in clinical

research when compared to White parents (Rajakumar, Thomas, Musa, Almario, &

Garza, 2009).

Racial discrimination has created historical gaps in the contributions made by

African-Americans in the Pittsburgh region, particularly those made by women.

Moreover, historical recognition related to women, in general, is greatly lacking in a city

with such a profound industrial past. The experiences of these individuals deserve

historical substantiation. Validating their contributions provides future generations of

African-American nurses with a sense of professional identity, thereby fostering their

academic and professional resilience. A "record of the past will help to enrich our

understanding of our own society and that of other cultures" (McDowell, 2002, p. 3).

This study contributes to the historical data related to minority nursing students in the

Pittsburgh area. Clearly, an understanding of the past provides awareness into current

trends and future issues (Lewenson et al., 2008). An enhanced understanding of the

historical and sociocultural occurrences that ensued during the period of time when African-Americans first entered the profession of nursing will provide nurse leaders insight into ways to foster an environment to matriculate, retain, and graduate minority students.

Limitations

A constructivist approach to qualitative research creates rich, in-depth information that can expound on varied dimensions of a complicated phenomenon, grounded in the real-life experiences of people with first-hand knowledge (Polit & Beck, 2012). However, despite the best intentions of both the researcher and the participant, human participants may, intentionally or unintentionally, provide incorrect information. The advanced age of the participants may have proven to be a limitation as the women interviewed may have had difficulty recalling important details. Furthermore, the subjectivity of memory may have created a limitation as participants may have over time altered the significance they assigned to a past event.

Another potential limitation of the constructivist approach involves the subjectivity of inquiry and analysis. An example of this type of limitation is that two researchers may examine the same information and draw differing conclusions (Polit & Beck, 2012) due to their personal biases and experiences. To mitigate these potential limitations and possible personal biases when conducting oral history interviews participants were contacted after the initial interview and offered the opportunity to review their statements and expound on their answers or clarify any possible misunderstandings.

Historical research also has several notable limitations, including but not limited to the availability of resources and the ability of the researcher to authenticate and date them. Primary source documents may contain bias of the original author and may reflect the biases/concerns of the era (Lewenson, 2007). The beliefs and customs of society at the time the documents were originally recorded often influence what was worthy to document and what was not. For example, Greenwald (1989) notes: "women of Pittsburgh – native born and immigrant, white and black, rich and poor – were "invisible" in the city's standard histories and folklore" (p. 33). Obviously, women populated the city of Pittsburgh during these times, but because women did not share the same rights, privileges, and power that men had, their history remains largely unrecorded in the historical record.

Conclusion

This first chapter has outlined the proposed research, which purposed to build on the nearly nonexistent body of knowledge related to African-Americans in the field of nursing in Pittsurgh. Using the methods of historical research and the compilation of oral histories, a thoughtful understanding of the history and challenges specific to this region were provided, adding dimension and insight to the profession of nursing as a whole. The research addressed these various concerns through the ideological perspective of social justice, and with the hope that this research may encourage ongoing discussions among nursing leaders, contemporary social researchers, students, and teachers. Limitations of the study include the subjective nature of qualitative research. However, the use of triangulation methods, as well as the exacting process of verifying interview testimony minimized these limitations. An overarching assumption of the research is that

historical analysis of the cultural and sociopolitical challenges as well as the various achievements of minorities as they entered the nursing profession nearly 70 years ago may provide educators and researchers with insights to matriculate and retain minority students today.

CHAPTER TWO

EVOLUTION OF THE STUDY

Chapter Two of this study provides a rationale for the proposed research and a review of pertinent historical perspectives that need to be considered when examining oral history data. The literature for this summary includes numerous written resources related to the history of Pittsburgh, Pennsylvania. Issues identified as pertinent to the entry of African-Americans into the nursing profession in Pittsburgh are reviewed, including the development of the city, the development of its industrial labor workforce, and its healthcare facilities.

Rationale

Each year, hundreds of nursing students begin their education at one of the many educational institutions located in Pittsburgh, Pennsylvania. Despite the fact that more than a quarter of Pittsburgh's residents identify themselves as a racial minority, the current demographics of nursing professionals in Pittsburgh remains overwhelmingly White (Robert Wood Johnson Foundation, 2011). The city is home to 15 different nursing programs where students can obtain a diploma, associate, or baccalaureate degree, in two, three, or four years' time. Despite various initiatives to facilitate minority inclusions in the health professions, minorities continue to represent a fraction of nursing students graduating from the 15 nursing programs in the area (Robert Wood Johnson Foundation, 2004). The historical circumstances that precipitated this disparity warrant examination.

An exploration of a current situation ostensibly necessitates illuminating past occurrences (Lundy, 2012). The creation of a greater body of research regarding the past

struggles and challenges faced by African-Americans provides fundamental lessons for future generations. The research focused on the historical and sociocultural occurrences of the mid-20th century at numerous nursing institutions in Pittsburgh, Pennsylvania. The literature reviewed for this chapter examines primary and secondary source documents written throughout the mid-20th century. The contribution of each piece of literature is congruent with what is known by the researcher prior to historical and oral history data analysis.

The exact year, and to what extent African-Americans entered the profession of nursing in the city of Pittsburgh, was surveyed. To appreciate the challenges faced by African-American individuals in Pittsburgh, a historical overview of the major events that occurred in the decades leading up to and including that period is necessary. The following narrative provides a historical context of the study, starting with the unique contributions the city of Pittsburgh made to the development of the nation. An overview of the development of various ethnic communities, the subsequent formation of their healthcare facilities, and the need for nurses and nursing education is discussed. Finally, this literature review will include the acknowledgment of the city's first African-American nurse, the challenges faced by the first African-American nursing students and the continued barriers experienced by African-American individuals in the Pittsburgh region.

Literature Review

To illuminate the experience of the entry of African-Americans into the profession of nursing, numerous resources have been reviewed including newspaper accounts, and various texts relevant to the African-American experience in Pittsburgh,

Pennsylvania. However, other than a one-half page reference in a 2010 publication titled *Race and Renaissance* by Trotter and Day, literature related to African-American nurses in Pittsburgh is non-existent. Moreover, in a city with a rich tradition of healthcare institutions, the profession of nursing has likewise received minimal historical recognition other than commemorative books celebrating the various hospitals and nursing school achievements.

Historical Context

Today, Pittsburgh is a city widely recognized for its three rivers, competitive sports teams, and rich history of immigrant laborers who "forged a nation out of steel" (Historic Pittsburgh, n.d.). Before the Revolutionary War, Pittsburgh remained cut off from the majority of Pennsylvania by the Allegheny Mountains, but by the mid-18th century exemplary industrial opportunities welcomed generations of laboring immigrants (Lorant, 1999). By the late 19th and early 20th century, Pittsburgh's large waterways and abundant natural resources provided the developing United States with coal, iron, glass, and most importantly–steel (Couvares, 1984). Those who came to Pittsburgh built America; the steel they produced changed the country into the most industrialized nation in the world (Dickerson, 1986; Couvares, 1984). The presence of such industry as well as the unique topography of natural barriers, created a significant need for healthcare facilities (Couvares, 1984; Lubove, 1995). In this way the need for nurses developed in tandem with the growth of the city.

Pittsburgh's population grew precipitously throughout the early twentieth century (Couvares, 1984). These changes resulted from large shift of unskilled and semiskilled laborers seeking employment from largely rural areas. Bodnar et al., (1983) estimate the

considerable growth of that period with Polish immigrants' increasing by 39%, Italian immigrants more than doubling and African American residents increased by more than 85% (p. 29).

Despite the infusion of many newcomers, each group came to the area with different backgrounds, experiences and expectations. Bodnar et al., (1983) found that African American individuals migrated to Pittsburgh due to a network of relatives and friends who had previously migrated to the city. Unfortunately, these kinship networks lacked the types of connections to secure satisfactory employment and advancement. Despite the need for various forms of labor, men almost always had to "know a guy" to secure a position, even in the humblest of circumstances (Bodnar et at., 1983).

African Americans who migrated to Pittsburgh did so with high hopes, particularly in the area of education and social advancement with higher rates of high school attendance and graduation as compared to those who immigrated from overseas (48% verses 63%). Bodnar et al., (1983) found the valuation of education as very high among African American study participants with families willing to make great sacrifices for their children to attend and succeed in school (paraphrased p. 37). This occurred despite the lack of employment opportunities, even after the completion of these educational goals. Furthermore, African American residents sought to improve their social conditions. In 1928, 43% of African American high school students indicated that they desired to enter professional roles such as teaching, pharmacy, law or dentistry (paraphrased from p. 35-6), although Pittsburgh would not employ an African American teacher until after 1930.

Bodnar et al., (1983) credits the kidship connections with the steady swell of the African Amerian populaiton in the city of Pittsburgh, greatly underplaying other factors. However, Couvares (1984), recognizes the growth of the African-American population as occuring in part due to representatives of Black Diamond and Clark Steel Mill recruiting African-American men from the South to break the Amalgamated Workers strikes. Regardless of the antecedents bringing African Americans to city of Pittsburgh, both sources recognize that African Americans faced numerous challenges as part of the labor workforce.

Throughout the region's history, the rights, priveledges, and employment opportunities of African-Americans as well as lower income Europeen Immigrants waxed and waned with the need of the era. African-Americans migrating to the North experienced significant challenges in the form of discrimination, competition, and unfamiliarity with the culture of the region. In the late 19th century, European immigrants flooded into Pittsburgh, displacing the Irish, creating a hierarchy that where Poles and Slavs moved steadily up the employment ranks (Couvares, 1984). The structure provided opportunities for their children to follow suit. African American migrants from the South faced significant discrimination, being deemed "inefficient, unsuitable and unstable" for mill work (Bodnar et al., 1983, p. 59). These overarching discriminatory practices were not isolated to the industrial workforce. Oral history testimony from Bodnar et al., (1983) underscore the challenges and obstacles African Americans had in finding employment in almost every sector, including sales or waiting on customers. Few found employment at white collar positions. African American

women faced equally difficult challenges, although their employment primarily centered around various forms of domestic services.

This fierce competition for employment, coupled with the arrival of so many newcomers stretched the educational, healthcare, and housing resources of the city (Bousfield, 1933). African-Americans migrating north received jobs as unskilled or semi-skilled, low-paid workers who crowded into old, rundown homes that were originaly built for one family. This led to very congested and unsanitary conditions (Bousfield, 1933).

By 1910, the offspring of newly arrived Southern and Eastern European immigrants and African-American migrants accounted for three and a half times as many residents of urban Pittsburgh as the descendants of native Whites (Couvares, 1984). However, in Pittsburgh, "old stock" employees remained on the privileged side of the labor employment line (Couvares, 1984). Employment gradations, piece rates, and elaborate pay schemes tended to fragment the workforce and worked against the homogenization of the working class (Couvares, 1984).

The significant expansion of the steel industry engendered new social relationships and dynamics in the city, leading to numerous divisions within the working class and the community at large (Couvares, 1984). Furthermore, the topographical barriers such as steep hills, waterways, wide railway tracks, and large swaths of industrial property intensified these divisions, keeping ethnic neighborhoods largely segregated (Couvares, 1984).

Pittsburgh's growing prominence as an industrial center attracted the attention of early 20th-century reformers, spurring The Pittsburgh Survey, a massive study funded by

the Russel Sage Foundation examined the people who lived and labored in the city (Kellogg, 1914). Results of this study documented most aspects of life in Pittsburgh, including housing, the social conditions, taxation, availability of community resources such as libraries and playgrounds, labor conditions, and civic institutions spanning the years 1909 to 1914 (Kellogg, 1914).

The Pittsburgh surveyors recognized significant problems that plagued the city's industrial workforce, most notably, the enormous power national corporations had on local community life. The steel industry and railway industry required an "altogether incredible amount of overwork by everybody" (p.3) with employees working twelve-hour days, seven days in the week. Surveyors noted that these conditions existed in other large cities, but notes that wages were lower compared to prices, causing significant inadequacies in the standard of living. Kellogg (1914) faults the demands of work life, including illness and industrial accidents as causing an overall destruction of family life. Such demands drained the physical and human capital from the community leading to a penurious community life. (Anderson & Greenwald, 1996).

The 1909 to 1914 Pittsburgh survey documents a view into the life of the city's residents and stands as an example of the social exploitation and need for progressive reform of that period. Unfortunately, the publicized survey did not incite citizens of any class to improve workers' lives, address the existing environmental problems, or provide for the needs of the poor (Anderson & Greenwald, 1996).

During World War I, as the flow of European immigrants dwindled, the mass migration of African-Americans from the South began to fill the employment lines in Pittsburgh's industrial center (Gottlieb, 1996). Seeking an improved standard of living

and freedom from the racial oppression of the Jim Crow South (Wilkerson, 2010),

African-American families migrated North, seeking higher wages in the industrial sector

(Gottlieb, 1996). African-Americans accepted employment at the lowest level of the

work force, continually facing a "last hired - first fired" pattern (Dickerson, 1986;

Gottlieb, 1996). This pattern prevailed at Carnegie Steel, National Tube, Jones and

Laughlin, Crucible Steel, and others. African-Americans toiled in the most demanding,

low paying, hazardous, and dirty categories of industrial employment, such as feeding

blast furnaces, pouring molten steel, and working on the coke ovens. These roles

exposed African-American workers to disproportionate levels of deadly fumes and heat,

resulting in serious and disabling injuries (Dickerson, 1986; Gottlieb, 1996). Although

African-American men became a capable part of the industrial workforce (Couvares,

1984), they were rarely afforded the opportunity to advance into semi-skilled positions

(Bodnar et al., 1983, Reid, 1930). Employment advancement remained a fantacy with

management pitting one ethnic group against the other and anyone who attempted to

build solidarity among the workers faced formidable odds (Couvares, 1984). So, while

African Americans arrived in the city at the same time and often in the same manner as

new European immigrants, they started their employment one pace behind (Bonder et al.,

1983). Not surprising, few employment prospects existed for African-American women

(Reid, 1930) in the city.

Although public transportation developed greatly during this period, blue color

laborers lacked both the time and the money to use it often. This caused settlements

within walking distance of their jobs. Bodnar et al., (1983) found that nearly two thirds

of the African Americans they sampled lived in the city's third and fifth ward. This

concentration of African American in the Hill District did not result in an isolated ghetto as Jews, Italians, Russians and Hungarians also called the Hill district home. However, even in the third ward, immigrants outnumbered African Americans by approximately 5000 residents. Therefore, as the city grew, African American migrants did not create one continuous settlement in the city (Gottlieb, 1996). Rather, they were scattered throughout several districts. This substantially limited their cohesion, political visibility, and ultimately their representation in goverment (Heineman, 1999).

Social support, particularly in the form of church life permeated all areas of life for African American citizens. Similar to their residential conditions, African Americans belonged to a variety of religious congregations. Bodnar et al., (1983) noted fourteen different established churches in the Hill District as well as Storefront ministries. Moreover, church attendance followed no geographic restrictions. This multiplicity meant that no single pastor or minister carried significance in the city to represent the area. Furthermore, social organizations as well as two African American newspapers added to this fragmentation by either servicing a small section of the population or by attempting to serve the entire African American community (Bodnar et al., 1983). In contrast, local immigrants' communities formed a network of services and even local newsletters/newspapers which kept its members organized as a more cohesive unit (Bodnar et al., 1983).

Throughout the early twentieth century many immigrants and African Americans migrants came to Pittsburgh but did not remain in the city or the region. Numerous reasons exist for this lack of persistence but the harsh living and working conditions in the city certainly contributed to the exodus. Of the individuals who remained in the city,

the goal of homeownership varied significantly among European immigrants and African American migrants. European immigrants sought ownership of a home as a form of wealth and status, creating stable neighborhoods and providing them with a sense of control over their environment. African Americans having been denied the ability to own property after slavery, did not share this value as wholeheartedly (Bodnar et al., 1983). Therefore, African Americans did not start owning homes in Pittsburgh in any great number until the 1940's, and these homes often had already significantly depreciated in condition and value. The rugged and sloped terrain in Pittsburgh contributed to the high cost of housing, taxes and rent (Lubove, 1995). Furthermore, the lack of flat land and the high prices for slowed land contributed to the lack of city development. Industries considering Pittsburgh would scoff at the excessive price for substandard land (Lubove, 1995).

Following restrictive immigration legislation of the post-World War I era, the flow of Europeans settling in the Pittsburgh area diminished drastically (Faires, 1989). The need for steel production in Pittsburgh also drastically declined, leading to marked unemployment and economic depression among all ethnic and racial groups. These depressed economic conditions created an increase need for healthcare. However, in the antebellum World War I era, education and employment opportunities for nurses in the city of Pittsburgh remained obtainable to White women only. In the winter of 1928 to 1929, The National Urban League commenced on a study examining the general social conditions of the Hill District, an area that by that period was an area heavily populated by African-American individuals. This 1930 report noted the following observations:

- The death rates in the two wards of the Hill District are among the highest in the city, the Third Ward leading all others in the death rates from transmissible diseases. Such conditions may be expected to continue so long as flagrant violations of the sanitary law, and poor housing are typical of the environment.

- While there are adequate provisions for the general hospitalization of all peoples in Pittsburgh there is need for private rooms where Negro patients may be accommodated.

- The large number of charity patients among the Negro hospital population has been an important factor in hospitalization for Negroes in Pittsburgh. The work of the Montefiore and Passavant Hospitals among Negroes is to be commended. (Reid, 1930, p. 12)

- There is one Negro physician in Pittsburgh to every 2165 of the population, one dentist to every 2600 of the population, a registered nurse to every 13,000 inhabitants. When one considers the fact that a Negro physician may not receive his training in the city, that he may not practice in any of the city's hospitals, that he has no facilities for enlarging his technical skill, and since there are no institutions where Negro nurses may be trained, or hospitals where they may practice in the city, there is little wonder that the decrease in mortality has been so retarded. (Reid, 1930, p. 51)

The succeeding stock market crash of October 1929 sent Wall Street into a panic and devastated millions of investors throughout the country (Historic Pittsburgh. n.d.). During this period over 9000 banks failed, trade relations changed between the United States and Europe with a loss in overall exports (Kelly, 2017). Compounding this economic disaster an unprecedented drought devastated more than a million acres of

farmland (Kelly, 2017). This cascade of adversity sent the United States into The Great Depression, a period where unemployment became rampant (Historic Pittsburgh, n.d.). With few jobs and aimless prospects, social conditions for African-American communities deteriorated from bad to worse.

The Great Depression created substantial employment gaps between Black and White residents. An analysis of the ten cities most populated by African Americans (including Pittsburgh) shows that during the early 1930's unemployment and underemployment rates were up to 80% higher for Blacks residents than for White residents (Sundstrom, 1992). Among men, these differences occurred primarily due to the higher concentration of African Americans in the occupations with the highest unemployment rates. However, among African American women rates of unemployment existed even within the same occupations. The unemployment rate widened the most among unskilled services workers (Sundstrom, 1992).

At the nadir of the Great Depression, nearly half of the country's banks failed causing unemployment to befall 13 to 15 million Americans (Historic Pittsburgh, n.d.). Desperate, in January of 1932, 15,000 Pittsburgh residents joined Father Cox of St. Patrick's Church as they traveled on foot, in the driving rain to the nation's capital to appeal to Congress and President Hoover for economic relief and employment opportunities (Historic Pittsburgh, n.d.). With banks closed and millions out of work throughout the country, the new administration made a bold effort to address the unemployment situation in Pittsburgh (Lorant, 1999). However, economic recovery was slow. In 1934, one-third (176,156 of 544,287) of Pittsburgh's employable population was still jobless (Lorant, 1999).

Fortunately, relief, recovery and reform came when President Franklin D. Roosevelt (elected in 1933) created the Works Progress Administration (WPA) on May 6, 1935. This order served as part of the New Deal an ongoing plan to elevate the nation out of The Great Depression by reformation of countries financial structure (Trotter, 2019). In 1935, the rate of unemployment loomed at 20%. The WPA (later renamed the Works Projects Administration) employed mostly unskilled men to carry out public works infrastructure projects. Trotter and Day (2013) report that the Allegheny County WPA discriminated against African Americans, Trotter (2019) notes that throughout the United States, African American workers assumed approximately 20% of all WPA workers, with New York and Pennsylvania having the highest number of WPA jobs going to African Americans. At its peak in 1938, the program employed more than 3.3 million Americans (Trotter, 2019).

Poverty, mass unemployment and hardship defined life in the 1930's for the nation and worldwide. The Great Depression changed the job opportunities for nurses, creating a shift away from private duty nursing toward hospital and public health nursing due to poverty, shortages food, and illness (A&E Television Networks, 2018). However, nurses met these challenges showing their capabilities, flexibility and professionalism. Initially the Red Cross Public Health Nursing Service addressed the need for the public health nurse (Irwin, 2013). With the election of President Roosevelt, public health nursing received funds from the Federal Emergency Relief Act of 1933 as well as the Civil Works Administration. The formation of the Children's Bureau (Children's Bureau, n.d.) provided children with health and educational services. The 1935 passage of the Social Security Act provided assistance to the elderly as well as vocational

rehabilitation services for the handicapped, medical care for disabled children and the blind, as well as programs for the assistance of mothers and children (Children Bureau, n.d).

All throughout this period, Pittsburgh needed nurses. With unemployment rates highest among the African American neighborhoods, the needs for nursing care would likely surpasses that of White neighborhoods. However, despite the dire need for nurses and the likelihood that nurses would likely seek and find employment in their own community, none of the area hospitals, colleges or universities would consider educating African American women to ameliorate this disparity.

The 1940s began with an epidemic of influenza and a responsive shudder at the Japanese bombing of Pearl Harbor on December 7, 1941. The next day more than 1,200 men enlisted in the armed services (Historic Pittsburgh, n.d.). As men left for war, women began filling job vacancies that were traditionally unavailable to them. In May 1942, Anne Alpern, was appointed city solicitor of Pittsburgh, becoming the first woman Chief Legal Officer of a major United States city. Later that year, bus companies began to hire female drivers in Pittsburgh (Historic Pittsburgh, n.d.). Despite these employment shifts, drastically altering the traditional engendered roles of women, African American women in Pittsburgh remained banned from all the areas nursing program despite the fact that war created a vital need.

The United States involvement in World War II drastically changed the economy and employment opportunities throughout the country. Just as it had in the past, Pittsburgh made a substantial contribution to the war effort (Lorant, 1999). Pittsburgh increased steel production to meet the growing demands for tools and weapons (Lorant,

1999). Industrial mills opperated at full capacity to meet defense contract requirements.

A 1944 survey showed that war contracts completed or underway in the Pittsburgh area

plants totaled $903,398,644, with $322,000,000 of it delivered to the front lines (Historic

Pittsburgh, n.d.).

Pittsburgh not only contributed to the war effort by providing the nation with

much-needed steel, but it also offered much-needed education for individuals who chose

to join the war effort. The 1943 Bolton Bill allowed for the distribution of grants to fund

the United States Cadet Nurse Corps, a program developed to educate nurses to serve in

the United States armed forces, health agencies, government and civilian hospitals, and

other war-related industries (Willever & Parascandola, 1994). "Women regardless of

color qualified for the Cadet Nurse Corps if they were between the ages of 17 and 35, had

graduated from an accredited high school, had earned good grades and were in good

health" (Willever & Parascandola, 1994, p. 456). The University of Pittsburgh received a

$1.2 million grant to provide student "Cadet Nurses" with educational scholarships (UoP

SON, 2004). The provision of these scholarships affected the inclusion of minorities into

the profession of nursing as the federal government insisted they would deny funds to

schools that did not admit minorities into their nursing programs (Frazier, 2008; UoP

SON, 2004).

The U. S. Public Health Service provided Nurse Cadet funds to 1,250 schools

throughout 48 states, Washington D.C. and Porto Rico (U.S. Cadet Nurse Corp, n.d.).

The recruitment program was an immense accomplishment, graduating 124,000 Cadet

nurses (180,000 were inducted), between the years of 1943 to 1948 (U.S. Cadet Nurse

Corp, n.d.). With the assistance of Colored Graduate Nurses, the Corps enrolled a total of

3,000 African-American nurses for the war effort (Willever & Parascandola, 1994; U.S. Cadet Nurse Corp, n.d.). Although the war ended before the Nurse Cadets graduated, the Cadet Nurse Corp helped fill the void created when experienced and graduate nurses volunteered to serve overseas (U.S. Cadet Nurse Corp, n.d.).

The war effort spurred significant changes for African-Americans in the Pittsburgh area. Prior to the Cadet Nurse program, Adena Johnson, an African-American graduate of Peabody High School who was an "A" student, attempted to apply to the nursing program at the University of Pittsburgh in 1942. Unfortunately, she was told that the school was not accepting African-American students (Frazier, 2008). That same year, another African-American by the name of Nadine Frye graduated from Westinghouse High School as co-valedictorian with the hopes of attending nursing school. After approaching all of the city's diploma programs, she applied to the University of Pittsburgh and receieved the same answer: "Whites only" (Frazier, 2008).

However, under pressure from the federal government, the university changed its discriminatory policies in 1943 (Frazier, 2008). "The government, in need of nurses for the war effort, threatened to pull funding from Pitt's Cadet Nurse Corps program if it continued to bar Black students" (Frazier, 2008, para. 24). By the fall of 1943, three African-American women were admitted entrance to the University of Pittsburgh School of Nursing (UoP SON) baccalaureate program (Frazier, 2008). Duquesne University claims to have graduated the city's first African-American nurse in 1942 (L. Cunningham, personal communication, February 13, 2012). A class photograph from that year corroborates this claim. However, this student had to complete the clinical requirements of her education in New York, as she was not permitted to serve in any of

the area hospitals (L. Cunningham, personal communication, February 13, 2012). At present, no other sources indicate that any other African-American nursing students graduate before 1947 in any of the nursing programs in Pittsburgh.

The extent to which African American women sought out nursing as a profession during this period is uncertain. A review of the archives at the University of Pittsburgh, and Duquesne University reveal no evidence of those who might have applied and been denied admittance. No archival evidence addressing the presence of absence of minority "quotas" have been discovered.

In August of 1941, the U.S. House of Representatives voted 203/202 to extend the Selective Service Act thereby providing conscription as a means to raise a national military. Months later, aware that recruits may harbor ambivalence toward the international conflict, General George C. Marshal replaced standard orientation lectures with a series of film titled "Why We Fight." Academy Award winning director Frank Capra. Capra directed seven 57-minute films contrasting two world orders, those of the Axis and those of the Allies – "the Slave and the Free." These war-training films lauded the United States as the "leader of the free world." These views became colloquial jargon, throughout the twentieth century (Bohn, 1977).

However, the desired belief that the United States emerged from World War II as a world power and "leader of the free world was damaged by the lack of civil rights offered to people of color within its own borders (Alexander, 2012). In the years following the war, the Pittsburgh Courier regularly drove home the hypocrisy whereby African Americans could be called on to fight for and die for their nation but faced discrimination when they returned home (McKenzie, 1944). Slowly, laws and policies

changed, banning employment and discriminatory educational practices throughout the country. However, despite these laws, the economic and educational disparity between Whites and African-Americans in Pittsburgh continued. The persistence of African Americans to gain entry into the profession of nursing shall be discussed in Chapter Four.

Other Variables Affecting the African American Community Today

Numerous other variables affect the current development of the nursing workforce in Pittsburgh, such as unemployment, poverty, and the development of health care in Pittsburgh as well as how these variables related to the broader context of the development of the nation's health care and development of professional nursing. These factors warrant consideration and ongoing research to determine the viability and consideration of programs to increase the matriculation, persistence and graduation rates of African Americans in the nursing profession.

Unemployment

In recent years, issues of economic uncertainty and poverty have become the focus of national discussion. Like many communities throughout the country, in the last decade, the Pittsburgh region experienced a rise in unemployment and poverty rates (De Vita & Farrell, 2014; De Vita, Pettijohn, & Roeger, 2012). Similarly, the most recent census data clearly demarcate significant disparites with African-Americans experiencing the highest rates of unemployment in both Pittsburgh and Allegheny County, more than twice as high as those of Whites (Center on Race and Social Problems, 2015; United States Census Bureau, 2010). Current post-recession rates of employment in Pittsburgh provide confusing and unclear information. Discussion regarding what constitutes employment, underemployment, and part time employment as well as a lack of data

regarding those who have given up looking for employment altogether. Regardless, in light of the slow and variable economic growth in the region over the past years (U.S. Department of Labor, 2015), it is believable that these figures have changed little.

Poverty

Throughout the nation, the 2008 recession disproportionately created economic hardship for minorities (Berndt & James, 2009). The Pittsburgh region was no exception. According to the Urban Institute (De Vita & Farrell, 2014) in 2012, approximately 28% of persons of color were poor compared with approximately 10% non-Hispanic Whites. However, substantial differences exist between groups (Table 2). "Nearly one in three African-Americans is poor—the highest rate for any racial-ethnic group in the Pittsburgh region. In fact, African-Americans make up almost 80 percent of the region's poverty population" (De Vita & Farrell, 2014, p. 10). The poverty rate among African-American returned to pre-recession levels by 2012. Nonetheless, the African-American poverty rate remains relatively constant at roughly 30% for greater than a decade, signifying persistent poverty in this community (De Vita & Farrell, 2014).

Table 2

Poverty Rates for Counties by Race-Ethnicity, 2000-2012

	Poverty Rate for White, Non-Hispanics		
County	2000	2007	2012
Pittsburgh Region	8.9	9.3	9.9
Allegheny	8.1	8.9	9.2
Armstrong	11.6	12.1	12.7
Beaver	7.9	8	11.3
Butler	8.9	7.9	8.7
Fayette	17.3	17.7	18.1

Washington	9.1	8.8	9.2
Westmoreland	8.1	8.3	9.9

Poverty Rate for African-Americans

County	2000	2007	2012
Pittsburgh Region	30.6	32.4	30.7
Allegheny	30.9	31.8	30.8
Armstrong	17.7	NA	22.9
Beaver	30.3	34.6	31.9
Butler	39.8	29.9	21.9
Fayette	31.7	39.9	21.5
Washington	24.7	28.3	39.8
Westmoreland	28.7	39.5	30.7

Poverty Rate for Hispanics

County	2000	2007	2012
Pittsburgh Region	17.8	17.6	22.7
Allegheny	19.6	15.3	21.5
Armstrong	16.9	NA	NA
Beaver	11.9	19.1	10.7
Butler	9.7	19.6	25.0
Fayette	26.2	25.9	29.1
Washington	14.3	34.0	31.2
Westmoreland	15.8	18.2	22.7

Poverty Rate for Asians

County	2000	2007	2012
Pittsburgh Region	15.4	12.3	23.4
Allegheny	16.7	12.9	18.8

40

The city of Pittsburgh has a long history of ethnic and racial divisions and continues to lag behind the rest of the nation in matriculating and retaining minority students in its post-secondary institutions (Bush, 1999). While this disparity pertains to secondary education as a whole, the disparity in nursing in particular has been recognizable for nearly 30 years. During the late 1980s, it was evident that disadvantaged students in Pittsburgh, particularly minorities, were not receiving the support necessary for them to matriculate or graduate from the various nursing educational institutions in the area (Robert Wood Johnson Foundation, 2004). This recognition led to the development of the Nursing Recruitment Coalition (NRC) in 1988 (Robert Wood Johnson Foundation, 1990, 2004) which consisted of 18 education and health-related organizations in Pittsburgh whose focus was to reduce the high attrition rate of minority and nontraditional nursing students (Robert Wood Johnson Foundation, 1990). The goal of the program was to create a pool of minority RNs to practice in Pittsburgh's underserved communities (Robert Wood Johnson Foundation, 1990). Support for the NRC initially came from the Robert Wood Johnson Foundation and the Howard Heinz Endowment. However, a lack of ongoing funding as of January 2000 marked the end of this program (Robert Wood Johnson Foundation, 2004). In recent years, these disparities remain a salient goal. In 2011, Community College of Allegheny County received a 1.2-million-dollar Health Resources and Services Administration grant, administered over a period of three years, to promote diversity in the nursing profession (Community College of Allegheny County, 2011).

Development of Healthcare in Pittsburgh

In the same way that Pittsburgh's extensive waterways and abundant natural resources caused it to grow into an industrial giant during the 19th and 20th centuries, its unique geography has also created the beginnings of a profound and ultimately far-reaching medical tradition that has extended into the 21st century. The nation's first federal hospital (Hands Hospital) was built at the confluence of the Monongahela and Allegheny Rivers in 1777 (Orrill, 1949). The waterways allowed for the transportation of supplies and soldiers in need of care (Orrill, 1949). Soldiers and farmers constructed a two-story temporary log facilityto care for the Fort Pitt troops suffering from smallpox (Orrill, 1949; "Pittsburgh's fortresses of health: 200 years of hospital progress, 1758-1958," 1959). Precipitous growth in the population of the region, infectious disease, harsh living conditions, and long hours of dangerous employment in mills and factories created a significant need for healthcare facilities and healthcare workers. During the 1840s, when Pittsburgh served as a portal to the West, Dorothea Dix, a well-known philanthropist and crusader visited Pittsburgh. She was incensed by the shocking state of health conditions, most notably the lack of healthcare facilities, and reported them to the Commonwealth of Pennsylvania, (Western Pennsylvania Hospital, n.d.). Embarrassed and outraged, Pittsburgh residents held public meetings to remedy the disparity (Western Pennsylvania Hospital, n.d.). As a result, numerous hospitals were developed to meet this need throughout the city, many of which were associated with ethnic and religious traditions (Pittsburgh's Fortresses of Health: 200 Years of Hospital Progress, 1758-1958, 1959). When a new hospital opened its doors, it typically did so in tandem with the opening of a school of nursing which would provide the hospital with much-needed staff

(West, 1939). Therefore, the city of Pittsburgh by necessity developed into a center of healthcare and health education simultaneously.

Pittsburgh provides an example of the evolution of a "distinctively industrial, heavily immigrant setting . . . which did not develop a single municipally-supported hospital designed to take on a disproportionate share of those both sick and poor" (Carson, 1995, p. xvii). Instead, religious priests, reverends, and rabbis recognized that the needs were far too great for the city alone to bear and therefore set out to meet these needs. They did so with the assistance of religious women, who served in, raised money for, and administrated over many of the area hospitals, children's homes, and psychiatric facilities (Carson, 1995; Rishel & Demilio, 1997). This grassroots development of healthcare facilities, therefore, reflected the ethnic and religious communities they served.

Racial, ethnic and ideological divisions may explain the development of so many hospitals in such a small area. The first non-military, permanant hospital began when Seven Pioneering Sisters of Mercy (from Ireland) worked with Bishop Michael O'Conner to establish Mercy Hospital on January 1, 1847. Shortly after that, William Passavant, an ordained Lutheran minister, brought four deaconesses (from Germany) to Pittsburgh to manage the first Protestant hospital in the United States (Melton, 2005).

Founded in 1849, the Pittsburgh Infirmary (later known as Passavant Hospital) served the cities growing population (Carson, 1995). However, despite sharing a common language and culture, the German immigrants in Pittsburgh remained starkly divided by religious and political views (Carson, 1995). These German immigrants of Roman Catholic faith strove to maintain their cultural identity (Carson, 1995). Hence, St.

Francis Hospital, founded by the Sisters of St. Francis of Millvale opened its doors in 1866 (Carson, 1995). This occurred even though Mercy Hospital, an already established Catholic hospital, founded by the Sisters of Mercy, existed just 3.5 miles away (University of Pittsburgh Medical Center, 2012a). The presence of two Catholic institutions in such close proximity provides a glimpse into the ethnic divisions of the area. Similarly, ethnic divisions, such as antisemitism, barred Jewish physicians from practicing medicine in any of the area hospitals (University of Pittsburgh Medical Center, 2012b). Therefore, in 1908 Montefiore Hospital, with the aid of the Ladies Hospital Aid Society, established itself in Pittsburgh's Hill District (University of Pittsburgh Medical Center, 2012b). These ethnically diverse, religious hospitals were established almost simultaneously and in the same vicinity as many of the area's secular hospitals such as the Pittsburgh Homeopathic Hospital (now Shadyside Hospital) (University of Pittsburgh Medical Center, 2012c) and Western Pennsylvania Hospital, established in 1853 (Western Pennsylvania Hospital, n.d.).

A marked improvement in the care provided by nursing in the late 1800s "undoubtedly influenced the growth of hospitals in this period" (West, 1939, p. 25). At the time of the Civil War, only 15 hospitals existed throughout Pennsylvania, with no schools of nursing (West, 1939). Population growth spurred change and by the turn of the century the number of hospitals in Pennsylvania grew to 70 (Pittsburgh's Fortresses of Health: 200 Years of Hospital Progress, 1758-1958, 1959).

During the early 20th century, as new hospitals developed, the need for nurses also increased. "Hospitals, realizing that student nurses were cheaper and easier to control than graduates, promptly established training schools" (West, 1939, p. 25). Therefore,

student nurses staffed the area hospitals while learning the roles and responsibilities of the nurse (West, 1939). With the growth of the area, hospitals and schools of nursing, the need to educate nurses beyond this on-the-job style education arose (Rishel & Demilio, 1997).

In the 1920s, Duquesne University responded to a request from religious leaders of the community to educate nurses capable of teaching in the areas many diploma nursing programs (Duquesne University, 2012a; Rishel & Demilio, 1997). By 1926, the University offered a program whereby nurses who had completed a three-year diploma program would receive 60 credits toward a Bachelor of Science in nursing (Rishel & Demilio, 1997). In 1935, a department of nursing formed as a subsection of the College of Liberal Arts and Sciences (Duquesne University, 2012b). Then in 1937, the School of Nursing established itself as an independent entity (Duquesne University, 2012b; Rishel & Demilio, 1997). At that time, Duquesne offered students an RN degree completion program as well as a baccalaureate degree with a focus on either public health nursing or nursing education (Rishel & Demilio, 1997). The schools program expanded and soon Duquesne University became the first institution in Pennsylvania to offer a program offering a Bachelor of Science as an entry to practice (Duquesne University, 2012b).

Similarly, in 1939, the University of Pittsburgh established an independent professional school of nursing in the Oakland subsection of Pittsburgh (The University of Pittsburgh School of Nursing: Celebrating 65 Years of Tradition and Innovation, 2004). Much like Duquesne University, the school's original purpose was to help diploma prepared nurses to complete a baccalaureate degree with a concentration in either teaching or public health nursing (University of Pittsburgh School of Nursing, 2004).

Drastic changes have occurred in healthcare, significantly affecting the Pittsburgh region. The Hill-Burton Act of 1946 influenced many of these changes by providing a legal means for the federal government to enter into the role of planning for needed health care resources (Paschall, 2007). By 1959, the year of Pittsburgh's bicentennial, 28 hospitals existed within the limits of Allegheny County, not including several psychiatric hospitals, two large federal hospitals for veterans, a State funded tuberculosis sanatorium, a rehabilitation hospital, and a hospital for the aged (Appendix A) (Pittsburgh's Fortresses of Health: 200 Years of Hospital Progress, 1758-1958, 1959). These many and varied institutions served the needs of 1,680,500 residents (Hague, 1961).

In 1966, the adoption of the Comprehensive Health Planning and Public Health Services Amendments allowed local public and private nonprofit agencies to develop plans to coordinate existing and planned health services (Paschall, 2007). Governmental authority was further expanded under the National Health Planning and Resources Development Act (NHPRDA) in 1974 (Paschall, 2007) creating a perfect environment for radical change. Strained economic resources coupled with increasing demands for prisons, welfare assistance, education, transportation, and healthcare caused many states, as well as the federal government, to look to the marketplace as a mechanism to manage costs and ensure quality (Lindeman, 2000). In 1986, this came to fruition when President Reagan and Congress repealed NHPRDA, asserting that health planning should be left to the marketplace (U.S. Code, Congressional and Administrative News, 1986, p. 6410)

Shortly after the repeal of NHPRDA, hospitals in Allegheny County began the complicated process of unifying and consolidating. By 1998, the three health systems existed after the consolidation of 28 hospitals in Allegheny County, as well as several

hospitals in neighboring counties6: Allegheny Health, Education and Research

Foundation (AHERF), University of Pittsburgh Medical Center (UPMC), and Pittsburgh

Mercy Health System (Burns, Cacciamani, Clement, & Aquino, 2000).

These three systems would eventually consolidate into two major networks,

UPMC and the Allegheny Health Network (AHN). UPMC rose to prominence from

1989 onward by purchasing 10 independent hospitals and opening a new 156-bed facility

just East of the city. It also purchased Mercy Hospital in 2007. With the demise of the

Mercy Health System, UPMC became by far the dominant health system in the city with

over 50% of the market share in Allegheny County (Burns et al., 2000).

In 1999, the West Penn Allegheny Health System (WPAHS) was formed when

West Penn Hospital acquired AHERF's Western Pennsylvania hospitals for $25 million

(Burns et al., 2000). This was due to AHERF experiencing the largest bankruptcy of a

nonprofit in the United States, claiming $1.5 billion in liabilities (Burns et al., 2000).

However, as the underdog in the region, WPAHS experienced significant financial losses

over the past decade (Toland & Twedt, 2013). After several legal battles and possible

bankruptcy, Highmark, one of the nation's 10 largest health insurers, bought out WPAHS

for $1.1 billion in April of 2013, forming Allegheny Health Network (AHN) (Toland &

Twedt, 2013). With the substantial financial undergirding of Highmark, the newly

formed AHN hopes to compete successfully with and be an alternative to UPMC in the

region (Toland & Twedt, 2013).

The evolution of healthcare in Pittsburgh from numerous small hospitals to that of

two competing market driven health care systems has significantly changed the

employment landscape and culture. Instead of nurses seeking employment at one of

many healthcare institutions throughout the region, they must now choose between the employment practices and work culture of two healthcare giants (UPMC and AHN). While this has created many benefits (decreased duplication of services, financial savings), it has also created less institutional and religious diversity. Additionally, since specialty services have merged into only a few centralized hospitals, opportunities to work with special populations only exist to nurses willing to work in an urban environment. How these changes have affected African Americans healthcare workers, (the largest group of which are nurses) remains a question for future research. Clearly, with healthcare comprising such a large portion of jobs in the area, if individuals face barriers into the profession, they will find few other opportunities with the same prospects.

Broader Context Related to Nursing/Health Care

Demographic changes in the United States (Table 2), as well as the current trend toward globalization, has brought a heightened consciousness concerning the need to adopt a broader understanding of cross-cultural perspectives (Turner, González, & Wood, 2008). This recognition hastened a heightened need for a strong and diverse nursing workforce. Furthermore, various health-care disparities within the United States often occur along socioeconomic, cultural, and racial lines (Yancy, 2012). Research suggests that diverse populations seek and follow health care directives from practitioners within culturally similar groups (Vaccaro & Huffman, 2012). Clearly, the present nursing workforce does not adequately reflect the changing demographics of the nation.

Table 3

Population and White/African-American Breakdown of Northern U.S. Cities

Year	Total Population	Black/ African-American	White
Pittsburgh	305,702	26.1%	66.0%
Chicago	2,695,598	32.9%	45.0%
Cleveland	396,815	53.3%	37.3%
Detroit	713,777	82.7%	10.6%
Manhattan	1,585,873	18.3%	64.7%
Philadelphia	1,526,006	43.4%	41.0%
Washington, DC	601,767	50.7%	38.5%

Note. U.S. Census Bureau, 2010.

Increased diversity of the nursing workforce is a continued goal of the Institute of

Medicine (2011). This focus creates a true imperative to facilitate a more welcoming and

supportive academic environment between faculty and students (Lancellotti, 2008;

Noone, 2008) as well as the development of policies aimed at matriculating and retaining

students of various cultural backgrounds (Oestreicher, 1989). To achieve this goal, nurse

educators must recognize the need for change, and envision new ways of adapting

nursing education to accommodate diverse student needs (Bednarz, Schim, & Doorenbos,

2010).

The 2010 U.S. Health Resources and Services Administration (HRSA) report

indicates that the nursing workforce has gradually become more diverse, with the

percentage of ethnic minority RNs increasing from 12.2 % in 2004 to 16.8 % in 2008.

Hispanic nursing graduates have provided the most drastic growth (U.S. Health

Resources and Services Administration, 2010). The number of Hispanic nurses who have

graduated since 2005 has increased to 7.1%, compared to 1.4% who graduated before

1980 (U.S. Health Resources and Services Administration, 2010). Additionally, since

2005, the graduation rate of Black/African-American RNs has increased to 7.4%,

compared to 4% who completed their education in 1980 or earlier (U.S. Health Resources

and Services Administration, 2010).

These changes must be viewed in light of the fact that minorities increasingly

constitute a larger percentage of the total population nationally. According to the U.S.

Census Bureau (2010a), minorities presently account for 27.6% of the total population

with nearly half (47%) of the nation's children under the age of five belonging to an

ethnic or racial minority group. Additionally, a recent report from the U.S. Department

of Homeland Security (2011a) estimates that the U.S. has 12.63 million legal permanent

residents, one-third of which emigrated from Mexico. Moreover, an estimated 11 million

unauthorized immigrants currently reside within the U.S. borders (U.S. Department of

Homeland Security, 2011b). Current trends suggest that by the year 2050, the Hispanic

and Asian American population will nearly triple, and the African-American population

will nearly double (U.S. Census Bureau, 2010a, 2010b, 2010c, 2010d).

These significant demographic changes, as well as the present trend toward

globalization, have created an array of challenges within the nursing profession.

Undoubtedly, the goal of providing culturally appropriate and sensitive care necessitates

the development of a diverse nursing workforce (Amaro, Abriam-Yago, & Yoder, 2006;

Lancellotti, 2008). With a shortage of RNs in the United States expected to exceed

500,000 by the year 2025 (American Association of Colleges of Nursing, 2010) more

initiatives designed to recruit minority students into the nursing workforce must be

considered. Clearly, research supporting ethnic and racial minority students' academic

success is vital to meet the ongoing needs of the society. This examination requires more

than a review at the policy level; it requires an understanding of various barriers creating

these struggles. Historic socio-cultural and economic barriers must be explored,

recognized, and subsequently overcome.

The Culture of the Profession

The challenges African-American women faced in the 1940s when attempting to

enter programs of nursing education was not uncommon for that era. During the first half

of the 20th century, schools of nursing largely only admitted single, young White women

(D'Antonio, 2010; Hine, 1989). Nursing has a "long and rich history of being a uniform

discipline both in terms of attire and in the nature of our education and practice"

(Bednarz et al., 2010, p. 254). Some assert that while the profession has made significant

progress in scholarship and advancing education, the value of uniformity remains a

significant distinction within the discipline, creating a barrier to racial and ethnic

diversity (Bednarz et al., 2010).

Furthermore, early nurse leaders seeking to elevate the modern ideal of nursing,

continuously raised the standards of entry into the profession, thereby excluding

individuals of lower educational and socioeconomic means (Hine, 1989). Although

discriminatory policies and practices are illegal today, unequal treatment toward

minorities may continue, causing a detrimental effect on the profession (Barbee, 1993).

Clearly, as the standards of entry into nursing continue to rise, minorities are often

disproportionately negated, as they are more likely to have less-than-adequate

educational preparation (Bednarz et al., 2010; College Board, 2011; Gilchrist & Rector,

2007). Educators may struggle with the notion that a more diverse nursing workforce will diminish the view of nursing as a profession, particularly if students of underrepresented minorities enter their post-secondary education with minimal academic preparation (Bednarz et al., 2010; College Board, 2011; Gilchrist & Rector, 2007). Initiatives designed to recruit diverse students may also create controversy and division among faculty members who perceive them as a "threat to, or a watering down of, excellence" (Maher & Tetreault, 2009, p. 17). Conversely, nursing programs that actively recruit minorities or offer additional supportive/financial services may be accused of practicing racial bias if those same supportive services are not offered to White students.

Moreover, teaching topics related to diversity may create a "diversity education dilemma" whereby stereotypical beliefs about certain generalized groups are inadvertently affirmed (Amoroso, Loyd, & Hoobler, 2010). Educators must carefully weigh the benefits and risks associated with topics of diversity as exposure to information concerning status hierarchies may reinforce those hierarchies in the classroom (Amoroso et al., 2010). If not handled carefully, the subject of "White Privilege," as well as discussions surrounding educational, socioeconomic, and health disparities may create an uncomfortable even marginalized environment for students representing those racial/cultural groups.

These challenges, coupled with the fact that so few minorities hold faculty and leadership positions in nursing, may contribute to an exclusionary impression toward minority students (American Association of Colleges of Nursing, 2013). Perhaps because of this, nursing programs have remained largely unaware of the many

institutional barriers ethnic and racial minorities face, and despite many mandates (Sullivan, 2004) to recruit and retain minority students, this is why nursing remains a profession dominated by White women (U.S. Health Resources and Services Administration, 2010). For this to change, nursing educators must recognize the need for change and envision new ways of adapting nursing education to accommodate diverse student needs (Bednarz et al., 2010).

Summary

Throughout Pittsburgh's history, African-American individuals have encountered numerous challenges. Pittsburgh's industrial past, which once offered employment to immigrant Europeans and migrant African-Americans has changed drastically. Today in the city of Pittsburgh, the healthcare sector dominates as the major employer in the area (U.S. Department of Labor, 2015). While this has created significant advantages for the region, African-Americans have not benefited from this change. The historically conspicuous underrepresentation of African-American health care professionals may contribute to the significant health disparities in the area. Previous initiatives to diversify the profession of nursing in Pittsburgh have woefully failed. Therefore, a closer examination of the sociocultural, economic, and political dynamics surrounding the entry of African-Americans into the profession of nursing is imperative. Perhaps a greater understanding of the issues surrounding the racial undercurrents of the city of Pittsburgh's past will provide new insights and spur discussion about ways to ameliorate the persistent lack of diversity in the profession of nursing.

CHAPTER THREE

METHOD OF INQUIRY

This chapter outlines the guiding research design and methodology that was used in the study, including a review of oral history standards and the general steps of historical research. Definitions of key concepts and terms are provided as well as the setting, sample, and procedures for the research. The chapter concludes with a discussion on human subject considerations and a fuller exploration of the study's strengths and limitations.

Background of the Methods

In an effort to create a body of research that provides fundamental lessons for future generations, the research examined the extent to which African-Americans were (or were not) able to enroll in nursing schools in the city of Pittsburgh. This information was then further extended to include the sociocultural evolution of integration that occurred during the latter part of the 1940s through the 1970s through the ideological perspective of social justice. Mixed qualitative methods were used to achieve this goal since it is not possible to answer a research inquiry entirely using a single method of inquiry (Morse, 2009). Mixed qualitative methods warrant consideration when a research question requires a contextual understanding from a variety of perspectives and cultural influences (Creswell et al., 2011). Furthermore, the use of mixed methods allows the researcher to draw on the strength of each, providing a means of framing the investigation within philosophical and theoretical positions (Creswell et al., 2011).

Historical Research

The method of historical research is the gathering and synthesis of historical information to explore and develop theoretical and holistic conclusions (Austin, 1958). Historical research crosses numerous disciplines and can provide a foundation to explain the important causes related to why certain circumstances or challenges exist (Malmgreen, n.d.). Studying the past can also serve to enlighten our understanding of other societies and cultures. (McDowell, 2002). This methodology proves advantageous when attempting to answer a variety of questions concerning unknown phenomena or when exploring consequences or relationships of past occurrences, with a focus on their relationship to the present (Berg, 1995). This is true because history is the foundation of the present, and in order to understand the complexities of modern culture, norms and relationships between people groups in a given geographical area, we must discern the events and interactions between those groups leading up to the present.

Historical research encompasses more than the mere retelling of facts and events (Berg, 1995). Rather, this research method attempts to methodically examine and interpret the complex relationship between the people, ideas, and events of the past and how they have shaped the present (Berg, 1995; McDowell, 2002). In this way, we can better assess the endeavors of individuals, institutions, and agencies, thereby augmenting our understanding of human culture (Berg, 1995). A heightened appreciation of the past fosters an awareness of current and future trends (Lewenson et al., 2008), providing modern-day nurses with insight on how to assume control of their practice, education, and role in the healthcare system (Lundy, 2012).

The Research Process

When conducting a historical study, the nurse researcher must carefully select historical material and assess its quality. Issues of quality relate to evaluating the origin and perseveration of existing sources, as well as understanding their purpose, context, accuracy, and usefulness (Wood, 2011). The researcher must systematically analyze each source to determine if the information focuses on the narrative and supports the study's conclusions (Lundy, 2012). An appropriate assessment of historical sources involves consideration of "temporal, geographic, social, cultural, political, and professional contexts" (Wood, 2011, p. 32). Comparison of the context of historical sources with other primary and secondary information material from that period is imperative.

When conducting a historical study, the researcher must carefully avoid the imposition of modern perspectives upon past cultures and their specific terminology (Berg, 1995). Passing judgment about the ideals and values of a previous era of a society undermines the point of historical research (Berg, 1995), because the objective of historical research should be to capture, understand and preserve as objectively as possible the perspectives of the historian and those about whom he or she writes. Utilization of historical research occurs within a social, cultural, or political framework (Lewenson et al., 2008). Furthermore, the relationship between frameworks, information, and inquiry may be reciprocal and dynamic, with each structure influencing the other (Lewenson et al., 2008). According to Lundy (2012), historical research follows several stages:

- Identification of a phenomenon
- Development of hypotheses/research questions

- Identifying theoretical perspectives to guide the data collection and interpretation process

- Collection and exploration of primary and secondary sources of information

- Establishment of the validity and reliability of the data, analyzing the evidence from each source, including the analysis and meaning of missing data

- Formation of conclusions which either accept or reject the research hypotheses if applicable

- Writing a report describing the research and interpretations with detailed evidence of the conclusions

In an attempt to determine when and to what degree African-Americans first gained entry into the various schools of nursing in the Pittsburgh area, a review of primary and secondary historical documents was conducted, inclusive of archival records from various schools of nursing in the Pittsburgh area. This investigation primarily included the following types of information: nursing school directory/registration data inclusive of the criteria for school admittance, demographic information of the student body, and school attrition and graduation rates. The gathering of this information provided as complete a picture as possible of the student enrolled in those schools during the mid-20th century. Once these data were established, enrollment patterns and trends were mapped throughout the roughly 30-year span of this study. The historical data of this study provided information surrounding the sociocultural context of the mid-1940s through the 1970s. Foundational contexts were reviewed inclusive of local, world, and sociopolitical history as it pertains to African-American individuals and the profession of nursing during this period. This historical information provided the background of the study. The knowledge gained through this study could guide research questions relevant

to the modern-day minority individual and the challenges they face when considering nursing as a potential career.

Additionally, this study included a compilation of oral histories (1950s-1970s) from individuals who were nursing students in Pittsburgh during that period. Oral history interviews of individuals who studied nursing during this crucial era shed light on reasons behind the persistent lack of minorities in the profession and provided present day nurse leaders with insights that may reverse this disposition within the city of Pittsburgh.

Overview of the Method - Oral History

In addition to written historical documents, the compilation of oral history interviews from nine African-African individuals who studied in various nursing programs throughout the Pittsburgh area during the late 1940s to 1970s provided the researcher with substantive data to be analyzed for the presence of meaningful themes. These themes, centering on their personal lives, perceptions and attitudes were largely unavailable from more traditional written sources (Shopes, 2002) and hence greatly served to strengthen this study.

The use of oral histories as a technique was first introduced in the 1930s and 1940s and has since developed into a multidisciplinary research method (Leavy, 2011; Shopes, 2002). Epistemologically, it places the researcher and participant in a collaborative association (Leavy, 2012), whereby meaning is generated through the creation of the interview narrative (Leavy, 2011). The objectives of this method vary significantly and may include "exploration, description, explanation, theory building, or social action" (Leavy, 2012, position 84).

According to Shopes (2011), "An [oral history] interview is a storied account of the past recounted in the present, an act of memory shaped as much by the moment of telling as by the history being told" (p. 7). It is an in-depth description of the reflections and memories of an individual's experiences and the resulting perceptions, beliefs and attitudes he/she holds (Leavy, 2011; Oral History Association, 2016). These perceptions can shed significant light on the facts of a particular historical period (Oral History, 2012).

Although oral history draws on some principles of oral tradition (the passing of stories from one generation to the next), the terms and methods are not interchangeable (Leavy, 2011). Rather, it is a process of collecting narrative accounts for research purposes (Leavy, 2011). Oral historians require a critical approach, and must seek intellectual honesty while avoiding possible misrepresentations, stereotypes, or manipulations of the participant (Oral History Association, 2016). Oral history is a scholarly and innovative initiative, contributing to the empowerment of a group of individuals for the precipitation of social change (Armitage & Gluck, 1998).

The Design Process

Following a well thought out research design provides the foundation of a qualitative research study (Leavy, 2011). The research design defines how a study will be framed and carried out. However, modifications can be made during the process as difficulties as well as new insights are encountered (Leavy, 2011). The use of oral history as a research method helps fill in gaps in previously understood knowledge; documents perspectives that may not have been recorded or considered previously;

explores, describes, and explains various occurrences/phenomena and may reveal similar themes/variables in lived experiences (Leavy, 2011).

According to the Oral History Association's *Principles and Best Practices* (2016), when conducting an oral history interview the researcher is obliged to ask historically significant questions that indicate thoughtful preparation and an understanding of the issues to be addressed. Prior to an oral history interview, the researcher should conduct background research on the participant and the topic of interest, recognizing the historical context available in primary and secondary sources. The interviewer should strive to explore all applicable areas of inquiry and not be content with superficial responses. However, an interviewer should encourage the participant to use their own language and style to address issues that reflect their concerns. Additionally, the "interviewer must respect the rights of interviewees to refuse to discuss certain subjects, to restrict access to the interview, or, under certain circumstances, to choose anonymity" (Oral History Association, 2016, para 25). Moreover, when conducting an oral history interview, the researcher must apply considerable foresight to avoid creating interviewer bias by asking leading questions.

During an oral history interview, the researcher's principal role is one of an active listener, providing the participant with appropriate verbal and visual signs of listening (Leavy, 2011). It does not necessarily follow a systematic procedure, but rather it may flow back and forth between researcher and participant (Leavy, 2011). The researcher must notice "markers" (Weiss, 1993) or bits of information provided by the participant in the process of discussing something else. These makers can alert the researcher to important insights that can be explored later in the interview (Leavy, 2011).

The Oral History Participant

When choosing subjects to participate in an oral history, it is important to select individuals who are mentally, physically, and intellectually able to share first-hand memories (Montana Historical Society, n.d.). The research method of oral history relies heavily on human memory: the way in which an individual has perceived their life experiences, and how well they can reconstruct what they once understood as reality (Charlton, 1985).

Interpreting an oral history interview can be a very complex endeavor. As with all sources, historical researchers must exercise acute judgment when using interviews. Individuals often misjudge the relevance of past events by confusing them with contemporary issues of importance (McDowell, 2002). A person may very convincingly say something is true, but that does not mean it is factual. Likewise, a person may have witnessed a particular event, failed to understand what occurred. The first step when assessing the reliability of an interview is to verify (if possible) the testimony with recognition of the participant's relationship to the situation or occurrence (Leavy, 2011). The accuracy of what a participant contributes to the interview is always gauged by comparing it with other interviews and documentary evidence related to the same topic (Shopes, 2002). If, however, the testimony is incongruent and incompatible with the written record, the researcher needs to account for these discrepancies (Shopes, 2002).

Concepts and Terms

For the purpose of this study, the concepts and terms used are as follows:

Bias (cognitive): Cognitive bias is based on schemas (thought structures) that influence what people notice or how what is noticed is interpreted. Cognitive bias can lead to discriminatory actions that are either voluntary or involuntary (Alexander, 2012).

Bias (conscious): Rational, careful deliberations or thought processes (Alexander, 2012).

Bias (unconscious): Automatic thought processes, without conscious awareness or intent (Alexander, 2012).

Bias (implicit): Negative attitudes and stereotypes about race without the desire for or awareness of them (Alexander, 2012).

Bias (explicit): Openly and willing expressed attitudes and stereotypes about race (Alexander, 2012).

Bias (racial): Racial bias occurs when public consciousness is influenced by politics and the media to form a public consensus that associates a particular race with negative aspects of society, such as crime (Alexander, 2012).

Cultural competence: "A way of being sensitive to the differences in culture of constituents and acting in a way that is respectful of the values and traditions of the client while performing those activities or procedures necessary for the client's well-being" (de Chesnay, 2005, p. 31)

Discrimination: The practice of unfairly treating a person or group of people differently from other people or groups of people.

Equity: The quality of being fair and impartial.

Ideological perspective: An ethical or moral viewpoint.

Integration: The act or process of incorporation as equals into society or an organization of individuals of different groups (as races).

Institutional racism: A form of racism so embedded in society that businesses and institutions lack an overall awareness in the practice (Anderson, 2004).

Distributive justice: Involves equality more than equity and used most often to discuss the allocation or distribution of goods and services in society (de Chesnay, 2005).

Resilience: The aptitude to rebound after adversity and stress (Atkinson, Martin, & Rankin, 2009; Dyer & McGuinness, 1996). Resilience may be viewed as both a personal characteristic and a desired outcome. Resilience inquiry emerged from the recognition of phenomenological characteristics of individuals exposed to high-risk situations (Dyer & McGuinness, 1996; Richardson, 2002). Subsequent research focused on the process of attaining these characteristics, or protective factors (Richardson, 2002). Unique to the nature and personality of the individual, these protective factors comprise an arsenal in the struggle to overcome hardship and stress (Dyer & McGuinness, 1996).

Social integration: A dynamic and principled process of promoting the values, relations, and institutions that enables all people to participate in social, economic, cultural, and political life based on equality of rights, equity and dignity (Department of Economic and Social Affairs, 2009).

Social inclusion: "A multi-dimensional process aimed at creating conditions which enable full and active participation of every member of society in all aspects of life, including civic, social, economic, and political activities, as well as participation in decision making processes" (Department of Economic and Social Affairs, 2009, p. 3).

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Social exclusion: "A process through which individuals or groups are wholly or partially excluded from fully participating in all aspects of society" (Department of Economic and Social Affairs, 2009, p. 3). This estrangement could transpire due to social characteristics (age, ethnicity, culture, race, language, gender), or due to physical, economic or social conditions (Department of Economic and Social Affairs, 2009). Social exclusion also refers to barriers in employment opportunities, access to social services, ownership of land/housing, access to social services or sufficient political representation (Department of Economic and Social Affairs, 2009). Social exclusion leads to a "lack of voice, lack of recognition, or lack of capacity needed for active participation" (Department of Economic and Social Affairs, 2009, p. 3).

Social justice: "Full participation in society and the balancing of benefits and burdens by all citizens, resulting in equitable living and a just ordering of society. Its attributes include: (1) fairness; (2) equity in the distribution of power, resources and processes that affect the sufficientcy of the social determinants of health; (3) just institutions, systems, structures, policies, and processes; (4) equity in human development, rights, and sustainability; and (5) sufficiency of well-being." (Buettner-Schmidt & Lobo, 2011, p. 948).

Social participantion: "Refers to the possibility to influence decisions and have access to decision-making processes. Social participation creates mutual trust among individuals, which forms the basis for shared responsibilities towards the community and society" (Department of Economic and Social Affairs, 2009, p. 3).

Sample, Setting, and Procedures

The utilization of historical analysis and oral history research methods was carried out in order to study the phenomena of African-Americans' entry into professional nursing in Pittsburgh, Pennsylvania. This study was divided into two parts: The first included an examination of written and photographic historical material from various schools of nursing in the Pittsburgh area. The second part was a compilation of recorded and transcribed oral history interviews of African-American nurses who were educated and possibly employed in the city from the 1940s through the 1970s. Interview questions [Appendix E] have been fashioned to probe several dimensions of these individuals' early experience, both in nursing schools and in practice, to reveal the sociocultural dynamic occurring in Pittsburgh during this period. These oral history interviews, which occurred over a one to three-year period, were a vital component of this study. Not only did they document the individual experiences of African-Americans during their education in various nursing programs (diploma, associate, or baccalaureate), but they were also anchored to the broader socio-political history of African-American women and the profession of nursing education and practice throughout the world during the mid-1900s. This approach is similar to the review of historical literature in general. The presence of meaningful themes was then evaluated by analyzing the data from the perspective of Lundy's (2012) stages of historical analysis through the ideological perspective lens of social justice.

Review of Historical Documents

Examination of historical documents began with publications related to the history of nursing education as well as contextual material examining the socio-political

and economic changes relevant to nursing and health-care in the Pittsburgh area. Historical primary source documents including available archival records from various schools of nursing in the Pittsburgh area were reviewed. In order to identify admittance guidelines and clinical placement of African-American students, the evaluation included, but was not limited to, nursing school policies, minutes, school records, yearbooks, and class photos. Finally, the reliability and validity of the archival data were determined by analyzing it within the same historical context and comparing it to other primary and secondary source material from the same period.

Collection of Aggregate Data

The researcher contacted schools of nursing that had available and relevant archival registration data to secure access. Explanation of the purpose of the study to relevant nursing schools was imparative. The school administrator(s) signed letters of consent prior to the review/collection of any written archives/data. If a school was closed, the researcher approached the individual or committee in charge of registration/ transcript information for permission to include their school's information in the research study. Appendix A includes a listing of possible schools for this study. Although the number of schools was considerable, the approval process was significantly streamlined by the fact that over the past 20 years, most of the smaller diploma-granting institutions have consolidated under one of the two prominent healthcare systems in the area. Examination of student information gathered from schools of nursing such as age, gender, and race, was planned for use as aggregate data only.

If the various schools did not have this aggregate data available, a review of school registration data (yearly) and a manual count of the number of students was utilized in order to procure this data. The next step was to code and enter this

information into an electronic database. Although directory information is considered public access information and does not necessitate Institutional Review Board (IRB) approval, IRB approval at Indiana University of Pennsylvania (IUP) was obtained to further validate the research process as appropriate.

Oral History Interviews - Sample

Oral histories data utilization will enhance and supplement the understanding and interpretation of undocumented events. (McDowell, 2002). After obtaining IRB approval, a convenience sample of oral history participants was recruited primarily through advertisements in alumni association newsletters and professional organizations such as The Association of Pittsburgh Black Nurses and Chi Eta Phi, a sorority of minority nurses. Word of mouth and snowball sampling also occurred as a direct result of this method of securing a sample. Participants were also solicited online via a posting on Facebook's Pittsburgh Black Nurses in Action page. It is difficult to determine the number and availability of possible participants, as individuals who graduated (1940s - 1970s) within the study parameters may be nearly 90 years old. Interested participants provided the researcher with their contact information so that arrangements could be made for an interview. An interview session typically lasted approximately 45-60 minutes. Individuals could participate in a second interview to clarify any confusing testimony if the need arose. Individuals with significant memory impairment were excluded from the study at the discretion of the researcher.

Oral History Interviews – Setting and Procedure

Oral histories were conducted in a location that was comfortable and convenient for the participant, such as the participant's residence or a study room at one of the local

college libraries. Open-ended questions relating to the lived experiences of African-American nurses who were educated and worked in Pittsburgh, Pennsylvania comprise the Oral History component of this study.

These individual testimonies were first compared with one another to identify common themes, experiences, and attitudes. The discovery of significant commonalities helped to strengthen and unify a general perspective held by African-American individuals in the field of nursing. Then, their personal accounts were compared to and corroborated with the aggregated school data and documented historical events of that time period. An important question addressed was whether Pittsburgh's distinct political, socio-economic, and racial climate had a significant impact upon the entrance of African-American individuals into Pittsburgh's nursing profession.

Due to the intertwined relationship between nursing education and practice, both were explored, with the examination of practice being limited to aspects that specifically influenced education. In terms of education, interviewees were asked about the decision-making process that led them into the nursing profession. Questions related to the availability of support agents (family, friends, financial scholarships, grants) that facilitated entrance into the field were also explored. With respect to practice, there are several pertinent questions that were addressed: How did nursing practice in general affect school enrollment policies and recruitment? How did the experience of African-American individuals as patients affect their desire to enter nursing? Did the experience of existing African-American nurses influence the enrollment of new candidates?

Oral history interviews are an incredibly important part of this study. The testimonies of African-American nurses gave a unique perspective on nursing education

and practice as they experienced it directly. Additionally, they helped reveal historical events, racial issues, and social justice issues perceived through the eyes of those who lived through them.

The previously stated questions answered through the oral interviews (Appendix B) and combined with historical data, provided tremendous insight into the greater question regarding the lack of African-American participants in the field of nursing in Pittsburgh during the 1940s through the 1970s.

Limitations

The advanced age and availability of participants presented a challenge. Furthermore, society changed dramatically during the mid-20th century, and even with a large number of participants, it was not conceivable to research participants until a level of saturation was reached. However, the inclusion of oral history testimony certainly added richness and depth to the study and was necessary to provide a greater level of understanding.

Due to the broad nature of this research method, the specific group under examination in this study narrowed once the availability of data and participants were thoroughly reviewed. For example, the principal investigator chose to narrow the study to include African-American nursing students from only one type of nursing program (diploma, associate, versus baccalaureate). If enough material/participants were uncovered from a narrower period, the study focused more directly on that period. However, narrowing the study to only one type of program would understandably limit the depth and breadth of the study conclusions. For example, baccalaureate programs are significantly longer and therefore more expensive than diploma and associate degree programs. These variables provided a barrier for less economically advantaged students

from entering them. If economic barriers were to be considered narrowing the study to one type of program, therefore not allowing for a comparative analysis would drastically affect the studies significance. Conversely, if limited material/participants were uncovered from a wider period, the study broadened to include other factors not originally anticipated by the researcher that may have presented themselves during data collection. Such is the nature of historical analysis (Lundy, 2012).

Response Bias

In this study, a potential for response bias existed due to the age and race of the research participants compared with the age and race of the researcher. Research indicates that when a conversation takes place between African-American respondents and an interviewer of a different race, there is an increased risk of the participant providing a socially desirable, rather than an accurate, response (Davis, 1997; van de Mortel, 2008). These reactions occur more often when addressing sensitive issues such as race, gender, sexual practices, and domestic violence (van de Mortel, 2008). Davis (1997) found that, as "a sign of deference to the interviewer, African-Americans in response to white interviewers are more likely to acquiesce to mutually contradictory evaluations" (p. 309). In the hope of minimizing response bias, a female African-American research assistant under the supervision of the researcher interviewed oral history participants. In the event of confusing or contradictory testimony, follow up meetings by telephone or face to face were conducted by the African American research assistant or the primary researcher to clarily any misunderstandings in the testimony.

Rigor

Finding and indexing source material was followed by the equally significant task of appraising the merits of the material, which included being able to detect discrepancies between what was discovered and what was publically known (McDowell, 2002). A review of the available resources indicated considerable holdings of primary and secondary source material from 1940-1970s. These included, but are not limited to sources stored at the following schools: the Carnegie Libraries of Pittsburgh; Hillman Library of the University of Pittsburgh; Gumberg Library of Duquesne University; the Detre Library and Archives at the Heinz History Center; the Archives Service Center of the University of Pittsburgh; archives of the Urban League of Pittsburgh, as well as state archives stored in Harrisburg, Pennsylvania. Additionally, the working files of the Works Progress Administration's Pennsylvania Historical Survey consisting of administrative records, transcripts, photographs, inventories, and notes from 1935-1950 were available at the State Archives in Harrisburg, Pennsylvania. These sources provided the researcher with historical as well as contextual information regarding the sociopolitical atmosphere in Pittsburgh at that time.

Adding even greater rigor to the study was the use of Lundy's (2012) stages of historical analysis, which provided a disciplined framework to analyze the historical data. This comprehensive process included the identification of phenomenon, the development of hypothesis and theoretical perspectives, the collection and validation of data, and the formation of interpretations and conclusions supported by detailed evidence. Additionally, the data were interpreted from the ideological perspective of social justice and in the sociocultural context of the mid-1940s through the 1970s. This approach took

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into consideration the local, world, and sociopolitical history as it pertained to African-Americans and the nursing profession, adding objectivity and relevance to the study. Finally, in addition to historical analysis was the utilization of oral history interviews conducted under the strict guidelines of the Oral History Association. These guidelines required a critical approach that emphasized intellectual honesty and the avoidance of misrepresentations, stereotypes, or manipulations of the participant. With respect to these principles, the researcher employed an African American interviewer with the hope of creating an environment where the interviewee felt more at ease, open, and free to discuss racially sensitive issues.

Historical Bias

Although the goal of a historical analysis is to produce an articulate and consistent description of historical events (McDowell, 2002), the existing historical archival documents could have been tainted by the culture and values of the time. If a phenomenon was not seen as important 50-70 years ago, the records simply might not have included it. Therefore, a lack of accurate and reliable documents posed a limitation to the study. The use of mixed methods ameliorated these limitations. While, "written sources alone cannot provide us with full understanding of the impact of historical events on the lives of ordinary people" (McDowell, 2002, p. 61) the written record triangulated with the oral histories of the people involved and the descriptive statistical data available created as clear a picture as possible.

Furthermore, oral history testimony does not provide a meaningful account of the past until critically analyzed for truthfulness (McDowell, 2002). Participants may deliberately distort their testimony to create an account that is consistent with their own

motives, values, and preconceived ideas (McDowell, 2002). Therefore, it is imperative to compare/contrast material obtained from oral history interviews in light of the material from other sources.

<h2 style="text-align:center">Human Subject Considerations</h2>

Due to the constraints of not attaining individual institutional IRB permission from each participating school, no personal identifying information was reviewed.

Oral Histories

Prior to the study, participants received verbal and written information about the purpose of the study. All participants signed an IRB-approved informed consent. Fundamentally, the creating of oral history is an archival practice, demarcated by the supposition that interviews are conducted with the intent of creating a permanent record to be made publicly available (Shopes, 2002). Available demographic information regarding student's race/ethnicity, gender, and age was collected, as they are useful for future research or secondary analysis beyond the scope of this project. Therefore, oral history participants were asked to sign an informed consent form to allow their interview to be used by the interviewer and for the oral history recording/transcript to be stored in a public archival collection. Oral history participants had the option of defining the terms with which the interview could be used, including specific instructions if he/she would like to remain anonymous or restrict the access to the interview for a period of years.

Additionally, with the permission of the participant, oral history recordings and/or transcripts are to be stored at the library of the institution where the individual received their education. In the event that the individual attended a school that has since closed, the oral histories were offered to the archive department of the Western Pennsylvania

History Center (Heinz History Center) and perhaps the National Visionary Leadership Project, which is a collection of African-American oral histories at the Library of Congress' American Folklife Center. If participants wished to remain anonymous, removal from all transcripts, and any audio/video recordings of their name from library archives ensued. After the oral history interview, each participant received a written acknowledgment of his or her participation, a copy of the audio recording, as well as a copy of the written transcript.

This project involved no recognized risks to the subjects studied. Data reviewed from nursing school directories examined as aggregate data had no recorded personal identifying information. There were no foreseen physical, psychological, social, or legal risks from the proposed procedures and methodology. There were no long-range risks to the former students of these nursing programs.

Conclusion

This chapter has provided an overview of the guiding research design and methodology of the study. The first part of the study included an examination of written and photographic historical material from various schools of nursing in the Pittsburgh area. A review of information from primary sources was gathered and synthesized in order to develop theoretical and holistic conclusions using Lundy's (2012) stages of historical analysis. The extent to which African-Americans were able to enroll in nursing school in the city of Pittsburgh was examined through the ideological perspective of social justice. The second part of this study consisted of a compilation of recorded and transcribed oral history interviews of African-American nurses who were educated and employed as nurses in Pittsburgh during the same period. It is understood that the age

and availability of participants limited the degree of saturation of the study and also varied or shifted its focus. However, the researcher believes that the length and breath of the questions asked as well as considerable rapport with the interviewer offset these variables. The written historical information served to corroborate the oral history interviews, while the interviews, conducted under the strict guidelines of the Oral History Association, in turn provided depth and perspective from an African-American point of view. In this way, the researcher hoped to create a foundation of knowledge that contributes to a greater understanding of African-Americans in the field of nursing in Pittsburgh.

CHAPTER FOUR

RESULTS

Chapter four of this study presents the analysis of the historical information and

oral histories described in the previous chapter, with the exception of the exact racial

demographic data of the various schools of nursing that operated in the post-World War

II era. This chapter identifies common themes across the subjects' interviewed which

illuminate the lived experience of these African-American nursing students in the

Pittsburgh area during the post-World War II era. The historical information provides

contextual insight for the oral histories presented. This chapter also analyzes these

historical narratives, builds upon assessment of the evidence on which the researcher has

drawn and determines the soundness of interpretations created from that evidence. This

chapter also differentiates between expressions of opinion, no matter how passionately

delivered, and informed hypotheses grounded in the available historical evidence.

Defunct or Unavailable School Registration Data

Remarkably, school application forms from the 1950's through 1970's did not

include any questions regarding a student's sex or race. This includes a thorough search

through the archives of the University of Pittsburgh, Duquesne University, Montefiore

Hospital archives (located at the Heinz History Center Archives) and St. Francis Medical

Center School of Nursing. Allegheny General and Passavant Hospital were contacted

regarding their nursing school archives. Unfortunately, these archives were either

unavailable or there was no one whom managed these records. Further, the director of

the Archives at The University of Pittsburgh was unable to unearth any racial

demographic data for the University of Pittsburgh School of Nursing in any school

accreditation reports for this period. Furthermore, the archivist revealed that boxes of records from Montefiore's School of Nursing had been either lost or discarded over the years. The Sisters of Millvale who maintain the archives for St. Francis Medical Center's School of Nursing explained that only official transcripts from the school of nursing remained after the school closed in 2002.   These forms did not include information regarding race. A review of nurse licensure information stored in the Pennsylvania state archives in Harrisburg revealed no indication of race. The only occurrence-documenting race was on medical exam receipts at Duquesne University. On this form, students were coded as "W" for White, "N" for Negro or "Y" (yellow) for Asian. Information for the years 1960-1961 school year showed that all 42 full time students were White. Of the 103 part time students (2-11 credits), two students were coded as Negro, the rest being White. Of the eight full tine "special students", all were White. Of the 14 part time Basic Seniors - one was Asian and the rest were White. Of the other Full time Basic Seniors - all 21 were White. Therefore, these numbers indicate that out of approximately 188 total students, only two African Americans attended Duquesne University in any capacity in 1960.

Yearbooks from the University of Pittsburgh and Duquesne University were examined. Due to the nature of black and white photography, the uniformity of hairstyles and the presence of the nurses' cap, it was difficult to speculate about the race of an individual in these photographs. A review of school class composite photos allowed for a better estimation of an individual's race. However, there was inconsistency regarding the availability of composite photos for any of the schools. Unfortunately, this demographic data was not collected, had been lost entirely, or is not available at this time.

Interestingly enough, the application forms reviewed did include a question regarding the student's religion.

However, an in depth examinations of newspaper articles from the 1940's through the 1960 revealed the significant low number of African Americans who matriculated into nursing programs throughout this time. The Pittsburgh Courier stood as the largest, most significant Black newspaper in the country with a mission of societal progress (Taylor, 2018, February 2). In 1932, the Courier received credit for influencing African American voters to change their political allegiance from the Republican Party (Public Broadcasting Service, n.d.). In 1947, the Courier boasted of a readership of 357,000 in 14 cities throughout the country (Taylor, 2018, February 2). The Courier published numerous articles shedding light on the struggle African Americans faced in this battle of inclusion. These articles present the stark indignities of racism in the region. For example, headlines such as 'Local Hospital will not train Race Women' (referring to African American women) repeatedly showed up on page one of the nationally recognized newspaper. This aforementioned article goes on to quote President Roosevelt in his Executive Order of July 25, requested that special measures be taken to assure that vocational and training programs for national defense be administered without "discrimination because of race, creed, color or national origin." The article further states that West Penn Hospital received $15,000 and Presbyterian Hospital received $5,000 of federal funding for these purposes but both institutions refused to accept Colored students. "Directress at West Penn stated, 'We have no intention of changing our policy.' Directress of Presbyterian stated that under no circumstances would any Colored girls be accepted for training at that institution, although the shortage of available nurses is

acute." These types of unabashed articles reported discussions, altercations, and repeated indignities. Another example of this ongoing affront occurred in a 1946 article, "The policy of the hospital simply does not allow us to take Colored girls as nurses and I think that some larger local hospital should break the ice in admitting them. Then, perhaps Montefiore would follow suit" (Anderson, 1946, June 1). Clearly, Pittsburgh residents were kept informed about the progress and lack of progress in this ongoing battle.

The New Pittsburgh Courier brought to light information from the U.S. Health, Education and Welfare survey of 1957, which outlined the outrageous underrepresentation of African American doctors in Western Pennsylvania. The report states that in a span of area from Erie to below Uniontown and from Altoona to the Ohio-West Virginia, there were less than 25 Negro physicians (five of which were specialists) and that "at least three of those physicians could not practice for long periods" ("Pgh. UL notes urgent," 1968, Sep 14). The 1968 article goes onto further highlight that the University of Pittsburgh had only three American Negros among its 383 medical students and that in the immediate Pittsburgh area Black physicians were only on the staff of Mercy, Braddock, McKeesport, South Side and St. Francis Hospitals ("Pgh. UL notes urgent," 1968, Sep 14).

Fortunately, The Pittsburgh Courier also chronicles numerous 'firsts' and highlights that occurred in the African American community in Pittsburgh. Often when a woman of color graduated as a registered nurse, they celebrated with a brief news article (complete with photograph), much like a wedding or birth announcement. According to this data, the addition of African Americans into the profession of nursing in Pittsburgh institutions occurred in a trickle, with one or two women of color hired at one hospital

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and then one or two students graduating as a nurse. Table 4 outlines the year of entry or

graduation of five different educational institutions throughout Pittsburgh.

Table 4

First African Americans Graduating From Nursing Programs in Pittsburgh

School of Nursing/University	Number of student(s)	Year admitted/ graduated
University of Pittsburgh – Baccalaureate	3	admitted in 1943, graduated in 1948
Duquesne University – Baccalaureate	1	Graduated in 1942 –went to NY for clinical
	1	enrolled in their program in 1946
St. Francis General Hospital – RN – three year diploma program	3	graduated in 1950
Montefiore Hospital - RN - three year diploma program	1	Accepted application in 1946 t – article does not say if student was admitted
	2	1950 - Graduate (may not be first – uncertain)
Shadyside – RN three year diploma program	1	Graduated in 1952

Note. Adapted from: Frazier, 2008; "No Jim Crow for Pitts' new nurses school, 1945, November 24; "Nurses capped, 1952, August 30; Polk, 1950, June, 10; L. Cunningham, personal communication, February 13, 2012; "Two graduate as nurses from Montefiore Hospital" 1950, September 23.

When asked, most participants in this study stated that when they were in their

RN program of study, they were among only one, two or three women of color, with

most class sizes ranging between 25 and 35 students. When LB attended Montefiore

Hospital School of Nursing (1955-1958) she states she stared with 40-45 students and

eight of them were African American. Polk (1950, June 10) states that St. Francis Hospital School of Nursing graduated three African American RN's out of a class of 67. MS stated that in her class of 25, five were African American (1959-1962). RL, the most recent graduate, completing her bachelor's degree in 1979. She states she was one of three African Americans, in over a hundred nursing students. If other programs in the area had similar figures during this period, the percentage of African American nurses actually decreased significantly over a twenty-year period.

Without a broader sampling of participants and an examination of quantitative data, it is difficult to outline significant economic and societal trends that may have contributed to the lack of African Americans in the profession of nursing in Pittsburgh during the post-World War II era. However, the clear and repeated references to discriminatory practices are evident in all of the participant's testimonies along with ongoing accounts of racism noted by the Pittsburgh Courier. Clearly, African Americans faced significant racial barriers entering the field of healthcare.

Recruitment Challenges

Numerous challenges presented themselves when recruiting participants. Because of this, recruitment efforts extended over a period of more than a year. The greatest obstacle involved the participants' perception that their contribution to the study was undeserving or unsubstantial. This was particularly true among nurses who had not advanced their education or career beyond bedside nursing. Even among the participants' who agreed to participate in the study, almost all of them stated initially that their story did not have merit. They referred to themselves as 'just a nurse' and often tried to refer me to other nurses who went on to achieve higher positions in their career.

A second unanticipated barrier involved the changing racial climate in the United States during 2016 and 2017. When initial plans for this project began (2011), possible barriers surrounding the sensitive topic involving aspects of racial discrimination were considered. At that time, the climate surrounding these topics was markedly different. Barack Obama, the nation's first African American president was serving in the Oval Office. Throughout his tenure thoughtful discussions regarding race and privilege gained traction. Michelle Alexander, a civil rights litigator and legal scholar had published the provocative and alarming book titled: *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (2010) outlining how the advances of the civil rights movement have been undermined by the mass incarceration of African-Americans due to the war on drugs. The Black Lives Matter Movement (2013) drew attention protesting racial profiling, police brutality, and racial inequities in the criminal justice system. Ta-Nehisi Coates (2015)**,** American author, journalist, and educator had received praise for a book entitled *Between the World and Me*, where he summarizes the racially motivated violence woven into American culture. Examination of these hard subjects, as well as past inequalities revealed themselves as relevant and actionable. Initial research and discussion with possible participants were encouraging, and no risk or negative consequences as foreseen.

Unfortunately, by the time the recruitment phase of this study began, the political landscape in the United States had changed. Following the Presidency of Barack Obama, perceived stress surrounding all topics of race and inequality surged. This tension remained unabated during all of 2016 and 2017. A noted pause, a lack of trust was palpable with each potential subject approached. When asked to participate in the study,

several potential participants voiced concern as to what was going to be examined at and why. An explanation of the study did not seem sufficient. Perhaps they were fearful that their stories would not be examined from a perspective they were comfortable with. Moreover, participants seemed agitated and disappointment at the current state of racial affairs in the nation. GHN, a participant in the study, attempted to recruit other participants with little success. She stated, "I blame it on the new President, no one wants to talk about these things now, I don't remember things ever this bad." This woman lived through World War II and the Civil Rights Movement so clearly her feelings regarding racial tension had heightened in juxtaposition of the feeling she had from just a few years previous.

> LB expressed similar feelings when comparing Kennedy, Obama and Trump.
> I could say that he [Kennedy] wanted you to be better as a person. . . We all are
> Americans based on the standard we have for America. . .. And to me, that was
> important. That I'm in the United States of America and that this president is
> concerned about how well I do as a person. . . And he's not talking about whether
> I'm Black or White or whether I'm an Indian or whether I'm a Southerner or
> Northerner. He's [Kennedy] talking about you in this nation. . . We all need to be
> moving in the same direction. . . He was impressive to me. I really liked Obama
> because he showed a lot of Kennedy's initiative as far as how he handled the
> world. . . I was impressed because he was a tolerant man. Now that we have
> Trump, if you couldn't see it before - when you start comparing, there is no
> comparison. (LB)

Even President Barack Obama struggled to comprehend the changing attitudes noted after the 2016 election. In his recent memoir, Obama states, "What if we were wrong?. . . Maybe we pushed too far. Maybe people just want to fall back into their tribe. . . Sometimes I wonder whether I was 10 or 20 years too early" (Rhodes, 2018, p. xvi, xvii). The changing political environment shook their confidence and dampened their willingness to open-up and share their stories. I started to reevaluate if this study might create risk or stress to the participants. In short, this was not the ideal time to recruit participants.

Approximately five women who originally agreed to participate in this study changed their mind before the scheduled date of their interview. The University of Pittsburgh had not allowed one of these women into their nursing program (prior to 1943). She sought another degree and later attained her nursing degree. She refused an interview, as she did not want her story stored in the University of Pittsburgh Archives. She stated, "I don't want any part of *them*." When she heard that her oral history could be stored elsewhere, she stated, "it's best to leave the past in the past, I don't want to think about those sad times" (anonymous nurse, personal communication, June 18, 2016). This explains the small sample size of only nine, when 14 was the original number of participants. While the lack of participants creates a gap in the record, the reluctance and unwillingness of these participants speaks clearly about hardships they endured and the means by which these women have coped with the experiences of injustice and racial oppression directed toward them.

While recruiting participants, many Licensed Practical Nurses (LPN's) showed interest in the study but fell outside of the outlined parameters. Interestingly enough, the

two oldest participants, GHN and VS had been LPN's before becoming RN's. One woman attained her LPN training as part of her high school education and the other entering LPN training without having graduated high school. At that time, the requirement for admission to an LPN program was only two years of high school ("Schedule nurse training program for Passavant." 1953, August 29, p 2). The elevated status of the RN, as someone having authority as well as more education stood out clearly in conversations with participants and potential participants. LF had considered taking the same path as these two women but a friend's mother had dissuaded her:

> I kinda thought it was sort of the path that you went to be an LPN and then in RN. And, a friend of mine, their mom, had done that, and she said "No, don't do that, just go to RN school. . . . so that's what I did. (LF).

In this part of the interview, it is unclear if her friend's mother was White or African America. Regardless, this guidance may have significantly changed LF's career and life trajectory.

The two oldest participants did choose this path, going to a one-year training program to become an LPN and then later attaining their RN. When VS discussed the demographics of her LPN class, she stated, "I think it was like maybe a third Blacks, mostly Whites." Two other participants who had not first become LPN's (LF and MS) stated that they always encouraged people wanting to become a nurse to go right for the RN, recognizing it as the more worthwhile option. The "path" that LF referred to bears significance as it relates to the racial and economic stratification found in the nursing profession and will be addressed later in this chapter.

Value of Oral Histories

Historically, researchers have devalued and deemphasized oral histories as a qualitative research method. The criticism lies in the potential inaccuracies of a person's recollection during an interview. Critics consider these inaccuracies undesirable because a person's memory may not represent the reality of a past event. Generally, memories do not necessarily represent past reality because they form according to personal information biases and morph over time. Furthermore, the incompleteness of a person's memory creates a bias that ignores events that may challenge conclusions drawn from the subject's account. Altogether, this results in the presentation of a distorted story that the interviewer analyzes as a proper depiction of history. Indeed, current cognitive neuroscience research supports these claims (Schacter, Guerin & St. Jacques, 2011); therefore, certain investigations might not benefit from an oral history approach. However, the nature of memories just described provides meaningful insight regarding racial-historical questions. The consistency meaning of life on a daily basis, as well as periods of transformation and change are illuminated through oral history (Valk & Brown, 2010).

Oral histories demonstrate a valuable link between the present and the past. The interviews tell of the past while also sharing these women's observations about the broader culture. Undoubtedly, contemporary issues shaped the topics the interviewees were willing to discuss or not discuss. The participants told their stories through the lens of the twenty first century. The changes and upheaval of the mid twentieth century having been displaced by the more recent political upheavals, wars, terrorist attacks, hate crimes as well as the ongoing issue of race relations, sexual and gender inequality and the

never-ending discussion of economy and jobs. Therefore, the articulation of one's lived racial experience during an interview illuminates the person's interpretation of a racial event, thus defining it. The interpretive nature of memories and the biases they espouse provide a valuable quality, critical for answering the questions posed in this research (Schacter, Guerin & St. Jacques, 2011). In this framework, a memory's interpretation of reality and the resulting biases help define racial experiences within a particular period or environment.

Thomson (1998) views the unreliability of memory as a resource, rather than a hindrance for historical interpretation and reconstruction. The incompleteness of a person's memory highlights that the events remembered are in some way significant. Therefore, noting the common features among these events speaks to the aspects of racism that may carry the most weight. Indeed, racial experiences are subjective, depending on a person's existing opinions. Therefore, by focusing on the interpretation through the unique nuances of a person's account, the researcher identified a significant racial phenomenon that captures the experience of the period. Altogether, these perceptions can provide information regarding challenges in present-day racial issues.

Participants

Nine participants agreed to an interview and completed the necessary consent forms for inclusion in this study. An African American interviewer employed by the research met each participant at a location of her choice. Interviews were between 45 minutes and one and a half hours in length. All interviews were recorded and transcribed and will be stored in the University of Pittsburgh archives. Demographic information regarding the participant's age, community of origin, and educational accomplishments is

found in Table 5. The participants in this study were born between the years 1932 and 1957, a 25 years span. Four participants were born between 1932 and 1938, two participants were born in the 1940's (1941 and 1947). Three participants were born between 1950 and 1957. Four participants grew up in the city of Pittsburgh (three of which grew up in the Hill District. The other five participants grew up in small towns throughout Pennsylvania (primarily Western PA). All participants spoke of humble beginnings. LB spoke of not having indoor plumbing and taking a bath in a big washtub on Saturdays (until she left for nursing school). GHN spoke of her mother cooking over a coal stove (until GHN was 14). Many participants' fathers had numerous types of jobs throughout their lives. Participants fathers worked in steel mills (KM and RL), coal mines (LB), railroad trains (LF), as a migrant worker (EL), as a shoe-shine man (GHN), a part time welder (MS) and a man who "most of the time did hauling, you know hauling of rubbish" (SPS). One participant (VS) did not specify what her father did for a living, only stating that he had two or three jobs. VS stated that it was the expectation in her family that each of the children work, "We had to put something on the table -- a nickel, dime or quarter or something - because you live here and you eat here." Every participant stated how their mothers worked hard in the home, often supplementing the family income by cleaning other people's homes, sewing or cooking. The economic disadvantage and subordinate role of most of the occupations of the participants parents, indicates exclusion from the upward mobility experienced by many of the area immigrants (Trotter & Day, 2010; Couvares, 1984).

Two women proudly stated that their mothers worked as nurses. VS mother was an LPN and RL mother was the first African American RN to graduate from Citizens

General Hospital in New Kensington, Pennsylvania. KM spoke at length about how her mother had wanted to be a nurse and how she strongly guided her in that direction, even filling out and sending in KM's college application and at times helping her study for exams. Most participants spoke of numerous brothers and/or sisters and inclusion in a supportive community.

Table 5

Participant Demographics

	GHN	VB	SPS	LB	MS	EL	LF	KM	RL
Born	1932	1935	1936	Approx. 1938	1941	Approx. 1947 Alabama	1950	1955	Approx. 1957
Raised	Hill District Pittsburgh	Garfield Hill, Pittsburgh	Hill District Pittsburgh	Hiller, Washington County	Connells-ville	FL and York	Hill District Pitts-burgh	Sharpsville	Leechburg
LPN	x	x							
LPN School	North-side Pgh Public Schools	St. Francis Pgh Practical program							
Year	1953?	1964-1965							
RN Diploma				x	x				
School				Lillian Kaufmann SON	Lillian Kaufmann SON				
Year				1955-1958	1959-1962				
ASN	x	x					x		
	CCAC	CCAC					CCAC		

	1970-1974	1970-1972			1973-1978			
Year								
BSN	x	x	x	x	x	x	x	x
	?	Penn State	Pitt	La Roche	Temple	La Roche	Pitt	Pitt
Years		1970	1954-1959	1990's	1964-1968?		1973-1977	1975-1979
MSN				x	x		x	x
				Carlo	Pitt			CMU
Years				2000	1970's			?
PhD			x					
			DUQ					
Years			?					
Certifications/other degrees	OR tech Montefiore NP - Pitt 1975		NP		Nurse Anesthesia – Pitt 1974		MBA - Pitt	

Prevalent Themes - Overview

Analysis of the subjects' testimonies presented themes critical to understanding the experience of African American, female nursing students in Pittsburgh during the post-World War II years and the disproportionately low matriculation of this demographic in Pittsburgh institutions despite changing policies and racial demographics of the area. These themes exist within the overlapping dynamics of race, individual circumstances, and the nursing profession. While these dynamics possess multiple facets, the theme of discrimination as well as several subthemes emerged as the most prevalent phenomena within the data. Within the following discussion, the various subthemes of discrimination overlap and intersect. The most significant subthemes of discrimination – expressed by the participants were their need to 'know one's place' and the devaluation

of the participants' contribution/ work. They occurred most frequently, often in the same instance. Participants also noted instances where they witnessed or experienced a denial of a promotion due to a person's race. These occurrences created overlapping themes of devaluating one's contribution and 'knowing one's place'. For this reason, the reader will find these themes flowing together with comments at the end of the paragraph or section discussing which subtheme presented itself the of the individual nurse narratives.

Other observed subthemes of discrimination (both overt and subtle) presented as derogatory language, violence and in a few instances as internalized racism. The theme of discrimination intersects another noted phenomenon where participants minimized or underplayed their own experiences of discrimination. Most research related to the denial of discrimination focuses on the person who practices discrimination. Much less research investigates the minimization of discrimination from the perspective of the victim. However, the underplaying of discriminatory practices certainly presented itself as a prevalent theme in this study, consistent with the literature of Crosby, Cordova, and Jaskar, (1993); Padilla (2008); Perry, (2010); as well as Ruggiero and Major, (1998). This tendency was noted among all participants in their initial conversation and willingness to open-up, but overall the older participants voiced the least frustration with the discrimination they experienced, sometimes negating it all together.

An investigation of literature examining nursing during this period (Glazer, 1991; Glenn, 1991; Melosh, 1982; Reverby, 1987), revealed the racial stratification and hierarchical structure prevalent in the nursing profession. This stratification of more economically secure White women having the opportunity to become Bachelor's prepared RN's, less advantaged White women, having the opportunity to become AD or

diploma RN's and African American's funneled into the role of LPN's or Nurses 'Maids,' reveals itself to some extent in the participants' narratives when they speak of doctors and patients expecting that the person in charge (the RN) should be a White woman. This stratification also reveals itself to an extent in regard to the participants' socioeconomic status. With the exception of two students who received full scholarships to a university (SPS and EL), participants of the lowest socioeconomic standing chose either a diploma or an associate degree program as an entry to practice. Furthermore, the oldest two participants did fall into this identified stratification - first becoming an LPN. It took each of them many years before they were in positions to seek out their RN. As mentioned earlier in this chapter, this "path" had also been noted by LF when she was considering becoming a nurse. Fortunately, she had been guided to pursue an RN instead.

When examining the subjects' disposition, themes naturally presented included factors of resilience as an overarching litmus for a subjects' success (Table 6). Subthemes of resilience include the external protectives factors a supportive environment (family, friends, financial, employer/faculty) and the internal factors of pragmatic flexibility and a belief in the importance of knowledge. These subthemes of resilience unequivocally presented itself in 100% of the interviews. Additionally, all nine participants grew up with the belief that an education provided a path toward success. They each internalized this belief and made accommodations when necessary to get the knowledge/education. Participants provided numerous examples where their pragmatic nature and adaptable temperament allowed them to succeed where other individuals may have floundered. Many participants described feelings that they had no other option than

to succeed. They faced challenges but repeatedly worked hard and stayed focused on their goal. These attitudes of success, of "plan B is to finish plan A" (LB) showed a mindset among each participant of grit and perseverance. Williams (2018) found that noncognitive characteristics of motivation, perseverance, academic tenacity and effort actually shapes an individual's perception of their own intelligence, providing a growth mindset, rather than a fixed mindset – leading to successful outcomes. Heckman (2013) found these characteristics imperative, particularly among disadvantaged or minority youth. Each participant demonstrated this growth mindset. The trait of effort, tenacity dogged persistence or 'working hard at working hard' presented clearly as forming each participant's resilience and fostering their success.

Fortunately, each participant had some exposure to the profession of nursing (Table 6). Two participants served as volunteer candy stripers in the hospital, two joined the high school club 'Future Nurses of America' and 77% of them experienced a nurse first hand either as a relative, a neighbor, a patient or as a visitor at a local hospital. Two participant's mothers were nurses (VS and RL). This exposure stood as particularly important for the oldest participants as during their time, there were so few options for African American women.

LB shared her thoughts about wanting to become a nurse. She expressed how she viewed her options during this era. She spoke of these limitations with an attitude of acceptance. These attitudes reflect those experienced by her older African America peers.

When you were going to school, there was not the option of being a secretary somewhere. There was not that option. You know, like kids now have the option

of being a secretary? They have the option of being some type of radiology

technician. None of those options were open to Black students. (LB)

Table 6

Participant Demographics and Major Themes

	GHN	VB	SPS	LB	MS	EL	LF	KM	RL
Born	1932	1935	1936	Approx. 1938	1941	Approx. 1947 Alabama	1950	1955	Approx. 1957
Low economic status	x	x	x	x	x	x	x Less than others	x Less than others	x Less than others
Discrimination	X	X	X	X	X	X	X	X	X
Know your place/ Exclusion	x	x	x	x	x	x	x	x	x
Devaluing position		x		x	x	x	x	x	x
Internalized racism (self or other)			x	x	x		x		
Not favored for Promotions/opportunities	x			x		x	x		x
Derogatory language	x	x				x	x		x
Minimizing racism against them		x	x	x	x	x	x		x claims naive to it
Valuing Education	X	X	X	X	X	X	X	X	X

Exposure to Profession	X	X	X	X	X	X	X	X	X
Candy Striper						x		x	
Future Nurses of America					x			x	
Exposure to a nurse	Ms. Cook, African American nurse	x Mom was an LPN	7 yrs. old, At hospital, a White nurse	6 yrs. old, At hospital, a White nurse			x	At hospital	x Mom was an RN
Factors of Resilience Internal	X	X	X	X	X	X	X	X	X
Adaptability/ Flexibility	X	x	x	x	x	x	x	x	x
Hard work	x	x	x	x	x	x	x	x	x
No "Plan B"			x	x			x	x	x
Factors of Resilience External	X	X	X	X	X	X	X	X	X
Family Support	x	x	x	x	x	x	x	x	x
Financial Support	x Family husband		x scholar-ship and family		x scholar-ship family	x scholar-ship	x Child-ren's hospital	x family	x family
Faculty/ Employer support		x				x Dr. Myers	x George Carter	x	x Conley
Faith/ Religious Community	x	x	x	x	x	x	x	Mentions as a child only	Mentions as a child only

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Racial Themes

Across the interviews, multiple interconnected themes emerged that describe the dynamics of the subjects' racial environment. Chief among them is the presence of either overt or subtle discrimination. From this theme, an interesting phenomenon emerged as a critical characteristic of the women's racial experience. Examination of historical records indirectly revealed why nursing of all the professions was so restrictive to African American nurses, in the city of Pittsburgh, a city where segregation of public facilities was illegal since 1876 and illegal in public school since 1881 (Explore PA history, 2011; Patrick, 2010; Pennsylvania Heritage Magazine, 2010;). Examining these phenomena first requires an analysis of the participants' descriptions regarding their experiences of discrimination.

Discrimination

Discrimination is the variance in treatment of a person who may belong to a particular group (Law, 2007, para. 1). The United Nations Charter, article 1, ratified in 1965, identifies discrimination as:

Any distinction, exclusion, restriction or preference based on race, color, descent or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life. (p. 2)

Discrimination may include prejudicial behavior as well as actions that maintain, support and legitimate unjust social relations (Wilson, 1973). All nine participants described instances of discrimination to varying severity and with varying degrees of openness. The recognition of unfair social relations distills down to a fundamental understanding

regarding people in society. Dr. James Herron, professor at Harvard University explains (2017), "Racial ideologies are fundamentally judgments about who is worthy, who is decent, who belongs and who doesn't. Inclusion and exclusion" (para. 36). Issues involving inclusion and exclusion presented throughout this study as underlying burdens of 'knowing your place' or being chastened or ridiculed because an individual had not 'known their place.' The theme of discrimination occurs most often throughout this study and reveals itself in varying degrees.

Undeniably, discrimination does not exist as an objective reality, consistently and reliably identifiable by observable qualities. Rather, discrimination occurs as a gradient between overt and subtle extremes. Indeed, the overt experience more readily correlates to certain actions, such as the use of derogatory language, violence or hostile treatment. However, in such cases, the intent of the offender remains inherently ambiguous. With this understanding established, the categorization of a discriminatory event as overt or subtle occurred at the discretion of the researcher.

Discussion regarding discrimination may sustain and legitimize differences in social power, and at times challenge and subvert existing power relations (Bell, 2003; Verkuyten, 2005). This distinction holds a particularly important emphasis, both in the oral history interviews and in the reviewed historical documents providing insight into the underlying question, "Why was nursing so restrictive to African Americans?" Nurses involved in this study only intimate at an answer to this question. Perhaps this is because participants had always encountered boundaries and barriers in relation to their race and their sex, so the answer to this question seemed overly obvious, or perhaps they themselves did not understand the deeper reasons at play. Nonetheless, insights

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regarding this question revealed themselves throughout an abundance of news articles found in The Pittsburgh Courier and The Pittsburgh Gazette as well as critical consideration of the special role/position of the registered nurse in the healthcare environment.

Honest Discourse Regarding Discrimination

Assertions that one has been a victim of discrimination lay bare injustice. However, these claims may also upset the deep-rooted systems of embedded authority (Verkuyten, 2005). Honest discussions of this nature do not happen easily, but they do serve a significant purpose. Social-psychological research shows how discussion about discrimination provides a sense of stability concerning the events in one's life in times of stress (Kempny, 2011; Verkuyten, 2005). Bell (2003) examined discourses regarding race and noted how issues of difference in status revealed themselves. Verkuyten (2005) found that these discussions equip victims with a means of articulating and challenging— or conversely preserving and upholding—the existent ranked status. Furthermore, providing those who have endured racial oppression with an opportunity to share their story, to explain their feelings related to those experiences, and take into consideration the meaning of those experiences, fills a basic need in the pursuit of social justice.

There are times when the participants in this study may have encountered discrimination primarily because of their sex rather than their race. An interaction of this nature occurred one time in particular where a participant functioned in a subordinate role to a physician. Although the topic of sexism lies beyond the scope of this investigation, the effect of unjust treatment on the participant remains undoubtedly very similar if not the same.

Overt racial discrimination appeared primarily as an explicit negative attitude toward African Americans, expressed using either words or actions and occurred in 100% of participant narratives. One participant recalled an instance of hostile even violent behavior directed toward them. All nine of the nurses in this study described that they experienced discrimination as either exclusion or not feeling rightfully included from a position or opportunity. Derogatory verbal comments or name calling also presented itself in 55% of these narratives. However, participants were not asked specifically if they ever encountered derogatory verbal encounters, rather these comments presented themselves organically in the interview conversation. The means by which this information was gathered therefore may lead to an underrepresentation of this specific form of discrimination. However, participants all experienced instances of not being included. The lack of opportunities available to African Americans wanting to become nurses in the 1940's and 1950's undoubtedly demonstrates this theme (see Table 5). LB, who lived approximately 40 miles from Pittsburgh, details how she came to enter Montefiore School of Nursing diploma program:

> My mother had to come to Pittsburgh and look around to find a school that would take Black students because St. Francis and Montefiore were the only schools that would take Black students when I went. I went to school in 1955, and I graduated in 1958. At that time, there were only two schools in a City of Pittsburgh that would take a Black student. She had to come - and she found out - I was taken by Montefiore to be a student. (LB)

This participant expressed discriminatory practices of exclusion, which not only affected her but all African Americans at this period ("No Jim Crow," 1945, Nov 24;

Anderson, 1946, July 13; Anderson, 1946, July 27; "Hospital color bar," 1946, Nov 23).

Interestingly, due to the Federal Nurse Cadet Program and the passage of the 1943 Bolton

Bill, students had been matriculating into the baccalaureate-nursing program at the

University of Pittsburgh for more than 10 years (Frazier, 2008, UoP, 2004, Willever &

Parascandola, 1994). Even when African American nurses met the educational and

licensure requirements and were practicing in their field, doubt was still cast upon their

abilities on the basis of race. EL recounts a patient's response to her being his nurse

anesthetist in the 1970's:

> I remember doing this one man, he goes, "This Negro is going to be taking care of
>
> me? . . It was hard, it was very hard. . . I just didn't say anything, and I took care
>
> of him. He was really amazed that he woke up. He was, really. I think he was
>
> thankful that I didn't wipe him out. Because he saw me going to sleep and he saw
>
> me waking, you know, as he woke up, yeah. I think he had a different perspective
>
> after he woke up. (EL)

In this narrative, the participant provides what occurred as well as her feelings

regarding the patient questioning her ability because of her race. These feelings bear

significance as the patient's question may be viewed from different perspectives and

some individuals may not understand why the question was so offensive. However, her

candid explanation, after many decades demonstrates the power a person's words hold.

Additionally, she goes on to imply that since she did a good job, perhaps the patient had

an improved view of her/her race. This illustrates that she believed racist beliefs are

modifiable and that by her providing good care, therefore by proving herself, she might

change this man's outlook, something that facilitates her overall resilience. This characteristic will be expounded on further in chapter 5.

RL shared how when her mother worked as an RN in New Kensington, the head nurse would have to get permission for her mother (an African American nurse) to take care of certain patients, another instance where a nurse ability was in question due to her race. She also recounted how her mother often regularly received an assignment to wards with "all infected patients." RL went on to say how she felt this was "very insulting". Sharing about her own experience RL recounts:

I can remember back then in '79 you didn't have that many Black RNs working. So I can remember working, being a team leader, you being down the hall with your med cart and watching an attending physician come down the hall and stop every person that he passed to ask them if they were the RN responsible to the patient. You would actually watch him ask the aid, the LPN, everybody 'cause they couldn't assume that it was you. (RL)

This perceived discrimination speaks to the feeling of exclusion of needing to 'know your place.' RL goes on to say how this attitude shocked her because she grew up in a small town, and although she was one of only a few Black families, she saw racism as something that was "underground". Having been isolated from much of the racism of the era, she expressed her surprise, "But when I went to Pitt it was like - Wow. It was eye opening . . . culture shock." Interestingly, RL still lives in the same small town where she grew up.

Several participants voiced not feeling recognized as a registered nurse, because of their race. LF voiced her frustration:

Instead of them saying "Who are you?" they assumed I was an LPN, and my thought was "I'm a Black nurse so I have to be an LPN? I can't be the registered nurse?" And part of me, would, rather than [them] say, start at the bottom or start at the top, are you an aide, are you an RN, or just say, you know, what's your role? Or, you know, what's your credentials? Or, however you want to put it verses "Are you the LPN?" That used to bug the heck out of me, because my mindset - that I couldn't be anything but that - because of my color. (LF)

LF shared another similar story:

I've had situations where I was a charge nurse. I knew this woman was the nursing supervisor . . . I spoke to her, [but] she didn't speak to me. . . she walked passed me. There was a young Caucasian girl behind -like half way down the hall behind me - she went to her. And the girl said, "I'm sorry, I'm the aide, you have to go back and talk to her." But she had walked right passed me. (LF)

In this same situation, VB found another way to handle her frustration at not having her position acknowledged.

If I was with a White aide, even though I had the cap on . . . They would pass me [and go] to the other person. So, I just walked out [of] the room over to the nurse's office and sat down. Later on, they'd come to the door and start to ask me questions. I have to be honest with you, it was a joke at first -- no, at first, I was hurt. Then after a while, it just rolled off my back because I knew . . . where they were coming from: That I was not supposed to be there. It was supposed to be the other way around. The White person was supposed to be in charge and not me. (VB)

These incidences certainly did not offer minorities a feeling of being welcome or included within the profession of nursing. Furthermore, these sentiments certainly did not wane as these women assumed higher positions of authority. RL explains:

So a lot of times when I go to interview candidates, I can see the surprise on their face – Black, White, green, whoever that - I'm Black. . .They were totally shocked by that when they see my name . . . You can just see it - and I have somebody saying, 'are you the boss?' We were in the middle of the interview and she said, 'are you an RN?'. . You can just see it on their face - that they're shocked that I'm the one that's going to be interviewing them. . . But it's your [their] frame of reference. Just like when I said I started here and they weren't used - there weren't a lot of Black managers at the time. Wherever these people came from - there weren't either. So truly, unfortunately, in this day and age, it's still a surprise.

As in the narratives above, the participant processed her surprise, hurt and frustration at the occurrences of discrimination she experienced by trying to understand something about the person who was treating her improperly, therefore minimizing the slight – not accepting the discrimination as a rejection, but rather an ignorance on the part of the perpetrator. Clearly, this understanding protected them from internalizing the experience as shameful. Of the nine participants, six clearly minimized their experiences during the interview. One other participant (RL) stated that she felt "naive" to the discrimination around her.

The oldest participant (GHN) did not employ this tactic at all. She recognized and called out discrimination in numerous instances and she did so with boldness. It

should be noted that of the nine participants GHN voiced the most historical and cultural awareness. She stated that from a young age she was taught to "stand up for your people" – and this she did with pride and stubborn determination. She knew her family heritage and that her grandmother was a slave. When recalling these stories, she affirmed that her faith in God and her family history made her stronger.

Other incidences revealed in the oral history data analysis exemplified negative attitudes toward African American individuals trying to succeed in nursing school. Because the language was not blatant, the participant determined the intention of the comment or action. KM reports that during the mid-1970's one instructor continually spoke to her slowly, in a demeaning tone, as if she had a hard time understanding directions. KM also describes how this instructor unfairly evaluated her handwashing skills causing fellow (White) students to defended KM's handwashing technique. This situation stands out, as particularly racist as the connotation that the participant lacked normal intelligence and the instructor unfairly pointed out a deficiency in the area of handwashing, amplifying the stereotype of previous eras as African Americans being 'stupid' or 'dirty.'

KM states she struggled to wear the required nursing cap because her hair had fallen out and was very short. She recalls repeatedly having points deducted due to her cap not being straight. KM resented that she repeatedly was singled out for something she could not control. During midterm evaluations, KM was asked, "Did you ever think of another profession? . . . Nursing is not for everyone." KM stated she felt she pressured to quit school and give up on her goal. Interestingly, after KM indicated she would not give up, her instructor presented her with a flawless midterm evaluation. The underlying

meaning behind the question directed at KM is one of implied exclusion, or, "*Maybe nursing isn't for you?"*

Moments of discrimination certainly worked to discourage African-American women from remaining in nursing programs. EL explains situations where African Americans were provided less opportunities and unwelcomed in the profession:

I really didn't have time to think about it. I just know that our director . . . had a preference, and it wasn't people of color. . . I felt some patients preferred White nurses. Some surgeons preferred White nurses.

Another moment of discrimination narrated by EL during her nursing career did not involve derogatory language but rather a criticism about physical characteristics:

I was graded one time because the head nurse thought I was too 'uppity' - and it had nothing to do with my clinical capabilities. . . She said she didn't like the way I *'walked'* . . . And actually, that wound up in my resume. As a comment in my resume, I thought that was really racist. (EL)

In this narrative EL again provides insight to how she interpreted her head nurses comment. The term 'uppity' having racial connotations as African Americans were expected to 'know their place.' These events and others like them simultaneously supported the underlying racial bias of the White majority (both patients and nurses) and discouraged the African American individual from identifying as a member of the field.

All participants voiced instances where expected to 'know their place' and were either excluded overtly or made to feel unwelcome/unwanted subtly (Table 6). Indeed, the difficultly in delineating moments of discrimination reflects the experience of the

individual, who often did not know whether someone's actions had racist intent. For

example, LB described her time in an operating room during a leg amputation.

> That's the place where the doctors were the meanest and the nastiest . . . they
>
> talked and they cursed. . . I was standing there closest to the doctor, and he [the
>
> surgeon] took that leg off and threw it at me. I nearly passed out. . . I caught it
>
> and I was standing there frozen. My instructor came in and took it because I had
>
> no gloves on. I didn't have an operating room gown on. I just had my student's
>
> outfit on. I was standing watching him operate. I had a mask on . . . And he threw
>
> this at me. . . I guess it [the amputated leg] was up above the knee, that's where he
>
> took it off, up above the knee. This thing was bleeding with blood and he just
>
> threw it at me. I just stood there frozen. (LB)

However, when asked why the doctor targeted her, she answered, "Just being mean and

maybe didn't like that I was Black. You never know. . . It might be because I was the

only Black one in that group." The ambiguity about the doctor's intention in this

situation implies a form of discrimination that depends more upon the interpretation of

the event by the subject than the specific action. The subject's speculation supports this.

She reasoned that the doctor likely targeted her because she was the only African

American in the group. The doctor's actions were certainly unconscionable as well as

unprofessional. It is reasonable to assume that he probably would not have treated a man

in this manner. Did he behave in this way because she was Black, or perhaps because she

was a woman or because she was a student? Unfortunately, because of her subordinate

role, there would be no significant consequences to his actions. The nursing instructor

responded by no longer assigning students to that surgery suite – hardly a reprimand. So

clearly, discrimination occurred, whether due to the subordinate role of student, sex or race (or perhaps all three).

All participants stated they experienced subtle or hard to define forms of discrimination, LF encapsulated the experience of subtle discrimination with the following:

There's some things [that] are very blatant, and some things [that] are subtle. . . I know there were also people who got preferred assignments, but once again, you can't put your finger on those kinda things because it's not like they said, 'Well they don't want you back – your Colored.' It would frustrate me, cause it's like why would you send me? (LF)

MS encountered more subtle form of discrimination when seeking help from a high school counselor who looked at her grades and stated, "I'm very surprised that you did this well in school . . . I would have thought - your IQ was not high enough to do this." Did the counselor make that statement based on her race, her sex, her low socioeconomic status or because she once scored low on an IQ test? She chose to believe the counselor "did not know what he was talking" about, thereby showing she would not internalize this slight, demonstrating an additional protective factor of her resilient nature.

These ambiguous instances invoked a suspicious uncertainty within the subject that together suggests a negative racial attitude and contrasts the explicit expression of overt events. When discussing further matters LF stated, "Well, I can rationalize just about anything," indicating that if she chooses, she can dismiss negative actions as unrelated to race – providing an internal defense that protects her from feeling devalued.

EL recounts her frustration at while in her master's program:

Yeah, sink or swim, I had that a lot. And early on I realized that the specialty

areas they definitely weren't going to - like give me help in those like open-heart

surgery, neurosurgery, anesthesia for those areas, I wasn't going to get any help

from them. They weren't interested in teaching me those specialties. (EL)

EL had completed her bachelor's degree in nursing in Philadelphia. Other than a

comment, she made in a pre-interview discussion that there were less African Americans

in school in Pittsburgh than in Philadelphia she did not indicate that she experienced

more or less discrimination. However, the pain and frustration she felt when being

denied opportunities in her nurse anesthesia master's program in Pittsburgh was palpable.

She recognized the potential dangers in not having the opportunities other students were

provided when administering anesthesia in the operating room. The critical nature of her

education amplified this stress as legitimate fear. The unwillingness of instructors and

surgeons to provide her with needed support as they would other students, also speaks to

an underlying attitude that African Americans, need to 'know their place.'

KM also stated that she encountered significant obstacles when she was entering

her master's program.

I started back getting my Master's. And . . . this head nurse would throw a

monkey wrench in there because she didn't want me going back to get my higher

degree. . . She would change my schedule. She would make me come work 3:00

to 11:30 and then 7:00 to 3:00. She would put me on ten. . . days in a row . . I

started 1978. . . So then, she asked me for my class schedule and then she

scheduled me for every day. -Yeah, and so then I just said, I'm going to go to

work for one of these rental nurses . . . and that's what I did. I left and I hated to

leave. (KM)

Here, KM brings out the possibility that her direct supervisor may not have

wanted KM to advance to a degree above that of her own. However, KM did not, 'know

her place.' She went on to attain two Masters' degrees and now serves as the dean of one

of the largest associate degree nursing programs in the country.

Several participants described that they felt that Whites unfairly received

promotions over minorities. GHN stated, "I would say sometimes when it comes to

promotions and stuffs like that. You could see that there was a difference". LF shared the

same sentiments regarding promotions, and even addressed attitudes of sexism:

> I felt like I did it [the work] but I may not have gotten the position. And there
>
> were situations . . . where people got positions that, I don't think they were
>
> qualified for. So there's a lot of those subtleties and . . . I think that they promote
>
> males a lot quicker than they promote females even though males are relatively
>
> new to the profession. (LF)

LF also felt overlooked due to her race when being considered for an award:

> Three years in a row, I was nominated. . . There was one year and the one girl
>
> who got it - I think she deserved it more than I did, the other two years, the one
>
> year, I don't remember who got it but other two years, I don't think they deserved
>
> it more than I did. (LF)

When asked if she felt she failed to receive the award because of color bias, LF

stated, "Um hmm. All three of them were. . . Caucasian, and um hmm, but it was just

nice being nominated for that." Again, in this instance it is the perception of

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discrimination that rests more upon the understanding of the event by the participant than an obvious, provable action. Clearly, events of acute discrimination combined with more subtle forms created a racist sentiment throughout the nursing profession.

Hierarchy – Racial and Economic Stratification

An examination of the racial dynamics of the nursing workforce in Pittsburgh reveals many interconnecting factors. First, there is the restrictive environment curtailing African Americans from considering nursing as a career. Of the participants in this study, most had some firsthand knowledge of the nursing profession. Most participants encountered White nurses when they had to visit the hospital. One participant (RL's) mother was an RN, and GHN grew up knowing an African American nurse who lived up the street from her. This exposure to an African American nurse would have been unusual as so few African Americans worked as nurses in any capacity in the city of Pittsburgh at that time.

Discrimination regarding not feeling valued and feeling pressured to "know ones' place" certain created a barrier to the profession. Add to this the divided focus on the part of the African American community and civic leaders, who directed their energies toward the creation of a Negro Hospital and it is understandable why little success has been made toward the diversification of the nursing workforce in Pittsburgh. Other issues worth examination are factors within the medical profession and the profession of nursing itself.

When viewed from the lens of the 21st century, the role of nursing may not seem distinctive as a role for women. However, in the mid-20th century, far fewer positions were available to women. Among the career's women could endeavor, far fewer offered

a woman the level of authority she would have as a nurse. Consider the significant

legislative effort involved in hiring African American teachers to teach in schools where

there may be a few White children. A nurse by comparison has considerably more

authority over adults. In the mid-20th century, nurses received their directives from male

physicians, and thus carried out their 'orders.' Nurses therefore acted as an extension of

the physician's authority. In a time when the city of Pittsburgh was uncomfortable

having an African American grade school teacher exerting authority over a White child –

how much more of a battle would it be for an African American nurse to direct White

patients regarding their care. Additionally, nurses often control the communication

between a physician and a patient. It stands to reason that if citizens of the city of

Pittsburgh were uncomfortable with a White child having an African American teacher,

they would be uncomfortable with a woman of color directing and mediating their care.

Another harsh reality involves the role of the registered nurse as having authority

over those in a subordinate role of Nurses 'Maids' or LPN's. Prior to the 1930s, nursing

students provided the bulk of nursing care in the hospital environment (Reverby, 1987).

After graduation, nurses typically moved onto private duty positions. During the Great

Depression, a nursing labor shortage resulted, due to a significant decline in nursing

students. This caused graduate nurses to assume the role of wage laborers, despite

considerable opposition (Melosh, 1982; Reverby, 1987).

The lack of private duty employment forced registered nurses into the exploitive

and low paying hospital jobs where they primarily functioned in a supervisory position

relying on 'subsidiary workers and maids' for the routine patient care responsibilities

(Reverby, 1987). In this environment, the racial stratification of nursing labor began.

During this period, graduate nurses earned lower wages than office workers for far more difficult labor (Reverby, 1987). Subordinate workers assigned to the unskilled tasks and custodial positions undoubtedly earned far less for their labor.

The goal of efficiently managed nursing care, initiated an upgrading in nurses training, distinguishing the graduate nurse as a professional who possesses a distinct education and skillset (Melosh, 1982; Reverby, 1987). This new management increased the division of labor in the hospital environment into three distinct tiers of nursing, informed by race and socioeconomic class (Glazer, 1991; Glenn, 1991; Melosh, 1982; Reverby, 1987).

Minimizing or Denying Discrimination

Surprisingly, some African American women themselves may have either knowingly or unconsciously engaged in a form of denial concerning discriminatory behavior perpetrated against them. This idea has been brought out through the well-known proverb of Eastern tradition, 'see no evil, hear no evil, speak no evil,' which instructs followers not to dwell on wicked thoughts. However, the western interpretation of this proverb provides more relevance to this phenomenon in that it often refers to individuals who look the other way or pretend ignorance (Mieder, 1981). The reluctance of the nine female participants in this study to explore their personal stories through the lens of discrimination reveals a combination of both these philosophies and could have been due to the shame and pain they experienced.

Despite the aforementioned narratives, all of the participants showed an overall reluctance to define their experiences or hardships as occurring because of race or discrimination. This difficulty occurred to varying degrees among participants. The

interviewer asked questions in a very conversational manner and all participants opened-up about their lives and struggles, heartbreaks and losses, sometimes laughing, other times crying. However, when it came to the topic of race, participants showed the most discomfort, sharing their stories but often struggling to define their experience as discriminatory. The older participants generally had the most difficulty – perhaps not wanting to complain.

Three of the five older participants underplayed their experiences of discrimination the most, nearly dismissing them as minimal or less significant. When pressed, most would discuss a story or situation with an attitude of separation from the event. However, the oldest participant (GHN) employed an entirely different strategy. GHN spoke of numerous instances of discrimination but continually focused on her obstinate attitude in the face of adversity, not letting anyone push her down. In this way, her attitude shielded her from those experiences. She remained therefore protected, the experiences not allowed to touch the core of who she was. She never faltered her tone and attitude never revealing that she might have been upset by any of the situations she experienced. Much like the determination of KM, GHN's tone revealed all obstacles as challenges to overcome. Obviously, these two women are speaking of these events in retrospect, so it is impossible to ascertain how and to what extent these events affected them at the time. However, their overall success, focus and determination speak to the fact, that if they were shaken by these discriminatory encounters, they were not shaken for long.

EL however, shared an upsetting instance where she received exclusionary treatment in her master's level education. While crying, she stated, "I was a little angry"

negating her experience and pain. SPS (born in 1936) voiced the most disconnection

with the notion of discrimination. When asked to describe if she felt any attitudes

discrimination while in nursing school (1955-1959), SPS recounts:

> I really can't think of any discrimination. I'm not saying that there wasn't, I'm just
>
> saying I didn't pick up on it. . . . I'm that type of person, I was at Pitt to get an
>
> education, to go in there, spend my five years, get my degree and get a job. I
>
> wasn't picking up on what was going on around me. (SPS)

When asked to describe discrimination growing up in Pittsburgh, SPS states:

> Coming up, no, I didn't really, really notice. I was born on the Hill, on the Hill
>
> you had everything that would you ever need . . . you didn't need to leave! . . I
>
> can't remember thinking that we're stuck in this place, 'why can't I go over there?'
>
> because I wasn't really that much aware of segregation and so forth. . . . My
>
> mother, you know talked about . . . when she was in Alabama, where she was
>
> born and raised so she was talking about things that went on down there. But I, I
>
> really, I really wasn't aware. Um, now I was aware of the fact that at the skating
>
> rink downtown, the Diamond Skating Rink there was a White night and there was
>
> a Black night, I was aware of that. I was aware, I knew that there were certain
>
> restaurants that you couldn't go into but, um, we were poor, we didn't go to
>
> restaurants you know, we ate at home, or at a family member's house. But I
>
> knew, I knew there were places that you didn't go to. I knew that at South Park
>
> you could only swim in one pool. . . I don't think we ever went to North Park.
>
> But, you knew, you knew, that you really couldn't go downtown and try on
>
> something [clothing], you just knew that. Okay, it was the way things were at the

time . . . it was just accepted." My family didn't show anger, they didn't show frustration, they were just about, you know, feeding us, clothing us, giving us shelter, and seeing that we went off to school. (SPS)

Her narrative starts with somewhat of a lack of acknowledgement of direct discriminatory practices. She then goes on to describe outright racism, even using the words "stuck in this place" to describe numerous restrictions African Americans experienced. Clearly, this is another example where African Americans had learned to "know their place." Interestingly SPS ended with saying how these incidences did not cause anyone to show anger or frustration. This creates an interesting phenomenon. Why would victims of discrimination deny or minimize their experiences? Were her family members so focused on survival (as referenced by 'keeping us feed and clothed') that they would not expend their energy on problems they could not solve? Or, perhaps the situation she describes indicates instances of internalized racism, whereby those who were subjugated take on the oppressive nature of the dominant group and feel internally that they deserve maltreatment (Davis, 2016). When considering these possibilities, internalized racism seems unlikely considering the positive societal trajectory of SPS and each of her siblings over the following decades. Furthermore, SPS husband and three children went on to achieve considerable success. This would not have occurred had they accepted the role of a subjugated minority. It is far more likely; that SPS and eight other participants minimized, and at times denied or justified the racial discrimination they encountered, as a protective measure – isolating them from the detriment of the situation(s).

LB shared a similar feeling, at first saying that she did not experience segregation and then describing it and even using the word 'segregation' to describe the treatment of minorities. The audio recording does not reveal a sense of injustice at this treatment. To the contrary, she describes discriminatory treatment and then uses the word "but" and sounds as if she is describing the segregation with sense of inclusion – as if saying *'after all people of color were allowed in the movie theater.'*

> Well, it wasn't segregated. In fact, as I didn't know anything about segregation, as far as I experience it. In my hometown in Brownsville, they had places you could go and eat outside of your home and places you could not. Your movies, you could go to the movies, but they have the balconies for dark-skinned people -- not all of them, not everybody was necessarily Black American, but they segregated you by color. So even some of the people that, say - were native born Indians that were dark-colored, they were segregated as well. They were up there too. (LB)

Later in the interview, LB shares another perspective regarding segregation that provides some context as to why she did not view separate seating or separate restaurants as segregation. "The coal mining community was Black and White people. There was no such thing as segregation like there was - in other places, it was segregated - miners and non-miners - that was the segregation (LB)." Her perspective regarding a lack of recognition regarding segregation may have greater understanding when viewed from the juxtaposition of the economic segregation she undoubtedly endured. Considering the extent to which her family experienced poverty, being poor may have created a higher level of segregation and exclusion than being a racial minority.

Failure of a victim of oppression to recognize its occurrence was examined among

college students. Perry (2010) found that students showed an awareness of the frequent

oppression, hate crimes and discrimination that transpired on their college campus, but

the consciousness of those occurrences did not translate into a corresponding awareness

that racism, sexism, or homophobia were problems for 'their' campus. He suggests that

while students may observe racist behavior, they do not 'see it'. Unfortunately, by

denying these evident facts, individuals are "thereby denying the legitimacy of the pain

and alienation associated with such experiences" (Perry, 2010, p. 277).

Crosby, Cordova, and Jaskar (1993) suggest that individuals may fail to realize

discrimination they have experience, even when they are cognizant that discrimination

has happened to others like them. This disconnection might occur due to the inability of

an individual to recognize small amounts of information as a whole in combination with

the emotional dissonance that occurs with the realization that things are unfair, and

society is unkind (Padilla, 2008; Crosby et al., 1993). The psychological costs of this

type of dissonance are particularly pertinent for marginalized individuals of society for

whom the recognition of discrimination might further undermine the feelings of control

they have regarding their own circumstances (Ruggiero & Major, 1998). This

understandably creates the sense of 'knowing your place' expressed by MS (born in

1941):

> We always went to school with White children. There was more obvious
>
> segregation and name calling from the White population, but as far as school went
>
> . . . it wasn't an everyday thing. It was like . . . - you knew where your place was,
>
> and you stayed in your place. . . I can remember in my first primary grades - I

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can remember that I had a fight because somebody called me a Nigger . . . - and this I got almost as much from other Blacks as I did a White person - being called Black - because I was dark skinned. . . But it wasn't - being called Black was more the Black people doin' it than it was the White people. (MS)

When asked how this affected her, she stated:

It made me a very self-conscious person - very, and - and uh, - didn't think much of my - I didn't give myself much credit for being a likable person because these things sounded nasty. They didn't sound like I was well liked. (MS)

MS provides an explanation regarding the damage of these derogatory words. It is interesting that surrounding this narrative; MS interjects positive aspects of her time in school such as the various activities she participated in, softening the negative memories of that period. She also made a point to mention how not only the Whites were mean to her even though it can be argued that the attitudes of the African American children toward an African American who has darker skin, is an extension of the implicit bias of the society (Bivins, 2005), another example of internalized racism (Davis, 2016).

LF also stated she experienced an instance of internalized racism from a Black patient who refused to allow LF to care for her. Stating, she (an African American):

". . . shouldn't be taking care of her. It was an older lady . . . who said she should have had a real nurse. . . I think it was her mindset . . . that it should be a White professional." (LF)

Kempny (2011); Moroşanu and Fox (2013) found that individuals who experience discrimination may mitigate the dehumanizing effects of a given situation by speaking about it, but individuals may also employ another strategy of denying its occurrence or

overall effect. Unfortunately, denial of experiences only further helps diminishes the status suffered by minorities and bolsters the established hierarchical positons of the majority. Clearly, the noted theme 'you knew where your place was, and you stayed in your place' was the expected practice growing up in the 1940's in Connellsville, Pennsylvania.

Recent research conducted by Son (2014) also noted discourses where minorities downplayed the role of race in an examination of Korean Americans'. Son (2014) found that subjects fell into three categories: 'honorary Whites, racial intermediaries, and racial progressives.' Honorary Whites embraced the ideologies of color-blind racism while those in the racial intermediary category acknowledged the existence of racism but simultaneously minimize its effect on their lives. "The group seeks to endorse their non-whiteness while dissociating from the label of 'oppressed' minority" (p. 774). Those considered racial progressives did not have reservations about qualifying their experiences with terms like racist or discrimination. Interestingly, Son (2014) found this to be the smallest category of the three groups.

The underplay of discrimination and its racialized connotations also presented in a study examining Hungarian and Romanian migrants in the United Kingdom where some of these same East Europeans deny experiencing discrimination altogether (Fox, Moroşanu, & Szilassy, 2015). This dynamic occurs in two contradictory but understandable perspectives. Perry, (2010) states, "It is as if perpetrators, victims and witnesses to bias motivated incidents all accept it as normative. It has thus become an institutionalized mechanism for establishing boundaries, both social and physical" (p. 277). However, Fox et al., (2015) argued that the Hungarians and Romanians they

examined attained a higher status when they denied discrimination, thereby emphasizing their similarity to the majority. This speaks to their 'denial' serving the greater purpose of survival.

O'Brien (2008) found that Asian and Latino Americans used several approaches to minimize the effect that racial injustice had on them. Among these strategies, is the suggestion that other people 'have it worse.' For instance, SPS stated plainly, "I'm sure there is a lot of prejudice you know in the area, um, but I don't experience it personally or pay attention to it." Later in the interview, she described how Blacks could not patronize various stores or eat a certain restaurant because of their race. When questioned about this inconsistency, she stated, "My parents came from the South." SPS therefore denied or trivialized her experiences in juxtaposition of the more severe racism and injustice experienced by her parents in the early twentieth century. She may have grown up grateful for the freedoms she had in the North and therefore did not recognize the actual level of oppression encountered by African Americans in Pittsburgh.

O'Brien (2008) considers that when denial is noted, it reflects a conflict for the individual when they endeavor to become part of the mainstream American society, understanding that for them to be considered a 'model minority' the expectation is that they accept the society's ideologies about race. This creates a double bind where, as part of a 'model minority', subjects must subscribe to the dogma of the dominant society insisting that racism does not affect one's chances to succeed in life (O'Brien, 2008). SPS may have subscribed to this ideology when she was asked about the racial climate of Pittsburgh:

When I go somewhere, I'm focused, so I have not really personally experienced

things people tell me that there's a lot of prejudice here. Probably so, because

these neighborhoods, I mean, you know we have the Black neighborhood, Jewish

neighborhood, Italian neighborhood, who are all separate. I'm not sure if that has

anything to do with um, being prejudice, or does it have something to do with

people just wanting to be with their own kind, which I think we all have a

tendency sometimes to do. (SPS)

SPS view of individuals "wanting to be with their own kind"- a sentiment of wanting to

feel a sense of inclusion does not speak to the unavoidable consequence of exclusion that

'being with your own kind' causes.

Clearly, the African American women in this study could not control how they

were treated but they could control how society perceived them. O'Brien (2008)

observes that "while respondents may appear to be engaging in passive denial, they may

indeed be actively practicing a resistance strategy by which they refuse to be further

deemed un-American" (p. 159). Therefore, SPS denial of discrimination and other

participants' consistent minimization of their experiences, does not suggest that they have

truly embraced an ideology that denies racial injustice but rather that they are surviving

and/or navigating within those injustices. For example, when discussing racial injustice

in the workplace, LF smiled at the interviewer and asked if she could turn off the

recording device. When the interviewer said 'no', LF stated, "I might be stupid, but I

ain't crazy, or I might be crazy, but I ain't stupid," indicating that she would not speak

too candidly on the subject while being recorded. Notably throughout the interview,

when talking about issues of discrimination, LF would not answer questions regarding

which hospital or agency employed her. Even though she had retired from working as a nurse, she did not want to create a negative impression for any employer/facility. Perhaps, being seen as a woman who 'complains' about their experiences of discrimination, or the view that she is 'ungrateful' goes against her sense of safety.

EL (born in 1947) attained her Bachelor of Nursing from Temple University in the late 1960's and then in 1970 began her studies in Pittsburgh to attain a master's degree in nursing anesthesia. She struggled to share her story. Through tears (at age 71) she stated:

> I'm passionate and, yeah, a little angry too because it was a missed opportunity
> for me, and I really had no recourse. I think that was the biggest problem because
> I had nobody in that program that I can go to and say: 'They're really icing me
> out.' Absolutely. Yeah, I felt a little angry." (EL)

The expression of loneliness ('I had nobody') and desperation ('I had no recourse') she experienced came through clearly in the audio transcript.

After each interview, Lisa Raymond, the African American woman who conducted all but one interview, discussed subtle and not so subtle nuances she noticed during the interviews. She stated she consistently noted frustrated and restrained facial expressions. She draws attention to this numerous times in the audio recordings stating "the look, the look". During debriefing, she stated she often noticed clenched hands and tense postures as if they were restraining their feelings. After EL's interview, the participant described the experience of participating in this study as "bittersweet," and stated that it brought up many difficult memories. Overall, she stated she had a positive interview experience because she could see how she had overcome so many things, but

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"those times were hard." Clearly, she bears the pain of injustice, feeling cheated out of experiences she deserved, solely because of the color of her skin.

The United States has a long history of minimizing or denying its racial past (Harvard University, 2017). Individuals are vilified if they "pull the race card" at a real or perceived injustice. This cultural reproach causes those who are or who have suffered injustice to deny its significance and even deny its existence. O'Brien (2008) notes that if minorities highlight the connotation of racism in their lives, they may be viewed as a person who whines and complains, not taking advantage of the chances this society has to offer. This view in and of itself is seen as un-American and calls attention to being an outsider. Therefore, this passivity acts as a method of survival.

Participants who were born after or around 1950 (4 out of 9) discussed incidence more freely, but still with restraint. Once they started sharing more memories started coming back to them, but they were still careful not to sound like they were complaining. It is unlikely that discriminatory practices in Pittsburgh were in fact better in the 1950's than in the early 1960's. It is far more likely that younger participants having witnessed the Civil Rights movement in their more formative years had a greater awareness of the discrimination they experienced on a day-to-day basis. When they were growing up, labeling an action or word as unfair, discriminatory or racist was much more acceptable, whereas, women twenty years older grew up in a time when people of color and women did not have a voice in society. Wilton (1994) considers these generation reservations when examining the account of elderly Chinese men and women in Australia regarding their experiences of racism. She found frank discourse could undermine the participant's well-earned societal acceptance and defy the cultural preference of not to speaking

negatively about the past. North (1995) encountered this same insecurity about revelation with Cambodian refugees in New Zealand. When Kikumura (1986) interviewed her mother, a woman from Japan she realized that her mother would talk about certain events only with family member, because "you don't disclose your soul to a non-relative" (p. 3). It was with this consideration that an African American woman was chosen to conduct the interviews for this research study.

SPS carefully discusses her parent's situation, making sure they should not be perceived as complaining. She stresses that her mother was not 'angry,' just 'mouthy.' This emphasis and deliberate shift in terms could indicate discomfort at portraying her mother in a negative light, even though, most assuredly her mother would have had cause to be angry.

> My mother talked about things that happened to her in the South, and she was, she was you know, angry. Not so much angry about that but she was - my mother - was mouthy. And she didn't take stuff off of anybody, and she just talked about how she handled a situation when they happened to her. . . My father talked about NOTHING! . . . He didn't talk about ANY-THING that happened to him. Um hmm! (SPS)

During this interview, SPS shook her head marveling the remembrance of her father's restraint. She also paused and seemed sad, as if not wanting to imagine all the things her father could not/would not reveal of his life in the Jim Crow South.

Of all the participants, GHN explained her awareness of the racial dynamics around her most clearly. GHN was born in 1932 and grew up in Pittsburgh's Hill District. She recalls a memory from her days in the fifth grade.

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Belford Avenue was nothing but an integrated neighborhood. You had Jews, Italians, Greeks and African-Americans living side-by-side going in school. They will not think about what color you are. However, as we progressed through school, something came out that made me think 'Oh, this is strange because I even got a paddle in school' because a boy called me the 'N-word' and I hit him! but I got a paddle. (GHN)

She explained:

I start learning about slavery. What sticks in my mind is a picture of an African-American woman with a bandana and a little boy stands behind her in front of a patch of cotton. . . I failed that year. All those things were bothering me. (GHN)

GHN developed from a child who was "bothered" by these things, into a woman with a no-nonsense, defiant attitude. In this narrative, she describes one instance of unjust treatment she feels she experienced as a child where she was defiant and stood up for herself - hitting another child. She then goes on to say that learning about slavery affected her negatively causing her to fail. One might wonder if her 'being bothered' was an internal struggle to reject the negative repercussions of slavery, the opposite of what some people experience when they experience internalized racism. GHN defiant attitude in the face of adversity carried her through her entire life. She describes another physical altercation where she physically fought to stand up for herself and a friend.

It was funny because we didn't never think about this race thing even going to high school. Until one day . . . at the Syria Mosque, [the] Pittsburgh Symphony would have all the high school classes come together and do this program. Really . . . it was about 'Forces of America' – [it was war] propaganda. They would

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send it over to Europe to see [show] how all these people are getting along well. We're singing all these pretty songs and it was really nice! We did it every year. But then the last year, gosh, I was a senior then. Two friends and I were walking from Fifth Avenue High School to the Syria Mosque and these White boys approached us in front of Montefiore Hospital and asked us what we're doing in Oakland. "Just none of your business." "Well, take it back to the Hill where you come from" and I said "we come from wherever we want to come from. . . So, one of them hit my girlfriend Azir, and I hit him. As small as I as I fought . . . in fact I got a good punch in. Here we are rolling on Montefiore Hospital lawn. (GHN)

What makes this altercation so ironic is that it occurred during the participants' travels to the Syria Mosque where filming was going to take place showing Europe the desegregated unity of high school students in America. GHN recalled this altercation with the same boldness she showed as a child who hit the boy who used the "N" word. She would fight and succeed.

CM and GHN both shared the disposition that they saw these racist obstacles as challenges to drive them forward. GHN pride in her heritage came through the audio clearly, as she spoke about her grandfather, whose mother was a slave in Alabama. Her grandfather taught her to 'fight for your own people.' GHN passed this love of her people and their history on to her children. She continued her education and became a nurse practitioner. Clearly, her resilient and sometimes defiant spirit has served her well.

Internalized Racism

Analysis of the oral history narratives reveled 44% of participants encountered instances where they experienced the effects of internalized racism. The construct bears examination as internalized racism stands in direct contrast to the construct of resilience.

Internalized racism occurs when a subjugated individual or group takes on the oppressive nature of the dominant group and feels internally that they deserve mistreatment (Davis, 2016). Internalized racism leads to significant consequences, both for the individual and society as a whole. Bivins (2005) describes this construct as "a systemic oppression in reaction to racism that has a life of its own" (p. 44). Internalized racism creates a system that actively discourages people and communities leaving them mired in their own oppression. All people are vulnerable to low self-esteem, but the systemic nature of oppression make internalized racism different (Bivins, 2005). Therefore, even people who have a high sense of self-esteem may struggle with the internalized racism that infects them, their loved ones and their communities. Bivins (2005) stands that this definition should not "blame the victim" but rather point out the distinctive work that must be done to address the issue. Internalized racism sets individuals of color up to support the supremacy of Whites and may lead to low self-esteem, color prejudice stereotyping and self-hatred.

The recognition of the paradigm of being "mired in one's own oppression" has been described in the literature for decades. John Ogbu, a former university professor and anthropologist at the University of California, Berkeley addressed this in his seminal work, *Minority Education and Caste,* (1978). Ogbu (1978) began his research after he recognized poor academic performance among African Americans and found that

African, Latino and Native Americans scored lower on academic and IQ tests compared to the scores of the European Americans. His research showed that even economically advantaged African Americans' experienced the same results (Berube, 2000; Ogbu, 2004). To illustrate that academic achievement was not related to race Ogbu studied six different societies, three where racial differences existed between minority and majority populations, and three where racial differences did not exist (Burdman, 2003). In each society where the minority group suffered discrimination, they also consistently experienced lower IQ test scores and poorer academic success. Ogbu's research (1978) described an unofficial caste system with the "White" majoritarian group having better opportunities for education and employment. More importantly, he found that African, Latinos and Native Americans comprise a stigmatized, pariah caste, and are often excluded (Ogbu, 1978) and that they correspondingly internalize these negative opinions imposed upon them" (Berube, 2000). The internalized negative opinions start the continual process downward, affecting numerous areas of one's life, leading to the destruction of internalizing negative racist beliefs against one's own race. Today this construct appears in the literature as internalized racism.

MS provides an example of this construct and its damaging effects when describing how derogatory language affected her. She stated, "It made me a very self-conscious person . . . didn't think much of my [self] - I didn't give myself much credit for being a likable person because these things sounded nasty." Later in her interview, she describes how she learned to overcome these feelings but that she regrets feeling bad for so long. Clearly MS internalize these negative words. Of the nine participants only 2 of them (MS and EL) describe how the negative words personally affected/hurt them, the

other seven described ways in which they dismissed, ignored or did not notice the negative words or opinions of other.

<div align="center">**African American Education and Health Care in Pittsburgh**</div>

In 1934, Homer Brown, a graduate of the University of Pittsburgh Law School, *National Association for the Advancement of Colored People (*NAACP) president and attorney won a seat on the state legislature from District's third and fifth wards (Trotter & Day, 2010). Brown accomplished what national leaders could not do; he obtained an amendment that penalized unions if they excluded members because of race (Trotter & Day, 2010). Under Brown's governance, the Pennsylvania legislature passed a new equal rights law in 1935. In establishments such as theaters, hotels, bars, bathhouses, parks, dance halls, schools, colleges and libraries, discrimination was banned on the basis of color. (Locations 964-965). Then in 1937, Brown led the investigation of the hiring practices of the Pittsburgh Board of Education leading to the hiring of the first full-time Black teacher since 1881 (Trotter & Day, 2010). A similar battle developed in the health field. However, during the late 1930s the Urban League of Pittsburgh's Health Committee resolved that the development of a Negro-controlled hospital would serve the most urgent need of the Black people in Pittsburgh (Trotter & Day, 2010). This created a divided focus, one for inclusion and acceptance in the overall society and one for the advantages that a segregated hospital might provide. This divided focus worked against the overall success of acceptance and integration.

Plans for a Negro Hospital

In 1893, the Kingsley House opened its doors at 1707 Penn Avenue, Pittsburgh, PA. (Kingsley Association, 2012). It was founded as a settlement house to aid lower

income working class families by providing social and educational opportunities ("Interesting annual report of the Kingsley House;" 1894, July 25; "Ground broken for settlement in East Liberty," 1922, December 29). Situated close to several large steel and iron mills, the Kingsley House catered to a diverse population of European immigrants. As World War I created a shortage of laborers, African American citizens migrated to the city to fill these positions (Couvares, 1984; Gottlieb, 1996). Settling primarily in Pittsburgh's Hill District, the swell in the African American populace spurred the creation of another settlement house – named the Morgan Memorial House ("Morgan Community House dedication," 1919, November 19; "Ground broken for settlement in East Liberty," December 29, 1922).

During this time, various hospitals in Pittsburgh provided care for African Americans residents (Reid, 1930; Rishel, & Demilio,1997; **"Montefiore Hospital,"** 1957, April 6). It was reported, however, that some hospitals faced overcrowding and African American patients felt they did not receive the same level of care as White patients ("Livingstone memorial," 1923, Dec. 15; Anderson, 1946, July 27). Much like in Chicago, Philadelphia and New York City, African American residents wanted a hospital of their own; a place where their doctors could practice medicine and where African American interns and nurses could receive their practical clinical education ("Livingstone Hospital appeal," 1923, December 2; "Livingstone memorial," 1923, December 15; Anderson, 1946, July 27).

As early as 1923 attempts to raise funds for a Negro Hospital commenced. These efforts continued throughout the mid-twentieth century ("Morgan Community House to be vacated," 1923, April 14; Anderson, 1946, July 27) with only partial success

("Livingstone memorial," 1923, Dec 15; "Kingsley needs," 1923, May 4; "Kingsley

House fund," 1924, March 15). Originally, the Livingstone Memorial Hospital was

located in the former residence of the Morgan House ("Morgan Community House to be

vacated." 1923, April 14). Unfortunately, despite numerous attempts and fundraisers,

this facility never got to the point of functioning in that capacity. On September 8, 1930,

The Livingstone Memorial Hospital Association purchased the original building of

Montefiore Hospital on Center Avenue and Heron for $100,000. The Hospital

Association paid the initial $20,000, received a $25,000 gift from Montefiore Hospital

and assumed a mortgage at 6% interest ("Hospital association hears," 1930, July 12;

Carroll, 1930, April 19; "Hospital Imminent," 1930, April 26; "Montefiore deal," 1930,

October 18). Unfortunately, financial and organizational barriers prevented the

establishment of a hospital for African American residents in the city of Pittsburgh.

Numerous attempts succeeded only in part to raising the needed capital to open a Negro

Hospital, creating an ongoing (over nearly three decades) false sense of progress. A

review of all the above-mentioned newspaper articles reveals a sense that all of the effort

expended toward an African American hospital may have resulted in the unintended

consequence of curtailing the more important goal of inclusion into the mainstream

medical system in Pittsburgh. In the 1940's after more than 20 years, and numerous

fund-raising campaigns plans for a Negro Hospital died, and the name and Livingstone

Memorial Association/Hospital never appeared again in either the Pittsburgh Courier or

the Pittsburgh Press.

The sale of this building and the contribution made by Montefiore toward that

purchase displayed that the Jewish community (an oppressed ethnic minority) provided

support to the African American community. Furthermore, Montefiore continually

supported this community in the form of free medical care despite Montefiore's own

significant debts ("Montefiore Hospital," 1957, April 6). This may also speak to why the

five of the nine participants in this study spoke highly of this hospital. Two of the

participants went to Lillian Kaufman School of Nursing at Montefiore. One participant

received training to become an operating room technician after she had completed her

LPN (but before she became an RN) and two participants worked there after graduating.

Considering the location of Montefiore Hospital (originally in the Hill District

and then in Oakland, only a short distance away), it bears the questions, if the

Livingstone Memorial Hospital had become a functioning hospital, would the African

Americans residents have chosen to go to the newly established Negro hospital or would

they want to remain with the hospital that had served them for years? Would they feel

that the African American physicians and nurses at the newly established Negro hospital

had received equal training as the physicians and nurses at Montefiore? Or might African

American residents, knowing the financial and societal discrimination the African

American community endured prefer the expertise and resources of White hospital? In

other parts of the country, Black Hospitals endured the effects of a long history of

discrimination and impoverishment (Hine, 1989). This may have been no different in

Pittsburgh. Would an all-Negro hospital create an internal conflict among its African

American residents? These questions might therefore have contributed to the lack of

support and failure to establish a Livingstone Memorial Hospital in Pittsburgh,

Pennsylvania.

Competition or Separation: The African American Professional's Struggle

Free of Jim Crow legislation, the North was not without its discriminatory practices, often creating less overall opportunities for African American seeking professional roles. This greatly affected the opportunities for nurses throughout the better part of the twentieth century. Within the Jim Crow laws of the South clear parameters for employment practices existed (Higginbotham, 1987). In the South, African American women filled positions within segregated schools, Black hospitals and offices of Black doctors. However, in the absence of predominately-Black institutions, African Americans faced significant discriminatory obstacles prohibiting competition with Whites over jobs in the public sector (Higginbotham, 1987). This was no more prominent than within the profession of nursing.

Throughout the country, Black Hospitals suffered the effects of insufficient finances, poor physical localities, inadequate supplies and exploitation of student nurses (Hine, 1989). During the early 20th century, only five Northern Black nursing training centers existed, one in Chicago, two in Philadelphia, and two in New York City (Hine, 1989). Moreover, Black nurse-training institutions suffered from a lack of standardized and uniform instructional programs (Hine, 1989). In the 1920's and 1930's, major philanthropic foundations paved the way for the upgrading of Black Hospitals and nurse training schools throughout the country. However, these gestures provoked controversy and intensified feelings that philanthropic contributions preserved and intensified segregation (Hine, 1989). The debate never waned. The presence of a Black Hospital provided an opportunity for African American doctors and nurses to establish themselves. However, the acceptance of these funds from White foundations/institutions came at the

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cost of acquiescing to segregation in both the North and the South (Hine, 1989). This was no different in the city of Pittsburgh.

Hine (1989) found that White nurses played into this hierarchal system, regularly threatening to quit if African American registered nurses were hired. This divided relational dynamic ultimately benefited hospital administrators (Glenn, 1992). Moreover, nursing aides, typically floundered as they had no upward mobility, and soon resented their limited capacity role in the health care hierarchy (Melosh, 1982; Reverby, 1987).

White women faced less barriers to the role of a professional nurse. However, an increased emphasis on education further hindered African American women because throughout the country segregation produced a two-track system where African American schools of medicine and nursing were considered inferior to White schools (Glenn, 1992; Hine, 1989). By the mid-1950s, nursing had firmly established the racial and economic stratification (Hughes, Hughes & Deutscher, 1958). LPNs constituted a disproportionately high number of African American women from lower-economic backgrounds. Diploma nurses primarily consisted of women from White lower-middle class backgrounds. Baccalaureate nurses most often included White women and from a higher socioeconomic standing than diploma nurses (Hughes et al., 1958). This stratification most certainly played out in the hospitals of Pittsburgh, where numerous hospitals existed, separated by difficult topography, obstructive railway lines and three large rivers. These natural and man-made barriers that contributed to ethnic and racial segregation in Pittsburgh consequently added to the problem of African Americans' mobility throughout the nursing education system. The need for nurses has always been high but the competition for positions has also always been high. African American

women would have been competing against lots of European Americans, many whose families had only recently immigrated to the area.

World War II's Aftermath

Throughout World War II, African America men and women were unified with White Americans in the nations' interests abroad. However, the fight against the crimes of Nazi Germany, brought the contradictions between America's principles of equality and democracy and its conduct toward racial minorities (Alexander, 2012; Library of Congress, n.d.). Throughout this period, the NAACP and civil organizations worked to end the practice of discrimination in the armed services, finally succeeding in 1948 (Library of Congress, n.d.). Increasingly, African Americans exerted themselves in their fight for equality. In Pittsburgh, civic leaders, the Urban League and the power of the nationally recognized Pittsburgh Courier worked to whittle away at entrenched institutionalized racism in the city.

In the spring and summer of 1946, The Pittsburgh Courier ran a relentless news campaign encouraging the Pittsburgh Hospital Council to meet with Negro physicians and civic leaders (Anderson, 1946, July 27). The topics the campaign aimed to address were the need "to adjust differences of treatment accorded to Negro nurses, physicians and patients in local hospitals" (p. 3), more specifically "the inability of Negro physicians to secure staff appointments; inability of Negro girls to obtain nurses' training in most local hospitals" (p. 3). The constant barrage of editorials, instances of institutional racism coupled with the obvious need for nurses certainly had an effect on hiring practices and school admittance policies. The Courier spoke to the numerous aspects of how the

current discriminatory practices affect the overall community, exposing the varied shame and hypocrisy of these segregated practices. For instance, the Courier reported:

> George Culberson, principal of A. Leo Weil School and prominent in Hill District civic affairs: "Every effort should be made by leaders in every field to wipe away the barriers which tend to prevent members of minority groups from taking their rightful place in community life . . . . It was very difficult for me to have to explain to colored girls who wish to become nurses that they would be unable to enter local hospitals for training." (Anderson, 1946, July 27)

A local Pittsburgh resident shared:

> If my child wants to be a doctor, I want to know I don't have to send her down South to practice. I want to know that she can become a nurse and can work in any hospital in the city without having anyone 'pull strings' to get her a job just because she is my daughter. (Anderson, 1946, July 27)

C. Sterling Chavis, a secretary who worked at the Centre Avenue YMCA shared:

> I speak as a private citizen and as a worker with young people when I say that something has to be done to straighten out this situation. It isn't very pleasant to feel it necessary to discourage young men who wish to become physicians. But there are so many difficulties facing a colored youth who desires to practice medicine in this hometown." (Anderson, 1946, July 27)

Despite the ongoing presentation of injustice, change occurred slowly. "By the end of World War II, the Pittsburgh chapter of the National Association of Colored Graduate Nurses identified about forty graduate nurses in Pittsburgh, but only five worked in private hospitals" ("Nurses pledge cooperation," 1946, June 1, p. 2).

Furthermore, the addition of White women entering the workforce in the postwar period created significant competition for African Americans seeking employment (Trotter & Day, 2010). Nevertheless, policies did turn, in May of 1947, Montefiore Hospital hired its first African American nurse, a woman who had received her education in Washington, D.C. ("Pgh. hospital names nurse." 1947, May 10). These small victories paved the way for nursing school admission policies to change, albeit slowly.

Throughout the early twentieth century as nursing educators and leaders worked to elevate nursing as a profession, they simultaneously limited and devalued the opportunities of other women working in healthcare. Professional nursing associations' increasingly raised the standard for entry into the profession, creating a barrier to access into the profession (Melosh, 1982; Reverby, 1987). The elevated standard created either explicit or de facto segregation for African American nurses (Hine, 1989). African American women therefore were excluded from nursing education, and instead directed into nursing aide and LPN training programs (Glenn, 1992; Hine, 1989; Melosh, 1982; Reverby, 1987).

Summary of Overlapping Discrimination Themes

The overlapping forms of overt and subtle discrimination combined with the individual's tendency to minimize such discrimination provide a clearer historical picture of the lived experience of an African American nurse in Pittsburgh. Clearly, societal and institutional forces discouraged African Americans from entering the profession. This is noted in the narrative description of varying degrees of exclusion or inclusion. The discrimination these women experienced could have excluded them from not only feeling a part of the nursing environment (even though they were employed as such), but also

from developing a confident, personal identity because they did not know where they belonged. This extended as an exclusion from a collective identity by not recognizing themselves as successful representatives of a racial minority within the workforce. Interestingly, 66% of these women often minimized their negative experiences, thus preventing the trauma of discrimination and with the need to preserve their personal and collective identities. This minimization caused a dissociation from the expectation of "knowing ones' place." All of the women in this study ignored "their place" and moved forward despite the pressure to do otherwise. Unfortunately, negating or circumnavigating racial injustice rather than exposing it reified the already established social stratification, causing change to occur very slowly.

The attempt and failure to establish an all-Negro Hospital over a period of more than 20 years, causes one to wonder what might have happened if that hospital had become a reality. If a functioning hospital had opened its doors to patients, it may have been beneficial to the African American community, but it would have caused the city to continue to retain the segregated 'Black verses White' mentality.

In the mid twentieth century, African American clearly faced restrictions curtailing their entry into the nursing profession. These restrictions occurred initially due to unyielding policies and later due to de facto segregation whereby African Americans' lacked guidance and exposure to the possibility of nursing as a career. The women in this study stand as an exception, entering a field, that even today remains dominated by primarily White women (American Association of Colleges of Nursing, 2010; 2013). Despite the numerous obstacles, discrimination, segregation, poverty, these women found their place, most attaining an advanced degree in nursing or another discipline. The

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remaining discussion will focus on the themes that presented in the research that lead to these women's success.

African American Participants Themes of Success

Foremost in each narrative it a resounding theme of familial support and a value placed on education. LB father was a coal miner who often went without work due to mine strikes. During the mine strikes, everyone in the community was out of work. LB grew up very poor – her family lived without indoor plumbing and regularly owed a debt to the company store for groceries and necessities. GHN's father was a shoeshine man supporting a wife and two children. Her mother cooked over a coal stove until GHN was 14 years old. She spoke of how good a cook her mother was. Her mother died early and her father could not cope with the loss. Fortunately, GHN married a good man who stepped in as a father figure to her two siblings. EL father was a migrant worker with nine children. She states her six brothers missed the whole month of September because they were needed in the fields. In the most humble and often harsh circumstances, every participant spoke of how family members provided them with direction, discipline, life skills, and emotional and/or financial support.

Valuing Education and Family Support

Despite the most humble of circumstances, every participant stated that their parents supported them and greatly encouraged them to go get an education.

> My father's theory was: "what you get it in your head, nobody can take it from
>
> you.". . ."They can take everything else, but they cannot take what you know". . .
>
> . My father was of the opinion that I should be educated. . . He said, "it's

knowledge that has power.". . . He said, "it's not always who you know, or where you go, but it's what you know that is powerful." (LB)

SPS stated:

> Oh my family (laughing), they were so supportive of me because, . . . I really had no choice, in fact I didn't think I had a choice after, after high school, the next step was good to college. There wasn't any thought of you know him coming out and getting a job and going to work. You went to college! So, I had that support from my father, from my sisters and brothers and aunt, my mother's sister, and my mother, were very supportive of me. (SPS)

SPS not only had her family's emotional support, but they supported her financially with whatever means they had.

> We were poor, they couldn't afford to send me there [to college]. . . I had scholarships and different members of the family came up with money to pay my room and board when I stayed on campus. Every week somebody would come up with the money. (SPS)

KM remembered not being able to commute with fellow students during the winter months. She explained how she called her mother and told her of her dilemma. Even after 40 years, KM marveled at her mother's immediate response and resourcefulness.

> My mother showed up . . . that next day with a car. It was a piece of a car. You know, it was working, it was running. My mother and father showed up with a car and said, "Honey, here. You got a car." And so I don't know how she did or what she had to do or probably, you know, sign a - what do you call it? IOU. (KM)

Because of a hearing deficit, VB had poor grades in high school, causing her to drop out after the tenth grade. She hid this fact from her father for months. When he finally found out he stated, "You better be glad you have a job because I would beat your back." He was disappointed in her choice to leave school. Years later, working in a local drug store, VB saw a customer wearing a hearing aid and she asked, "What is that". She then had her ears tested and got a hearing aid. This lead to her enrolling in the LPN program at St. Francis General Hospital.

All of the African American participants interviewed voiced that they were expected to learn and to get an education and support themselves. Five of the nine participants spoke of how that they felt they had to succeed, specifically using the words "no other option", "no backup plan." LB stated, "Plan B was to finish Plan A." They all stressed the importance they felt their education was to their family. This focus significantly altered the trajectory of their future.

Recent research investigating protectives factors aimed at increasing an individual's level of resilience shows the importance of family support. Kahn et al., (2016) investigated the effect of tribe/family elder support on the resilience of Native American youth. The study showed positive affected in relation to the youths' motivation, desire for education and resilience dealing with hardships (Kahn et al., 2016). The study found that promoting cultural knowledge and identity provided these Native American youth with inter- and intrapersonal strengths (Kahn et al., 2016). A greater understanding of one's cultural identity, provided youth with resilient strategies (Kahn et al., 2016).

Cultural/Historical Connections

Each participant discussed support they received, either from family members, peers or coworkers. Many participants discussed connections to community and/or religious organizations. The audio recording of these discussions reveal considerable excitement and gratitude for these relationships. Stories of being disciplined and held to very high standards (some may say harsh and even unreasonable standards) are told with affection. In these stories the adaptable nature of memory most certainly must be considered. Clearly many of the realities these women faced growing up were difficult, even painful. Many of the demands placed on several of the participants at very young ages were very challenging. However, in the retelling – the participants have the perspective of nearly a whole lifetime to understand the harsh realities of life they were being prepared for. Realities, they look back on grateful for the preparation. The relationships and support, the high expectations and demands to be clean, hardworking, respectable, modest, honest and disciplined resonate. While one participant (MS) voiced frustration that she was not allowed to wear long earrings "chandeliers" and ankle bracelets, she remained respectful of her father's authority, and stayed away from the wrong side of town. When VS spoke of her father's expectation that each child "put something on the table -- a nickel, dime or quarter or something" with the reasoning, "because you live here and you eat here," she does so with the admiration that her father worked two three jobs to support the family. LB started working at the age of 12, helping a White handicapped woman clean her house. LB stated "I was happy to go on and go to school and be a nurse because I wouldn't be cleaning."

GHN voiced how her connection to her grandfather and his lessons and stories of the past provided her with a sense of pride and strength. She spoke about the lessons she learned at a young age, how learning about slavery disturbed her and how her grandfather's mother was a slave with keloid scars on her back. She shared that she believes the stories and cultural history built in her a resolve to be strong.

Social Support - Allies in the Ranks

All of the oral history participants identified 'support' in one form or another. Sepasi, Borhani and Abbaszadeh (2017) "pointed to the importance of professional solidarity in achieving professional power" (p. 4856). Stories exemplifying this flowed freely; as participants remembered the camaraderie and feeling of empowerment, it created. KM excitedly shared an incident that occurred in 1976, while in nursing school:

> My best friend, she was African-American too - and you know how when you got
>
> the Scantron? - and she was going through, and she missed one and it threw off
>
> for a whole test. . . It's just they were off track. . . And so, she went in to meet
>
> with the third level professor and . . . And I went with her for moral support. . .
>
> She comes back out crying and . . . She said she [the professor] wouldn't let her
>
> take the test over and she will have to fail and they only offer it one time a year,
>
> so she would have to wait a whole year. . . . While I was out there [in the waiting
>
> room], I sat with a couple of students and they were there retaking the test. And
>
> these students had actually *failed* the test. They didn't have a Scantron trouble, but
>
> they talked to the teacher and they felt that they were strong students and that
>
> there must have been a mistake and she allowed them to take the test over. Two
>
> students. And they said there was another student who had taken it earlier. . . And

so I said, could you give me her name too? I knew who they were. And so. . .we went right back into that room and sat down. And I looked at that lady in the eye and I said. . . I got three names. . . They failed the test. You allowed them to take it over again. She's taken it, where's her test? She said, 'I didn't say she couldn't take it, she is going to take it tomorrow at. . . 8:00 in the morning.' (KM)

When asked if KM felt this occurred because of discrimination, she affirmed this stating:

Why would you have ethical standards for one group of students but then when it gets to be this African American woman who actually had her test right - . . . I was a junior. I was empowered. I wasn't going to stand for -- especially her crying and there was only four Blacks and oh my goodness. (KM)

KM herself had experienced discrimination while in her program of study but when faced with an opportunity to stand up for a friend she did so unyieldingly. Her defiance and confidence that she was right and that if pushed she would prevail resound in the audio recording. The success she encountered in this instance undoubtedly fostered her overall resilience as she advanced her career.

Interestingly, two of the participants in this study worked together many years ago and knew each other growing up. VS recounted a time when she covertly came to LB's aid when she believed LB was being targeted unfairly.

I didn't break rules. I'll tell you what I did do once. I did do this. . . . There was this young lady. She's a little younger than me, but she had gone to school with one of my sisters. She was very, very religious. Well, the evening nurse didn't give it [a medication] . . . He missed it then he put it on her, he slid it into her

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12:00 to 8:00 drug cards. She didn't give it, but she reported it to them. When I was giving the morning report - that got a discussion going on. They were going to give, LB is her name. . . They were going to give her a test. . . I didn't know what to do. In my heart, I could not stand what happened to LB. So, I went into the classroom, to the pharmaceutical manual, and I pulled out the section on dispensing medicine. I went down to LB. . . I said, "They're going to give you a test. I'm asking you, if I give you what you're going to be tested on, will you bring it back tonight?" She said, "Yes, yes." I gave it to her. I was so nervous. I was nervous all night. I was nervous the whole day until I saw LB that night. . . They were going to hijack her for no reason and I could not stand by and look at that and see that and know that. So, I took a chance and the Lord worked it out. She took the test and passed it and thanked me. (LB)

In this situation VS recounts feeling she had to stand up for what she perceived as unjust. She felt so strongly - that she broke the rules to help a fellow nurse. Certainly, LB felt the support and solidarity of this gesture, providing her with a greater sense of worth and confidence.

KM recounted another incident where this time she was on the receiving end of someone else's assistance in the face of unfair treatment.

After three weeks of working there . . She [the head nurse] threw me in as charge nurse on evening. . . 'I was like, are you kidding? I'm just getting to know the hospital and I don't know who the doctors are. I don't even know what charge nurses do." So then, she says 'too bad, you have to do it.' So there was a Black secretary there and she said -- Maddie, her name was Maddie and she said, 'KM, I

know what to do. . . You sit right here with me and I'm going to train you how to be a charge nurse.' . . . We sat there, and we worked through it, and when it's time to call the doctor, she said, 'Call the doctor. Here's the number. Call the doctor.' And I said, 'Okay, okay. What do I say?' She said. 'Just tell exactly what happened, what the issue was, and you just tell them that, and then they'll tell you what to do. . .' And then, when they gave me an order, she showed me how to write it out, put it on the chart, what I had to do and so forth. I said, okay, I got this. (KM)

The above narrative describes how KM was set up to fail by not being provided with the proper orientation or oversight. It also shows how with the assistance of someone, even someone in a subordinate role, KM again proved herself capable; furthering her confidence and resilience. KM recounted other occurrences where the same head nurses tried to thwart her success, but in each of these incidences, the force in her tone reveals these incidences served only to fuel her determination to succeed.

The themes described comprise the individuals' environment and characterize their experiences as African America nurses. In contrast to the themes of discrimination, the themes of pragmatic flexibility, familial support, valuing education, and vocational allies cast a positive light on the experiences of these women. The existence of these qualities in their lives collectively worked to support and uplift these women in the face of financial and racial difficulties. Interestingly, these positive themes correlate with the current body of literature related to protective factors that describe and facilitate resilience. The implications of this will be explored further in chapter five.

The themes of discrimination proposed possible barriers to African Americans entering the nursing field, whereas the themes described above present possible sources of encouragement to enter the field. In general, these positive themes counteracted the restriction imposed by the discriminatory forces. Overall, the women interviewed in this study achieved success in the face of such adversities in large part because of the support of their families, the existence of role models, the valuing of education and their dogged determination to solve problems.

Exposure to Nursing/Nurses

All of the study participants described some exposure to a nurse or the nursing profession prior to entering the field. Two of the participants' mothers were nurses, and two served as volunteer Candy Stripers in the hospital. Two participants had joined the club Future Nurses of America while in high school. Four of the participants describe interacting with a White nurse while in the hospital. Their impressions of nursing focused on the caring aspects of the profession and the dignity of the uniform, white cap and white shoes. GHN is the only participant who spoke of encountering an African American nurse while growing up, a woman named Mrs. Innis Cook.

> An African-American nurse, the first and only one I ever saw as a child. And she
>
> was so impressive with her beautiful starch white uniform and a cap. And she's a
>
> very sweet lady. I said, "I want to be a nurse like Mrs. Cook!" (GHN)

LB describes her first encounter with a nurse at the hospital when she had to have a tonsillectomy. She also provides her perspective of segregation, growing up in a coal-mining town as having more to do with class than race.

I had a tonsillectomy and that's when I came in contact with the nurses. I thought

that was such a wonderful thing, how they came, and they bought you water and

how they talk to you. "Do you have any pain?" And oh, I thought that was just so

wonderful. . . There were no Black nurses. They're all White. (LB)

LB shared the same sentiment, "At the age of six, they [it] never crossed my mind

if [that] there weren't any Black nurses - because you came up in a community." In

regard to segregation LB shared, "The coal mining community was Black and White

people. There was no such thing as segregation like there was - in other places, it was

segregated - miners and non-miners - that was the segregation (LB)." LB clearly felt the

restrictions and barriers of poverty, perhaps more than racial barriers.

While only one participant had exposure to an African American nurse (other than

RL whose mother was an RN) each of them understood in part what nursing entailed.

Every participant spoke highly of the dignity of the white starched uniform and cap, the

clothes that set nurses apart from everyone else and gave them respect. Their discussions

of the uniform elevated nursing in its status, not only as one of earthly authority but of

rather as a person with a calling, a divine, and righteous purpose. Approximately half of

the participants spoke about the difficulties of bedside nursing. The strain of not having

enough time to spend with patients, working shifts, being on one's feet and having to lift

heavy patients. Of the nine participants, only one stayed employed as a bedside nurse,

and she retired at age 55 with a nice retirement plan. .

Pragmatic Flexibility and Hard Work

The ability to adapt from difficult circumstances stood out as a strong theme and

was repeated throughout the narratives of all of the participants. This characteristic

reveals itself as an overarching attitude, or theme rather than a catalogue of specific incidence. Repeatedly, participants displayed how they focused on solutions rather than being distracted by problems or barriers. Regardless of various obstacles, participants kept taking steps forward. Their steps may have been small ones, but they were moving forward, nonetheless.

EL describes how this attitude of pragmatic flexibility and hard work demonstrated itself before she ever entered college. Interestingly, her first choice of a profession did not include nursing: "My parents don't [didn't] have money to send me to college." Fortunately, a high school counselor made it her mission to help EL and she succeeded. EL received a full scholarship to Temple University. EL stated:

I really wanted to go into research because I liked microbiology . . . but I didn't have the means of going. I wanted to go to like George Washington or Howard University or some place in the D.C. area, but I couldn't afford it and there were no scholarships available. (EL)

LF also showed a pragmatism, recognizing that she needed a program of study where she would graduate in a short time. She initially wanted to study social work but due to the need to attain a master's degree to enter the field, she refocused her energies toward nursing. LF worked hard. She married early and worked as a Nurse's Aide part time, juggling a sick husband, two children while she went to school pregnant with her third child. She stated, "I thought I wouldn't be able to do it (while pregnant). Well, I had to do it anyway." LF expressed her determination: "I don't think that I had a backup plan, . . . I would have kept trying to find a way to [succeed]." She raised her family, and went on to graduate from La Roche College with a bachelor's degree. She worked as a

psychiatric nurse until her retirement. She serves as the secretary for Black Nurses in Action a sorority of minority nurses in Pittsburgh.

Of the nine participants in the study, eight of them furthered their education beyond the degree that allowed them entry to practice as an RN. This additional education provided them with increased opportunities significantly altering their career trajectory increasing their autonomy and professional resilience.

CHAPTER FIVE

DISCUSSION AND IMPLICATIONS

Chapter five presents a discussion about the lessons learned throughout this study and the possible implications to the discipline of nursing. The discussion focuses on the information provided in the previous chapters concerning available historical data from the mid-twentieth century as well as the lived experiences of nine women participants who attended any one of Pittsburgh's many schools of nursing in the post-World War II period. This chapter extrapolates on the relevance this information has for present-day nursing educators and administrators as they deal with the challenges of educating a capable and diverse nursing force moving forward.

Discrimination undoubtedly affected the matriculation and attrition rates of the nursing profession in the Post World War II era. However, many women proved to be successful despite these obstacles. Throughout the remainder of this chapter, the presence of overt and subtle discrimination and how they intersect with protective factors that foster resilience, particularly family/social support and being taught the value of education will be discussed. Additionally, challenges facing the African American community today are recognized.

This study provides insights on how these resilient women succeeded despite numerous challenges. Conceivably many of the same barriers exist in the profession of nursing today, and if so, these insights may provide educators and nursing administrations with understanding on how to foster student success. This study focuses on the many factor's participants shared that helped overcome adversity. Known as protective factors, these positive attributes, relationships or situations act to reduce the

negative impact of adversity (Richardson, 2002). The study examines resilience as a modifiable trait (as opposed to a fixed trait).

Previous Research - Similarities and Differences

The following section will explore contemporary literature outlining barriers to a diverse nursing workforce, comparing and contrasting those themes with the relevant information gleaned from this study. To meet the growing needs of a rapidly changing society, America needs a diverse nursing workforce (Murray, 2015; Sullivan, 2004). Despite the aspiration to matriculate and retain minority students, a review of recently published research indicates that overall, minorities recognize many barriers hindering their success in a nursing program of study. Although the experiences of the participants of this study occurred approximately 50 -70 years ago, many of the same barriers exist today. Furthermore, many barriers affect students of all ethnic and racial backgrounds. These barriers include financial constraints; discrimination; difficulties adjusting to the college environment, feelings of isolation, loneliness, frustration and lack of academic preparedness (Childs, Jones, Nugent, & Cook, 2004; White & Fulton, 2015).

Likewise, a large quantitative study (n=1,377) conducted more recently examined the similar barriers facing minority students (Wong, Seago, Keane, & Grumbach, 2008). In this study, 44% of students identified themselves as an ethnic or racial minority. The study revealed that most minorities recognized a lack of finances as a situational barrier (Wong et al., 2008). Each of the participants in this study spoke of financial constraints.

African Americans in the aforementioned study reported that they had the least interactions with faculty members and peers (Wong et al., 2008). Of the oral history participants, only two mentioned they had an African American instructor/professor.

Those participants did not mention any type of relationship or extra guidance from those faculty members. All minority students, except Asians, reported a lack of institutional diversity; including the support of diverse faculty, teaching about diversity and being sensitive to people of their ethnic backgrounds (Wong et al., 2008).

A qualitative study (n=15) conducted in 2005, revealed minority students experienced feelings of loneliness, isolation, differentness; lack of acknowledgement and understanding from teachers and peers; insensitivity and discrimination (Gardner, 2005). A comparable qualitative study (n=13) recognized similar findings related to Hispanic students, including a lack of institutional support and feelings of intimidation (Moceri, 2013). Coleman (2008) also recognized similar themes related to the experiences of African Americans attending a predominately White nursing institution (n=14). Students reported "difficulty fitting in;" not having a "sense of belonging;" and feeling a "lack of cultural support;" causing minority students to feel less important than White students (Coleman, 2008, p. 11).

A review of oral history transcripts reveals almost no institutional diversity. Likewise, the oral history transcripts also spoke of discrimination. However, when comparing research from Wong et al., (2008), Gardner (2005), and Coleman (2008) to the oral history narratives examined in this study many differences were noted. The two participants who attended Montefiore Hospital School of Nursing did mention that they participated in Jewish holidays and celebrations. Participants never spoke about "not fitting in." One participant mentioned how she and her fellow students got in trouble one year because they swapped parts of their nursing uniform with students from two other diploma schools. She laughed at the memory. Clearly, she felt a sense of comradery and

inclusion to be part of a silly prank with students from neighboring nursing schools. Of those who lived in nursing residences, all spoke of integrated living quarters.

Unlike participants in the Wong et al., (2008) study, only VB expressed issues feeling unprepared academically. Because of a hearing deficit, she had missed a large part of the information from high school and always struggled with English. She first became an LPN, and then when she wanted to get her RN at almost 40 years of age, she stated that an English teacher taught her to write. She spoke of how that support changed everything because she had been "afraid of English." VB completed her ASN, and then completed her BSN.

Oral history participants in this study did not speak of feeling isolated. Quite the contrary, they each spoke of feeling part of either family, clubs, friends, church or a community. Most participants did not express difficulties adjusting to the college environment except for MS, when she moved to the city of Pittsburgh from a small town. She stated:

> One thing that was difficult for me - after coming to Pittsburgh, was that I was used to a small country church and I had much difficulty finding a church that I wanted to be a part of. . . That was a hard adjustment because church was such a big part of our daily life - you know? (MS)

Progression and Retention

The following section examines characteristics related to progression, graduation and licensure characteristics. A 2006 retrospective study examined the entry, progression, graduation and licensure characteristics of AD nursing students (n=112) (Jeffreys, 2006). Comprised of 47% ethnic and racial minority students, this study noted

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several interesting trends. White students had the highest proportion of full-time enrollment, graduating within four semesters (32%). Women had the highest proportion of stop outs (a break in continuous enrollment) (27%), compared to men (16%). Asians had the highest proportion of continuous retention, graduating within five or more semesters (40%). Hispanics had the highest percentage of stop outs (42%) as well as the highest percentage of first semester failure (17%); and African American students had the highest rates of voluntary attrition (31%) (Jeffreys, 2006). The findings of this study suggest that the multiplicity of responsibilities these students faced often required that they attend college part-time, or "stop out" due to financial and employment constraints; pregnancy; or childcare and family related problems (Jeffreys, 2006). This data, (although 12 years old) remains consistent with the more recent general data from Musu-Gillette of the United States Department of Education (2017).

Of the nine oral history participants in this study, three of them had to complete their RN part-time. LF worked as a nurse's aide while supporting a family and going to school. GHN and VB both worked as an LPN and worked on their RN program of study over several years. These women inferred that they did experience 'stop outs.' The other six participants completed their RN before starting their family. Those six participants also had financial support either from a school scholarship or from family members. One noted difference between the barriers in the reported literature and the participants in this study falls into the category of supportive community environment. EL was the only participant who voiced feeling "iced out" by the faculty of her nursing anesthesia program (Master's degree). She also mentioned support from some colleagues and fellow students, all of whom were White.

Current qualitative research outlines many of the challenges preventing minority students from completing their program of study. While the qualitative nature of these studies creates a significant limitation to their generalizability, the noted themes remain consistent and provide a more reliable representation of the challenges and perceived barriers minority student's face, contributing to their lack of educational persistence and degree attainment. Although these factors were noted among study participants, their persistence led to their degree attainment.

Protective Factors

The following section discusses the presence of the various protective factors experienced by oral history participants. The instance of protective factors related to minority nursing students in relatively absent in previous research. Moreover, the presence of protective factors must be viewed in the proper personal/cultural context to determine the weight this factor has.

For instance, a supportive family and community was revealed as a constant and significant protective factor, outweighing any other explanation and numerous barriers. Obviously less important protective factors may not have this affect. One protective factor mentioned by seven of the nine participants was involvement in a religious organization or a belief in God. Because of the nature of the oral history narratives, participants answered a general question about support, but they made their own choices about the relevant things to mention or not mention. Because of this, it is unclear what exactly served as a protective factor. Participants spoke about God, faith, church involvement, religious affiliation, and prayer almost interchangeably but did not mention how they defined these terms or to what extent they were involved with these

relationships. The oldest seven participants mentioned church, God and prayer as a 'given,' as if the interviewer understood what place those things held in their life. The youngest two participants mentioned going to church growing up. However, this does not mean these things are not important to them or not evident in their life. The lack of clear definitions makes it hard to qualify these experiences. None-the-less, 77% of participants mentioned church and/or spiritual involvement as a positive influence in their life.

The African American participants in this study attained their nursing education in Pittsburgh during a period when Pittsburgh was ethnically and racially very diverse and segregated.   Many of the oral history participants lived in Pittsburgh or attended school in Pittsburgh before or during the Pittsburgh Urban Renewal Program. Prior to this program, the Hill District of Pittsburgh was a vibrant African American community. Three of the oral history participants grew up in the Hill District, and one grew up in a neighboring community. These four women spoke of community/family/church support as a cohesive support system. Much like their discussion of faith and God, the participants spoke of these things as a 'given' as if it was so much a part of their lives, they were describing eating or sleeping. KM and RL (the youngest two participants) did not grow up in Pittsburgh but they both spoke of the closeness and acceptance of their community. KM reminisced about regularly steeling food from the Sunday dinner table and meeting with other African American friends from the neighborhood to swap food and eat a second dinner. MS and LB spoke of a similar dynamic in her rural communities, although it was obvious that they both faced greater economic challenges. Only EL failed to mention anything about her community of origin. She did indicate that

she moved several times so perhaps she did not experience the same level of closeness/community as the other oral history participants. In all, 88% of participants discussed community as a positive aspect of their lives. The interviewer also referred to these bonds and community relationships as an understood construct, referencing her experiences as a minority with close family and neighborhood bonds. This rapport served as a bond as well. The conversations between interviewer and participant in the same language, recognizing the same forces and values positively affected the disclosure of sensitive information.

In the 1950's Pittsburgh Mayor, David L. Lawrence proposed that the Lower Hill District had outlived its usefulness. The declaration that this African American neighborhood was a slum of no social value, unleashed a sweeping urban renewal plan. By March of 1958, 8,000 mostly African American families suffered displacement with the razing of the entire Lower Hill District (Fullilove, 2016). The clearing of land allowed space for the construction of the Pittsburgh Civic Arena and a large 'buffer zone' between the remaining residential area and the Arena. However, the residents of the Hill had nowhere comparable to go. Residents dispersed to what remained of the Hill District, and to other smaller Black communities, including Homewood and East Liberty (Fullilove, 2016). The displacement created a wake of overcrowding, grief, frustration, destabilization destroying language, culture, dietary traditions, and social bonds – a construct Fullilove (2016) calls "Root Shock."

The Hill District community fought the destruction of their neighborhood, standing at the intersection of Crawford Street and Centre Avenue in solidarity, marching in protest against the city's ongoing plan. Unfortunately, as African Americans left the

Hill District, they were not able to create the same environment elsewhere. The neighborhoods they moved into became overcrowded. African American, churches, groceries, hair salons disappeared. Even more significant, was the loss of political representation from the third and fifth ward. This dispersion of the African Americans from the Hill District throughout the rest of the city contributed to the breakdown of their sense of community and hence the deterioration of an important protective factor that would have enabled them to overcome the various barriers hindering their progress, particularly in education.

Unfortunately, in today's society, the significance of community may not be understood for the value it once had. Sadly, the importance of community in the lives of African American Pittsburgh residents is perhaps something that has only been recognized and valued after its destruction. More research must commence regarding the value and protective nature of community as well as ways to create this environment today. Moreover, unlike the segregation of communities of the last century, the goal of modern-day community building must include not only integration but inclusion.

Today when administrators and educators strategize about ways to increase matriculation and retention of minority students, they focus on creating cultural sensitivity rather than creating community. Cultural sensitivity certainly creates a friendlier environment. However, the changes necessary to create an equitable environment for students go far beyond the educational awareness and cultural politeness of sensitivity. Rather, in order to build community students must feel safe to engage and participant, recognizing the valuation of their culture. This goal remains an uphill struggle in the city of Pittsburgh.

Although the racial composition of the United States as well as Pittsburgh has changed drastically over the past 70 years (United States Census Bureau, 2010) (Table 1), the wealth, educational opportunities and political authority remains solidly in the hands of White Americans (Kochhar & Cilluffo, 2018). Despite the numerous societal changes, the Pew Research Center shows that the income gap between Whites and African Americans has changed very little from 1970 to 2016 (Kochhar & Cilluffo, 2018). With this in mind, it is understandable why educational institutions lack diversity. African American students lack the financial resources to attend at the same level as White students. According to Musu-Gillette et al., (2017) at the U.S. Department of Education, the 2015 college enrollment rate for Whites exceeds that of African American (42 percent compared to 35 percent).

In order to create a change in educational inequality, a larger change in societal inequalities is warranted. For educational institutions to be more representative of the ethnic and racial demographic of the country far more ethnically and racially diverse individuals need to attend college, become faculty and raise up the next generation of culturally sensitive and culturally diverse nurses. For this to change, this requires changes beyond the authority and influence of educational institutions of higher learning.

Cultivating Resilience

Interview participants spoke of their upbringing, their families and labors, their neighborhood and challenges in nursing school and the workplace. Each of them unequivocally shared their determination to build meaningful lives, their malleability and pragmatism in the face of challenge. Their narratives are inspiring – providing a model

of success for current nursing students to look up to. Their focus and resilience resound as a dominant theme in this study.

As shown in chapter four, the themes identified in the oral histories exist in three categories: dynamics of the racial environment, the individual environment, and the nursing environment. The internal factor of resilience most assuredly caused these nine women to succeed despite the numerous barriers they encountered during an era when African American women had far fewer options than they have today.

Resilience - the aptitude to recover from or adjust to hardship or change, or a psychological factor, which alleviates the effects of traumatic experiences (Dyer and McGuinness 1996; Geum-Jin & Kang, 2017). In the physical sciences, resilience refers to the elasticity of an object, where an object under stress can return to its normal shape when the stress is removed. Psychological resilience encompasses the ability to successfully cope with a crisis and return to pre-crisis status quickly (Atkinson, Martin, & Rankin, 2009). The American Psychological Association (2018) more generally defines psychological resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Colloquially, resilience refers to a person's grit or their ability to "bounce back" from a situation. In many cases, resilience appears as a one's determination and attitude to be successful despite failures. Current research further suggests that resilience exists as a state of mind not necessarily intrinsic to an individual's personality but rather as a dynamic process, modifiable and changeable for each person at different times in one's life (Martin & Marsh, 2006; Reyes, Andrusyszyn, Iwasiw, Forchuk & Babenko-Mould, 2015; Scholes, 2008). This dynamic quality implies forces that encourage or facilitate resilience within the individual.

Current research describes these forces as protective factors (Dyer &

McGuinness, 1996; Edward, 2005; Greene, Galambos, & Lee, 2004; Reyes et al., 2015).

These factors shield the individual by increasing the emotional elasticity of a person's

attitude and will. Therefore, when personal elasticity increases, so does one's sense of

meaning and purpose in stressful environments leading to an increase in professional

success despite subjugating forces such as racism and sexism. With this framework of

resilience, African American women that remained present in the nursing profession

during the post-World War II era did so because of certain protective factors facilitating

their success. When observing this correlation in the converse, the absence of these

protective factors and its associated resilience might result in low matriculation and high

attrition within the field. Based on the sociopolitical nature of the time, racial

discrimination created a barrier for African American, females entering and remaining in

the profession. However, the existence of family, cultural/community attachments as a

protective factor worked together within each person, despite an environment of

discrimination. This demonstrates that resilient forces can overcome preventative forces.

Thus, if discriminatory forces go unmatched by resilient forces, low matriculation and

high attrition persist despite changing societal policies. Perhaps low matriculation and

high attrition persist today, owing to the presence of less protective factors within the

society, community and the family.

Therefore, this research affects the profession with the hope of increasing the

racial diversity in the modern nursing workforce by supporting the encouragement of

protective factors, specifically the themes identified in the oral histories presented in this

study. While it may seem obvious that increased financial, family, faculty support and

role models will improve matriculation and retention of African American nursing students, the greater insight of this research supports resilience as the greater, overarching force of success, especially for minority groups. The importance of resilience in this research implies that educators, policy makers and employers should encourage programs and organizations that foster personal and academic resilience. Educational institutions must address and provide students with a community of inclusion, where student are comfortable sharing their authentic self, and able to have a voice. Institutions must foster environments where individuals may hold competing views, whether about something commonplace or something important with recognition and acceptance rather than judgement.

Social Justice

This research further contributes to the field by incorporating principles of social justice into its methodologies and analysis. With regard to methodologies, the oral histories presented here function as the main source of historical insight. However, given the nature of an oral history, the interviews act as more than a factual written account of the period. Rather, the verbal, in-person, recorded accounts of the lived experiences of these women act as a voice for the demographic as a whole. These nuoral histories provide an identity to a people group subjected to racism and sexism. Clearly knowledge of the past, affects our present awareness and therefore our future destination. By giving a voice to these African American nurses of mid-twentieth century Pittsburgh, this research helps define a slice of American history. Contributions to the overall identity of former African American women, elevates the present nursing student, fostering resilience, not only for individuals of color but all minorities or individuals who have

struggled with adversity, for truly the lessons learned from these nine successful women, are lessons everyone can benefit from.

This work adds to the body of literature related to both African Americans in Pittsburgh as well as nurses in Pittsburgh or nurses in general, where truly very little exists. As proposed in chapter four, African American women had difficulty with the profession because of the unique authority that RNs' have in the hospital environment. RNs function as the conduit of medical care between the doctors and patients. They administer and administrate the care of the patient. Furthermore, though they enforce orders from physicians. The healthcare team must trust the RN to implement the treatment as intended, thus placing the RN in a position of authority. Given that racism and sexism historically persisted throughout institutional and legislative policies, though African American women were legally permitted to work as RNs, hospitals might not have hired these women due to the authority they would have had under White doctors over White patients, LPNs and nursing assistants. It is likely that certain decision-making members of the population were not comfortable with giving authority to African American women. Based on this, administrative employees seemed comfortable hiring African American women in lower-level positions where they were subjected to the authority of a White nurse or doctor. Currently, society might not consider nurses as having much authority, focusing more on the authority of the physician. This affects how hospital staff comports themselves with the patients. This contrasts against the social dynamic of hospital staff during the 20th century where patients accepted and listened to the directives of the nurses. This could be seen in the hospitals' daily practices where nurses enforced visiting hours, meals, curfews, bedtimes, and physical activity. This

authoritative relationship did not lay the foundation for inclusion of African American, female RNs in the workplace.

During the latter part of the twentieth century, the civil rights movement ensured the passing of many legislations that allowed for the employment of African Americans in many professions and saw a marked decrease in racist sentiment within American society. Therefore, it is unknown whether White patients, LPNs and nursing assistants would have accepted or refuted the authority of African American, female nurse. These people did not have the opportunity to express tolerant or racist views because hospitals so rarely hired African American, female nurses. This suggests that hospital administration and those in authority that support the existence of such institutions harbored racist sentiments or at least an unspoken predilection against African American women. These attitudes can be seen in Pittsburgh's historical effort and failure to establish an all African American hospital in Pittsburgh when other ethnic hospitals existed in abundance.

Overall, presenting this historical study on African American Nurse's in Pittsburgh encourages discussion in academic circles by identifying forces not previously recognized in the subtle discrimination of African American women during this time. It sparks further investigation to uncover other gaps in the history of this people group and consequently promote social justice. This research accomplishes this goal by filling in the details of history in the Pittsburgh area by these African American nurses' in their own voices. Their lived experiences provide a historical record which clarifies the identity of this demographic. In doing so, this study and others like it can cultivate resilience within the profession to improve matriculation and decrease attrition. In other words, the

historical acknowledgment of the lived experiences of these African American nurses can foster self-identity and self-confidence in today's nurses. This is the nature of social justice.

Participants in this study discussed numerous protective factors that lead to their success. Family and social support as well as the presence and support of friends and community were foremost in participant's discussions. Narratives include ways in which these women internalized the positive despite the numerous racial and socioeconomic barriers which existed. These women did not speak of formal mentors or organized programs that bolstered their success, instead they spoke of parents who expected much and loved even more. They spoke of hardships that they viewed through the eyes of parents and grandparents who had endured much worst. They spoke of dogged determination and a focus to succeed even if it took years and years.

These discourses cause one to ponder, are these same protective factors in place for young African American citizens in Pittsburgh today? Despite less racial barriers, African Americans may find difficulty matriculating and persisting in nursing programs. Numerous factors contribute to this and have been outlined in the preceding research. However, the most prominent theme participants mentioned as an antecedent to their success is not well developed in the current literature – that of community and family support.

New Challenges in the African American Community

Clearly, change needs to occur. Everyone benefits from the stability of a solid family and community structure but African Americans perhaps more so as they face continued socioeconomic barriers and challenges. Community Development is needed.

According to the Aspen Institute Roundtable on Community Change (Lawrence et al., 2014), Comprehensive Community Initiatives (CCIs) are neighborhood-based efforts that seek improved outcomes for individuals and families as well as improvements in neighborhood conditions by working comprehensively across social, economic and physical sectors. Additionally, CCIs operate on the principle that community building—that is, strengthening institutional capacity at the neighborhood (or community or reservation) level, enhancing social capital and personal networks, and developing leadership—is a necessary aspect of the process of transforming distressed neighborhoods.

Building a community involves the dynamics of power relationships. These relationships are determined by resource and governance, strategy and tactical decisions, involve opportunities for leadership, and criteria for measuring progress and success (Leiderman, 2005). However, this is imperative as building community and family builds resilience and resilience changes the trajectory of an individual despite the hardships.

This research hopes to influence the profession of nursing by sparking conversation about issues surrounding race and gender. Furthermore, the research explores the racial dynamics of people during a period of time that many professionals today may have never encountered or have little knowledge of. This depiction opens the door for further study to illuminate noted historical, gender and minority occurrences. One phenomenon uncovered in this study that warrants further investigation are instances whereby victims minimize or deny their experiences of discrimination. This study hopes to support further historical and future research related to the development of resilience

as an inventive path to guide both the development of policies and the transformation of our educational institutions to more adequately meet the needs of minority students.

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Appendix A

Current/Former Nursing Schools in Allegheny County, PA

Organization	Type of Program	Years of Operation (estimate)	Currently Open
Allegheny General Hospital SON	RN Diploma	Early 1900-1968	no
Braddock General Hospital School of Nursing	RN Diploma	1907- 1972	no
Children's Hospital of Pittsburgh	RN Diploma	Around 1932??	no
Citizens/Alle-Kiski Medical Center SON	RN Diploma	1913	yes
Columbia Hospital SON	RN Diploma	??1950- to 1973, became Forbes School of Nursing	no
Homestead Hospital School of Nursing	RN Diploma	??1949-1952??	No
Mayview SON founded by Dr. Llewelyn	RN Diploma	1915-1935	No
Mercy Hospital SON/UPMC Mercy SON	RN Diploma	1893-present	Yes
McKeesport Hospital SON	RN Diploma	??1950--to 1973	No
Montefiore Hospital SON (L.S. Kaufman)	RN Diploma	1909-1976	No
Ohio Valley General Hospital SON	RN Diploma	1906-present	Yes
Passavant Hospital SON	RN Diploma	1903-1948	No
Pittsburgh Hospital SON/ formerly Charity Hospital of Pittsburgh SON	RN Diploma	--1950- 1973, became Forbes Hospital SON	No
Presbyterian Hospital SON/Presbyterian University Hospital	RN Diploma		No
Saint Francis Hospital/General Hospital/Medical Center SON	RN Diploma	1901- September 6, 2002	No
Saint John's General Hospital SON	RN Diploma	??1937-1952??	No
Saint Joseph's Hospital SON	RN Diploma	??1950-1952??	No

Saint Margaret Hospital SON/UMPC St. Margaret SON	RN Diploma	1910	Yes
Shadyside Hospital SON/UPMC Shadyside SON	RN Diploma	1884	Yes
Southside Hospital SON	RN Diploma	1895-1980	No
Valley Hospital/Sewickley Valley/Heritage Valley Sewickley SON	RN Diploma	1965-2013	No
Western Pennsylvania Hospital SON	RN Diploma	1892	Yes
Community College of Allegheny County	Associate	1966	Yes
Carlow College/University	Baccalaureate	1948	Yes
Duquesne University	Diploma to	1920?	No
Duquesne University	BSN Baccalaureate	1935	Yes
University of Pittsburgh	Diploma to BSN Baccalaureate	1939 ?1941	Yes Yes
Alvernia School of Practical Nursing of St. Francis General Hospital/Medical Center	LPN	1961-2002	No
North Hills Passavant School of Practical Nursing	LPN	?	No
Pittsburgh Public Schools Practical Nursing Program	Practical Nursing Program	1949	No
Rosalia Hospital	Practical Nursing – nursery and child care	??1950-1952??	No
St. Margaret School of Practical Nursing/UPMC St. Margaret School of Practical Nursing	LPN	1910 2002 (second program)	yes yes
Dixmont State Hospital Training School for Graduate Nurses	????	1897-1934	No

Appendix B

Oral History Interview Questions

Common History

1. Where did you grow up? If in the city, what part of the city? If they moved to Pittsburgh - how old were they when they moved to the city.

2. What was it like living there? Probe for issues related to family, school, and social life.

3. What did your parents do for a living? Probe for questions related to employment/unemployment conditions in Pittsburgh.

Attitudes/Decisions - Nursing

4. Why did you want to become a nurse?

5. Were your family/friends supportive of you going to nursing school/college?

6. Were there other opportunities or paths that you considered ahead of nursing? If so, what where they and why did you consider them?

7. What school did you go to, what year?

8. What made you choose the school that you did?

9. Did you have a plan (or other interests) if nursing school had not worked out? If so, what were they and why were they chosen?

10. What was your perception of nursing as a career prior to entering nursing school? Did it live up to your expectations? How? Why or why?

11. What do you feel influenced your decision to become a nurse?

Minority Issues

12. Were there any historical events (local, regional, national, international) that had a profound effect on you?

13. What affect did this event/these events have on your perceptions, values, beliefs about yourself as an African American/as a nurse?

14. Did these events have an effect on the decisions you made in your career?

15. When you attended nursing school, what was the racial makeup of the class?

16. How would you describe the attitudes of the instructors toward you and/or other African American students?

17. How would you describe the attitude of the other students toward you and/or other African-American students?

18. As a student, would you say that you experienced attitudes or actions that set you apart from other students? Can you expound on that?

19. As a nurse would you say that you experienced attitudes or actions that made you feel set apart from other nurses? Can you expound on that?

History - General

20. After graduation where did you work?

21. How would you describe your experience as a new nurse?

22. Tell me how you perceived the racial climate in the city during the time you attending nursing school/after you became a nurse?

Resilience

23. What are some of the highlights of your career?

24. Can you identify people or organizations that helped you attain your educational goals?

25. Why do you think you succeeded in school/in your career?

26. Do you have any advice for minority nursing students to succeed/