A group think tank as a discourse coalition to promote minority nursing faculty retention

Wrenetha Julion, PhD, RN, FAAN[a,*], Monique Reed, PhD, RN[b],
Dawn T. Bounds, PhD, APRN, PMHNP-BC[b], Fawn Cothran, PhD, RN, GCNS-BC[b,1],
Charlene Gamboa, MPH[b], Jen'nea Sumo, PhD, RN[b]

[a]Department of Women, Children and Family Nursing, Rush University, Chicago, IL
[b]College of Nursing, Rush University, Chicago, IL

ARTICLE INFO

ABSTRACT

Background: The nursing profession will need one million more nurses by 2024, yet nursing schools are turning away applicants due to insufficient numbers of nursing faculty. Likewise, minority nursing faculty are needed in order to attract diverse nursing students who can then address health care disparities.

Purpose: The purpose of this paper is to describe the use of a group think tank (GTT) as a mentoring strategy for supporting the recruitment and retention of minority nursing faculty.

Method: Guided by Kotter's theory of change, this paper describes the application of the GTT approach with 5 African American (AA) faculty, one AA doctoral student and a cross-cultural mentor.

Findings: Results are presented based upon the metrics typically used to support career advancement, promotion and/or tenure.

Discussion: The GTT is a promising mentoring model that can be used to integrate cross-cultural and peer mentoring into academic communities to support diversity in academia.

Cite this article: Julion, W., Reed, M., Bounds, D.T., Cothran, F., Gamboa, C., & Sumo, J. (2019, September/October). A group think tank as a discourse coalition to promote minority nursing faculty retention. Nurs Outlook, 67(5), 586−595. https://doi.org/10.1016/j.outlook.2019.03.003

Introduction

The nursing profession is projected to need an additional one million nurses by 2024 (U.S. Department of Labor [DOL], 2017a,b). Simultaneously, U.S. nursing schools are turning away qualified applicants—64,067 applicants in 2016 due to insufficient numbers of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints (American Association of Colleges of Nursing [AACN], 2017b,c). This projected gap in the availability of nurses will be even more profound with regard to minority nurses. The percentage of minority nurses in the workforce has increased from 12.5% in 2004 to 18% in 2013 (Xue & Brewer, 2014). However, the number of minority nurses remains low in comparison to the percentage of the U.S. population of minorities (37%; Xue & Brewer, 2014). Persistent gaps in

---

https://doi.org/10.1016/j.outlook.2019.03.003

health outcomes among minority populations are influenced by the lack of minority nurses (Agency for Healthcare Research and Quality [AHRQ], 2016; National Center for Health Statistics [NCHS], 2016). Increased numbers of minority nurses in the workforce can lead to greater congruency between patients and providers to decrease health disparities (AHRQ, 2016; Pfefferle & Gibson, 2010).

Recent efforts have focused on increasing the number of minority nurses who provide direct care and conduct research focused on issues affecting minority populations (Phillips & Malone, 2014). This is because minority nurses experienced with the cultural and contextual circumstances of diverse populations can more readily address root causes of health disparities. These include environmental factors, social determinants of health, health behaviors, health literacy, racism, and discrimination (Pfefferle & Gibson, 2010). Doctorally prepared nursing faculty who either work directly to oversee patient care or conduct culturally relevant research are similarly positioned to influence the health outcomes of patients and research participants (Institute of Medicine [IOM], 2011).

Evidence suggests that greater diversity among nursing faculty can contribute to greater numbers of minority nurses in the workforce (National League for Nursing [NLN], 2016). Currently, only 12.6% of full-time nursing faculty are minorities (AACN, 2017a). The dearth of minority nursing faculty to serve as exemplars and mentors is a hindrance to recruiting and retaining minority nursing students (Phillips & Malone, 2014). Minority nursing faculty serve as important role models and mentors who can demonstrate to minority students that diversity is both valued and respected (Bednarz, Schim, & Doorenbos, 2010). For many minority-nursing students, this has not been their experience; they have typically been expected to fit-in with the dominant white culture (Bleich, MacWilliams, & Schmidt, 2015). Minority nursing faculty in the classroom can facilitate interaction among students that raises the level of cultural awareness, empowers underrepresented students, and bolsters cultural competence among all students (Bednarz et al., 2010; Bleich et al., 2015).

Majority faculty in academic settings have a history of marginalizing minority faculty and students (Beard & Julion, 2016). Typically, this marginalization has been unconscious, stemming from years of socialization to Eurocentric perspectives (Bleich et al., 2015). In fact, it is more likely that minorities in nursing will experience microaggressions rather than overt acts of racism and discrimination (Hall & Fields, 2012). (Sue et al., 2007) define microaggressions as "brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group." (p271) Microaggressions are entrenched in academia and fueled by beliefs about the intelligence and abilities of minorities and those from disadvantaged backgrounds. (Hall & Fields, 2013). Such thoughts about the lack of qualifications of minority students and faculty undermine student and faculty success (Loftin, Newman, Dumas, Gilden, & Bond, 2012). Students who witness or experience microaggressions may be reticent to approach faculty to ask questions or voice concerns (NLN, 2016). Similarly, when minority faculty members perceive that they are minimized in academia, they too may feel dismissed, disrespected and rejected by the academy and move on to practice in more inclusive professional settings (Beard & Julion, 2016).

Strategic initiatives designed to increase nursing student diversity include providing support (financial and academic), mentoring, and increasing student exposure to minority faculty (Phillips & Malone, 2014). However, increasing the numbers of minority faculty can be challenging due to low numbers of minority nurses in the profession, salaries that do not keep pace with salaries for nurses in clinical practice (DOL, 2017b) and faculty hiring practices that favor cronyism over diversity (Smith, Turner, Osei-Kofi, & Richards, 2004).

Colleges and universities have begun implementing recruitment and retention strategies such as providing faculty scholarships, loan repayment programs, and professional development opportunities (Gates, 2018). Other academic settings have implemented initiatives designed to "grow their own" faculty by giving existing faculty time to complete doctoral work (Phillips & Malone, 2014). In one study focused on recruiting and retaining Hispanic faculty, Jacob and Sánchez (2011) identified professional development opportunities that included leadership, grant writing, and scientific writing training for publication as important strategies. These strategies have achieved only modest success as evidenced by the tenacious nature of disparities in minority nursing and nursing faculty representation (NLN, 2016).

Mentoring can support retention of underrepresented minority faculty in nursing academia. Broad conceptualizations of mentoring minorities include mentoring by diverse faculty, participating in individual or group mentoring and being afforded opportunities to mentor others (Zambrana et al., 2015). Some models suggest that same-culture (e.g., race and gender) mentee/mentor relationships are more effective in bolstering minority recruitment and retention (Zellers, Howard, & Barcic, 2008). However, in light of the significant imbalance between available minority mentors and the numbers of minority students and faculty (Bleich et al., 2015), cross-cultural mentoring is an important option. Cross-cultural mentoring occurs when someone of a different race, gender, ethnicity, religion, cultural background, socioeconomic background, sexual orientation, or nationality engages in mutually enriching professional relationships with someone from a different cultural group (Campbell & Rodriguez, 2018). Cross-cultural mentoring using majority racial/ethnic group faculty with minority

racial/ethnic group junior faculty is viable when both respect the lived experiences of the other (Campbell & Rodriguez, 2018). However, it is important that cross-cultural mentors refrain from adopting a "colorblind" mentoring approach (McCoy, Winkle-Wagner, & Luedke, 2015). The concept of being colorblind fails to acknowledge the legitimacy of racism and asserts that everyone is the same (Gusa, 2010). This sense of same-ness does not consider different life experiences and the road-traveled to the nursing profession.

The purpose of this paper is to describe the use of a group think tank (GTT) as a cross-cultural mentoring strategy to support minority nursing faculty retention and scholarship among a social network of minority nursing faculty in one academic setting. The goal of GTTs, also known as discourse coalitions, is to generate ideas to address challenges and make an impact for the purposes of longer-term benefits (Shaw, Russell, Green-halgh, & Korica, 2014). In the current project, the long-term intended benefit is to increase minority faculty in academia with a subsequent goal of increasing diversity among nurses in the profession. The IRB reviewed the project through an internal process designated for qual-ity improvement initiatives and determined that the cur-rent project did not constitute human subjects research.

GTTs are typically set up as casual meetings between small groups of individuals. To encourage participation, group sizes of 5 to 12 participants are ideal, so that par-ticipants are comfortable taking risks with their words and feel free to express innovative ideas (Pautz, 2011).

The intent of the current GTT was to provide a support-ive and nurturing atmosphere, where minority-nursing faculty and a minority graduate student would be able to vet their research and scholarship ideas with trusted senior faculty mentors. We provide first-hand accounts of participants' experiences utilizing the GTT model.

Theoretical Framework

Kotter's (1996) eight-stage process of creating major change guided the GTT. According to Kotter (1996, 2012), two precursors to initiating major change include having the necessary power and motivation to surmount the challenges that contribute to inaction; and high-quality leadership to drive significant organizational change. Figure 1 depicts the enactment of the eight stages of Kot-ter's model in this GTT. The stages of change reflect movement along a continuum from establishing a sense of urgency to anchoring the change.

Context

Group Think Tank Participants

Four junior nursing faculty members and a doctoral student each individually sought mentorship from the
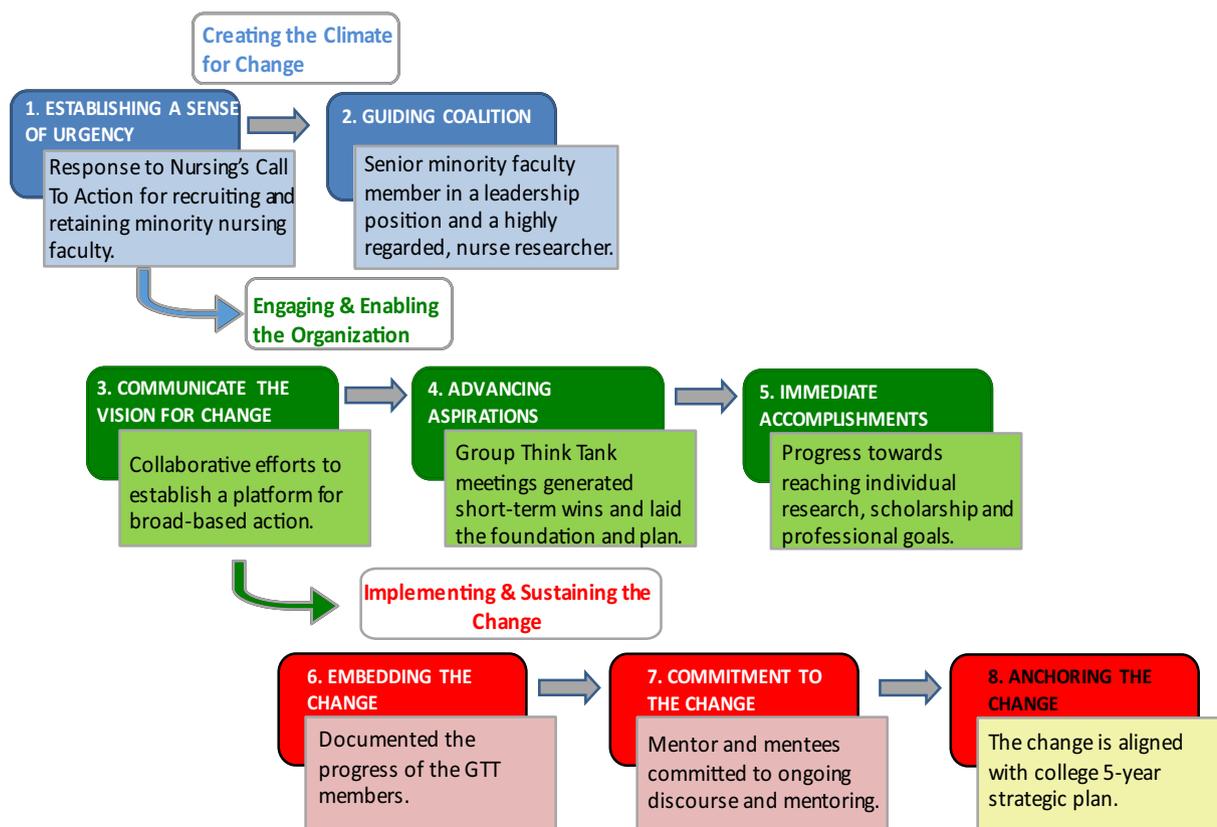

Figure 1 – Eight-stage process of minority nursing faculty retention.

only African American (AA) research-focused senior faculty member in the College of Nursing. However, as a senior faculty member, mentor, researcher, and administrator juggling multiple responsibilities, the AA senior faculty member sought to develop a sustainable plan to provide effective mentorship. Since the senior faculty member had a prior productive cross-cultural mentoring relationship with the former Dean of Research, she recognized that despite the comfort in monocultural mentoring, there was a need to increase the scope of mentoring available to mentees. The senior faculty member conceptualized the GTT model as a strategy for providing group-based mentoring and support to the junior faculty and student.

The GTT was composed of four AA PhD-prepared assistant professors and one AA PhD student from a Midwest College of Nursing. The four assistant professors' time in academia ranged from 1 to 4 years. The graduate student, who was the advisee of the senior faculty member, had been in the doctoral program for 1 year. She was an important member of the GTT experience because she brought a fresh perspective through the lens of an individual immersed in graduate education. The senior faculty member's perspective was that all members of an academic community have something to teach and learn from each other (Sorcinelli & Yun, 2007).

Group Think Tank Process

The senior faculty member invited the minority junior faculty members and graduate student to the initial GTT meeting and a subsequent follow-up meeting; both meetings were held in a conference room in the College of Nursing. Participants were advised to come prepared to talk about their program of research. No additional advanced preparation was required and participants did not use audiovisual aids or handouts. There were two rounds of GTT meetings; the second occurred approximately 1 year after the initial meeting. Between the annual meetings, the group adopted a village mentoring approach. Each participant continued to meet with the senior minority faculty member during regularly scheduled meetings. Group members also provided mentoring support to one another by reviewing manuscripts and grants, providing a listening ear and moral support, and participating in virtual and in-person writing sessions (Hamilton, & Haozous, 2017).

Round One Details
Round One was conducted in November 2016 and the meeting took the following structure. Each member presented information about their program of research to the group while another group member took notes. The AA senior faculty member and a cross-cultural mentor guided the discourse and the remaining group members contributed probing questions to the discourse. All probes and queries were spontaneous, unique to the content of the presentation, and focused on the goal of academic advancement. Examples of

probing questions included: *What do you think is holding you back from expanding your research network? and What do you see as a gap in your pursuit of promotion?* The preceeding sequence continued until each person in the room had an opportunity to present their research and respond to questions, including the AA senior faculty mentor. Each GTT member was allotted 30 min to present (~2.5 hr total). After the meeting, the note-taker sent written notes to each participant.

Round Two Details
The Round Two GTT was scheduled for 12 months later (November 2017), with the intent of following up on the status of each group member's progress. Prior to the Round Two GTT meeting, each participant reviewed their notes from the prior year and updated their notes with accomplishments, changes in focus, challenges, and opportunities. In the Round Two meeting, all prior participants except for the cross-cultural mentor reconvened; the cross-cultural mentor had a scheduling conflict. Each GTT member was allotted 10 min to update the group on their progress. Group members then queried the GTT presenter and provided feedback. Again, a fellow group member took notes and gave written notes to the GTT presenter. Although the cross-cultural mentor was unavailable for the in-person meeting, GTT members had periodically reached out to her for counsel between the two rounds of GTT meetings with questions.

One key question guided the Round Two GTT discussion: (1) *How did the GTT impact your progress towards advancing your career goals?* Once the narratives of the GTT members were written, the group discussed categories until consensus was reached on the best way to categorize accomplishments: (a) research design, methods and conceptual frameworks, (b) grants, (c) publications, (d) presentations, (e) networking, and (f) career planning. These six categories reflect the necessary activities and accomplishments for career advancement, promotion and/or tenure in academia.

Group Think Tank Outcomes

All participants in the current GTT voiced that participation in the process was instrumental in creating an inclusive environment that promoted idea sharing, collegiality, and support. During Round Two, each participant revealed that they were making progress in their pursuit of academic excellence. Qualitative narratives highlighting a selection of each GTT members' progress are detailed below.

Design, Methods, and Conceptual Frameworks

Faculty in the GTT reported using a variety of research methods (e.g., secondary data analysis and vignette-based methodology) and conceptual frameworks, such as the National Institute on Aging Health Disparities Research Framework (Hill, Pérez-Stable, Anderson, & Bernard, 2015) and Family Systems Theory

([Knafl, Deatrick, & Havill, 2012](#)). The PhD graduate student reflected on the role of mentoring and the GTT in advancing her doctoral studies:

> *GTT Member Reflection: Guidance from experienced nurse scientists who have successfully navigated the world of research is a crucial resource for both the mentee and the host (academic) institution. Specifically for me, a first year Ph.D. student, participation in GTT granted me access to recent post-docs, novice faculty, and experienced researchers… Having accessed two profoundly successful senior faculty members at an infant stage of my doctoral program strengthened my research trajectory and my resolve to continue on my present path.*

Grants

Four of the six GTT participants submitted proposals for grant funding over the span of the GTT meetings. The funding mechanisms included both federal and philanthropic opportunities. The proposals submitted achieved varying levels of success. The assistant professor who had been in academia for 1 year and specialized in sex trafficking in vulnerable populations, described successfully procuring grant funding.

> *GTT Member Reflection: The think tank allowed me to talk through my ideas and goals for my program of research…. My grant writing became more focused and targeted which resulted in being awarded two grants that have up until this point not been awarded to nurses at my institution. I attribute this success to being allowed the time and space, with trusted colleagues and mentors, to develop my ideas, goals, and strategies for a targeted approach to funding my program of research.*

Publications

A variety of publications were underway at the onset of the GTT meetings. These publications included first-authored or co-authored databased manuscripts in progress and resubmissions; a critical discourse analysis; an integrative review; case study manuscript; quality improvement paper; theory development paper; and opinion/editorial pieces (op-eds). The AA senior faculty member focused on African American fatherhood intervention research, reflected on her success with publications.

> *GTT Member Reflection: After the first GTT meeting, on the recommendation of the cross-cultural mentor, I crafted a Career Mission Statement that has served as a guide for my pursuit of scholarship and informed my decisions about allocating my time and effort. My mission statement is to: "Promote Diversity, Health Equity & Social Justice in order to Conduct Research that Eradicates Disparities." A necessary component underlying this mission is to produce scholarship that informs researchers, practitioners and the public…. Writing Op-*

ed's is now an important component of my scholarship because it sheds light on issues that relate to health equity and social justice, while also highlighting the importance of greater diversity in the health professions.

Presentations and Networking

Presentations included posters at national conferences, podium presentations at regional conferences, internal research forums, webinars, twitter chats, and radio broadcasts. GTT participants also expanded their internal and external networks to discuss their research. These discussions led to networking opportunities with researchers and consultants that resulted in pursuing NIH grant funding, expanding research into commercial markets, and career mapping. The assistant professor in academia for 4 years who specialized in dimentia caregiving research reflected on her experience with networking.

> *GTT Member Reflection: I also created a career mission statement 'to cultivate healthy communities of African American family caregivers in the United States through research, advocacy, and education.' Based on my work in caregiving one major recommendation, and offer, from the GTT was to connect with two notable researchers in the caregiving field…. Later that Fall I took the initiative to introduce myself to one of the researchers at a national conference. This single courageous step opened the door for an introduction to the second researcher. Ultimately, I made a career move . . ., but I learned that networking opens many doors; when those doors align with your career mission statement, magic happens.*

Similarly, the assistant professor who was in academia for 3 years and specialized in caregiving in African American grandparents, described how expanding her networks and networking helped to clarify her research goals and simultaneously led to grant funding.

> *GTT Member Reflection: There was a focused conversation regarding the importance of increasing our networks and networking to effectively attain our career goals. The time that I spent dialoguing with peers and senior faculty regarding my career goals helped to reinforce my aspirations to connect my research and practice with business endeavors… Since participating in the GTT, I have a new network member who has begun providing mentorship for me . . . and has helped to fortify the direction my intervention work is heading, with a focus on social determinants of health and the eradication of poverty.*

Career Planning

Two GTT participants received administrative appointments; two were accepted in the National Institutes of Health Early Career Reviewer Program; two were appointed to diversity and inclusion thought-leader positions; one received two awards for

excellence in research and scholarships; and one was appointed to lead a new committee initiative for the Association of Clinical Research Professionals. The assistant professor participant who had been in academia for 4 years and specialized in obesity prevention in African American mother-daughter dyads, described how participation in GTT affected her outlook on career planning.

> *GTT Member Reflection: After getting my first teaching appointment, I realized how important faculty teaching, research, and service are to promotion. During the think tank, I was able to share my frustrations about barriers to work/life balance and time management. Finding that I spent a significant amount of my time mentoring students and faculty around topics of diversity and inclusion a recommendation was made to track my time and activities in order to determine whether the effort aligned with aspects of teaching, research, or service. In tracking my effort, I was able to demonstrate my impact on individual and systems-level efforts related to diversity and inclusion. Subsequently I qualified for and accepted two administrative positions that align with my experience and resonate with my commitment to pay it forward to future scholars.*

Discussion

The current literature on diversity in nursing highlights the importance of ongoing intentional diversity efforts (McMurtrie, 2016). Similar intention is needed to recruit and retain minority nursing faculty in academia (Mkandawire-Valhmu, Kako, & Stevens, 2010) In this paper, we describe how GTT meetings were used to support minority nursing faculty and student scholarly endeavors. The GTT participants were a group of individuals who were connected to one senior AA faculty member at their home institution; each had individually sought her mentorship and guidance. The GTT model was the centralized experience where the senior faculty member was able to collaborate with her own cross-cultural mentor to provide group mentorship in consort with individual meetings to junior faculty and a doctoral student. All participants reported success due to their participation in the GTT. The attainment of academic and scholarship goals ultimately influences whether faculty not only to persevere, but also thrive in academia (Urrieta, Méndez, & Rodríguez, 2015).

Our current GTT model demonstrates that faculty and graduate students can benefit from participating together in annual GTT meetings combined with ongoing individual meetings with a senior faculty member. This model aligns with mentoring and faculty development literature that suggests that regular ongoing contact between mentee and mentor is important, while also highlighting how group thought, support and mentorship

can augment standard one-to-one mentoring models (Sorcinelli & Yun, 2007). In light of the disparate number of diverse mentors in academia, an expanded paradigm that employs cross-cultural mentoring, group and individual support can be useful in promoting minority and student recruitment and retention. The outcomes of the GTT inform the implementation of efficient and economical strategies to support minority faculty satisfaction and retention in academia.

The ongoing lack of diversity in the nursing profession illustrates that change is difficult (Lowe & Archibald, 2009). According to Kotter's model, motivation and power are two precursors to change. The current GTT model illustrates that change can emanate from multiple levels of an organization. Fortunately, the implementation of the GTTs coincided with an institutional diversity climate aligned with the college mission, vision and 5-year strategic plan; even if the current institutional leadership changes, reflects the commitment to enhancing diversity and inclusion embedded in the institution.

Kotter's model suggests that the climate of an organization is key to implementing change. In order to affect climate-change, a cadre of like-minded individuals must pool resources, and create enough discomfort in the status-quo to make progress. Change must also begin with a thorough and honest assessment of the climate in order to identify the barriers of change (Whittaker, Montgomery, & Acosta, 2015).

Literature supports the importance of establishing institutional systems to facilitate minority faculty support (Whittaker et al., 2015). It is time for nursing leadership to embrace the idea that special attention may be necessary in order to move diversity forward. However, diversity initiatives could result in majority faculty members feeling left out. Patel (2015) describes the concept of backlash to diversity initiatives as the tension between racial diversity and historically grounded white priviledge. Ultimately, the Dean and college administrative team must set the tone and cultivate buy-in from senior faculty who typically serve as gatekeepers of change. To do so, academic leaders must take ownership of diversity initiatives despite the fact that most are white and have matriculated through predominantly white institutions (McMurtrie, 2016). Diversity initiatives must also include more than minority faculty and students as key partners in order to facilitate faculty buy-in (McMurtrie, 2016).

Diversity and inclusion, recognized by accreditors to be integral to academic excellence, can be advantageous since accreditation is prioritized in academia (Relf, 2016). In order to be true agents of change, academic leaders must focus on three components: numerical representation, cultural awareness, and actively discussing racial/ethnic issues. Enhancing diversity may require consulting with individuals outside of the home institutions who have expertise dealing with policies and practices that disenfranchise people of color. Those within the institution may either be unaware of programs and practices or refuse

to acknowledge that they are needed (Gasman, Abiola, & Travers, 2015).

Efforts to diversify the nursing workforce are bolstered when mentorship is integrated into minority faculty recruitment and retention efforts (Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008). Researchers conducted a recent literature review that described mentoring program models for academic nurses. Of the 34 articles in the review, none had a purpose to recruit or retain minority faculty (Nowell, Norris, Mrklas, & White, 2017). In order to counter the negative experiences that have been reported by minority faculty in academia, the visibility of culturally relevant and inclusive mentorship for minority faculty must be heightened (Mkandawire-Valhmu et al., 2010). The state of heightened visibility can influence where faculty of color chose to work. Mentoring has not always been considered as a recruitment or retention strategy, however, initiatives such as GTTs have the potential to expand the utility of mentoring.

The findings of this GTT are consistent with other studies that describe the key role of minority faculty in helping recruit and mentor diverse students (Loftin et al., 2012). Students of color have identified having minority faculty role models as being instrumental in increasing their satisfaction and positive experiences (Gates, 2018). The positive outcomes from this project position the junior faculty members and graduate student to be better equipped to support future nursing students and faculty. Mentorship received by junior faculty can strengthen their resolve to mentor others interested in the nursing profession (Dunham-Taylor et al., 2008).

Nowell et al. (2017) suggests that information about nursing mentorship programs is limited compared to other disciplines and describes a gap in literature regarding the processes, outcomes, and evaluations of mentorship components. Within this project, we have outlined the mentorship processes, provided outcomes and self-evaluation of the mentorship experience. Additional research is needed to examine successful mentoring experiences in order to provide evidence that faculty career advancement and institutional climate have improved. However, we believe a key challenge to evaluating GTT and mentoring projects is determining the metrics to measure the impact of the initiatives. The missing piece for measuring progress lies within documentation. According to Bleich et al. (2015) documenting attendance for external diversity-speakers and scholarly presentations, utilizing data from end of program surveys, and using institutional climate surveys can be used to measure progress.

Synthesis of the mentorship literature in academic nursing reveals that mentorship models and components look different in every setting with little empirical evidence that one mentorship model is more effective than another. Understanding the benefits and shortcomings of various mentorship components can help ensure scarce resources are invested in the most effective mentorship strategies (Nowell et al., 2017).

In order to maintain an inclusive environment for faculty who are not participating in the GTT, academic leaders can adopt a multipronged approach that stresses the importance of diversity to the academic setting while also providing non-minority faculty with individual and village mentoring experiences that support their scholarship, growth, and academic achievement. One example of a village mentoring experience might be writing accountability groups.

Although in this GTT experience, the authors did not experience any negative feedback regarding the support that was given to minority faculty, we understand that the culture of some institutions may bring challenges for those interested in implementing a similar GTT processes. Nevertheless, because of the positive outcomes that were achieved, we believe that this mentorship model can be used more widely with junior minority faculty and students willing to be mentored by senior faculty and can become embedded within the culture of the organization.

Limitations

Despite the strengths of the GTTs, this approach does have some limitations. First, this model was applied to only one track of faculty—those interested in research and education. Broader application of this model to focus on scholarship outcomes of advanced practiced nursing faculty, who have dual responsibilities for education and practice, are also needed.

Another potential limitation to using the GTT is the dearth in faculty from diverse backgrounds. In addition, not every person is a qualified mentor. An additional solution for expanding the pool of available and committed mentors is to use technology for virtual mentorship and expand mentorship beyond the nursing profession (Bleich et al., 2015). Until there are more culturally congruent mentors in nursing, cross-cultural mentoring at the hands of individuals who are supportive to mentoring diverse faculty is a viable option (Bleich et al., 2015). An additional strategy is to expand the support beyond the home institution to include social groups and multiple disciplines. Partnerships with organizations, communities, and schools can contribute to rich diversity dialogues for faculty and students (Petrie, 2014).

Finally, the effectiveness of this cross-cultural mentoring approach relies heavily on the commitment of minority and cross-cultural faculty-to-faculty development and legacy building that extends beyond their current careers. Our institutional leadership intentionally cultivates an environment of collaboration and selflessness by bringing in diverse faculty speakers, celebrating cultural heritage

events and providing ongoing training on microaggressions, dealing with race in the classroom and making diversity and inclusion a priority in faculty hiring. However, not every institutional setting possesses the genuine and vital resource of selflessness among faculty members. In fact, success is less likely to occur when the weight of responsibility is imposed on faculty, accepted disingenuously, or fueled by microaggressions. Another factor with the potential to limit the broader application of the GTT is the nature of pre-existing diversity initiatives. Literature supports the willingness of minority faculty to commit to the diversity of the profession, but often at the expense of their own academic career, referred to as the Brown tax (Peek, Kim, Johnson & Vela, 2013). A potential strategy to facilitate more global participation is to ensure that diversity initiatives are explicitly outlined and implemented in institutional strategic goals and make sure that faculty are given the valuable commodities of time and credit for their involvement.

Implications for Future Research

Despite the benefits of GTT models, future research should evaluate the effectiveness of think tank processes for nursing institutions, minority nursing faculty, and minority students. In the current project, all of the participants were highly motivated. Future research should evaluate the extent to which qualities of the GTT participants influence the success of the approach. Researchers could also examine the extent to which the GTT influences participants' motivation and involvement in activities that contribute to their success. Participating in GTT can influence group member behavior by implementing accountability processes such as mutual deadlines and group report-outs. Alternatively, group dynamics could also pose challenges. For instance, if some group participants do not conform to the group expectations such as meeting deadlines, reporting out, or contributing to the GTT discussion, other participants might experience less benefit or satisfaction from the process. This could also negatively impact an individual participant who feels overwhelmed by group expectations and additional obligations. Therefore, future research on GTT might further explore how both individual characteristics, motivation and group processes interface to impact the success and experience of the participants and group as a whole.

Conclusions

Diversity is vital to institutional excellence (De Welde, 2017) and the National League of Nursing has called for nursing leaders to expand diversity and inclusion within nursing education (NLN, 2016). Bleich et al. (2015) refers to the concept of inclusive excellence. In order to achieve inclusive excellence, new mentoring models such as GTTs for minority faculty and students can be used to expand mentoring opportunities in the context of limited numbers of racial/ethnic minorities in the profession. Such an approach would provide a strong base for diverse faculty that simultaneously supports diversity and inclusion efforts and advances their academic career aspirations (Bleich et al., 2015). Further, employing GTTs with minority faculty and students can promote inclusive structure while also embracing diverse pedagogical perspectives. The time has come for the nursing profession to be purposeful about embracing diverse models of excellence that unleash creativity, innovation, and inclusion across the full breadth of the academy.

Acknowledgments

Supplementary materials

Supplementary material associated with this article can be found in the online version at https://doi.org/10.1016/j.outlook.2019.03.003.

REFERENCES

Agency for Healthcare Research and Quality. (2016). *National healthcare quality and disparities report, 2016.* Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from https://www.ahrq.gov/research/findings/nhqrdr/nhqdr16/index.html.

American Association of Colleges of Nursing. (2017a). *Diversity, inclusion, & equity in academic nursing.* Retrieved from http://www.aacnnursing.org/Portals/42/Diversity/AACN-Position-Statement-Diversity-Inclusion.pdf

American Association of Colleges of Nursing. (2017b). *Enhancing diversity in the nursing workforce.* Retrieved from https://www.ic4n.org/wp-content/uploads/2012/02/AACN-Diversity.pdf

American Association of Colleges of Nursing. (2017c). *Nursing faculty shortage.* Retrieved from http://www.aacnnursing.org/Portals/42/News/Factsheets/Faculty-Shortage-Factsheet-2017.pdf

Beard, K. V., & Julion, W. A. (2016). Does race still matter in nursing? The narratives of African-American nursing faculty members. *Nursing Outlook, 64*(6), 583–596.

Bednarz, H., Schim, S., & Doorenbos, A. (2010). Cultural diversity in nursing education: Perils, pitfalls and pearls. *Journal of Nursing Education, 49*(5), 253–260.

Bleich, M. R., MacWilliams, B. R., & Schmidt, B. J. (2015). Advancing diversity through inclusive excellence in nursing education. *Journal of Professional Nursing, 31*(2), 89–94.

Campbell, K. M., & Rodríguez, J. E. (2018). Mentoring underrepresented minority in medicine (URMM) students across racial, ethnic and institutional differences. *Journal of the National Medical Association, 110*(5), 421–423.

De Welde, K. (2017). Moving the needle on equity and inclusion. *Humboldt Journal of Social Relations, 39*, 192–211.

Dunham-Taylor, J., Lynn, C. W., Moore, P., McDaniel, S., & Walker, J. K. (2008). What goes around comes around: Improving faculty retention through more effective mentoring. *Journal of Professional Nursing, 24*(6), 337–346.

Gasman, M., Abiola, U., & Travers, C. (2015). Diversity and senior leadership at elite institutions of higher education. *Journal of Diversity in Higher Education, 8*(1), 1.

Gates, S. A. (2018). What works in promoting and maintaining diversity in nursing programs? *Nursing Forum*, 53, 190–196, doi:10.1111/nuf.12242.

Gusa, D. L. (2010). White institutional presence: The impact of Whiteness on campus climate. *Harvard Educational Review, 80*(4), 464–490.

Hall, J. M., & Fields, B. (2012). Race and microaggressions in nursing knowledge development. *Advances in Nursing Science, 35*(1), 25–38.

Hall, J. M., & Fields, B. (2013). Continuing the conversation in nursing on race and racism. *Nursing Outlook, 61*(3), 164–173.

Hamilton, N., & Haozous, E. A. (2017). Retention of faculty of color in academic nursing. *Nursing Outlook, 65*(2), 212–221.

Hill, C. V., Pérez-Stable, E. J., Anderson, N. A., & Bernard, M. A. (2015). The National Institute on Aging health disparities research framework. *Ethnicity & Disease, 25*(3), 245.

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.

Jacob, S. R., & Sánchez, Z. V. (2011). The challenge of closing the diversity gap: Development of Hispanic nursing faculty through a Health Resources and Services Administration minority faculty fellowship program grant. *Journal of Professional Nursing, 27*(2), 108–113.

Knafl, K., Deatrick, J., & Havill, N. (2012). Continued development of the Family Management Style Framework. *Journal of Family Nursing, 18*, 11–34, doi:10.1177/1074840711427294.

Kotter, J. (1996). *8 steps to accelerate change [ebook]*. Retrieved from https://www.kotterinc.com/research-and-perspectives/8-steps-accelerating-change-ebook/.

Kotter, J. P. (2012). *Leading change*. Harvard Business Press.

Loftin, C., Newman, S., Dumas, B., Gilden, G., & Bond, M. (2012). Perceived barriers to success for minority nursing students: An integrative review. *ISRN Nursing*, doi:10.5402/2012/806543 vol., Article ID 806543.

Lowe, J., & Archibald, C. (2009). Cultural diversity: The intention of nursing. *Nursing forum: 44*. Malden: Blackwell Publishing Inc.

McCoy, D. L., Winkle-Wagner, R., & Luedke, C. L. (2015). Colorblind mentoring? Exploring white faculty mentoring of students of color. *Journal of Diversity in Higher Education, 8*(4), 225.

McMurtrie, B. (2016). How do you create a diversity agenda? *Chronicle of Higher Education (May 15, 2016), accessed November, 17.* Retrieved 4/10/19 from: https://

www.unf.edu/uploadedFiles/committee/diversity/How%20Do%20You%20Create%20a%20Diversity%20Agenda%20-%20The%20Chronicle%20of%20Higher%20Education.pdf.

Mkandawire-Valhmu, L., Kako, P. M., & Stevens, P. E. (2010). Mentoring women faculty of color in nursing academia: Creating an environment that supports scholarly growth and retention. *Nursing Outlook, 58*(3), 135–141.

National Center for Health Statistics. (2016). *Health, United States, 2015: With special feature on racial and ethnic health disparities*. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK367640/pdf/Bookshelf_NBK367640.pdf

National League for Nursing (NLN). (2016). *Achieving diversity and meaningful inclusion in nursing education*. Retrieved from http://www.nln.org/docs/default-source/about/vision-statement-achieving-diversity.pdf?sfvrsn=2

Nowell, L., Norris, J. M., Mrklas, K., & White, D. E. (2017). A literature review of mentorship programs in academic nursing. *Journal of Professional Nursing, 33*(5), 334–344.

Peek, M. E., Kim, K. E., Johnson, J. K., & Vela, M. B. (2013). "URM candidates are encouraged to apply": A national study to identify effective strategies to enhance racial and ethnic faculty diversity in academic departments of medicine. *Academic Medicine: Journal of the Association of American Medical Colleges, 88*(3), 405.

Pautz, H. (2011). Revisiting the think-tank phenomenon. *Public Policy and Administration, 26*(4), 419–435.

Patel, L. (2015). Desiring diversity and backlash: White property rights in higher education. *The Urban Review, 47*(4), 657–675.

Petrie, N. (2014). Vertical leadership development—part 1 developing leaders for a complex world. *Center for Creative Leadership*.

Pfefferle, S. G., & Gibson, T. S. (2010). *Minority recruitment for the 21st century: An environmental scan*. Cambridge, MA: Abt Associates, Inc..

Phillips, J. M., & Malone, B. (2014). Increasing racial/ethnic diversity in nursing to reduce health disparities and achieve health equity. *Public Health Reports, 129* (1_suppl2), 45–50.

Relf, M. V. (2016). Advancing diversity in academic nursing. *Journal of Professional Nursing, 32*(5), S42–S47.

Shaw, S. E., Russell, J., Greenhalgh, T., & Korica, M. (2014). Thinking about think tanks in health care: A call for a new research agenda. *Sociology of Health & Illness, 36*(3), 447–461.

Smith, D. G., Turner, C. S., Osei-Kofi, N., & Richards, S. (2004). Interrupting the usual: Successful strategies for hiring diverse faculty. *The Journal of Higher Education, 75* (2), 133–160.

Sorcinelli, M. D., & Yun, J. (2007). From mentor to mentoring networks: Mentoring in the new academy. *Change: The Magazine of Higher Learning, 39*(6), 58–61.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *American psychologist, 62*(4), 271.

Urrieta, L. Jr., Méndez, L., & Rodríguez, E. (2015). "A moving target": A critical race analysis of Latina/o faculty experiences, perspectives, and reflections on the tenure and promotion process. *International Journal of Qualitative Studies in Education, 28*(10), 1149–1168.

U.S. Department of Labor Bureau of Labor Statistics (DOL). (2017a). *Employment projections 2016-2026*. Retrieved from https://www.bls.gov/news.release/ecopro.nr0.htm

U.S. Department of Labor Bureau of Labor Statistics (DOL). (2017b). *Occupational employment statistics*. Retrieved from https://www.bls.gov/OES/Current/oes291141.htm#nat

Whittaker, J. A., Montgomery, B. L., & Acosta, V. G. M. (2015). Retention of underrepresented minority faculty: Strategic initiatives for institutional value proposition based on perspectives from a range of academic institutions. *Journal of Undergraduate Neuroscience Education, 13*(3), A136.

Xue, Y., & Brewer, C. (2014). Racial and ethnic diversity of the US national nurse workforce 1988−2013. *Policy, Politics, & Nursing Practice, 15*(3−4), 102–110.

Zambrana, R. E., Ray, R., Espino, M. M., Castro, C., Douthirt Cohen, B., & Eliason, J. (2015). "Don't leave us behind" The importance of mentoring for underrepresented minority faculty. *American Educational Research Journal, 52*(1), 40–72.

Zellers, D. F., Howard, V. M., & Barcic, M. A. (2008). Faculty mentoring programs: Reenvisioning rather than reinventing the wheel. *Review of Educational Research, 78*(3), 552–588.