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African American Nurses' Perceptions of Social Support Available During Graduate School

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**AFRICAN AMERICAN NURSES' PERCEPTIONS
OF SOCIAL SUPPORT AVAILABLE
DURING GRADUATE SCHOOL**

By

Jacquelyn Denese Pettis

A THESIS

Submitted to

Grand Valley State University

in partial fulfillment of the requirements

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ABSTRACT

AFRICAN AMERICAN NURSES PERCEPTIONS OF SOCIAL SUPPORT AVAILABLE DURING GRADUATE SCHOOL

By

Jacquelyn Denese Pettis

This study examined African American nurses' perceptions of social support available during graduate school that contributed to their completion of graduate studies. A descriptive correlational research design using a mailed questionnaire was employed for the study. The sample consisted of 91 African American nurses who were women and had completed graduate studies within the United States. A modified Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1981) was used to collect the data.

Data analysis consisted of reporting means, standard deviations, and range of scores for perceived social support available. Pearson's correlations and t-test were used to examine significant differences between the variables.

Significant findings of the research were: (1) The majority of persons providing support were other African Americans. (2) Family provided the greatest amount of support. (3) There was no significant difference in perceived levels of faculty support between subjects reporting African American faculty support and subjects reporting non-African American faculty support.

This thesis is dedicated to my grandmother Rosie Lee Griffin

and to my son Richard J. Evans II.

"Mama Rose"

Thank you for your unconditional love and support

and belief in my abilities.

Richard

You have added so much joy to my life. I love you.

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PREFACE

Graduate education can be challenging for all women because of increased role expectations, gender-based discrimination, and socio-economic factors (Mallinckrodt & Leong, 1992). African American women must cope with these and other obstacles. History records many examples of unique obstacles that have hindered African American women's efforts to obtain an education and prepare for leadership positions in health care (Clark-Hines, 1989, & Carnegie, 1991). As a result of these unique challenges, the number of African American women in nursing has remained low compared to whites (Louden & Post, 1994).

Historical Perspectives

African American women have always "nursed" the sick. During the time of slavery (and after) their role included caring for the sick, both black and white on the plantations (Clark-Hines, 1989, Carnegie, 1991). They served as midwives and helped to deliver most of the babies born during slavery and in the early years of freedom, especially in the rural south (Clark-Hines, 1989).

Although African American women had provided unskilled nursing care

for generations, they were systematically excluded from attending early schools of nursing. Clark-Hines (1989) noted that nurse educators perceived these women as inferior, and lacking morals, discipline, or intelligence to become professional nurses. Most of the hospital training schools in the North adopted racial quotas which severely limited the number of African Americans accepted (Clark-Hines, 1989 & Carnegie, 1991). In 1878 Mary Mahoney became the first African American student admitted to the New England Hospital for Women and Children. She graduated August 1, 1879, becoming the first trained African American nurse. She was one of four students (out of 42) who completed the course. Institutions in the South denied admission to African American women (Clark-Hines, 1989 & Carnegie, 1991). The political and social climate during this period led African Americans to establish separate training institutions to address the health care needs of their community.

In 1881 the nation's first African American nursing training school was established. The Atlanta Baptist Female Seminary (later renamed Spelman College) was a private school for African American women started in the basement of Friendship Baptist Church. A Department of Nursing was established in 1886. It was the first nursing program established within an academic institution exclusively for African Americans (Carnegie, 1991, Clark-Hines, 1989,). In 1893, Howard University, an African American Institution in Washington, D.C., established the first nursing program (diploma) in a university setting in the United States. Carnegie (1991) noted "all history

books credit the University of Minnesota as having established the first nursing program in a university setting in 1909, but Howard University, . . . had established one 16 years before in 1893" (p. ix).

The establishment of these and other African American institutions played an important role in helping African American women to become nurses during this period. These schools provided more supportive educational environments because of less hostility and racial discrimination.

During the 1930s a great deal of progress was made by nursing to move the training of nurses out of hospitals and into universities. The success of these efforts presented African American women with additional concerns, including the following:

Black nurse leaders witnessed the growth of collegiate nursing programs with justifiable concern. . . . They anticipated that as collegiate programs acquired dominance and a bachelor's degree became the standard credential, black women, because of discrimination and exclusion, would find themselves occupying an even more acutely marginal status within the profession If black women were to become competitive for the top positions in nursing and maintain a viable presence within the profession, it was incumbent that they have greater access to collegiate nursing education (Clark-Hines, 1989, p. 63-65).

With the limited number of baccalaureate programs, and even fewer available to African Americans, access to collegiate nursing education was difficult. It

was not until the landmark Supreme Court decision (Brown vs. the Board of Education, 1954) that nursing schools began to desegregate and enroll more African Americans (Carnegie, 1991). Even with imposed legal efforts, a view of the situation some 40 years later, shows the number of African Americans (and other minorities) in schools of nursing throughout the United States has remained low (Louden & Post, 1994).

CHAPTER ONE

INTRODUCTION

There is widespread recognition of the need to increase the number of nurses with advanced degrees. Rosenfeld and Bohling (1993) suggested that increasing the educational level of nurses will be critical to nursing's role in health care reform noting the following, "Undoubtedly, the expansion of nursing's role in health care delivery will require new specifications of educational standards. Master's education may well become a requirement as new rights are extended to nurses" (p. 4). At a time when a master's degree is increasingly required, few African Americans possess advanced degrees.

Weeks (1989) reported the following:

Provision of graduate preparation for minority nurses is among the most important and pressing educational issues facing nursing today, for it is on this group of nurses that ever growing numbers of Black Americans, Hispanics, Asian/Pacific Islanders, and American Indians must depend for the development of that aspect of nursing science and advanced clinical practice that is culturally and ethnically relevant to their unique responses to conditions of health and illness Recognition of the

need to increase the number of minority nurses in masters' and doctoral programs. . . has prompted schools of nursing across the country to broaden efforts to recruit minority persons into graduate programs (p. 156).

In spite of the efforts put forth to increase minorities in graduate nursing programs, their numbers have remained low. Minority enrollment in graduate nursing programs lags behind minority enrollments in basic nursing education programs (Louden & Post, 1994).

Minorities in Graduate Nursing Programs

Rosenfeld and Bohling (1993) reported that racial and ethnic minorities represented 11.7% of all masters' nursing students in 1992. This was a slight increase of 2.2% from 1991 (9.5%). They noted that despite recent increases minorities are still underrepresented among graduate nursing students. Figure 1 shows the percentage of minorities compared to whites enrolled in MSN programs in 1992. Of the 28,370 students enrolled in masters' of nursing programs (MSN) during 1992, African Americans represented only 5.8% (n = 1,652). During this same year, the number of African Americans graduates were at 5.4% (n = 400). Figure 2 shows the percent of African American MSN enrollees and graduates during 1990 to 1992.

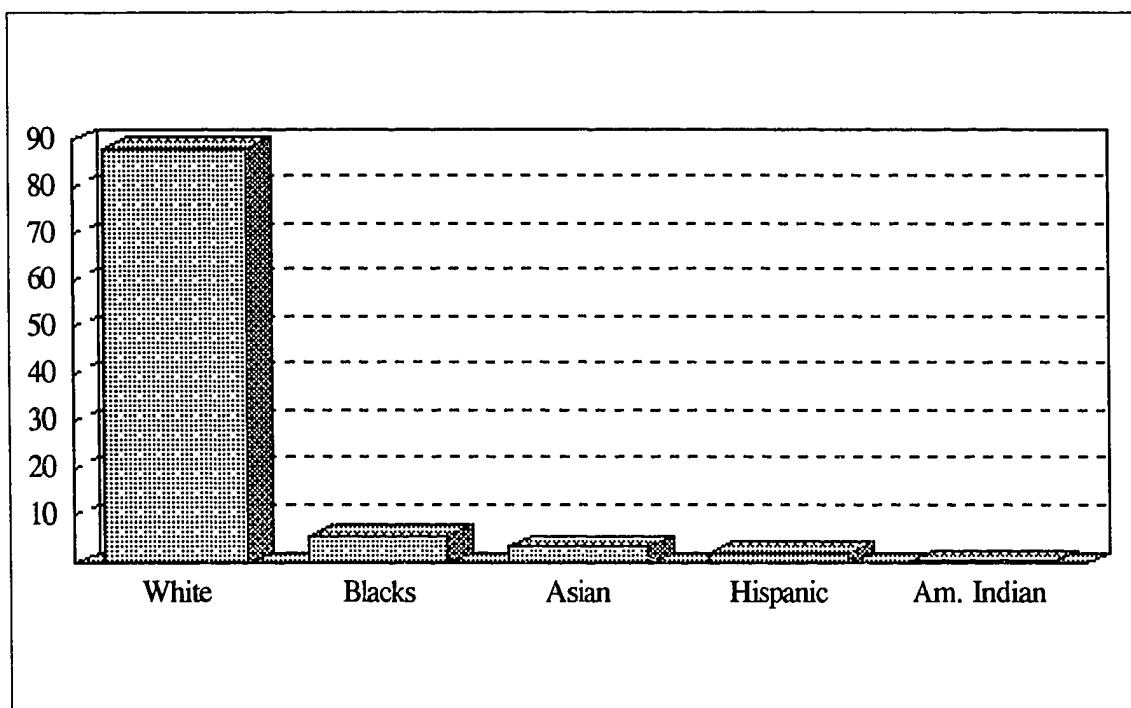


Figure 1 Percent of minorities enrolled in MSN programs in 1992

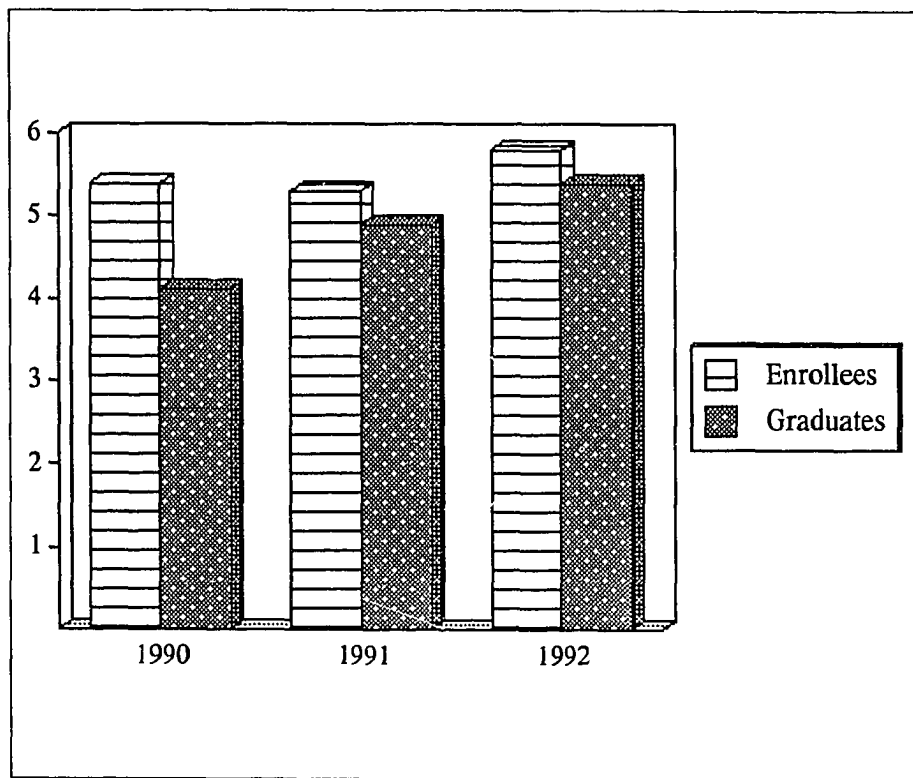


Figure 2. Percent of African American MSN enrollees and graduates during 1990 to 1992

African Americans in Basic RN Programs

While the number of African Americans enrolled in basic nursing programs (associate, diploma, and baccalaureate) is low, the number of graduations is even more disturbing. African Americans are among the least successful in graduating from nursing programs. According to Louden and Post (1994), of the estimated 270,228 students enrolled in basic nursing programs in 1993, African Americans comprised 8.7 % (n = 23,501). African Americans represented only 6.8% (n = 6,024) of graduates during this same period.

African American women seeking to obtain advanced degrees in nursing must first be successful in earning degrees at lower levels of nursing. A review of the percentage of African American basic RN program enrollees and graduates during 1989 to 1993 showed disturbing trends. In 1989 9.2% (N = 5,698) of African Americans enrolled graduated. In 1993 the percentage had dropped to only 6.8% (N = 6,024) for graduations (see Figure 3). Conversely, data from 1993 reflected the highest graduation on record with 88,149 students graduating from basic RN programs (Louden & Post, 1994).

Statement of the Problem

Despite the many advancements of African American women since slavery, their efforts to become nurses remains a struggle. The evidence to support this claim can be found in the fact that some 40 years after Brown verses the Board of Education (1954) the number of African Americans in nursing has remained low. African Americans nurses with graduate or higher

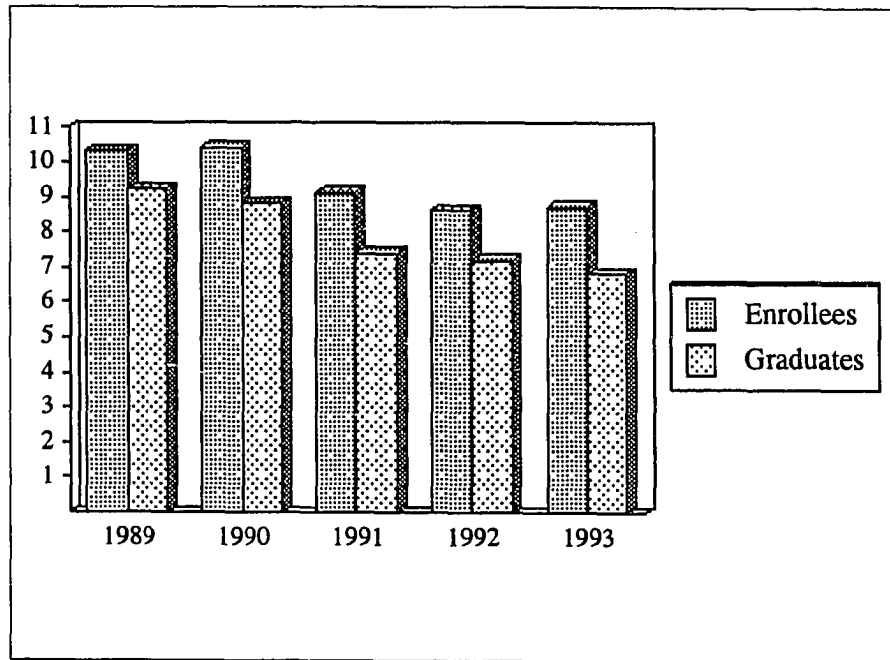


Figure 3. Percent of African American basic RN program enrollees and graduates during 1989-1993

degrees represent the smallest percentage of African Americans in nursing. While the reasons for the low numbers are certainly complex, one factor may be the failure to provide adequate social support to assist them in coping with the obstacles they face in nursing programs. The paucity of research available describing African American women's experiences in nursing, has contributed to the difficulty in understanding the unique obstacles they face and hindered the development of specific interventions to better support them and hopefully increase their numbers. No studies were found on the relationship between social support and completion of graduate nursing programs by African American women.

Statement of Purpose

The purpose of this study was to describe those types of social support that African American female nurses perceived as available during graduate school that contributed to their completion of graduate nursing programs. The findings from the study will contribute to the development of a research base on African American women's experiences in nursing. The results can be used by persons interested in developing interventions to provide better support to these women.

CHAPTER TWO

REVIEW OF LITERATURE AND THEORETICAL FRAMEWORK

Theoretical Framework

The theoretical framework used for this study was based on the work of Kahn (1979) and Kahn and Antonucci (1980) on social support. Kahn and Antonucci (1980) defined social support as, " interpersonal transactions that include one or more of the following key elements: affect, affirmation, and aid" (p. 267). Affective support involves genuine expressions of admiration, liking, and respect. The recipient of affective support feels cared for. There is mutual trust in the relationship. Affirmation support involves endorsement of another person's ideas, perceptions, or behaviors. This endorsement reaffirms a person's sense of value or worth. The third element, aid, refers to the giving of direct aid or assistance when needed, such as financial, transportation, or academic help.

Kahn and Antonucci (1980) suggested that social support is provided through personal or social networks. Networks consist of family, friends, co-workers, and others. Networks are seen as having formal properties (variables). Kahn and Antonucci (1980) proposed the following:

Major network properties include size, stability, homogeneity, symmetry, and connectedness. These can be defined respectively as number of network members, average duration of membership, proportion of relationships that are both support-giving and support-receiving, and proportion of network members who are acquainted with each other (p. 268)

Other network variables were said to relate to linkages within the network and included interaction frequency, type, and magnitude for example. Network variables examined in this study included size, stability, and interaction frequency.

In a discussion of social support over the life course, Kahn and Antonucci (1980) proposed that adults with strong supportive relationships are able to cope better with the stressors of their environment. Performance in major life roles are determined both by the adequacy of social support and by personal and situational factors. Personal factors may include demographic characteristics of the person, age, needs, abilities, etc. Role expectations, resources, and demands are examples of situational factors. The influence of personal and situational factors on performance and well-being is moderated by a person's support network (see Figure 4).

Kahn and Antonucci's (1980) propositions about social support served as a framework for this study. The environmental stressor that served as a focus for the study was the experience of being an African American graduate nursing

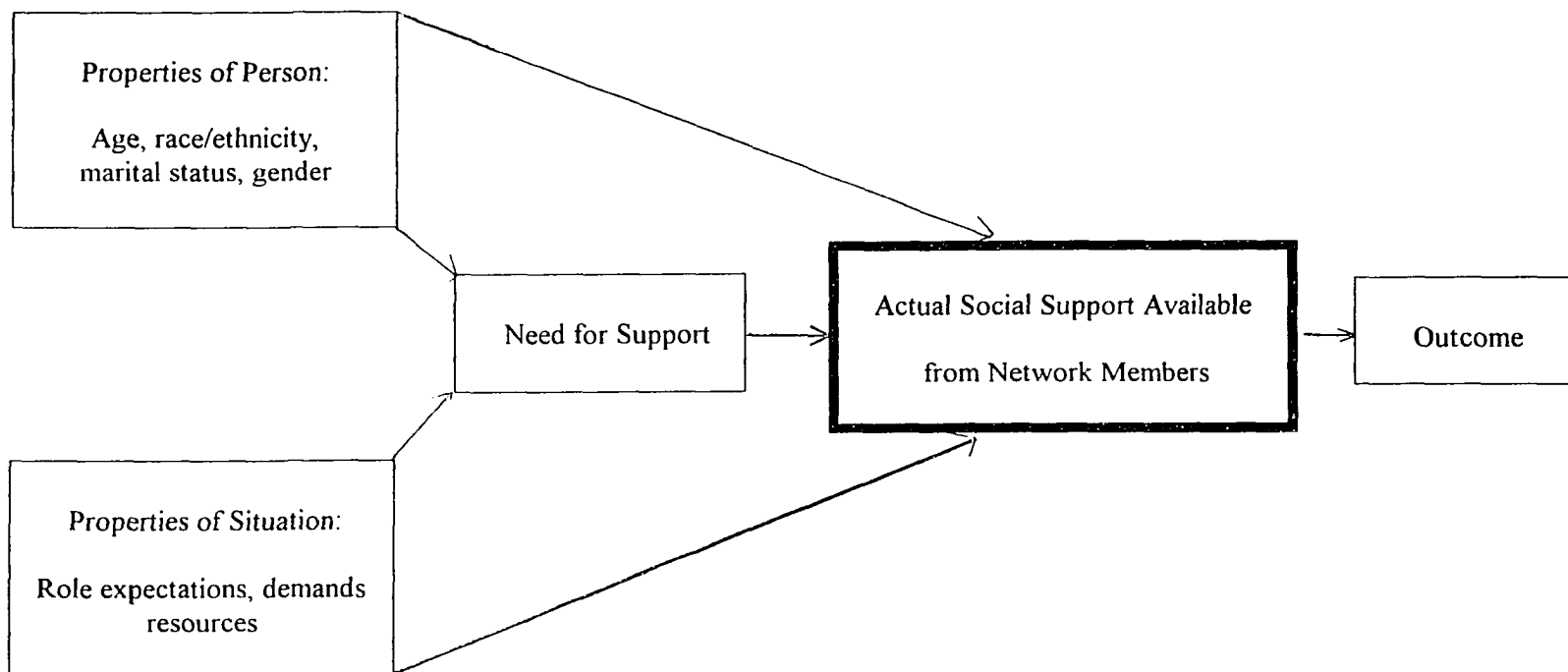


Figure 4. Framework for examining social support available to African American nurses during graduate school

student. The study described some of the factors identified in Kahn and Antonucci's (1980) conceptualization of social support through the examination of African American nurses perceptions of social support available during graduate school that contributed to their successfully completing their programs.

Definition of Terms

Definitions are based on the work of Kahn and Antonucci (1980). For the purposes of this study, social support was conceptualized as the perceived availability of affect, affirmation, and aid. Affective support consists of interpersonal transactions involving genuine admiration, liking, and respect. Concern is shown for a person's well being. Affirmation support is defined as interpersonal transactions involving the endorsement of another person's ideas, perceptions, or behavior, a reaffirming of one's worth. Aid support is the giving of direct assistance, such as financial, transportation, or academic help. The structure through which social support is given and received is referred to as a social support network. This network consists of family, friends, faculty, co-workers, clergy, and others.

Research Questions

The following specific questions were generated to describe the social support obtained by African American nurses while in graduate school:

1. Who provided social support to the subjects during graduate school?
2. Is there a significant relationship between total support scores, frequency of contact, and duration of relationship scores?

3. How much social support did the subjects receive?
4. Which type of support (affect, affirmation, aid) did subjects report receiving the most?
5. How much social support did faculty provide?
6. Is there a significant difference in perceived levels of social support (affect + affirmation + aid) between subjects reporting non-African American faculty support and subjects reporting African American faculty support?

Review of the Literature

The concept of social support has received a great deal of attention in the literature. Much of the social support research examined the relationship between social support and health or other adjustment outcomes (Norbeck, 1981, Mulenkamp & Sayles, 1986, Weinert & Tilden, 1990, White, Richter, & Fry, 1992). Norbeck (1981) suggested that demographic variables such as age, sex, religion, and culture, influence both the amount of social support needed and the amount received. Cultural differences were identified as an important area that had not been studied in relation to social support requirements.

Norbeck (1982) noted that different sub-cultural groups have differing standards for what constitutes support. Expectations of group members are based on standards established within their own sub-culture. Norbeck and Tilden (1988) suggested that cultural differences in family ties and friendship

patterns could be studied to learn more about the differences between support that comes from being a member of a certain family or group and support that comes from active efforts to develop and maintain social relationships. They also noted that while there are common social behaviors observed in every culture, the expression of specific helping behaviors is strongly influenced by cultural differences. African Americans have many things in common with other Americans; however, fundamental differences in perceptions exist within their sub-culture that may affect the social support they receive from other groups.

Sykes, (1984) used a descriptive research design to examine perceived stressors and social support among African American baccalaureate nursing students (N = 130). A researcher developed questionnaire was used to examine stressors and the Norbeck Social Support Questionnaire (NSSQ) (Norbeck, Lindsey, & Carrieri, 1981) was used to measure social support. The study found that subjects perceived more affective support than affirmation or aid. Stressors relating to self-confidence were the most threatening followed closely by aloneness stressors. The stressors African American students experienced did not differ according to the frequency of contact with African American faculty.

Hilbert and Allen (1985) in a prospective descriptive correlational study examined the relationship between social support and educational outcomes. A convenience sample consisting of junior and senior level nursing students (N = 124) was used. Social support was measured using the Inventory of Socially

Supportive Behaviors (Barrera, Sandler, & Ramsey, 1981). The instrument is designed to measure the types and frequency of supportive behaviors subjects received in the preceding month. The findings from the study showed there was no significant relationship found between social support, grade point average, and nursing licensure examination scores. There was a positive relationship between social support and self esteem ($r = .159$, $p = .05$).

Mulenkamp and Sayles (1986), in a study of the relationships among perceived social support, self-esteem, and positive health practices among adults ($N = 98$), found that self-esteem and social support were positive indicators of lifestyle. Social support was measured using Part II of the Personal Resources Questionnaire (PRQ II) developed by Brandt and Weinert (1981). The instrument consisted of 25 statements which were rated on a 7- point scale from strongly agree to disagree. The Personal Lifestyle Questionnaire (Muhlenkamp & Brown, 1983) was used to measure positive health practices such as nutrition, exercise, relaxation, safety, substance abuse and health promotion. Social support and self-esteem were weakly correlated with life style at approximately the same level, .26 and .25 respectively ($p < .01$). The correlation between self-esteem and social support was stronger, ($r = .52$, $p < .001$). The study suggested that subjects with high self-esteem perceived their social support to be adequate and maintained more positive health practices than those subjects with less self-esteem and social support.

Quarry (1990), using a qualitative research design, studied African American women's perceptions of support systems that contributed to their academic progress and retention. The sample consisted of 25 African American women enrolled in a public baccalaureate nursing program. A semi-structured interview schedule was used to collect data. Interviews were taped and lasted approximately 45 minutes. Subjects were asked to identify barriers to academic progress, describe coping mechanisms, and discuss outcomes obtained. Examples of barriers to academic progress were academic load, frustrations in obtaining academic help from faculty, personal problems, and financial problems. Family, religion, and peers were identified as the three most important support systems that contributed to their academic progress.

Mallinckrodt and Leong (1992) examined the sources and types of social support available to graduate students that were the most beneficial in helping students cope with stress. A second purpose of the study was to identify gender differences with stress and the most beneficial types of support. The sample consisted of 166 graduate students living in graduate housing. There were 74 women and 92 men. Graduate program support was measured using a modified instrument originally developed by the Educational Testing Service (1980). The items listed covered a range of functional types of support, such as emotional, appraisal, informational, and instrumental. Items were rated on a 5-point scale (1= very poor to 5= very good). Family support was measured using a modified instrument originally developed to study role strain

and quality of family life for working spouses (Bohen & Viveros-Long, 1981).

The findings suggested that subjects reporting high levels of social support and high levels of stress, were less likely to exhibit stress symptoms than those subjects who reported having less social support. Another interesting finding was that social support seemed to benefit women in interaction with life change stress, accounting for 40% of the variance in depression and 31% of variance in anxiety.

O'Reilly-Knapp (1993), in a descriptive study of junior and senior level baccalaureate nursing students (N = 242), examined perceptions of social support received and social support desired from faculty. A revised Inventory of Socially Supportive Behaviors (ISSB) was used to measure perceived social support. The ISSB consists of 40 specific forms of assistance and allows subjects to rate the frequency (response) with which they perceive receiving support. Interviews were conducted with 12 of the subjects to gain additional information. The hypothesis that nursing students would report significant differences between the total amount of social support received and total amount desired was supported. Multivariate analyses were used to test the significance of difference between received and desired support. The findings suggested a significant difference in social support received and social support desired. The mean total support score of 144.89 (SD = 20.92) was higher for social support desired than for social support obtained whose mean was 108.05 (SD = 23.34). Scores ranged from 51 to 172 for total social support.

The research relationship between social support and positive outcomes in the studies reviewed was equivocal. A number of factors limit the ability to generalize the findings. Most of the studies had small non-random sample groups. The conceptualization of social support used in each study varied, which would account for the variances in the findings. All of the studies need replicating with different sample groups to compare the findings. The paucity of research on social support and African American nurses supports the need for this study. The study will examine African American nurses perceptions of social support available during graduate school that contributed to their successful completion of graduate nursing programs.

CHAPTER THREE

METHODOLOGY

Research Design

A descriptive correlational research design using a mailed questionnaire was employed for this study. In this study social support was the phenomenon of interest. Specifically, the availability of social support to African American female graduate nursing students was studied. The collection of data using a mailed questionnaire allowed the subjects to remain anonymous. They may have been more willing to answer questions honestly than if face-to-face with the researcher. The mailing of questionnaires also allowed the researcher to cover a large geographic area not possible through direct interviews.

Threats to external validity included the interaction of history on perceived social support during graduate school. Respondents were asked to reflect back to the period of time when they were enrolled in graduate school. The findings from the study revealed that for some nurses this was several years ago, others a short time ago. The ability to accurately recall experiences may have been affected by the amount of time that had elapsed.

Population and Sample

The population of interest was African American female nurses with graduate or higher degrees who completed their graduate education in the United States. The sample consisted of 91 African American nurses who met this criteria. Convenience and snowball methods were used to obtain the sample. Although convenience sampling is one of the weakest methods of selecting a sample, it is commonly used in nursing and for sound reasons. Polit and Hungler (1991) noted that studies where phenomena examined are fairly homogenous within a population, the risk of bias may be minimal. In heterogenous populations this sampling approach has the greatest risk of bias. Snowball sampling is often used when researchers are interested in studying a population with specific traits (such as African American nurses with graduate degrees). Depending on the trait, a listing of people who have the specific traits may not be available. Random selection would have been difficult because of the criteria identified for participation in the study.

To obtain the sample, letters were sent to state and district nurses associations, historically African American colleges and universities, African American nursing organizations, professional colleagues, and hospitals. The letters explained the proposed research, and contained a request to forward names and addresses of women who may have been willing to assist the student in completing the thesis. Other names were obtained through personal and professional colleagues. These women were contacted by the student (via

the mailing of the questionnaire) and asked to participate in the study.

Demographic Characteristics

Packets were mailed to 170 African American women. Two packets were returned as undeliverable. Sixty-one percent ($N = 103$) of the remainder responded. One respondent indicated she was not African American. Eight respondents had incomplete data and/or had not followed instructions correctly in completing the questionnaire and were removed from the study. The remaining sample consisted of 91 subjects (see Table 1). The mean age was 35.4, ($SD = 7.8$) with a range of 22 to 58 years. Fifty percent ($n = 45$) were married, 26.7% ($n = 24$) were single. The majority of the sample (90%) had a bachelor of science in nursing degree, and a master of science in nursing degree (87%). Three subjects had second masters degrees and seven had doctorate degrees. Most of the subjects (57.8%) had been out of graduate school more than 10 years.

Table 1

Demographic Characteristics of Sample of African American Nurses (N = 90)

<u>Age in Yrs.</u>	<u>M</u>	<u>SD</u>	<u>Range</u>
<u>Years</u>	35.4	7.4	22-58
<u>Marital Status</u>	<u>Percent</u>	<u>n</u>	
Single, never married	26.7	24	
Married	50.0	45	
Divorced or separated	20.0	18	
Widowed	3.3	3	
<u>Education</u>			
Bachelors in nursing	90	81	
Masters in nursing	85.7	78	
Masters other areas	13	12	

Instrument

A modification of the NSSQ (Norbeck, Lindsey, & Carrieri, 1981) was used to collect the data (see Appendix A). The NSSQ is a self-report questionnaire designed to measure multiple dimensions of social support. It is based in part on Kahn's (1979) conceptualization of social support and Barnes'

(1972) work on network theory (Norbeck, Lindsey & Carrieri (1981).

Instructions asked subjects to list significant persons in their lives at the time they were attending graduate school and to specify their relationship (spouse, friend, faculty, or others). Subjects were to consider all persons who provided personal support or were important to them during this period. A sample list of supporters was given to assist subjects in identifying persons. The first section of the questionnaire (questions one through six) measured the amount of social support received. Each type of social support (affect, affirmation, and aid) was measured using two questions. Questions seven and eight examined the structure of the relationship with supporters by measuring the duration and frequency of contact with supporters.

Modifications of the NSSQ. Questions on direct aid, frequency of contact, and duration of the relationship were modified to relate to persons attending graduate school and to reflect the period of time subjects were enrolled in their graduate programs. For example, one of the questions on the NSSQ reads, "If you needed to borrow \$10, a ride to the doctor, or some other immediate help, how much could this person usually help"? This question was modified to state "If you needed help with personal responsibilities (financial, transportation, direct help), how much did this person usually help"? Another question on the NSSQ reads, "If you were confined to bed for several weeks, how much could this person help"? This question was changed to read, "If you needed academic help, how much did this person help you"? The question

relating to network losses was omitted.

Scoring Guidelines. The respondents were asked to rate each network member on the amount of each type of support they provided. Two questions were asked in relation to each of the three types of support (affect, affirmation, aid). The amount of support was evaluated on a 5 - point scale from "not at all" to "a great deal". Subjects were also asked to describe on a 5 - point scale the length of time they had known each supporter and the frequency of contact with each supporter during graduate school. Descriptive data regarding the sources of support were calculated for the network as a whole and for specific subscales and variables (Norbeck, Lindsey, & Carrieri, 1981).

Manual adjustments were made (at the completion of the study) of the ratings given by subjects for questions focused on the type of support provided. The 5-point scale was converted from a 1 - 5 scale on the printed questionnaire to a 0 - 4 scale. This was because the rating of "1" equals no support. The adding of "1" in the total score would artificially inflate the total amount of support. These adjustments were necessary in response to a scoring update (Norbeck, 1984) and were inadvertently overlooked by the student when developing the questionnaire. No adjustments were made for questions related to duration of relationship and frequency of contact because "1" had a non-zero value for these questions.

Reliability and Validity. Extensive testing has been done on the NSSQ and the results are published throughout the nursing literature (Norbeck,

Lindsey, & Carrieri, 1981, 1983). Graduate and undergraduate nursing students were used in the initial phase of testing of the NSSQ to establish test-retest reliability and internal consistency. Results of testing for the NSSQ are reported here and applied to the instrument used for this study. Additional reliability and validity testing was not done on the modified NSSQ used in this study. It was not possible to find an adequate sample of African American women to do testing and another sample to later conduct the study (within the constraints of a master's level thesis).

Norbeck, Lindsey and Carrieri (1981) reported a high degree of test-retest reliability (range .85 - .92) for affect, affirmation, and aid and the network variables (range .85 - .92). Internal consistency was tested through intercorrelations among all items. High correlations were found between each of the two items measuring the components of social support (affect .97, affirmation .96, and aid .89). There was also a high correlation between affect and affirmation (.95 - .98) suggesting the two may not be distinct. The aid items had lower correlations between affect or affirmation (.72 to .78). The network variables, (number of supporters, duration of relationships, and frequency of contact) were highly related to affect and affirmation (range, .88 - .97), and moderately related to aid (.69 to .80). The correlations among the network variables ranged from .88 to .96. Validity was measured using the short form of the Marlow-Crowne Test of Social Desirability concurrently with the NSSQ. The correlations ranged from .01 to .17. None of the items were

significantly related to the social desirability measure. Additional testing of the NSSQ was reported by Norbeck, Lindsey, and Carrieri (1983). Construct validity was demonstrated through significant, but weak, correlations between the NSSQ and the Fundamental Interpersonal Relations Orientation's (Schutz, 1978) constructs of need for inclusion and affection. Correlations ranged from .18 to .24. Predictive validity was found supporting the stress-buffering effect of social support.

Human Research Review Committee Approval

Grand Valley State University's Human Research Review Committee approved the proposal on February 25, 1994. The research was approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16): 8336, January 26, 1981 (see Appendix A).

Confidentiality and Informed Consent

Confidentiality and informed consent were explained in the cover letter. The letter accompanying the questionnaire informed respondents that confidentiality would be maintained and, by returning the questionnaire, they would be consenting to participate in the study (see Appendix C).

Procedure

Packets were mailed by the investigator to 170 subjects in April 1994. The outside envelopes were stamped "African American Research Please Return". Each packet contained a cover letter explaining the study, a questionnaire, demographic sheet, self-addressed stamped envelope, and a

post card. Respondents were asked to return the questionnaire in the enclosed envelope as soon as possible. The post card was to be returned with their name and address if they wanted results of the study mailed to them. A follow-up post card was mailed after approximately 2 weeks, reminding the subjects to return the questionnaire if they had not already done so and thanking them for supporting the research.

CHAPTER FOUR

DATA ANALYSIS

The analysis of the data was performed on a total of 91 questionnaires. The means, standard deviations, and range of scores were used to report perceptions of social support available. Pearson's correlations and t-test for independent samples were used to test the significance of relationship between the variables.

Sources of Support

The first research question considered, who provided social support to subjects during graduate school? Subjects reported receiving social support from several sources. The mean number of supporters was 7.45 (SD = 4.93). The majority of persons providing support were other African Americans (70%). The mean number of African American supporters per subject was 5.16 (SD = 3.72). Family support was reported by the largest number of subjects (90.1%). Eighty percent received support from friends and 70.3% were supported by faculty (see Figure 5). Expressed as a proportion of the total number listed in the network, family comprised 34%, friends, 31%, and faculty, 19%.

The mean number of supporters included in the subject's support

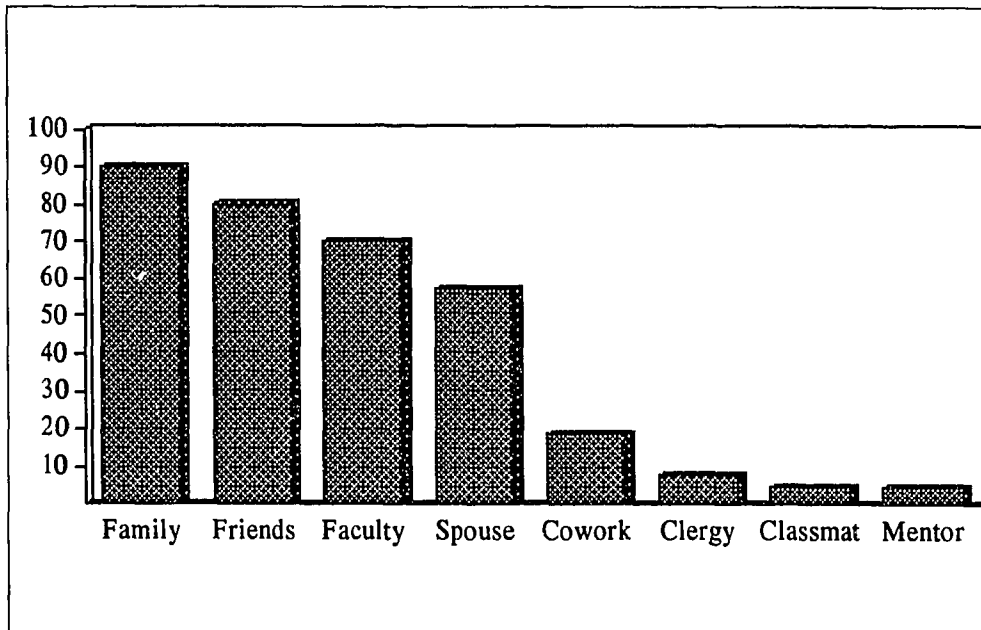


Figure 5. Percent of subjects reporting each category of support

network are shown in Table 2. The highest mean number of persons listed in the network was for family, 2.40 (SD = 2.13), followed closely by friends, 2.38 (SD = 2.26). According to frequency distributions of supporters, 82.5% of the subjects listed one to five family members, 68.2% listed one to four friends, and 60.5% listed one to three faculty.

Table 2

Mean Number of Supporters Per Category in Subject's Support Network

(N = 91)

Source of Support	Mean	Standard Deviation
Family	2.40	2.13
Friends	2.38	2.26
Faculty	1.48	1.64
Spouse/Partner	.57	.49
Co-Workers	.35	.87
Clergy	.08	.32
Mentors	.06	.35
Classmates	.05	.35

Duration of relationship and contact. The rating scale used to measure duration of relationship with supporters was, 1 = less than 6 months, 2 = 6 to 12 months, 3 = 1 to 2 years, 4 = 2 to 5 years, and 5 = more than 5 years. The average length of time subjects reported having known their supporters was 2 to 5 years. The mean rating per subject was 4.24 (SD = .78). As would be expected subjects reported having the most contact with family and friends. Contact was defined as phone calls, visits, or letters. The rating scale used to measure frequency of contact was 1 = once a year or less, 2 = a few times per year, 3 = monthly, 4 = weekly, and 5 = daily.

Research question two asked, is there a significant relationship between total support, frequency of contact, and duration of relationship? Two-tailed Pearson's correlation coefficients were used to test the significance of the relationship between perceived levels of total support, frequency of contact with supporters, and duration of relationship. The results are shown in Table 3. There was a significant positive, but weak, relationship between duration of relationship and frequency of contacts with providers of support ($r = .26$, $df = 88$, $p = .<.05$). Neither duration of relationship with supporters nor frequency of contact were related to total support received.

Table 3

Correlation of Frequency of Contact and Relationship Duration with TotalSupport

	Contact Frequency (N = 90)	Duration of Relationship (N = 90)
Total Support (N = 84)	.17	.14
Duration of Relationship	.26*	

*p<.05

Social Support Received

Research question three was concerned with how much social support the subjects received while in graduate school? A modification of the NSSQ (Norbeck, Lindsey, & Carrieri, 1981) was used to measure social support. Prior to reporting the findings, questions used to measure social support and ratings are presented (see Table 4).

Table 4

Questions For Rating Social Support

1. How much did this person make you feel liked or loved?^a
 2. How much did this person make you feel respected or admired?^a
 3. How much did you confide in this person?^b
 4. How much did this person agree with or support your actions or thoughts?^b
 5. If you needed help with personal responsibilities (financial, transportation, direct help) how much did this person usually help?^c
 6. If you needed academic help, how much did this person help you?^c
 7. How long had you known this person at the time you completed graduate school?
 8. How frequently did you have contact with this person during graduate school (phone calls, visits, or letters)?
-

Note. ^aCombined scores measure Affect, ^b Combined scores measure Affirmation, ^c Combined scores measure Aid

Total social support scores. The maximum possible score for an individual supporter was 24. Such a score would reflect the highest rating (4) on each of the six questions representing the dimensions of affect, affirmation,

and aid. Ratings for each supporter in the network were totalled. The maximum network size reported by subjects in this study was 24 supporters yielding a maximum possible support score of 576. The range of total social support scores was 8 - 432 ($M = 118.47, SD = 82.63$). The mean total social support score per network member was, 15.94 ($SD = 3.19$). The mean support score reflects the ratings given, and the number listed in the network. To determine available support independent of the number of supporters, the mean ratings for supporters were calculated by dividing the mean score of each type of social support (affect, affirmation, aid) by the number of supporters and correcting for the number of questions (two) related to each type of support (Norbeck, 1983). The large standard deviations reported for social support scores are a reflection of the skewed distribution of the sample.

Total support scores were calculated for each category of provider. Family provided the greatest amount of social support with a mean score of 38.12 ($SD = 34.84$, range = 0 - 155.0), followed by friends, ($M = 37.47$, $SD = 37.58$, range = 0 - 202.0). African American friends accounted for most of the support provided by friends ($M = 25.87$, $SD = 27.56$). The mean faculty score was 22.0 ($SD = 27.70$, range = 0 - 145.0). The mean amount of social support provided according to category of providers is listed in Table 5. On average, 33% of the support received came from family and 31% was provided by friends.

Table 5

Means for Social Support Scores Provided by Category of Providers

Provider Category	Mean	SD	Range
Family	38.12	34.84	0 - 155.0
Friends	37.43	37.58	0 - 202.0
Faculty	22.05	27.70	0 - 145.0
Spouse/Partner	9.17	8.94	0 - 23.0
Co-Workers	4.52	11.94	0 - 67.0
Clergy	1.23	4.55	0 - 24.0
Mentors	1.06	5.49	0 - 43.0
Classmates	.70	3.53	0 - 25.0

Types of support received. The fourth research question asked, which type of support (affect, affirmation, aid) did subjects report receiving the most? Subjects reported receiving more affective support than affirmation or aid. The mean total received affect score per subject was 49.66 (SD = 34.06). The means and standard deviations for affect, affirmation, and aid are presented in Table 6. The scores in the top half of the table reflect total scores. The bottom half scores represent per provider scores.

A review of affect, affirmation, and aid scores more closely (by individual

items) revealed that supportive interactions which made subjects feel respected or admired were provided in the greatest amount (M = 25.27). Interactions that made the subjects feel liked or loved were provided in similar amounts (M = 24.38). For aid support subjects received more help with personal responsibilities than with academic responsibilities. Table 7 shows the mean affect, affirmation and aid scores separated by individual items.

Table 6

Affect^a Affirmation^b and Aid^c Scores

	Mean	SD	Range
	Per Subject		
Affect	49.66	34.06	4 - 181.0
Affirmation	42.13	28.43	4 - 160.0
Aid	26.33	22.12	.0 - 122.0
	Mean	SD	Range
	Per Provider		
Affect	3.34	.60	1 - 5.0
Affirmation	2.86	.62	1 - 4.0
Aid	1.79	.76	.0 - 3.60

Note. Scores of 3 = quite a bit, 2 = moderate, 1 = little

^aN = 90, ^bN = 89, ^cN = 88

Table 7

Total Support Received According to Type of Support

	Mean	SD	Range	N
<u>Affect</u>				
Like/love	24.38	16.81	2 - 87.0	90
Respect/admiration	25.27	17.34	2 - 94.0	90
<u>Affirmation</u>				
Ability to confide in person	18.10	12.56	2 - 71.0	90
Supported actions or perceptions	23.92	16.24	2 - 91.0	89
<u>Aid</u>				
Help with personal responsibilities (financial, transportation, other)	14.86	13.25	0 - 73.0	90
Academic help	11.46	9.89	0 - 52.0	89

Support Within the Academic Environment

Research question five examined how much support did faculty provide?

The mean faculty score for total social support was 22.05 (SD = 27.70). The standard deviation reflects the wide variability in support scores reported by subjects. This was related to the vast differences in the number of faculty supporters for each subject. For example, a partial listing of the frequency distributions showed that 27 subjects listed zero faculty supporters, 31 subjects listed one, and 17 subjects listed two. The largest number of faculty

supporters, nine, was reported by one subject.

Table 8 shows the percent of subjects reporting faculty support and the mean number of faculty supporters. The majority of the subjects (70%) reported receiving faculty support. The mean number of faculty supporters, however, was low. The mean number of faculty supporters was 1.47. Sixty-six percent of the subjects received support from Non-African American faculty. The mean number of faculty from this group was 1.12. Only 22% of the subjects who reported having African American faculty in their programs received support from these faculty. The mean number of African American faculty supporters was .35. Nearly half (49.4%) of all subjects answering the question (N = 85) had no African American faculty in their graduate programs. An equal number of subjects (49.4%) reported one to five African American faculty and 1.2% reported more than five.

Table 8

Percent of Subjects Reporting Faculty Support and Mean Number of Faculty Supporters

Percent of Subjects Reporting Faculty Support		
	<u>Support</u>	<u>No Support</u>
African American Faculty	22%	78%
Non-African American Faculty	66%	34%
Total Faculty	70%	30%
Mean Number of Faculty Supporters		
	<u>Mean</u>	<u>Standard Deviation</u>
African American Faculty ^a	.35	.93
Non-African American Faculty ^b	1.12	1.18
Total Faculty	1.47	1.64

^a n = 32

^b n = 102

Percentages were used to report the affect, affirmation, and aid support provided by faculty. Percentages were used instead of raw scores because of the vast differences in the numbers listed for African American faculty and other faculty. The larger number of faculty from one group would inflate the score. For example, even though there were only a few African American faculty, it was useful to know what percentage of faculty support came from this group. To correct for the differences in numbers listed, faculty scores for affect, affirmation, and aid, (expressed as percentages) were divided by the number of faculty from each group. Although African American faculty represented only 24% of faculty supporters ($n = 32$), based on percentages, they provided nearly as much support as Non-African American faculty ($n = 102$) who accounted for the remaining 76%. The mean score differences between the two faculty groups ranged from .44 to 7.44. Not surprisingly, faculty provided more academic assistance than any other type of support. The lowest mean score was for Aid (help with personal responsibilities such as financial or transportation). Table 9 shows faculty affect, affirmation, and aid scores expressed in percentages after correcting for the number of African American and Non-African American faculty.

Table 9

Faculty Affect, Affirmation, Aid Scores (expressed in percentages)Correcting for the Number of Faculty

	Mean	SD	Range
	%		
<u>Affective Support</u>			
African American Faculty ^a	13.38	12.70	.0 - 50.0
Non-African American Faculty ^c	13.86	9.58	2.0 - 50.0
<u>Affirmation Support</u>			
African American Faculty ^a	12.91	12.81	.0 - 50.0
Non-African American Faculty ^d	13.47	8.40	3.0 - 46.0
<u>Aid (Personal responsibilities)</u>			
African American Faculty ^b	8.95	12.14	0 - 50.0
Non-African American Faculty ^e	8.51	15.97	0 - 100.0
<u>Aid (Academic responsibilities)</u>			
African American Faculty ^b	23.16	18.17	0 - 75.0
Non African American Faculty ^e	30.60	22.79	0 -100.0

^a N = 20, ^b N = 19, ^c N = 60, ^d N = 59, ^e N = 58

Research question six asked, is there a significant difference in perceived levels of total support between subjects reporting faculty support (but no African American Faculty) and subjects reporting African American faculty support? A t-test for independent samples was used to test the significance of differences in perceived levels of total faculty support. The first group consisted of subjects who reported African American faculty support. The second group consisted of subjects who reported faculty support but no African American faculty support. There was no significant difference found. The presence of African American faculty supporters did not significantly change perceived levels of total faculty support.

CHAPTER FIVE

DISCUSSION AND IMPLICATIONS

African American women's efforts to become nurses remains a struggle. Some evidence to support this claim can be found in the fact that 40 years after Brown verses the Board of Education (1954) the number of African Americans in nursing has remained low. African American nurses with graduate or higher degrees represent the smallest percentage of African Americans in nursing. While the reasons for the low numbers are certainly complex, one factor may be a failure to provide adequate social support to assist them in coping with the obstacles they face in nursing programs. There is a paucity of research available describing African American women's experiences in nursing. This has contributed to the difficulty in understanding the unique obstacles they face and hindered the development of specific interventions to better support them and hopefully increase their numbers in nursing. The purpose of this study was to identify those types of social support that African American female nurses perceived as available during graduate school that contributed to their completion of graduate nursing programs.

Discussion

The sample consisted of 91 African American nurses who ranged in age from 22 to 58 years ($M = 35.4$). Subjects varied widely in the number of persons listed as sources of support with a range of 2 to 24. On average, subjects were in weekly contact (phone, visits, letters) with members of their support network. Most of the subjects (54%) had known their supporters for 2 to 5 years. Twenty one percent had known their supporters for more than 5 years. This suggests that those persons perceived as supportive may have had relationships with the subjects for sometime.

Sources of support. Kahn and Antonucci (1980) proposed that social support is provided through personal or social networks that consist of family, friends, and others. The findings from the study showed the majority of persons (70%) who provided support or who were important to subjects at the time of graduate school were other African Americans. The mean number of supporters was 7.45 ($SD = 4.93$). This may indicate that African American nurses did not perceive many non-African American persons with whom they had contact as providers of personal support. Apart from family, most of the other people in a support network are chosen by the recipient. If subjects tended to go to other African Americans when they had a chance, this may also suggest that African American women in graduate nursing programs may be isolated from those persons whom they perceive as most supportive, since there are few, if any, African American faculty or peers in most graduate

nursing programs (Rosenfeld & Bohling, 1993). Only 4.4% of the subjects reported having mentors as sources of social support. Of those subjects ($N = 4$) who had mentors, one subject listed three, the remaining subjects listed one each. Five of the six mentors supporting the subjects were African American. This suggests that African American faculty may take a more active role in furthering the careers of African American students than their non-African American counterparts.

Family members were identified as the major source of support by the vast majority of subjects (90.1%). The mean number of family supporters was 2.40 ($SD = 4.93$). Family was the category that provided the greatest amount of total support ($M = 38.12$, $SD = 34.84$). This reaffirms the important role of family in African American students' educational achievements. All of the subjects who were married (50%) identified their husbands as sources of support.

Types of support received. Affective support was the type of support provided in the greatest amount with both components rated similarly. Affirmation support measured by the question "how much did this person agree with or support your actions or thoughts" received the third highest score ($M = 23.92$). Subjects received slightly more personal aid ($M = 14.86$) than academic aid ($M = 11.46$). This could have been for a variety of reasons, one being that subjects may have expressed a greater need for non-academic aid. The average ratings for individual network members for affect, affirmation, and

aid, suggest that none of the subjects perceived a large amount of any particular type of social support (affect 3.34 = quite a bit, affirmation 2.86 = moderate to quite a bit, aid = a little to moderate).

Support within the academic environment. Most (70%) of the subjects received support from faculty; however, the number of faculty supporters seemed low (range = 0 - 9.0, M = 1.47, SD = 1.64). There were no similar studies found that reported the number of faculty supporters to allow comparison of the findings. Although the mean number of faculty supporters seemed low, faculty ranked third in the amount of support provided by category of providers. Of greater concern was the finding that 30% of the subjects did not perceive any faculty members to be sources of support. Although all of the subjects successfully completed their graduate studies, those women who did so without faculty support may have experienced more difficulty. In addition, 34% of subjects did not receive support from non-African American faculty. The mean number of non-African American faculty supporters listed was 1.12 (range = 0 - 6.0, SD = 1.18). The low mean number of faculty supporters identified and the large percent of subjects reporting no support from non-African American faculty raises concerns. Non-African American faculty represent the majority of faculty at most universities. If students are to receive adequate support from within their graduate programs, these faculty must provide it. There are several factors that may be involved in the ability of faculty to provide support to individual students.

Kahn and Antonucci (1980) proposed that properties of a person (such as demographic characteristics, abilities, needs) and properties of the situation (role expectations, opportunities, demands) influence the structure and composition of their support network. Wong and Wong (1982) suggested that white faculty sometimes find it difficult to relate to minority students because of limited previous experience with them. The students, on the other hand, may feel uncomfortable seeking personal support from some white faculty. If, for example, African American students' ideas or perceptions are not acknowledged or supported (affirmation support) when raised in the classroom, they may choose not to pursue a more personal supportive relationship with faculty. The ability to seek needed support from white faculty becomes more difficult if sensitive issues of a racial nature are involved. African American nursing students may find it difficult (if not impossible) to share perceptions of racism within the academic environment with white faculty. The students who risk expressing these feelings are often misunderstood and inaccurately labeled negative, defensive, or angry. As a result, students may self-impose a certain degree of isolation as a protective mechanism against feelings of frustration and perceived lack of support.

Nearly half (49%) of the subjects indicated there were no African American faculty in their graduate program. An equal amount (49%) reported having up to five faculty; however, only 22% of the subjects received support from these faculty. This suggests that in some instances where African

American faculty were present, subjects did not perceive them to be sources of support. The design of the question pertaining to the number of African American faculty in the graduate program limited the interpretations that could be drawn from these findings. Because subjects indicated a range of responses (none, one to five, more than five) more specific interpretations about the actual number of African American faculty are not possible. The actual number of African American faculty may have influenced their ability to provide support to the subjects. If, for example, there was only one African American faculty member in the graduate program, contact with African American students might naturally have been limited. Degree of employment is another factor which may influence the ability of faculty to provide support. Rosenfeld (1993) reported that African American faculty (in baccalaureate or higher RN programs) represented 5.3% of full-time faculty and only 3.0% of part-time faculty in the United States during 1992. These faculty often face increased pressures related to their own membership in a racial/ethnic minority group. Blackwell (1983) noted that because of the low number of African American faculty at predominately white universities, the lone African American faculty member is often expected to serve on every committee that requires minority representation or input and to spend time counseling or advising African American students. In some instances this is not possible. In many more instances, one would hope that African American faculty would feel a special kinship to African American students and attempt to reach out and

provide support to them. The belief that racial/ethnic congruence of faculty and students does not guarantee the provision of support appears to be given some credence by this study's findings. In this study, the presence of African American faculty did not significantly change perceived levels of total support.

Most of the subjects (58%) reported having between one to five African American classmates in their graduate program, 33% reported more than five. However, only 4.4% of the subjects listed classmates among sources of support. The amount of total support provided by classmates ranged from 0 to 25 ($M = .70$, $SD = 3.53$). There were no similar studies reviewed that could be used to compare findings and determine if these results were typical. Female graduate students are often faced with multiple role expectations (wife, mother, caretaker, career, etc.). Students frequently are commuting from various parts of the state and holding full-or part-time jobs. These factors may leave them with little time to develop personal relationships with other women in their graduate programs. In addition, there may not be a lot of interaction among the graduates in general, possibly due to personal desire, the nature of the competitive climate, or the decreased ability of individuals experiencing stress to provide support to others.

Summary. The findings revealed that subjects varied widely in the number of persons listed as sources of support. The majority of the persons who provided support or who were important to subjects at the time of graduate school were other African Americans. Family members were identified as the

major source of support by the vast majority of the subjects. Only 4.4% of the subjects reported having mentors to provide support. Five of the six mentors were also African American. The type of social support received most often was affective support. Interactions that made the subjects feel admired and respected and that made them feel liked or loved received the highest ratings. Although the mean number of persons (faculty and classmates) within the academic environment who were perceived as supportive seemed low, faculty provided the third largest amount of total support. For the most part classmates were not perceived as sources of support. Most of the subjects received support from faculty, however, not from African American faculty (88%). Of the subjects (49%) who had African American faculty in their programs, only 22% perceived them to be sources of personal support. More than a third (34%) did not receive support from Non-African American faculty. Several inferences may be drawn from the findings related to social support. The scope of this investigation, however, did not address causal relationships, and the paucity of similar research limited the conclusions that may be drawn.

Comparisons to Other Studies

The relationship between social support and positive outcomes in the studies reviewed in chapter two was equivocal (Norbeck, 1983, Sykes, 1984, Mulenkamp & Sayles, 1986, Quarry, 1986). Direct comparison of scores from studies cited was difficult because the majority of the studies used different conceptualizations of social support and different instruments to measure social

support. One of the studies (Sykes, 1984) that used the NSSQ applied different methods for data analysis making it difficult to compare findings directly. One study was comparable (Norbeck, Lindsey, & Carrieri, 1983). Table 10 compares the social support scores in the present study and the Norbeck, Lindsey, and Carrieri (1983) study. Differences among the two samples with regard to social support scores might relate to differences in sample characteristics. Norbeck, Lindsey, and Carrieri's (1983) sample consisted of 44 graduate nursing students, all but one were Caucasian. Subjects ranged in age from 24 to 42 ($M = 30.9$). Most (59%) were not married. The NSSQ was administered to the subjects when they first entered graduate school and readministered 7 months later. The social support scores used for comparison reflect testing done at the 7 month interval.

In contrast, the current study, consisted of African American nurses ($N = 91$) who had completed their graduate programs. Most of the sample (85.7%) had MSN degrees and had been out of graduate school more than 10 years. They were slightly older (range = 22 to 58, $M = 35.4$). Half the sample (50%) were married.

Table 10

Comparison of Social Support Scores from Present Study (N = 91) and
Norbeck, Lindsey, and Carrieri's (1983) Study

	Norbeck, Lindsey & Carrieri (N = 44)		Present Study (N = 91)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Affect	95.75	41.15	49.66	34.06
Affirmation	89.18	37.81	42.13	28.43
Aid	68.18	26.39	26.33	22.12
Total Support	253.11	102.32	118.47	82.63
Number in Network	11.36	4.61	7.45	4.93

The subjects in the Norbeck, Lindsey, and Carrieri (1983) study reported more social support, more network members, and more contact with supporters than subjects in this study. Subjects enrolled in their graduate programs for only 7 months may have perceived social support differently than subjects who had been out of graduate school for over 10 years. Students just entering graduate school may perceive more support because of the excitement of beginning a new program. Those subjects out of graduate school for more than 10 years had time to really reflect on which individuals were important to them and provided support. At the same time, some subjects may have forgotten

some of the persons who supported them and subsequently scored lower. The two groups were similar in age and marital status. Race was one variable that differed between the two groups and may also have been a factor in the discrepancies in support received.

Implications For Nursing

In an ideal situation, the diversity found in graduate nursing programs (and all academic institutions) would mirror the diversity found in the world in which their students live and practice. Unfortunately, this is not the case and efforts to increase the number of minorities with graduate nursing degrees to any substantial levels have been unsuccessful. This has left minority students with few, if any, minority nursing role models to encourage them to pursue advanced degrees and support them in their efforts to do so. Nursing faculty (at all levels of nursing) truly committed to supporting students must be willing to critically review current and past practices within their programs. In order for these students to enter graduate programs they must first be successful at undergraduate nursing programs. While the intent of established practices may not have been exclusionary, if the outcome has been that the nursing program consistently, over a period of several years, enrolls and graduates low numbers of minorities, and hires few if any minority faculty, then practices should be re-examined and in some instances changed.

Noticeable change within the academic environment on a large scale will not occur until administrators and faculty beliefs about diversity within the

institution change. Racial/ethnic diversity within the university setting enhances the educational experiences of all involved, by expanding the ways in which people learn about their world, increasing tolerance and understanding, and hopefully decreasing ignorance and hate.

While change on a larger scale is more challenging, there are several things individual faculty can do to provide better support to African American students that do not require policy changes, but a desire of faculty to make a difference. For example, increased support can be provided by developing mentoring relationships with students to enhance their educational and professional nursing experiences. Those faculty engaged in research and other scholarly and professional activities (such as publishing, presenting at conferences, grant writing, etc.) should include minority students in some of their projects and expose them to many sides of nursing they may rarely see. Other ways to be supportive is to learn more about African American nursing students' perceptions of their educational experiences. Faculty need to observe if these students seem more isolated in the classroom than other students. They also need to recognize the pressures these students may be under by being the only African American in the classroom and the consequent difficulty they may have sharing feelings with faculty who do not understand. It may also help if faculty engage in interactive exercises that place them in situations where they are the minority racial/ethnic group. Faculty can explore with others how their own educational experiences would have been different if all of the

faculty and peers in their nursing programs (at all levels of nursing) were of a different racial/ethnic majority group. What behaviors and other environmental stressors would have made them uncomfortable and what could faculty have done to help them cope in such a situation? Finally, faculty can talk more directly to students about their perceptions and show sensitivity to them.

African American nursing students, on the other hand, must show more initiative in seeking support from those faculty who seem genuinely interested in the welfare of students. These students must share openly what they are experiencing and take the lead in working with faculty to improve the support in academic environments. Although it may be difficult, minority students stand to lose the most if changes are not initiated. Students must rely on other experiences outside of the academic setting to learn how to build support systems within the academic environment. The importance of supporting minority students was underscored by Rosenfeld and Bohling (1993):

The nursing profession has particular reason for wishing to increase representation of minorities at all levels. Cultural sensitivity and equality of treatment are central to the goals of the profession, and can only be furthered by greater sensitivity and equality in the profession itself (p. 5).

Limitations of the Study

There were several limitations of the study that made it difficult to generalize the findings to other groups. The lack of random selection was a limitation. The sample was not representative of all African American nurses.

The influence of time may have been a limitation.

The design of the instrument (NSSQ) presented some limitations. The NSSQ produces mean scores for social support provided by individual network members. The scores would be more useful if the instrument also measured the subjects' perceptions of the adequacy of the social support received. Relationships could then be examined between the various types of support perceived as adequate and successful completion of graduate nursing programs. In addition, because of the skewed distributions inherent in different numbers of network members, the large standard deviations were distracting in interpreting the results.

The instructions for the instrument were confusing to some respondents. At first glance it was not easy to know how the half pages fit with the list of supporters. One respondent started filling out the questionnaire but did not understand how to proceed. She wrote "You've lost me" across the front of the questionnaire. In response to three of the questions, some respondents listing children as supporters noted that the ages of their children were very young and questions did not apply. Others answered the questions and attempted to explain the low ratings given for children due to their ages. Some of the subjects who rated network members low added comments to explain that they had not gone to the particular person for a specific type of support. The design of the questions relating to the number of African American faculty and number of African American peers in the graduate program (see Appendix D) was

limiting. The questions asked for a range of responses instead of exact numbers. There were two typographical errors on the demographic sheet. The errors involved typing a fourth option "greater" (for the question addressing number of African American faculty in the program) which had no assigned numerical value and subsequently did not affect scoring. The question related to length of time since completion of their graduate program offered choices of less than 1 year, 1 to 5 years, 5 to 10 years, and greater than 10 years. The second option should have read 1 to 4 years.

Recommendations for Future Research

Additional research is needed to explore relationships between the amount of social support received by African American nursing students and completion of graduate nursing programs. Many questions arise from the findings in this study that could be examined in future studies:

1. What are the major stressors identified by African American nursing students and what effect does social support have on moderating these stressors?
2. What are the perceptions of social support available to non-African American female graduate nursing students during graduate school?
3. How supportive do African American nursing students perceive their academic environments and what are the behaviors of faculty and classmates that demonstrate support?
4. What are the major stressors African American nursing students face in

nursing programs? Are these stressors significantly different than stressors identified by non-African American nursing students?

5. Do African American nursing students perceive race/ethnicity to be a significant stressor when enrolled in predominately white universities? What effect does race/ethnicity have on perceptions of isolation in the classroom?

6. What do African American nurses with associate or baccalaureate degrees identify as the major reasons for not pursuing advanced nursing degrees?

7. Is there a significant relationship between the number of network members and adequacy of social support?

8. What are the major reasons nursing faculty identify for the low numbers of African Americans graduating from RN programs?

These and other studies would contribute to building a research base on African Americans nursing students' experiences in graduate nursing programs. The findings from the studies would serve to increase understanding of the unique experiences these students face. Those persons interested in increasing the number of African Americans in nursing may find the information valuable in designing interventions to better support these students and hopefully increase their presence in nursing.

APPENDIX A

Approval Letter from Human Research Review Committee
at Grand Valley State University



APPENDIX A

1 CAMPUS DRIVE • ALLENDALE MICHIGAN 49401-9403 • 616/895-6611

February 25, 1994

Jacquelyn D. Pettis
7601 Woodcrest
Portage, MI 49002

Dear Jacquelyn:

Your proposed project entitled "*Social Support and African American Nurses in Graduate School*" has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

A black rectangular box redacting the signature of Paul Huizenga.

Paul Huizenga, Chair
Human Research Review Committee


APPENDIX B

Permission letter to use the NSSQ

APPENDIX B

Request Form

I request permission to copy the Norbeck Social Support Questionnaire (NSSQ) for use in research in a study entitled: African-American Nurses Perceptions of Social Support During Graduate School


(Signature)

October 15, 1993


(Date)

Position and Graduate Nursing Student *(GVSU)
Full Address
of Investigator: 7601 Woodcrest St.

Portage, Michigan 49002

** Grand Valley State University
Allendale, Michigan

Permission is hereby granted to copy the NSSQ for use in the research described above.


Jane S. Norbeck

October 29, 1993

(Date)

Please send two *signed* copies of this form to:

Jane S. Norbeck, D.N.Sc.
Department of Mental Health and Community Nursing
University of California, San Francisco
N505-Y
San Francisco, California 94143

APPENDIX C

Cover Letter

APPENDIX C

Dear Colleague:

I am an African American nursing student at Grand Valley State University in Allendale Michigan. I am currently completing a thesis in partial fulfillment of the requirements for a master of science degree in nursing. The purpose of the study is to identify those elements of social support which African American nurses (female) perceive to have contributed to their completion of graduate degrees in nursing and other areas. This information will be useful in developing interventions to support African American women planning to pursue advanced degrees. This letter is being sent to African American nurses who have completed their graduate studies in the United States.

Enclosed is a copy of a questionnaire adapted from the Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carrieri, 1981). Please assist me in completing this study by answering all questions and returning the completed questionnaire as soon as possible. When completing the questions, try and think back to the period of time when you were enrolled in your graduate program. Answers should reflect this time period.

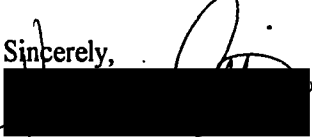
Provisions have been made to protect confidentiality. Names will not be a part of data analysis or published in the research findings. The questionnaire is not coded in any way to identify you. Please do not include your name on the questionnaire. Your decision to return the questionnaire will be considered informed consent to participate in the study and have your answers reported along with other participants.

A self-addressed stamped envelope is included for your convenience. If you would like results of the study sent to you, return the enclosed postcard with your name and address. If you have questions and would like to contact me by phone, I can be reached at the numbers below:

Monday through Friday 8:00 a.m. to 5:00 p.m. (616) 337-3404, evenings and weekends, (616) 327-0912.

If you have received this letter in error please pass it on to a colleague who fits the above criteria. Thank you for taking time to support this research.

Sincerely,


Jackie Pettis B.S.N., RNC
7601 Woodcrest
Portage, MI 49002

APPENDIX D

NSSQ Adapted for this study
and Demographic sheet

SOCIAL SUPPORT QUESTIONNAIRE

**PLEASE READ ALL DIRECTIONS ON
THIS PAGE BEFORE STARTING.**

Please list each significant person in your life at the time you were attending graduate school on the right. Consider all the persons who provided personal support for you or who were important to you.

Use only first names or initials, then indicate the relationship, and if the person is African-American as in the following example:

Example:

First Name or Initials	Relationship	African American
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____
5. _____	5. _____	5. _____
etc.		

Use the following list to help you think of the people who were important to you, and list as many people as apply in your case.

- spouse or partner
- family members or relatives
- faculty at university
- neighbors
- counselor or therapist
- minister/priest/rabbi
- other

You do not have to use all 24 spaces. Use as many spaces as you had important persons in your life.

WHEN YOU HAVE FINISHED YOUR LIST, PLEASE TURN TO PAGE 2

For each person you listed, please answer the following questions by writing in the number that applies.

1 = not at all

2 = a little

3 = moderately

4 = quite a bit

5 = a great deal

Question 1:

How much did this person
make you feel liked or loved?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 2:

How much did this person
make you feel respected
or admired?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

GO ON TO NEXT PAGE

- 1 = not at all
- 2 = a little
- 3 = moderately
- 4 = quite a bit
- 5 = a great deal

Question 3:

How much did you confide
in this person?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 4:

How much did this person
agree with or support your
actions or thoughts?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

GO ON TO NEXT PAGE

- 1 = not at all
 2 = a little
 3 = moderately
 4 = quite a bit
 5 = a great deal

Question 5:

If you needed help with personal responsibilities (financial, transportation, direct help), how much did this person usually help?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

[19-21]

Question 6:

If you needed academic help, how much did this person help you?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

64

[22-24]

GO ON TO NEXT PAGE

Question 7:

How long had you known
this person at the time
you completed graduate
school?

- 1 = Less than 6 months
2 = 6 to 12 months
3 = 1 to 2 years
4 = 2 to 5 years
5 = more than 5 years

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Question 8:

How frequently did you have
contact with this person during
graduate school (phone calls,
visits, or letters)?

- 5 = Daily
4 = Weekly
3 = Monthly
2 = A few times a year
1 = Once a year or less

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____

Providers of Social Support

First Name/Initials

Relationship

African American

1. _____	_____	_____ [32]
2. _____	_____	_____ [33]
3. _____	_____	_____ [34]
4. _____	_____	_____ [35]
5. _____	_____	_____ [36]
6. _____	_____	_____ [37]
7. _____	_____	_____ [38]
8. _____	_____	_____ [39]
9. _____	_____	_____ [40]
10. _____	_____	_____ [41]
11. _____	_____	_____ [42]
12. _____	_____	_____ [43]
13. _____	_____	_____ [44]
14. _____	_____	_____ [45]
15. _____	_____	_____ [46]
16. _____	_____	_____ [47]
17. _____	_____	_____ [48]
18. _____	_____	_____ [49]
19. _____	_____	_____ [50]
20. _____	_____	_____ [51]
21. _____	_____	_____ [52]
22. _____	_____	_____ [53]
23. _____	_____	_____ [54]
24. _____	_____	_____ [55]

PLEASE BE SURE YOU HAVE RATED EACH PERSON ON EVERY QUESTION.

Demographic Information

1. **Marital Status (At the time of graduate school):**

1. ☐ Single
2. ☐ Married
3. ☐ Divorced or Separated
4. ☐ Widow

2. **Education:**

Do you have a bachelors degree in nursing?

1. ☐ Yes
2. ☐ No

3. **Do you have a masters degree in nursing?**

1. ☐ Yes
2. ☐ No

If no, list the area of your masters: _____

4. **How long has it been since you received your masters degree?**

1. ☐ Less than one year
2. ☐ One to five years
3. ☐ Five to ten years
4. ☐ Greater than 10 years

5. **List your age at the time you received your masters degree:**

6. **Number of African American faculty in graduate program:**

1. ☐ (zero)
2. ☐ (one to five)
3. ☐ (more than five)
4. ☐ (greater)

7. **Number of African American students in graduate program:**

1. ☐ (zero)
2. ☐ (one to five)
3. ☐ (greater than five)

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