Unraveling The Black Superwoman: Identifying Successful Higher Educational Leadership Pathways For Black Women Navigating Barriers In Southern Medical Colleges

Latoya R. Windom

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UNRAVELING THE BLACK SUPERWOMAN: IDENTIFYING SUCCESSFUL HIGHER EDUCATIONAL LEADERSHIP PATHWAYS FOR BLACK WOMEN NAVIGATING BARRIERS IN SOUTHERN MEDICAL COLLEGES

by

Latoya Windom

A Dissertation
Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Education Major: Higher and Adult Education

The University of Memphis
May 2024
Dedication

I dedicate my greatest life work to my one and only daughter, Greyson Harlow. You are why I continue to preserve and strive for greatness. Your love, patience, and understanding have been instrumental in helping me achieve this milestone. I want you to know how much your sacrifices meant to me and how proud I am of the beautiful and strong brown skin girl that you are becoming. Thank you for being my biggest cheerleader and for always believing in me. It is an honor to be your momma!

To my late grandmother, Mrs. Johnnie Mae Harris, you were the epitome of strength, courage, and wisdom. I thank you for all that you instilled in me; your legacy lives on, and I know you would be extremely proud of me. I love you, and I am proud to be your eldest granddaughter.

I would like to dedicate this dissertation to my best friend and business partner, who has been my rock throughout this academic journey. Your unwavering support, encouragement, and belief in me have been the driving force behind my success. Your constant motivation and inspiration pushed me far more than you will ever know, and I could not have done it without you. This accomplishment is as much yours as it is mine, and I am grateful for our friendship. Thank you for being the epitome of a friend and for always pushing me to be my best self.

Finally, I would like to take a moment to express my deepest gratitude to my village of family and friends who have been with me every step of the way on this academic journey. You have been my pillar of strength, providing me the continual support to endure through each phase of this educational journey. This dissertation is a testament to the power of community and its impact on our lives. Thank you for being a part of my village and for helping me achieve my dreams.
Acknowledgments

Glory be to God on high! I cannot believe that I have completed a journey that I began so many years ago. My faith in God and prayer have carried me through this dissertation. I want to acknowledge the blessings and guidance of God, who has been my constant source of strength throughout this journey.

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To my eight amazing, brilliant, brave, and resilient Black Superwomen, thank you for your time, openness, and vulnerability and for sharing your stories. I am grateful for the opportunity to contribute to the limited literature on the successful leadership paths taken by Black women. To the Black women who came before me, thank you for holding me up every day.
Abstract

This research is necessitated as Black women continue to face unique and significant challenges in educational leadership. Supported by Black Feminist Theory, this study explores the successful leadership pathways of Black women in medical higher education while navigating barriers. The goal is to promote the inclusion of Black women in medical education and leadership positions by utilizing three core tenets of Black feminism – intersectionality, lived experiences/storytelling, and Black women as agents of knowledge (Black feminist epistemology). This groundbreaking study challenges the dominant narrative and discourse surrounding Black women's experiences in medical higher education. The personal stories shared by Black women leaders from four Southern states can aim to inspire and inform other Black women with executive-level leadership aspirations while serving as a valuable roadmap for administrative professionals at any stage of their career looking to achieve success.
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Chapter 1: Introduction

On May 22, 1962, Malcolm X, an African American Muslim minister and human rights activist, addressed a group of Black people in Los Angeles, California, where he spoke about Black women's plight. He said, “The most disrespected person in America is the Black woman. The most unprotected person in America is the Black woman. The most neglected person in America is the Black woman” (Malcolm X, 1962). One of his most frequently cited passages, the quote, has been included in Beyoncé's 2016 *Lemonade* album as it resonated deeply with Black women (Lacky, 2021). Despite the passage of time, his statement remains true by several measures as Black women continue to face systemic oppression and are often subject to intersecting forms of discrimination based on both their race and gender. Malcolm X's statement highlights the need to acknowledge and address the unique challenges faced by Black women and work toward creating a more equitable society that values and uplifts them. Research indicates that gender-based discrimination contributes significantly to the inequality for Black women (Davis, 2016), and addressing this issue is crucial to creating a more equitable leadership landscape.

Historically, in the United States, Black women have been relegated to less essential positions in higher education, such as administrative assistants and secretaries (Collins, 1986). Despite progress over the years, Black women have not achieved positions of power and status at the expected rate. Studies show a significant disparity in the number of successful Black women at executive levels compared to other women in the workforce (Warner & Coley, 2018). The challenges Black women leaders face in colleges and universities when trying to advance in their careers are problematic and often remain unaddressed (Rucks-Ahidiana, 2021). According to Collins (2001) and West (2018), although Black women in academia come from diverse
backgrounds and have differing experiences and beliefs, they struggle to be recognized, respected, and heard in an institution with multiple perspectives. This suggests that gendered racism and discrimination still hinder Black women as they strive for career progression. Compared to their white female counterparts, Black women often must overcome more significant barriers of gendered discrimination and racism to achieve higher career positions.

The Center for American Progress fact sheet (Warner & Coley, 2018) states that women have outnumbered men in higher education institutions since the late 1980s while also completing both bachelor’s degrees (57 percent) and master’s degrees (59 percent) at higher rates. In academia, women have earned most doctorates for eight consecutive years but only account for 32 percent of full professors, 16 percent of medical school deans, and 30 percent of college presidents. Black women have higher rates of achieving degrees but are underrepresented in leadership positions, as statistics do not tell the whole story. To improve their economic positioning, policies must prioritize higher education, pay disparities, and workplace equality (Frye, 2018). Despite being among the most educated groups in the US, Black women are still underrepresented in academia (National Center for Educational Statistics, 2020), with only 6% of full-time faculty comprising Black women (De Brey et al., 2019). Even fewer hold full professorships, at only 2% (Choubey et al., 2022). Additionally, only 5% of college students in 2017 were Black women, according to the American Council of Education (2017). Despite the difficulties, Black women have demonstrated fortitude in their academic accomplishments, with 38% of those aged 25 and above holding an associate degree or higher as of 2020 (Bailes & Guthery, 2020). Accordingly, gaining a more profound comprehension of their structural and institutional realities is imperative to enhance the present situation for Black women.
It is alarming that despite 90% of the nation’s African-American teachers being female, they are still underrepresented in leadership roles (NCES, 2020). According to Treverton and Bikson (2003), this is a concerning issue as the United States will soon face a shortage of leaders due to the retirement of baby boomers (born between 1946 and 1964). While the study is two decades old, no new indications exist that this data has changed. It is vital to address this underrepresentation as it only increases over time. Unfortunately, many higher education institutions are performing poorly regarding tenured Black women faculty, with nearly 40% having no tenured Black women serving on faculty (Ruck-Ahidiana, 2017). Furthermore, recent data shows that Black women in upper-level educational leadership positions lag significantly behind white women (Alston, 2005) despite the increasing number of Black women obtaining educational leadership degrees. This highlights the importance of studying the successful pathways that Black women have taken in medical higher education despite facing various barriers.

**Background of the Study**

Black women in academe face institutional and societal barriers to attaining equity in university administration positions (Holmes et al., 2007). Although the discourse surrounding Black women in medical education administration is experiencing growth, there is a scarcity of research related to Black women in medical higher education (Shakeshaft, 1999). Black women’s voices continue to go unheard due to the endemic nature of racism (Childers-McKee & Hytten, 2015) in the United States (Holmes et al., 2007; Thomas & Hollenshead, 2001; Valverde, 2003). As such, the premise of Black women’s journey toward upward mobility requires further discussion, making this study essential. When conducting research studies, the number of Black women sampled has been so small that their data has had little impact on sparking change.
Specifically, in a 10-year study performed by the American Association of School Administrators (AASA), 13% of the illustrative samples were women, with only 5% being women of color (Glass et al., 2001), making the relatively small amount of data less generalizable to the study as a whole and creating the need for more research with Black women as the focal point.

Black women in the United States have faced numerous challenges, including slavery, segregation, institutional racism, gendered racism, sexism, and class prejudices. However, they have made significant contributions to their community and society. Understanding the experiences of Black women in medical higher education is of utmost importance. As executive-level Black women professionals, they must navigate the challenges of being "Black and female" (Robinson et al., 2013, p. 60) and succeed in their duties. The concept of intersectionality, introduced by Crenshaw in 1995, explains how race and gender intersect and collide, leading to marginalization and discrimination, particularly for Black women. This intersectionality brings to light the issue of gendered racism that further marginalizes Black women. Coles and Pasek's (2020) research shows that despite facing racism and sexism, Black women are often overlooked in discussions about both. Similarly, Shakeshaft (1999) discovered a significant unequal distribution of males, females, and minorities in educational administrative positions.

Despite the progress made by Black women in climbing the ranks of medical education, there is a lack of detailed information on their journey to the top. Unfortunately, research on Black women in educational leadership has not been a priority, which has led to a lack of answers on their advancement. Therefore, this study aims to investigate the experiences of Black women, specifically those in leadership positions within medical institutions, and the challenges they face while striving for upward mobility in medical education.
Statement of the Problem

Black women leaders continue to face unique challenges, such as discrimination and marginalization in attaining executive-level roles at higher learning institutions in the country (White, 2023). Although there is growing research available specific to the experiences of Black leaders in general higher education, there is limited research that evaluates these experiences in the medical higher education setting. When it comes to higher education and medical higher education, the main difference between the two lies in the specific populations they serve. While higher education covers various subjects and industries, medical higher education is specifically designed to train healthcare professionals. Black women in medical higher education play a crucial role in educating physicians and addressing health disparities. They bring a unique perspective and experience to the field, which can help to improve the quality of care for all patients. Through their work, they can promote diversity and equity in healthcare and help ensure all individuals receive the best possible treatment. Their contributions are invaluable, and they continue to impact the field of medicine significantly.

According to a recent study, Black women in medical higher education face significant obstacles in attaining senior-level leadership positions due to gendered racism (Sharp et al., 2022). This study aims to shed light on successful leadership pathways that Black women have identified while navigating and overcoming these obstacles. By addressing these issues, we can help to promote diversity and equity in healthcare and ensure that all individuals receive the best possible treatment. Black women's contributions to medicine are invaluable, and we must continue to support and uplift them in their endeavors.

Historical research has focused on the pipeline of barriers that impede Black women’s progression to senior leadership positions without centering the studies on the successful
pathways chosen (Tlaiss, 2013). Black Feminist Theory (BFT) is used to identify institutional contributors in medical higher education. Because Black women are more underrepresented in leadership positions than any other group, their voices remain unheard when formulating policies that can create sustainable organizational change (Crawford & Smith, 2005).

**Purpose of the Study**

Using BFT (Collins, 1986; Lorde, 1988; Smith, 1980) as the theoretical framework, this study aims to uncover the successful pathways Black women explore when seeking executive-level leadership roles in medical education. It is concerning to learn that Black women in leadership positions in medical education continue to face significant challenges despite their achievements. We must address the hurdles preventing them from obtaining executive roles at the same rate as other groups. This study sheds light on an intriguing phenomenon in leadership studies and highlights the need for further research and action to ensure fairness and equity in the workplace.

It is essential to understand how the experiences of Black women in medical higher education can be utilized to promote their success as leaders and professionals. By operationalizing their narratives, we can ensure their voices are heard and their experiences are recognized as legitimate knowledge. This will benefit Black women leaders and promote fairness and equity in the workplace for all. Further research and action are needed to address Black women's challenges in leadership positions and ensure equal opportunities for success.

This research study seeks to uncover successful leadership pathways while circumventing barriers, including the “double bind” reality of being Black and a female while climbing various medical leadership positions. Themes will be sought and identified by reviewing and coding data collected from Black women in the Southern states of the United States. To centralize the
research, attention will focus on the Southern region of the United States and include the voices of women working in Mississippi, Alabama, Georgia, and Tennessee. Sampling from these four states will yield representation from public medical higher education institutions of varying sizes, types, demographics served, and states, which will be represented in the data.

In this study, Black women who currently hold executive-level leadership titles in medical higher education institutions will be interviewed, including but not limited to Black women serving as directors, executive directors, assistant deans, deans, and presidents. This knowledge can serve as a valuable resource for other Black women who aspire to executive-level positions, helping them navigate institutional barriers and achieve their goals. Additionally, it can help universities create more inclusive and diverse campus cultures by promoting systemic and long-term change at the executive level. More research and action are needed to address Black women's challenges in leadership positions and ensure equal opportunities for success.

**Significance of the Study**

This research is significant as Black women have often been viewed as incompetent in higher education, particularly in leadership roles (Gutiérrez y Muhs et al., 2012) and other professions, leading to their devaluation (Collins, 2009; Robinson et al., 2013). In medical higher education, the knowledge and experiences of Black women have historically not been acknowledged. However, engaging with other Black women professionals, the medical campus community, and society can be highly beneficial as we strive for greater inclusivity in medical higher education. By understanding their successful leadership pathways, we can begin to address the more significant issues of race and gender in academic institutions therefore opening the door to more access by this population. To achieve this, we need to conduct more research on
the strategies used and their effectiveness in improving the experiences of Black women who aim to take on executive leadership roles in medical higher education.

**Importance of the Study**

Focusing on Black women who serve in leadership roles at colleges and universities will help expand the knowledge base on medical education leadership. The findings from this study will assist educators, administrators, researchers, and professionals in better understanding the importance of centering the experiences of Black women as they navigate barriers to obtaining executive-level positions. This study can also guide administrative professionals at each career stage by creating a roadmap for success. Finally, this study is monumental as it counters the dominant narrative and discourse of Black women’s experiences in medical higher education.

The current study will have one overarching research question (RQ) (Creswell & Creswell, 2018) and five sub-questions. The research question is deliberately broad to capture all participants' narratives and viewpoints and “leave open the questioning” (Creswell & Creswell, 2018, p. 133). The following research questions guide this study in achieving its objective:

**Research Questions**

1. How do Black women in executive-level positions describe their experiences as medical education leaders?
   
   A. How do Black women in executive-level positions pursue/obtain these roles?
   
   B. What assets do Black women in executive-level positions draw upon to overcome stereotypes and stigmas?
   
   C. What recommendations do Black women in executive-level positions have for how medical institutions can help support Black women to move into higher education leadership positions?
This study will use BFT and narrative inquiry to analyze data gathered from interviews with Black women in executive-level positions. The self-reported data collected via Zoom from Black women in the Southern United States will be analyzed to answer specific questions in their narratives.

Theoretical Framework

This qualitative study will utilize BFT as a theoretical perspective, which is interpretive (Crotty, 2003; hooks, 1994). Black Feminist Theory (also known as Black Feminist Thought or BFT) is the collective voice of the “lived experiences” of Black womanhood” (Collins, 2000, p.13). To gain a deeper understanding of the challenges and practical strategies that Black women face while pursuing executive-level leadership positions in medical higher education, researchers will utilize BFT, which is a collection of theories that can help to comprehend the complex experiences of Black women in leadership positions (Collins, 2009). According to Collins (2009), BFT begins from the assumption that Black women as a collective and as intellectuals have created “independent…yet subjugated knowledge” regarding their oppression. Moreover, Black women have a “taken-for-granted” knowledge that manifests from their daily thoughts and actions, as Collins (2009) further elaborated.

Using BFT as a critical interpretive tool will aid in analyzing Black women's experiences within medical higher education. Hence, this makes it possible to understand the collective impact of race, class, and gender on their experiences and pathways to leadership. Furthermore, BFT is the product of Black female ideas and standpoints; Black women produce BFT (Collins, 1986), and BFT aims to empower Black women to speak up and share their experiences in every aspect of their daily lives (Collins, 2000).
**Black Feminist Theory**

The exploration of the journey of Black women into executive leadership positions utilizes BFT with a specific focus on Collins's (2009) *Black Feminist Thought* and Black feminist epistemologies. BFT assumes Black women experience discrimination by being a woman, but also another layer, which is being Black, exposing the placement of the Black woman in the lowest class based on intersectionality (Crenshaw, 2018). The knowledge gained from this study will enhance the perception of Black women's voices in medical education. Collins (2009) notated five approaches to knowledge validation under Black feminist epistemology, which include the following: 1) Lived experiences as a criterion of meaning; 2) The use of dialogue in assessing knowledge claims; 3) The ethics of caring; 4) The ethic of personal accountability; and 5) Black women as agents of knowledge.

In this study, Collins' (2009) framework will be used as both a theoretical lens and an empirical technique to investigate the experiences of Black women in leadership roles in medical education. Collins's approach to understanding the experiences of Black women involves delving into their lived experiences and emphasizing communication and care ethics as critical components. She argues that these experiences are shaped by the intersection of race, gender, and class, all of which must be considered when seeking to understand the challenges faced by Black women in academia. Collins (2009) emphasizes the importance of communication to build relationships and create a more supportive and inclusive environment for Black women. She also highlights the importance of care ethics, which involves recognizing the interdependence of individuals and the need for care and support in academic and professional settings. By centering the experiences of Black women and prioritizing communication and care ethics, Collins’ (2009) approach provides a more nuanced and comprehensive understanding of the challenges Black
women face in academia. It offers potential solutions for creating a more equitable and inclusive environment.

Following the framework proposed by Collins (2009), understanding the paths taken by those who have already achieved leadership positions in medical higher education is crucial to increasing the representation of Black women in such positions. By understanding how Black women have generated their epistemic understanding and created pathways for themselves, we can identify and replicate successful strategies for future generations. This will help to create a more equitable and diverse leadership landscape in higher education, particularly in the medical field.

**Research Design**

The methodology used in this study is narrative inquiry (Clandinin, 2013), which involves collecting personal stories to gain insight into individuals' perspectives and experiences. Narrative inquiry was chosen as an effective method to investigate the lived experiences of Black women in leadership roles in medical education. This research aims to explore their narratives, offering a rich and complex understanding of their experiences. The purpose of using narrative inquiry and studying these characteristics is to understand better the circumstances that have impacted these participants' experiences as Black women leaders in medical higher education. The interpretive methods of achieving these methodologies include interviews, creating research texts from participant interviews, and thematic analysis, which involves searching across a data set—several interviews, focus groups, or a range of texts—to find repeated patterns of meaning (Braun & Clarke, 2006, p.86).
Definition of Key Terms

To ensure clarity and transparency in this study, it is essential to identify and define key terms from the perspective of researching Black women in medical higher education. These terms and their definitions will provide a lens through which to structure the literature reviewed, data gathered, and findings examined.

- **Black**: In this research, the term "Black" is utilized to denote people of color who identify as Black, African American, Caribbean, African, or mixed-race persons who identify as Black and currently reside and work in the United States.

- **Medical Higher Education Institutions**: A medical school offers a complete program leading to a primary medical qualification permitting the holder to obtain a license and practice in the specified medical field. The term might also be used interchangeably with universities or colleges.

- **Executive-Level Leadership Position**: An individual holding an executive title is described as holding the most influential title in a company or organization structure. In this research study, executive-level positions will be held by directors, executive directors, assistant deans, deans, and presidents.

Chapter Summary

This chapter provides a detailed background of the study and the problem, which examines the need for research analyzing the life experiences of Black women professionals in executive-level positions. This chapter also provided the purpose of the study, research questions, significance, theoretical framework, and research design. Chapter 2 will present a thorough literature review of the research problem and the theoretical framework that underpins the study.
The literature review provides an in-depth review of BFT and a historical background. In chapter three, the methodology used to answer the research questions for the present study is exhibited.
Chapter 2: Review of the Literature

The previous chapter (chapter 1) introduces barriers that Black women may have experienced (i.e., discrimination, gendered racism, and marginalization) that have contributed to the disproportionality of Black women in medical higher education leadership. This chapter drives the conversation forward by providing an in-depth overview of the socio-historical theories and literature that explain the origin of these experiences and how these experiences continue to create barriers to successful pathways for Black women in medical higher education leadership. Accordingly, this chapter explores the waves of feminism, examines the critical definitions of Black Feminist Theory, and finally discusses the influence of race and sex in higher education for Black women as they excel in leadership positions.

This literature review outlines the history of feminism, using the metaphorical "waves of feminism" to differentiate between the different eras of the women's movement (Dicker & Piepmeier, 2016). The review details the significant actions feminists took during each era, beginning with the first wave of feminism during the nineteenth century, which focused on abolitionism and the Suffrage movement. The second wave of feminism is characterized by the contributions of the Civil Rights Movement and the Black Power Movement to feminism and the introduction of critical Black feminists and activists. Finally, the review covers the third wave of feminism, which builds upon the previous two movements by challenging negative stereotypes, respectability politics, and embracing the freedom of being Black in America.

After the discussion, the chapter will examine the key characteristics and definitions of BFT. By exploring the key components, I can understand the importance of investigating the successful pathways of Black women leaders. A deep exploration into Black Feminist Thought and Critical Race Feminism is also necessary to investigate the social and environmental factors
that impede Black women's pathways. Collins (2006) suggests that Black women are positioned in a theoretically interesting focal point because of the intersection of their sex and race.

To understand the impact of race and gender on Black women in medical higher education, we will present existing findings in the literature review. The review will delve into possible explanations regarding the pathways and barriers of Black women that have been excluded in previous studies (Johnson-Bailey & Tisdell, 1998). Most researchers concentrate on the barriers to success, and the attainment of these statuses remains mysterious. The literature review will also increase the understanding and relevance of BFT and its potential to address gaps in the literature. Furthermore, the review will discuss why feminist theories are utilized to explain the experiences of Black women in colleges and universities as the chosen population. The focus of this study is to investigate Black women in leadership positions in medical higher education within the Southern United States. Specifically, we will explore their ability to overcome obstacles and find successful pathways.

**History & Overview of Black Feminist Theory**

BFT emphasizes the lived experiences of Black women and how their gendered racial identity intersects with gender inequality, patriarchy, capitalism, and racism. The exclusion of Black women from mainstream feminist and liberation movements has made it crucial for Black feminists to elevate their voices and create spaces that privilege their lived experiences. Many Black feminists argue that Black and minority-ethnic, working-class women are one of the most discriminated against groups in society, and an intersectional analysis is necessary to understand the multiplicity of oppressions that impact their livelihood and psychosocial well-being. The sections below will discuss the evolution of BFT, the sociohistorical exclusion of their voices, and the current theoretical foundations that ground BFT.
First Wave of Feminism

Throughout U.S. history, women have been excluded from positions of power and privilege, leading to movements for political and social justice to advocate for their voices to be heard. The first-wave feminism movement between 1848 and 1920 is an example of such efforts (Hewitt, 2010). Women were involved in early abolition movements and advocating for women's right to vote (Hewitt, 2010; Franceschet, 2004). Black women, though many were enslaved, played a significant role in these movements while continuing to experience slavery, discrimination, and disenfranchisement. It is essential to acknowledge and appreciate the contributions of Black women in advancing social and political justice for all.

Black Women, Slavery, the Abolitionist Movement

Chattel slavery in the United States significantly impacted African people, who were brought to the states from Western Africa over 600 years ago. While slavery impacted both Black men and women, Black women suffered additional discrimination and injustices in the form of sexual violence (Fuller-Taleria et al., 2018). This sexualization of Black women began during the slavery era and, unfortunately, continued to be reinforced over time. During this period, white society widely believed that Black women were inherently lustful, hypersexual, manipulative, and animalistic, which resulted in them being viewed as seductive, while white women's bodies were viewed as delicate and pure (Avery, 2021; Loft, 2020). This stereotype persisted, and Black women were compared unfavorably to white women regarding beauty ideals, primarily because of their bodies (Loft, 2020). The sexual victimization that Black women experienced only amplified racist and sexist attitudes towards them in various spaces.

The hypersexualization of Black women has been most famously demonstrated in the showcase of Sarah Baartman (i.e., the Hottentot Venus) in French "freak" shows where her body
was exploited and displayed for European consumption both during her time alive and after her death. Sarah's body was viewed as the antithesis of European beauty standards, as her body adorned large buttocks and was the site of erotic projection and gaze. Sarah's experience illuminated Black women's past and present experiences as the erotic dehumanization of Black women's bodies continues and hypersexualized stereotypes continue to impact them in social spaces (Loft, 2020).

Overall, the slavery system normalized the perception of Black women as inferior and reduced them to objects rather than people with moral character and humanity (Gnanadass & Sanders, 2019). Speakers like women's rights activist and abolitionist Sojourner Truth, who boldly denounced these actions in the early feminist movement, further pushed for eradicating slavery. At a convention for women's rights in 1851, Truth criticized the racism and sexism experienced by Black women. In her lecture, "Ain't I a Woman? " She contrasted the oppression that Black and white women experience. She notes that Black women have historically been denigrated and the target of racist abuse; white middle-class women have generally been seen as fragile, overly emotional, and needing men's help. This contrast illuminated gendered racial oppression as Black women fought stereotypes of Blackness and womanhood.

Between 1830 and 1865, the Abolitionist Movement (De Rosa, 2003) aimed to end slavery and promote social reformation and liberation from oppression. However, during this period, Black women were still considered legal property in the "female slavery" system and were often blamed for their victimization (Rhode, 2017). Despite the challenges, the two movements supported and strengthened each other, with women reformers finding allies in the abolitionist movement to advocate for their rights.
During the Suffrage Movement, white women were expected to be silent, obedient, and pleasing to their husbands. In contrast, Black women faced harsher forms of patriarchal oppression due to the color of their skin (LeGates, 2012). As such, the initial objectives of first-wave feminism were limited and primarily focused on securing rights for educated white women (Hewitt, 2010). The suffrage movement aimed to overturn women's universal exclusion from the right to vote and served as a premise for the first wave of feminism. Elizabeth Cady Stanton, an abolitionist and human rights activist, played a significant role in the first movement and was one of the original leaders of the women's rights movement, guiding the movement well into the 20th century (Hewitt, 2010).

Despite the vigorous advocacy of Black women for women's rights during the first wave of the feminist movement, their efforts were often met with limited success and recognition. Even though the suffrage movement aimed to grant women the right to vote, Jim Crow laws still prohibited Black people, including Black women, from voting. Hence, Black women were frequently ignored while discussing suffrage, even though they were sometimes at the forefront of the fight (Terborg-Penn, 2019).

In summary, the first wave of the feminist movement was significant in achieving suffrage for women. However, it has been criticized for prioritizing the issues of cisgender, middle-class, white women, which resulted in the continued marginalization and disenfranchisement of Black women (Franceschet, 2004; LeGates, 2012). The movement lacked intersectional advocacy, and Black activists like Sojourner Truth were not adequately represented (LeGates, 2012). While the end of the first wave marked the beginning of women forming autonomous groups and taking control of their lives, racial segregation resulted in a divide
between white and Black women, leading to a significant gap between feminism and Black feminism (Kraditor, 1965). Research (LeGates, 2012) is indicative that while first-wave feminism achieved suffrage for women, it did not significantly reverse women's political marginalization.

**Second Wave Feminism**

The emergence of Black feminism is closely connected to the second wave of feminism, which began in the 1960s and lasted until the late 1980s (AlTaher, 2020; LeGates, 2012). During this time, activists aimed to challenge the patriarchal structures embedded in society and break down gender roles and stereotypes. Despite the progress made, some women still faced oppression due to strict gender roles imposed by patriarchal societies that believed in the submissiveness of women. The second wave of feminism aimed to transform these oppressive patterns and empower women to vote, get an education, work, and find independence. The rise of Black feminism was a significant factor, as women of color advocated for greater independence and racial equality. More importantly, the second wave of feminism aimed to shift the discourse from emphasizing women's differences as caregivers to promoting women's equality with men (Mann & Huffman, 2005).

This wave was influenced by several factors, one of which was the intersectional racism experienced by Black women in the civil rights movement and the sexism they faced (Baxandall & Gordon, 2002). It is crucial to acknowledge that the experiences and perspectives of white women primarily shaped mainstream feminist movements during this period. In response, organizations were formed to address the challenges Black women and other women of color faced. The Third World Women's Alliance and the National Black Feminist Organization were founded during the second wave to make space for women's perspectives in left-winged racial
movements and anti-racist groups and to tackle the dual burden of racism and sexism that Black women endured on a day to day basis (Brewer, 2020). Although significant progress was made in challenging patriarchal societal norms during the second wave of feminism, the unique struggles faced by women of color were not adequately addressed. Consequently, despite its transformative impact, there was still room for more inclusive efforts that recognized the intersectionality of women’s experiences (AlTaher, 2020).

Civil Rights Movement & The Emergence of Black Feminism as a School of Thought

During the civil rights movement of the 1960s and 1970s, historical movements failed to consider the needs of Black women and excluded them from critical issues, such as political activities. Some notable political activities included voter registration drives, peaceful protests, and boycotts of businesses that practiced segregation (Janken, 2010). The Combahee River Collective manifesto was a significant initiative that helped shape Black feminism as a school of thought. It emerged alongside the civil rights movement in the 1960s and was characterized by Afrocentric Black feminists who critiqued the various oppressions of gender, racism, sexuality, and class. In 1977, the Combahee River Collective Statement was written, inspiring and informing contemporary social and political justice discussions. The collective is significant as it recognizes how Black women’s experiences of oppression are unique and highlights the need for a politics centered on Black women’s struggles. The collection also argues that these oppressions are interlocking and cannot be addressed separately (Smith, 1980). The claim is regarded as a critical text for intersectionality, which gave rise to Black feminism (Finneman & Volz, 2022).

The Combahee River Collective Statement was instrumental in shaping the discourse around Black feminism and intersectionality. It argued that Black feminism was not just about the liberation of Black women but was a necessary component of a broader struggle against all
forms of oppression (Smith, 1980). As such, BFT gained steam during the civil rights movement, as Black feminists began to engage in feminist rhetoric not supported by the original first-wave feminism or the civil rights movement. The statement also called for politics rooted in Black women's experiences and was committed to fighting to liberate all marginalized people (Finneman & Volz, 2022).

The late 1960s saw the emergence of Black feminist-centered thought, with scholars such as Angela Davis being a key figure in its development. Her book *Women, Race, and Class* (1983) served as a central Black feminism, which opposed "carceral feminism" and addressed systemic issues (Davis, 1983). Black feminism became a part of the Black Power Movement, giving equal importance to gender issues, race, and class. Even today, Davis's revolutionary activities and intersectionality practices inspire and contribute to Black feminism (George, 2020).

**Interlocking Oppressions**

The Combahee River Collective Statement (1977) introduced the concept of interlocking oppression, arguing that oppressions are interconnected and cannot be addressed separately. It is essential to emphasize the distinctive oppression that Black women faced, in that they were not included in either mainstream feminism or Black liberation movements due to the intersectionality of their race and gender (Collins, 1989). This intersectionality creates a unique experience of oppression, which Black women have described as "interlocking oppressions," "simultaneous oppressions," "double jeopardy," "triple jeopardy," or other similar terms (Combahee et al., 1977; Smith, 2014, para. 8). In the Combahee River Collective Statement, interlocking oppression is referred to as the coexistence of different forms of oppression, such as racism, sexism, and homophobia as the collections argues that the oppressions are interlocking and cannot be addressed separately (Combahee et al. Statement, 1977). The statement advocates
that oppressive systems are intertwined and generate new forms of inequality. As a result, society must restructure itself to meet the needs of the most oppressed individuals. It also introduces the concept of "identity politics," which refers to how people unite in response to oppression and their shared identities. The BFT acknowledges the unique experiences of Black women and the complex interplay of oppressions such as racism, sexism, classism, and other social and political identities (Collins et al., 2021).

**Critical Race Theory**

Critical Race Theory, as defined by Delgado and Stefancic (2017), is a movement that focuses on studies about race, racism, and power. CRT was founded by legal scholars Derrick Bell and Alan Freeman in the mid-1970s, who were discontent with the slow pace of racial reform in the United States (Delgado, 1995; Ladson-Billings, 1998). They aimed to transform the relationship between race, racism, and power. The theory argues that racism is not a random and isolated act of individual thought but rather a typical order of things in society in the United States. It has significantly impacted education and maintains a vital dimension of activism. CRT aims to address societal injustices, eliminate all forms of oppression, and challenge America's examination of race, class, and gender. Understanding the complexities of race and racism in America is crucial, and this theory is a valuable tool in achieving that understanding.

Critical Race Theory includes five tenets: (1) the idea that racism is normal and not abnormal; (2) the idea of a convergence of interests; (3) the theory that race is socially constructed; (4) the idea of storytelling and counter storytelling; and (5) the belief that white people benefit from civil rights laws (Delgado & Stefancic, 2017). CRT provides a framework through which Black feminism draws, particularly as it relates to examining the role of race in the experiences of Black women. Further, CRT’s acknowledgment of storytelling and counter-
storytelling as a means of expressing lived experiences is the foundation of Black women’s epistemological development (Grey & Williams-Farrier, 2017).

**Critical Race Feminism**

Critical Race Feminism (CRF) expands CRT by focusing on Black women's experiences, roles, and narratives in analyzing current legal systems, structures, and institutions (Wing, 2014). By incorporating an intersectional and gendered approach, CRF widens the scope of CRT and highlights the legal status and rights of Black women and other women of color globally. It aims to comprehend Black women's anti-essentialist movement by examining the intersection of their racial and gender identities. Additionally, critical race feminist critiques raise concerns about the limitations and consequences of modern rights, such as "equality" and "nondiscrimination." As a result, they provide a valuable platform for questioning the impartial, objective, and formalistic nature of the rule of law and antidiscrimination doctrine (Wing, 2014).

**Intersectionality**

Kimberlé Crenshaw is a renowned scholar in law, civil rights activism, critical race theory, and Black feminist legal theory. She has made significant contributions to BFT over the years, primarily focusing on the intersection of race and sex within law and discrimination cases. Crenshaw introduced the term "intersectionality" to describe how Black women experience discrimination due to gendered racism, which is the intersection of racism and sexism (Crenshaw, 1989; Smith, 2014). The term initially captured the unique experiences of Black women (Dumas & Ross, 2016) and described the interconnected and complex interplay of various factors, including biological, cultural, and social factors such as race, gender, class, and sexuality, which contribute to social inequality (Mirza, 2014; Crenshaw, 1991).
The concept of intersectionality is particularly relevant to the experiences of Black women as they face a unique form of oppression due to their gender and race, as noted by Salzman (2006). Black feminism recognizes that Black women experience two forms of social oppression, as Collins and Bilge (2020) noted. They are discriminated against both as women and as Black individuals. Therefore, Black women are subject to injustices and discrimination related to sexism and racism. It is crucial to recognize how these two social constructs interact to give Black women specific experiences. This study will focus on Black women because they are subject to two primary factors of social inequality.

Intersectionality is a critical element of the overall BFT framework, as it has emerged as a dominant method of understanding the relationship between social positions within hierarchies of power and privilege and oppressive systems that shape our identities. It examines how white supremacy contributes to different types of female oppression. The literature consistently supports intersectionality as the development of Black feminism, which has become a relevant tool for understanding and addressing social inequalities experienced by Black women (Wade et al., 2022). Thus, intersectionality helps us understand the additional barriers that Black women experience, which may not have been noticed since discrimination is often analyzed in terms of race or gender, not race and gender. While pathways are created to help diverse populations regarding race or gender, pathways for Black women are often left out, and their experiences are silenced because the pathways do not address the intersection of race and gender.

Third-wave Feminism

According to Finneman and Volz (2022), in the 1990s, a new feminist movement, known as the third-wave feminism, emerged. This movement shared similar goals and expectations as the second wave of feminism but also introduced new ideas for understanding gender relations
The third wave of feminism focused on the diversity of women and redefined femininity and womanhood (Finneman & Volz, 2022). Unlike previous waves, the third wave addressed political activism and global capitalism (Dicker & Piepmeier, 2016). As per Mann and Huffman (2005), the goal of the third wave was not to challenge or destabilize the feminist movement but to enhance it with diversity and inclusion. This empowered Black feminists to value and define themselves while resisting discrimination in their communities (Collins, 2000). During the third wave of feminism, critical feminists such as Evelyn Higginbotham, Brittney Cooper, and Patricia Hill Collins have focused on how Black women use strategic control measures as survival mechanisms. These measures include creating support networks, establishing boundaries, and developing coping mechanisms, which allow Black women to maintain agency and control despite facing gendered racism and discrimination in various spheres of life, including academia. (Davis & Jones, 2021).

According to Collins (2000), third-wave feminism focuses on intersectionality and inclusivity. Collins (2000) argues that this wave of feminism recognizes the importance of considering how different forms of oppression intersect and impact individuals uniquely. Additionally, Collins (2000) emphasizes the need for diverse voices and perspectives within the movement and advocates for including marginalized groups historically excluded from mainstream feminist discourse. Overall, Collin's contribution to the third-wave feminism movement highlights the importance of recognizing the complexities of oppression and working towards a more inclusive and intersectional feminist movement.

**Respectability Politics**

The concept of "politics of respectability" adds an essential dimension to the third wave of feminism. It recognizes that women's experiences are not homogenous and that societal
expectations and norms can limit women's agency and choices. By challenging these norms and advocating for inclusivity and intersectionality, the third wave of feminism seeks to empower all women, regardless of their background or identity. The politics of respectability also highlights the need to address issues such as racism, classism, and homophobia within feminist movements. This approach acknowledges that feminism is not just about gender equality but also about challenging systemic inequalities and fighting for social justice.

Evelyn Higginbotham coined the term "politics of respectability" in her doctoral dissertation and later in her book *Righteous Discontent* (Higginbotham, 1994). In her work, she highlighted how Black Baptist women contested racism and sexism while demanding civil rights, educational opportunities, equal employment, and voting rights during the third wave of feminism. The practices were integral to the Black Baptist church and included abiding by idealistic Christian values. However, politics of respectability was often used to police the behaviors of Black people, particularly Black women, to be seen as "respectable" in the eyes of white people. This meant conforming to white Eurocentric standards and abiding by Jim Crow laws in the South, which legitimized anti-Black racism. Higginbotham's *Righteous Discontent* (1994) details how Black women were encouraged to mold themselves to fit these standards instead of finding strength in their identities.

Furthermore, Brittney Cooper played a vital role in the progress of the third wave of feminism. Her contributions highlighted Black women's valuable history of knowledge production and emphasized the significance of acknowledging and appreciating this knowledge. Cooper also advocated for the legitimacy and potency of emotions such as anger and rage as essential political tools for driving meaningful change and progress. In the past, society has unfairly dismissed these emotions when expressed by Black women as unnecessary and
aggressive. However, Cooper's insights in 2018 emphasized their critical role in combating patriarchy and whiteness (Jones, 2021).

According to Cooper (2017), the politics of respectability was viewed as a racialized construction of a gender scheme rather than just regulating existing schemes. Examining the respectability of politics is crucial as the boundaries of gender, sexuality, class, and color gained momentum during each wave of feminism. Cooper (2017) suggests that moving beyond respectability is essential to understanding Black women's stories and countering racist images and structures. Doing so will also help lead health debates regarding critical issues. While many Black people began shifting their strategies for overcoming racial oppression from the politics of respectability as the twentieth century continued to evolve, the framework remains a fundamental tool when understanding the history of Black women in Black churches across America (Tuuri, 2018).

**Black Feminist Thought**

Black Feminist Thought is a theory that strives to explain Black women's experiences embedded within a sociohistorical context (Collins, 2009). This collection of thoughts, writings, and artwork articulates a viewpoint expressed by and for Black women of the African Diaspora. The theory contends that Black women constitute a unique group that resides in a specific "place" in US social relations where intersecting processes of race, ethnicity, gender, class, and sexual orientation have an impact on their individual and group consciousness, self-definitions, and behaviors (Collins 1991, 1998).

Collins (2009) pointed out that the social status of Black women in America has led to the development of a distinctive and diverse intellectual tradition, which she labels as Black feminist thought. Collins (2009) explains that the objective of Black feminist thought is to empower
Black women who face systemic inequalities due to intersecting oppressions. Collins (2009) argues that it is impossible to fully empower Black women without eliminating the intersecting oppressions that they face. Thus, Black feminist thought advocates for broader principles of social justice that go beyond the specific needs of Black women in the United States. (p. 26).

Black women have historically legitimized Black feminist thought through dialogue of specialized and everyday knowledge in their quest to overcome oppression (Collins, 2009).

Black feminist thought is centered around three main themes: the significance of self-definition and self-valuation, the interconnected nature of oppression, and the importance of Afro-American women's culture (Collins, 1986). Black feminist thought's epistemology involves Black women’s participation in dialogues that explicitly relate to their experiences, realities, and lives while challenging white dominance. Black feminist thought aims to empower Black women by addressing the issues concerning their bodies, intelligence, and abilities. Empowerment is crucial in overcoming social injustices created by intersecting oppressions. According to Taylor (1998), Black feminist thought targets Black women's bodies, intelligence, and abilities to uplift them. Collins (2009) argues that Black women cannot be fully empowered unless intersecting oppressions are eliminated. Therefore, it is essential to address the issues of race, gender, social class, and sexuality to empower Black women and enable them to reach their full potential.

Black feminist thought is not limited to the specific needs of U.S. Black women but supports broad social justice principles that transcend these needs (Collins, 1986). This theory is fundamental in understanding how Black women construct and express their lived experiences through interviews and helps unravel how discrimination and marginalization have hindered Black women’s attainment of higher leadership positions and how they have overcome these barriers to achieve success. Understanding the theory of Black feminist thought is crucial to this
study as it provides insight into how Black women navigate and overcome the challenges resulting from intersecting oppressions.

Collins’ concept of controlling images has been closely associated with Black feminist thought. The concept of controlling images, as introduced by Collins (1986), refers to the stereotypes and limiting beliefs that society imposes on Black women, often impacting their experiences and opportunities. These images can lead to social inequality and discrimination, further hindering Black women from achieving their full potential. Recognizing and challenging these controlling images is crucial to creating a more equitable and inclusive society. These images reinforce and justify Black women's oppression in society while highlighting how dominant groups use stereotypes and distorted images to maintain power over marginalized communities, particularly women of color. This vital insight has helped shape our understanding of how race, gender, and power intersect in society. The two emphasize the importance of intersectionality, recognizing that Black women face discrimination not only because of their race but also because of their gender and other factors (Collins, 1986).

**Tenets of Black Feminist Epistemology**

Epistemology is a theory of knowledge or understanding, as defined by the Stanford Encyclopedia of Philosophy. Collins (2009) uses epistemology to examine the standards we believe to be true to assessing knowledge while exploring social class conditions. According to Collins (2009), Black feminist epistemology is based on the belief that Black men and women possess a unique ability to connect with knowledge through their lived experiences. Their personal experiences bridge the gap between knowledge and wisdom, making their narratives essential in shaping epistemic theories. When Black men and women become the subjects of study, their insider perspective is instrumental in revealing the complexities of social phenomena.
The five tenets of Black feminist epistemology include the following, with each tenet discussed in turn: (1) Lived experiences as a criterion of meaning, (2) the use of dialogue in assessing knowledge claims, (3) the ethics of caring, (4) the ethic of personal accountability, and (5) Black women as agents of knowledge.

**Lived Experiences as a Criterion of Meaning** According to Collins (2006), Black feminist epistemology is based on the belief that Black men and women possess a unique ability to connect with knowledge through their lived experiences. Their personal experiences bridge the gap between knowledge and wisdom, making their narratives essential in shaping epistemic theories. When Black men and women become the subjects of study, their insider perspective is instrumental in revealing the complexities of social phenomena (Collins, 2009).

**The Use of Dialogue in Assessing Knowledge Claims** The second principle highlights the value of having a productive conversation rather than engaging in a confrontational debate. Dialogue helps promote the emergence of knowledge and is less objectifying. It employs personal pronouns like "I" and "we" to center the author while maintaining analysis, as mentioned (Collins, 2006). Dialogue allows Black women intellectuals to participate in the discussion by placing themselves in the analysis. Despite being historically oppressed and disenfranchised, Black women and people of color can now reclaim their voices through narratives, such as storytelling through dialogue, as noted (Amoah, 1997).

**Ethics of Caring** When validating knowledge, it is essential to consider the third principle, the ethics of caring. According to Collins (2009), this principle emphasizes the importance of personal expressiveness, emotions, and empathy in the knowledge validation process. By connecting personal experiences through dialogue, individuals can better understand the connection between emotion and intellect. For Black women, this principle helps validate
their experiences and allows for a deeper understanding through empathy and personal expressiveness.

_The Ethic of Personal Accountability_ The fourth principle involves personal accountability. Collins (2009) states that being personally accountable means taking responsibility for knowledge claims. This principle places the responsibility on the individual making the claims. Therefore, when Black women encounter new claims of expertise or knowledge, they often question the personal beliefs of the person presenting the claims. By sharing their beliefs and experiences, Black women uphold the principle of personal accountability and ensure that what they say is truthful.

_Black Women as Agents of Knowledge_ Black women became legitimate agents of knowledge during the third wave of feminism, including the civil rights movement, as their active voices enabled them to understand better how to oppose prevalent forms of oppression. Learning how frustration and inventiveness served as critical energy sources for Black women intellectuals is also intriguing. BFT was also developed due to these fundamental principles and epistemologies, which clarify Black women's various forms of oppression. Establishing BFT provides Black women with a theoretical and epistemological foundation to find meaning in discussing their experiences, beliefs, goals, and anxieties. Seeing Black women recognized for their knowledge-producing abilities and contributions to society is encouraging.

_Black Feminist Theory and the Current Study_

Defining BFT has been challenging due to its complex nature and multiple meanings (Collins, 2009, p. 24). Building from sociohistorical movements and theoretical foundations, BFT highlights the oppression of Black women and asserts that racism, sexism, and classism are interconnected (Collins, 2009; Crenshaw, 2013; Combahee et al., 1977; hooks, 1994; Davis,
BFT aims to communicate Black women's various forms of oppression through scholarship and advocacy (Collins, 1986; Davis, 1983; Combahee et al., 1977). It also provides Black women a common ground to share their experiences, beliefs, goals, and concerns (Collins, 2009). Patricia Hill-Collins, across multiple texts and waves of feminism, examines the experiences of Black women throughout history to understand how they have developed their identities and knowledge systems (Collins, 1986, 2000, 2006, 2009, 2019). She contextualizes their experiences within larger social and historical frameworks and identifies how Black women have been marginalized and oppressed (Collins, 1986). Additionally, she highlights how Black women have resisted these injustices and constructed their knowledge systems to challenge gendered racial social inequities. Collins argues that Black women's experiences and perspectives are fundamental for understanding and addressing social inequalities.

Utilizing the aforementioned sociohistorical movements and concepts, this study aims to understand how BFT is relevant to the struggle of Black women against sexism, racism, and classism as they matriculate into positions of power. This struggle should involve everyone, regardless of sex, ethnicity, or socioeconomic status. The study will concentrate on three core tenets of Black feminism—intersectionality, lived experiences/storytelling, and Black women as agents of knowledge (i.e., Black feminist epistemology). By understanding intersectionality and lived experiences via storytelling, we can better understand how historical concepts such as sexual violence, respectability politics, and controlling images continue to inform how Black women navigate predominately white spaces and advocate for themselves as they matriculate into powerful positions. Further, these concepts are pertinent as they will aid in uncovering the experiences of Black women who have overcome barriers to attaining executive-level positions.
The discussions will revolve around the experiences of Black women and delve into the themes of Black women as agents of knowledge.

**Gender and Leadership in Higher Education: Content Literature Review**

Historically, Black women have been subjected to barriers such as stereotypes and controlling images, sexual violence, respectability politics, discrimination, and marginalization that inhibited their daily lives and psychosocial well-being (Rosenthal & Lobel, 2016). These challenges are compounded by gender and race-based discrimination, which limits opportunities and creates systemic biases in their journey toward leadership, particularly executive-level leadership. The BFT provides a platform for Black women to share their experiences and strategies for success, helping us better understand their unique challenges. By recognizing the importance of intersectionality in addressing gender and racial inequality, we can work towards creating more inclusive policies and diverse research directions in medical education administration. Ultimately, the insights gained from the BFT will help capture the complex lived experiences of Black women and pave the way for more excellent representation and opportunities in leadership roles.

**The Historical Journey of Black Women in Higher Education**

The journey of Black women in higher education is a remarkable tale of resilience, determination, and ambition. However, it has also been marred by systemic barriers and institutional biases, as higher education was a distant dream for women of color for many years. As these barriers began to crumble, Black women entered the world of academia with their indomitable spirits, pushing boundaries and challenging the status quo. Despite their immense contributions, one of the most glaring observations throughout history is the underrepresentation of Black women in leadership roles. The issue is not merely about filling seats in boardrooms or
obtaining titles; it is about the diversity of perspectives, experiences, and expertise that Black women bring to the table. This diversity is crucial for the comprehensive growth and inclusivity of educational institutions.

The academic community frequently discusses the essential topics of equality, diversity, and inclusivity. However, strides still need to be made as interlocking oppressions continue to limit the career trajectory for Black women. For example, Black women may encounter discrimination centered on both their race and gender, which can lead to lower pay, fewer job opportunities, and less recognition for their achievements. Black women have made remarkable progress in academia, as Collins (2009) mentioned, as they have moved from being just observers to active participants in various academic fields. Through their contributions, they have been able to provide valuable insights into issues like racism, sexism, and other forms of oppression that are often overlooked in mainstream academia. Black women have relentlessly pursued doctoral degrees to achieve their career goals and advance their trajectories. This highlights their commitment and dedication to education. According to Collins (2009), the Black feminist epistemology recognizes Black women as agents of knowledge, and their knowledge can be a valuable resource to challenge and transform dominant narratives and perspectives. However, Black women still face significant obstacles, particularly in leadership roles. The limited representation of Black women in leadership highlights individual challenges, the systemic and institutional barriers they encounter (Davis & Maldonado, 2015), and a representation of their historical oppression detailed in the first wave of feminism (LeGates, 2012).

It is essential to recognize that Black women face various challenges, including biases in hiring processes, a lack of mentorship opportunities, and an environment that is not always
conducive to their growth. Acknowledging these gaps and actively working towards bridging them to build a more equitable future is crucial as Black women have made invaluable contributions to higher education, and their experiences and insights in leadership roles can further enrich the academic community. Their journey, filled with triumphs and challenges, is a testament to their resilience and a call to action for academic institutions to foster an environment where Black women can thrive as students, faculty, and leaders.

**Barriers and Challenges for Black Women as Faculty in Higher Education**

As stated in Black et al.’s (2021) research, Black female faculty members encounter unique challenges in higher education that are not experienced by others. These challenges include elevated service and workloads, feelings of isolation, restricted promotion opportunities, and limited access to mentorship and hiring support. Stereotypes and controlling images also play a significant role in perpetuating these barriers, making it more challenging for Black women to advance to leadership positions. For example, the Angry Black Woman stereotype (Ashley, 2014) can be used to discredit their ideas, while the Strong Black Woman stereotype (Stewart, 2017) can make it harder for them to seek help or support. Additionally, the controlling image of the "mammy" or caretaker can limit Black women's opportunities for leadership roles. These stereotypes and controlling images contribute to the idea that Black women are not fit for leadership positions, hindering progress toward more equitable leadership landscapes.

These stereotypes have historically dehumanized Black women and are rooted in the exploitation and degradation of their race (Evans-Winters, 2019). It is worth noting that Black women faculty members often must bear a disproportionate service load compared to their research or teaching responsibilities (Priddie et al., 2022). The "outsider within" phenomenon positions Black women on the periphery of academic life, forcing them to navigate challenging
terrrains within academic institutions (Collins, 1986, 1999; Williams, 2001). This phenomenon shows how intersectionality shapes their worldview (Collins, 2000). Black women in these positions are considered "outsiders" because their identities do not fit the typical molds in academia, unlike those who are "within" because they have assumed these roles and are expected to navigate them.

Unfortunately, the service-oriented role often receives little recognition, limiting promotional opportunities for Black women (Priddie et al., 2022). Black women face a significant barrier: the lack of clarity and openness in the promotion, recruitment, and retention processes (Acker, 2014). Opaque hiring and promotional practices often conceal inherent biases, making it challenging for Black women to navigate or address these obstacles. In many instances, institutions do not provide clear criteria for promotions or hiring, allowing subjectivity to prevail, which can be detrimental to potential Black women leaders.

Despite higher education institutions claiming to uphold diversity and inclusion in their mission statements and publicity materials, their on-ground practices may reflect a different story. Rather than fostering inclusivity, some institutions perpetuate practices that exacerbate gender and racial segregation (Barnard, 2017). This dichotomy between their avowed commitments and actual practices can disillusion and discourage Black women from pursuing leadership roles. Historical precedence and biases shape the prevailing organizational culture in many institutions, which Black women often must navigate without support. Unconscious biases, microaggressions, and lack of mentorship can be pervasive and may hinder their ascent to leadership positions (Acker, 2014). Furthermore, the underrepresentation of Black women in leadership positions creates a vicious cycle. The scarcity of Black women in leadership roles means fewer mentors and role models for aspiring Black women leaders. This dynamic
reinforces the status quo and makes it even more difficult for Black women to break the glass ceiling.

Despite being present in academic institutions, Black women may find themselves pigeonholed into specific roles that offer limited room for advancement (Bernard, 2017). Due to existing biases, they may be overlooked for opportunities leading to leadership roles, such as heading key projects, participating in institutional committees, or attending leadership training programs. While statistics alone do not capture the entirety of the problem, they paint a clear picture of the disparity. Black women constitute a mere 7% of higher education leaders, which is alarmingly disproportionate compared to other ethnic groups (Selzer & Robles, 2019; Coker et al., 2009). This disparity is not merely a representation issue but also indicates the systemic barriers Black women face in their ascent to leadership positions in higher education.

As Beckwith et al. (2016) and West et al. (2022) proposed, the metaphor of tightrope walking embodies the intricate balance that Black women leaders must maintain to navigate the unique challenges of discrimination in their personal and professional lives. The constant struggle to maintain this intricate balance is due to the intersection of their identities. The metaphor describes the delicate balancing act these leaders must perform to stay true to themselves and their values while facing these challenges. Despite the difficulties, Black women leaders continue to inspire others through their strength and resilience.

As such, Black women leaders must demonstrate immense cognitive, emotional, and psychosocial prowess like the physical demands of tightrope walking. They often juggle multiple roles and responsibilities, personally and professionally, which requires them to balance their various obligations. The metaphor of tightrope walking is used to illustrate the level of skill and precision that is required to navigate these challenges successfully. It is not just about physical
balance but also mental and emotional balance (Beckwith et al., 2016; West et al., 2022). Despite the immense pressure, Black women leaders continue to excel and inspire others through perseverance and determination. In his work, Smith (2016) expands on the analogy and relates it to the combined challenges of race and gender. Specifically, Black women face significant obstacles due to the intersectionality of racism and sexism when assuming leadership positions. Despite these challenges, several Black women have successfully overcome them and rise to leadership roles within higher education (Davis & Maldonado, 2015). Their success can be attributed to adaptive survival skills, such as differential consciousness, facilitating situational awareness, and proactive decision-making (Sandavol, 1999; Evans-Winters, 2019).

Black Women in Medical Higher Education Administration

Despite women making up nearly 78% of the healthcare workforce (nurses, physicians, veterinarians, etc.) Black women are still underrepresented in medical higher education across all roles (Tlaiss, 2013). This is due to a gap in academic achievement between Black and white students, which limits the opportunities for Black women to advance into leadership positions in medical higher education (British Medical Association, 2019). The underrepresentation of Black women in leadership roles within the medical field is primarily due to a lack of equal access to medical higher education degrees, which prevents them from being fully qualified (Deville et al., 2020). Black individuals face various barriers in the medical field, including limited access to grants, mentorship opportunities, evaluations, hiring, and financial support. Research by Woolf and McManus (2011) has also shown that Black candidates are less likely to be recruited for medical posts than their white counterparts. These factors contribute to the significant underrepresentation of Black women in administrative roles within medical higher education.
Given these findings, limited access to higher education also inhibits Black women from entering the medical field in the first place.

As the literature continues to uncover the underrepresentation of Black women in medical higher education leadership in the U.S., the demographics of women in this field are crucial to consider. According to Tlaiss (2013), while women's educational attainment and workforce ranks have increased, their advancement into upper management has stalled in recent years. Previous U.S. literature has focused on the underrepresentation of women in medical leadership positions, such as physicians. Pingleton et al. (2016) suggest that gender imbalances in leadership positions are caused by glass ceilings created by racial and sexist structures. Coe et al. (2020) support this claim and identify gender stereotypes as a crucial factor that limits women's growth in medical higher administration.

The demographics of women in leadership positions in medical higher education in the US are crucial since the literature continues to expose the underrepresentation of Black women in this field. According to Tlaiss (2013), although women's educational attainment and workforce ranks have increased, their progress to upper management has stalled in recent years. It is noteworthy that previous US literature has focused on women's underrepresentation in medical leadership positions, such as physicians. For over 25 years, women have accounted for approximately 34% of physicians in the US, whereas less than 18% of hospital CEOs and 16% of medical deans have been women (Boylan et al., 2019).

Black women make up a shockingly small percentage of ethnic minority women working in medical higher education, with evidence showing their underrepresentation in senior positions in medical education institutions. According to the Advance HE (2018) report, ethnic minorities accounted for about 9.6% of the 18,950 medical higher education administrative leadership
positions, while women accounted for 24.6%. When combined (Black women and other minority women), ethnic minority women accounted for only 2.1% of professors compared to 22.9% of white professors (Advance HE, 2018). Similarly, ethnic minority women comprised only 2% of all Trust chair positions compared to 28% of women (Rimmer, 2016). Moreover, executive board positions were only filled by 4% of ethnic minority women.

According to a report published by Silvera et al. (2023), only 3% of Black women hold non-executive director roles in medical higher education, while 38% of women in executive board and executive directive positions are female. This stark contrast highlights the significant underrepresentation of ethnic minority women in leadership roles within medical higher education institutions. More must be done to address this issue and promote diversity in leadership positions. According to BMA (2019) research, Black women face a significant barrier to accessing medical higher education degrees. This barrier prevents them from being fully qualified to seek leadership roles in medical higher education administration, which is a significant concern. Discrimination against Black women in medical leadership roles still exists based on gender, known as the "glass ceiling" phenomenon (Turner et al., 2013). This highlights the stark differences between the representations of women in medical higher education leadership roles and Black women. As a result, medical higher education institutions continue to underrepresent Black women in leadership roles, leading to fewer opportunities for progression to executive-level positions.

**Research gap**

Black women have faced marginalization and oppression in the United States due to gendered racial discrimination since their arrival on U.S. soil. This discrimination has created numerous barriers in their lives, including gendered racism and discrimination, which have made
career progression much harder (Berry & Gross, 2020). This research is crucial as Black women in top leadership positions encounter distinct challenges because of the intersection of their gender and race. The BFT framework is fundamental to comprehending the paths of Black women leaders since it highlights the interconnectedness of race, gender, and class. This methodology also acknowledges that the experiences of Black women are influenced by their unique social positions and encounters with oppression, which conventional leadership models fail to address satisfactorily. Therefore, it is crucial to use the BFT framework for research that can help Black women reassess the importance of their work, career paths, and way of life in order to pave the way for future generations of Black feminists (Tlaiss, 2013). Research conducted by McKinsey & Company (2021) suggests that having Black women in top leadership positions can have a direct impact on a company's bottom line. Companies with diverse executive teams in terms of gender and race are more likely to have financial returns that exceed their industry median. Moreover, organizations with more diverse leadership teams tend to have higher levels of profitability and productivity. Black women bring unique perspectives and experiences to the table, which can result in innovative ideas and solutions. Additionally, Black women are often highly educated and possess valuable skills that can significantly contribute to a company's success.

When studying the experiences of Black women leaders in medical higher education administration, it is essential to consider the impact of intersectionality. This concept, as described by Chance (2021) and Crenshaw (1991), highlights the unique challenges Black women face when dealing with both racism and sexism. Black feminist theory (BFT) has been used to analyze these issues and identify successful pathways Black women leaders utilize despite these intersectional challenges. The literature on this topic shows that Black women in
higher education often encounter barriers that make it difficult for them to access leadership opportunities. BFT offers a framework to understand better how systems of oppression related to gender, race, and class intersect and shape the experiences of Black women. By applying BFT, scholars can work towards creating a more equitable future for all individuals by identifying and challenging negative stereotypes and perceptions that Black women face in society.

The literature has explored the issue of whether Black women have had equal access to education, representation, authority, and power on a global scale. Although much literature discusses the challenges faced by women in obtaining leadership positions, it falls short of suggesting ways to address this issue. To bridge this gap, the current study focuses on exploring successful pathways to increase scholarship opportunities for Black women leaders in medical higher education administration. By utilizing three core tenets of Black feminism - intersectionality, lived experiences/storytelling, and Black women as agents of knowledge (Black feminist epistemology) (Collins, 2009), the goal is to promote the inclusion of Black women in medical education and leadership positions. The study specifically focuses on how Black women challenge gendered racism and other sociohistorical conditions to achieve success in leadership positions.
Chapter 3: Methodology

As discussed in earlier chapters, this study utilized BFT (Collins, 1986, 2000, 2006, 2009, 2019; Crenshaw, 2013; Combahee et al., 1977; hooks, 1994; Davis, 1983; Lorde, 1988; Smith, 1980) as a theoretical framework to identify and explore the successful educational leadership pathways for Black women in Southern medical colleges. The study analyzed these experiences through a narrative lens and focused on Black women who have achieved executive-level positions in medical higher education administration, such as directors, executive directors, assistant deans, deans, and presidents (Kim & Brunner, 2009). These positions are often associated with success, so they were chosen for this study. The study aims to answer the following research questions:

1. How do Black women in executive-level positions describe their experiences as medical education leaders?
   A. How do Black women in executive-level positions pursue/obtain these roles?
   B. What assets do Black women in executive-level positions draw upon to overcome stereotypes and stigmas?
   C. What recommendations do Black women in executive-level positions have for how medical institutions can help support Black women to move into higher education leadership positions?

In this chapter, I will discuss the methodology used in this study, narrative inquiry, and explain why it was chosen. I will also provide information about the research site and participants, address issues related to research reliability, describe the data collection process, and explain how research quality was ensured, including credibility and trustworthiness. The
The data analysis technique used was narrative and thematic analysis. Finally, I will discuss my positionality and how I managed it during data collection and analysis.

**Theoretical Framework**

The underlying theoretical framework, BFT (Collins, 1986, 2000, 2006, 2009, 2019; Crenshaw, 2013; Combahee et al., 1977; hooks, 1994; Davis, 1983; Lorde, 1988; Smith, 1980), derived from Feminist Theory, will be used in this study. BFT provides a perspective to examine the challenges and achievements of Black women in their pursuit of executive-level leadership positions in medical higher education while also focusing on how Black women navigate oppression, discrimination, and other barriers within a social context while seeking liberation (Stacey, 1993). It is important to note that this study places a significant emphasis on BFT due to its ability to shed light on the experiences of Black women, who have been historically marginalized and excluded from traditional feminist theories. BFT addresses the issue of gender inequality and the challenges Black women face in their pursuit to overcome the status of second-class citizens. This aligns with the goals of feminism and its various waves.

The five tenets of Black feminist epistemology include the following, with each tenet discussed in turn: (1) Lived experiences as a criterion of meaning, (2) the use of dialogue in assessing knowledge claims, (3) the ethics of caring, (4) the ethic of personal accountability, and (5) Black women as agents of knowledge (Collins, 2009). These tenets are crucial in comprehending the narratives of Black women in medical higher education, as their voices depict the lived experiences of Black women navigating barriers and ultimately achieving success in executive-level positions. The conversations focused on the experiences of Black women and aimed to identify themes centered around Black women as agents of knowledge. The BFT framework is a vital tool for understanding the various complexities facing Black women.
The framework also aided in understanding how race, gender, and class intersect and affect their experiences and leadership journeys. Therefore, this theory will continue to provide much-needed theoretical support for future research.

Crenshaw (2013) explains that social inequality results from the complex interplay of biological, cultural, and social factors. When a person belongs to multiple marginalized groups, intersectionality leads to further discrimination, which makes it even more difficult for them to achieve equality. This is especially true for Black women who face double marginalization based on their gender and race (Crenshaw, 2013). Understanding intersectionality is crucial in grasping the lived experiences of marginalized groups. Alston (2012) notes that Black women are often underrepresented in leadership roles in medical higher education compared to men and white people. This study focuses on the career paths Black women pursue in higher education in medicine, particularly in obtaining executive leadership positions. Despite Black women's challenges in accessing such positions, research can help us better understand the underlying reasons for this gap in medical higher education.

**Methodology: Narrative Inquiry**

This study utilized the narrative inquiry research approach to explore the unique experiences of Black women in medical higher education, specifically as it relates to their intersectional identities as both Black and female (Collins, 1989, p. 747). According to Pino Gavidia and Adu (2022), narrative inquiry emerged in the educational field in 1990, focusing on lived experience, as pioneered by Connelly and Clandinin (2013). Narratives and storytelling have been integral to human history, and Clandinin (2013) defines narrative inquiry as an approach that honors lived experience as a valuable source of knowledge and understanding (p. 17). The narrative inquiry research approach is a method that allows participants to share their
experiences through storytelling. According to Bruce et al. (2016), narrative inquiry involves studying experience as a story and a way of thinking, or "storying" (p. 2). It is a socially constructed approach that emphasizes the importance of communication through stories. Storylines are used to explore various themes that emerge from the data collected from participants. Bruce et al. (2016) argue that storytelling is a fundamental aspect of human experience, as we constantly tell and retell stories to make sense of our lives. The term "story" serves as the anchor for analysis, and various analytical methodologies can be used, including memos, team interviews, reflections, audio analysis, debriefs, personal interviews, and metaphoric analysis (Pino et al., 2022).

Narrative inquiry involves using participants' stories to explore how sociality, temporality, and place interact. The primary source of information comes from participants' lived experiences, which describe sociality, temporality, and location. According to Dewart et al. (2019), sociality includes personal and social circumstances. Social conditions refer to the environment, external forces, and existential factors, while personal conditions relate to aspirations, aesthetics, sentiments, and reactions. Stories change over time based on what people go through, so past, present, and future transitions are always present in incidents, individuals, and locations (Clandinin et al., 2007). The place where experiences occur over time is also an essential element. Events impact each location differently, making the uniqueness of the place a crucial factor in narrative inquiry (Dewart et al., 2019). Narrative inquiry is not about generalizing; instead, it is about accepting lived experiences as stories.

According to Pino et al. (2022), sociality, temporality, and place are essential narrative components that support the interaction and continuity of stories. These elements help us understand human experience through the narrative lens, as described by Clandinin et al. (2007,
Our stories about ourselves and others shape our daily lives and influence how we interpret our past. Our interpretation of the world is meaningful due to the stories we tell, as per current terminology (Connelly et al., 2007, p. 2).

Narrative inquiry is a methodology that researchers use to acquire insights into phenomena. In this approach, the researcher collaborates with participants over a specific time and location to co-construct knowledge (Lindsay & Schwind, 2016). This methodology is suitable for this study as it helps the researcher understand the participants' lived experiences. Through narrative inquiry, the researcher can recognize and comprehend the points at which the participants' stories of sociality, temporality, and place intersect to create these lived experiences. Moreover, narrative inquiry offers the opportunity to respect diverse modes of knowing and record different and changing ways of understanding experiences within and between individuals (McAlpine, 2016). This approach is beneficial when used longitudinally with many participants. Therefore, using narrative inquiry in this study helped the researcher gain a deeper understanding and more plausible representation of Black women's unique lived experiences through the different participants' stories.

**Role of Storytelling in Black Feminism**

Storytelling is closely related to Black feminism and Critical Race Theory. Collins (2009) details that sharing stories and narratives is integral to Black feminist thought and practice. Black women have historically used storytelling as a means of expressing their experiences and struggles, finding solace, and gaining empowerment (Strekalova-Hughes & Wang, 2019). Similarly, critical race theory emphasizes counter-stories' importance, as per Solórzano and Yosso (2002). These are personal narratives that challenge dominant narratives and expose the
experiences of those who have been marginalized or oppressed. Counter-stories can be a powerful tool for understanding the experiences of people of color, including Black women.

Storytelling is more than just entertainment; it is a powerful platform for the marginalized to have their voices heard. As noted by Chioneso et al. (2020), narratives can function as an assertive voice for oppressed people, and for Black women and people of color specifically, storytelling can be a means of reclaiming their voices and asserting themselves in a society that has historically disempowered them. Storytelling is also an educational tool, allowing individuals to understand better and navigate life's obstacles. In the context of medical higher education, Black women leaders can use storytelling to build professional networks and connect with others who share similar experiences and challenges.

Inquiry Within Social and Cultural Contexts

This research design is centered around participants' stories in their social and cultural contexts (Clandinin, 2016). Narrative inquiry investigates and captures individuals' experiences as they unfold in time, space, person, and relationships. According to Clandinin (2016), selecting narrative inquiry as a research approach requires personal, educational, and theoretical justification. This involves considering social justice, further theoretical understanding, and individual perspectives. As the narrative inquirer, active listening, observation, writing, and interpretation of narratives are used to comprehend successful pathways and themes among participants. Kleinsasser (2000) highlights the importance of researchers maintaining a connection throughout the research process, as it is impossible to disengage personal views in qualitative analysis completely.
Interplay of Black Feminist Theory and Narrative Inquiry

The interplay of BFT and Narrative Inquiry involves exploring the various experiences of Black women and their multiple identities through the art of storytelling and personal accounts. BFT is used to ask new questions that place Black women at the center of the conversation, disrupting traditional ways of understanding and creating new forms of intentionality and meaning-making. On the other hand, narrative inquiry allows us to gain a deeper comprehension of the lived experiences of Black women and how social, cultural, and historical factors influence their experiences. Together, these two approaches offer a powerful tool for comprehending the lived experiences of Black women and promoting social justice and equality. The objective is to raise awareness about power dynamics and hierarchies, particularly concerning Black women as knowledge agents who use their lived experiences to create new sources of knowledge.

During the interview process, flexibility was crucial as participants' stories unfolded (Savin-Baden & Major, 2013). I remained open and attentive throughout the interviews to ensure that I captured as much of the narrative provided by the participants as possible (Garcia Rodriguez, 2016). To ensure accountability as a researcher, I took detailed notes and actively listened to participants. Attention to turning points, resolutions, context, and the plot was crucial to comprehend the participant's experiences fully. My personal experience and identity also played a critical role in framing the narrative inquiry as I acknowledged my own story during the research.

Research Site and Participants

The research study sampled medical-focused colleges in various Southern states, including Mississippi, Tennessee, Alabama, and Georgia. This study focused on the Southern
United States, which has a long history of racism, particularly concerning education and employment for women. Following the Civil War, Black women in the South were only educated for subservient roles in society (Walker & Archung, 2003). Abolitionists provided funding for colleges and universities for formerly enslaved individuals, but white people ran these institutions (Terrell et al., 2018).

This research study aimed to explore the personal accounts and experiences of Black women holding executive positions in medical higher education. To achieve this, participants were sampled from the following Southern states—Alabama, Mississippi, Tennessee, and Georgia and included full-time employees in roles such as directors, executive directors, assistant deans, deans, and presidents. This research is fundamental considering the long-standing history of oppression and inequality faced by Black women in the Southern United States. By providing a detailed analysis of the experiences of these participants, this study sheds light on the challenges and opportunities experienced by Black women in executive-level medical higher education positions.

For this study, eight participants were chosen as the sample size. The sample size was influenced by various factors such as the theoretical framework, data type collected, and available resources (Patton, 2002). However, the most critical factor in deciding the sample size was ensuring the participants' experiences were appropriately represented. This sample size was appropriate for the current study and enabled me to provide a detailed narrative of each participant's experiences. In order to choose the most appropriate participants for the research, the purposive sampling method was utilized, as recommended by Campbell et al. (2020), which involves selecting individuals based on their knowledge or expertise. This approach was likely to produce data-rich information for the qualitative study, as Gall et al. (2017) suggested. These
participants were chosen based on their experience and comprehension of the challenges faced by Black women in executive-level roles. The study centered on Black women who had achieved executive-level positions in medical higher education institutions, making them qualified to meet the study's criteria. This study aimed to develop a conceptual framework to guide Black women aspiring to pursue executive-level leadership positions in medical higher education.

For the selection of participants, I recruited and chose Black women who serve in senior or executive-level positions at medical higher education institutions. Some participants had advanced degrees such as master's, M.D., Ed.D., and Ph.D. degrees. The participants were specifically chosen because they were Black women who held upper-level leadership positions in their respective colleges. This population is often overlooked and marginalized in research discussions, as Collins (2000) and hooks (2013) highlighted. Therefore, this study aimed to bridge this gap and explore these issues in the medical higher education setting. Recruitment occurred in two phases. In the first phase, a general call for participants (Appendix A) was released on various message boards, including social media platforms (i.e., LinkedIn and Facebook). The message targeted Black women in leadership positions at public medical higher educational institutions in Mississippi, Alabama, Tennessee, and Georgia. A proactive approach was taken to contact potential candidates. Contact information was gathered from their respective educational institutions by visiting the websites of the colleges and universities selected for the study. The individuals were contacted if their profiles met the research criteria. LinkedIn, a social networking platform, was also used to identify individuals who met the study's criteria, including personally identifying as a Black woman and holding an executive-level position in medical higher education. Direct messages were also sent to potential participants to ascertain their interests.
After confirming their interest, I emailed the participants an informed consent form (Appendix C) and arranged an audio Zoom interview. Due to scheduling conflicts and location differences, none of the participants opted to complete their interviews in person. The consent form included vital information such as the purpose of the research study, the protocol for maintaining anonymity and confidentiality, the data de-identification process, and the option to withdraw from the study. I also asked each participant to sign and return their consent form before the interview. Five of the eight participants returned their signed consent forms before the scheduled interview, while the remaining three signed and returned their consent forms on the day of their scheduled interview.

As a researcher, I took several measures to ensure the privacy, confidentiality, anonymity, and protection of the human rights of the participants who took part in the study. I allowed each participant to choose a pseudonym to maintain anonymity and confidentiality. Before conducting the interviews, I requested that each participant provide a pseudonym they preferred to be addressed by in the final report of the study. Some participants shared personal details during the interviews that could have led to their identification. To prevent any identification, I made sure to exclude personal information from both the transcripts and the study's final analysis that could lead to the identification of the participants. As a measure to avoid identification, the titles of certain participants were renamed. Furthermore, the analysis and findings did not disclose personal details such as name, age, place of work, or any other information that could help identify the participant.

During the interview process, participants were asked to share their experiences with sensitive topics such as racism and sexism and the challenges they have faced in their professional lives. While some may feel comfortable discussing such topics, it is essential to
consider the potential emotional harm and trauma that may be caused to those who have gone through similar situations. To safeguard their privacy, I provided each participant with a copy of the interview transcript to review after the data was collected. This allowed them to identify any information they felt was too personal or revealing. To minimize any harm caused, I offered each participant a debriefing session to discuss their concerns after the interview. Additionally, I provided them with referrals to professional services that could help them work through their emotions. However, I also emphasized that they had the right to stop participating in the study, refuse to answer a question or request that their data be withdrawn at any time.

Data Collection

The study's data was collected using semi-structured interviews, commonly used for qualitative research (Creswell & Creswell, 2018). According to deMarrais (2004), a research interview is a conversation between the researcher and the participant centered around questions related to a research study. Narrative inquiry studies gather data through interviews, participant observation, journals, or archival data (Clandinin, 2006). Semi-structured interviews were chosen as the most suitable method for this study, as they allowed the eight participants to share their experiences without being constrained by a time limit or a specific set of questions. Furthermore, storytelling elicited through the interviews allowed Black women to voice stories that had previously been left untold or buried due to systematic oppression and racism (Clandinin, 2016). Additionally, applying BFT to narrative inquiry turns stories' living, telling, retelling, and reliving into a critical practice that honors the cultural storytelling process while challenging the dominant narrative in medical higher education (Clandinin, 2013).

I conducted semi-structured interviews with Black women who held executive-level positions in medical higher education institutions during my research. These interviews helped to
formulate a set of questions based on my overarching research questions and sub-questions. The participants could share their experiences and provide a narrative perspective on their career paths. I used a semi-structured interview format, allowing participants to speak freely and openly about their stories. I avoided asking closed-ended questions that would elicit "yes" or "no" responses to encourage the participants to expand upon their answers. Overall, these interviews provided valuable insights into the narratives of Black women in leadership positions within medical higher education institutions.

I conducted the interviews using the Zoom platform, widely used for virtual interviews. This platform allowed me to interview participants from any location, overcoming geographical barriers (Archibald et al., 2019). Using Zoom for research has its advantages and disadvantages. One of the significant advantages was that I could interview participants I would not have been able to access otherwise. Although face-to-face interviews were offered, all participants preferred the convenience of Zoom for research participation. Zoom offers benefits such as increased data generation and storage, improved personal safety, and cost savings by eliminating the need for travel to meet with participants (Gray et al., 2020). The data collection method enabled conducting more interviews in a shorter time.

During my narrative interviews, I followed a three-phase process. In the first phase, I introduced the interview process to the participants and stressed the importance of sharing their stories in their own words (Jovchelovitch & Bauer, 2000). During the second phase, the participants were allowed to narrate their stories without interruption. In the final phase, I asked follow-up questions to ensure I had all the necessary information from each participant (Jovchelovitch & Bauer, 2000). The interviews were quite detailed and lasted between 60-90 minutes. Follow-up interviews were offered as options for participants; however, none of the
participants needed an additional time slot. I considered my positionality as a Black woman and personal experiences in higher education during the research process (Clandinin, 2016) to better understand each story.

**Trustworthiness/Credibility**

To ensure the reliability and trustworthiness of the study, I employed a qualitative research technique known as member checking. This technique involves validating the accuracy of the gathered data and findings with the research participants themselves (Naidu & Prose, 2018). It was a critical aspect of the validation process, as it ensured that the participants' experiences, perspectives, and stories were accurately documented and aligned with the broader themes and contexts of BFT and narrative inquiry (Merriam & Simpson, 2000). To capture the rich and detailed narratives precisely, I shared a transcript of each participant's interview, allowing them to validate the findings and authenticate their stories. Following the semi-structured interviews, the participants were given a period of five days to review and suggest any corrections to their transcripts. However, none of the participants requested any changes to the collected data after receiving the transcripts. This process was implemented to ensure the trustworthiness and credibility of the data collected.

**Confidentiality**

As a Black woman in medical higher education, I needed to collect data aligned with my research objectives while maintaining confidentiality. To ensure this, I maintained a research journal and sought constant feedback from my research committee to stay on track and ensure the data I collected was relevant and meaningful. The journal helped me document any challenges or obstacles I faced during the research process, and I could reflect on how to overcome them. My ultimate goal was to conduct rigorous research that sheds light on the
experiences of Black women in medical higher education and contributes to the broader field of research. To better understand the content of the data, I repeatedly read the transcripts and immersed myself in the material. This iterative review helped me identify themes and understand the intricacies of the participants' experiences.

The interviews will be stored on a password-protected laptop and the university's drive to ensure security. I used Zoom's built-in function to generate transcriptions, which were then supplemented with Rev.com to improve their accuracy and readability. The sample size of 8 participants was chosen purposefully to ensure that the data collected is rich and suitable for qualitative analysis. I appreciate the transparency in using exact transcriptions and quotes from the participants. This ensured that their voices were heard as they intended, which helped to produce reliable findings that accurately reflect the experiences of Black women in medical education.

Data Analysis

I conducted a thematic analysis of the narrative data using the method outlined by Charmaz (2006) and Braun and Clarke (2006). Thematic analysis is a method for identifying, analyzing, and reporting themes within data (Braun & Clarke, 2006). To understand how thematic analysis works in the coding process, the term "code" was defined. According to Saldana (2009, p. 3), a code in qualitative inquiry is "most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and evocative attribute for a portion of language-based or visual data." The thematic analysis allowed me to report the main ideas from the interviews with Black women leaders in Southern medical colleges in rich detail (Charmaz, 2006). I analyzed in-depth interviews and historical data to create a unique depiction of the successful pathways pursued by Black women leaders in medical higher education.
(Walkington, 2017). The interviews were transcribed and coded for themes by categorizing repetitive expressions. This process helped me identify the main themes from the narratives produced by Black women in higher medical education (Black Shear & Hollis, 2021).

As per Charmaz (2006), Saldana (2009), and Flick (2014), the coding process in the research involved two main steps. The first step was open coding or initial coding, which involved inductive coding of the interview data. To be more specific, I read and analyzed the data line by line and paragraph (Flick, 2014), just like Charmaz’s (1999) line-by-line coding of interview stories. The second step, axial coding, immediately followed the initial coding phase. It involved drawing connections between the ideas in the research (Flick, 2014). I grouped the emerging codes and reviewed them for similarities and differences. Axial coding is rooted in grounded theory and is a reductionist technique utilized to identify the most critical codes from open coding, central to the overall theory (Flick, 2014). Next, I created structured emerging codes for every code from the initial analysis. Structured emerging codes are created by breaking down each code into more detailed sub-codes. This was done to identify the underlying patterns and themes in the data. Once the structured emerging codes were created, they were used to analyze and compare data from different transcripts. This allowed me to identify similarities and differences between different groups of participants and to explore the relationships between different variables in the data, including racism, sexism, and ageism. I focused on codes generated from the Black female participants’ voices and used these codes to describe the formulated themes (Clandinin & Connelly, 1990).

The final step was to formulate themes using the codes developed. Braun and Clarke (2006) describe a theme as capturing something important about the data concerning the research question and representing some patterned response or meaning within the data set (p. 82).
create interconnected themes that were also woven into the literature, I utilized codes developed
during the initial and axial coding steps, as per Aronson's (1994) guidance. Once this coding
process was completed, the findings were discussed to address the research question proposed in
this study. The goal of coding and recoding outlines how coding moves from codes to categories
to themes (Aronson, 1994). Furthermore, thematic analysis suggests a toolkit for researchers to
complete robust and sophisticated analyses of qualitative data but focus and present them in a
way that is readily accessible to those who are not part of academic communities (Braun &
Clarke, 2006).

**Positionality**

Savin-Baden and Major (2013) emphasize the importance of discussing researcher
positionality, as it allows researchers to position themselves within the interview and data
analysis as part of the story (p. 236). My positionality is shaped by the experience of having my
"Blackness" questioned by my peers while growing up. I consistently faced the challenge of
feeling like the odd one out among my friends during the most crucial moments of my life. It
was even more complicated when I was made to feel like I did not belong or was not "Black
enough." My experiences have played a significant role in shaping my identity and how I
perceive the world, from childhood to adolescence and now as an adult living in the Southern
United States. As a result, I found it essential to consider my positionality when analyzing and
interpreting the research interviews, as it helped me understand myself and others better.

My experiences significantly shaped my positionality as I faced ridicule, persecution,
marginalization, and oppression from my white peers growing up. These experiences have
undoubtedly influenced my worldview and led to a journey of self-discovery. During
adolescence, I endured severe racist attacks and persecution while commuting to school. The
continuous racial slurs from white students and oppression caused me to hate their skin color, leading me to mimic examples of whiteness. However, over time, I realized I did not feel a sense of belonging to my Black peers and yearned for acceptance. By sharing my personal experiences and insights with other Black women participating in the research study, the goal is to provide them with a sense of connection and validation, and help them feel heard and understood. Additionally, my positionality as a Black woman may help to create a sense of trust and safety among the participants, which can be crucial in facilitating open and honest conversations about sensitive topics. Furthermore, the study highlights that Black women are informed and shaped not only by their personal experiences but also by the experiences of those around them and Black women who came before them, as detailed by Amoah (1997).

As a Black woman, I wear many hats. I am a mother, daughter, granddaughter, and caregiver. I come from a traditional American family but am a non-traditional family woman. I work as a professional at a non-profit medical institution, and I identify as a Black feminist. Like other women of color subjected to stereotypes and marginalization, my positionality is based on the intersections of gender, race, and class. I first encountered these concepts in Presumed Incompetent, a book by Gutierrez y Muhs et al. (2012) delves into these issues in detail. Unfortunately, I understand from my own experience what it is like to be judged unfairly based on my skin color or the way my name is written, which is supported by studies by Mitterer (2022), who concluded that emails derived from senders with a Black racial identity were less likely to be answered when compared to those with white racial identities.

I understand the challenges of navigating the workplace when feeling like an outsider. My experiences as a Black woman in a management team composed of primarily white colleagues are unfortunately not uncommon. It is disheartening to have my input regularly not
valued and my suggestions not deemed worthy of being addressed in front of the team. Before leaving the PWI, I engaged in coping strategies, avoidance, and silence, used by many Black women exposed to unfair treatment (Collins, 2009; Houston & Kramarae, 1991; Shorter-Gooden, 2004). However, my lived experiences have legitimized my knowledge and given me the confidence to explore the stories of other Black women and their successful pathways in the medical higher education setting. Furthermore, it is inspiring to see how my position as a researcher can help other Black women find or obtain successful pathways in the medical higher education field. My narratives and experiences have helped shape my position as a Black feminist, and this study can help other Black women striving for success in medical higher education.

Nonetheless, I am confident that this knowledge and perspective have facilitated the development of valuable traits as I explore the stories of other Black women. I feel that my position can help other Black women in medical higher education to find or obtain successful pathways. Narratives will facilitate my learning and growth as a Black feminist and other Black women striving for success in medical higher education. I am validated in this research as I could not describe myself as a Black feminist until now, in my 30s. Furthermore, as a narrative inquirer in this qualitative study, it is essential to embrace my positionality as an instrument of inquiry, and my rapport with Black women will facilitate the exploration of successful pathways taken in attaining executive positions in medical higher education. Maya Angelou once said, "Each time a woman stands up for herself, without knowing it possibly, without claiming it, she stands up for all women" (Smith, 2021).
Summary

The current chapter presents an extensive overview of the research study. This included the theoretical framework, research questions, research approach, research site and participants, data collection methods, trustworthiness/credibility measures, data analysis, and the researcher's positionality. The study aims to shed light on the experiences of Black women and the intersectional oppression they face, as it is essential to challenge negative perceptions and stereotypes of Black women in executive roles in medical higher education. The following two chapters will cover the results and analysis of interviews with Black women in executive positions at medical higher education institutions.
Chapter 4: Findings

This chapter analyzes the narratives by presenting themes created from the experiences of Black women who have achieved executive-level positions in medical higher education institutions in the Southern United States. For Black women to aspire to leadership roles, it is essential to identify successful pathways shared by the participants through their work experiences, thoughts on leadership roles, and challenges. Each study participant revealed that in obtaining and maintaining their position, they had encountered personal struggles and emotional impacts. Participants indicated they faced stereotypes, gender challenges, isolation, and exhaustion, which may have impacted their career trajectory.

The themes created align with the research questions, shedding light on the personal narratives of Black women in leadership positions in this field. The findings here reflect the influence of the Black Superwoman persona (Woods-Giscombe et al., 2016) on the professional identities of Black women, the psychological cost of success, and the importance of mentoring relationships in the career trajectory of Black women. Previous studies have shown that executive-level leadership and medical higher education administration lack personal narratives from Black women (Evans-Winters, 2019). Therefore, their experiences should be considered and included in meaningful conversations. This study is crucial as Black women's experiences have historically been misunderstood and misrepresented in research (Sharp et al., 2022). These findings advance the discussion by describing how Black women executives demonstrate strength while cultivating resilience, which helps them overcome obstacles associated with the "Superwoman" archetype. The study also highlights the strategies they use to manage the psychological impact of experiencing racial discrimination daily, particularly in workplaces where they feel invisible, isolated, and erased. Finally, the narratives emphasize the importance
of Black women having multiple mentors from diverse backgrounds. This chapter focuses on themes created from the thematic analysis of a sample of eight (8) Black women. Despite being historically oppressed and marginalized, the participants describe how they reclaimed their voices through rich narratives, such as storytelling (Amoah, 1997).

**Participant Backgrounds**

**Dr. Angela**

Dr. Angela serves in an executive role as Assistant Vice President at her respective institution and brings a wealth of experience and leadership to her role, with a remarkable journey that started with the support of her parents. Her mother passed away on the same day she received the life-changing news of her acceptance into her doctoral program, which she has since completed the doctoral degree requirements. Guided by her parents' belief and unwavering support, she became the first among her ten siblings to earn a college degree.

Dr. Angela’s impressive educational journey includes a Bachelor of Professional Studies (BPS) with a concentration in Organizational Leadership, a Master of Professional Studies (MPS) with a concentration in Human Resource Leadership from a majority-minority institution in the Southern United States, a Master of Business Administration (MBA) obtained in spring 2015, and a Doctor of Education in Leadership and Learning in Organizations from a college in the South. Notably, she has earned Certified Fraud Examiners (CFE) credentials from the Association of Certified Examiners (ACFE), showcasing her fraud prevention, detection, and deterrence expertise.

**Dr. Gail**

Dr. Gail received her Ph.D. from a prestigious private research university and holds an MHS (Health Administration) and bachelor’s degree from a PWI (predominantly white
Dr. Gail is a health policy/health services researcher focused on outcomes and the quality of care provided to vulnerable populations, including low-income populations. She is also a program director and vice chair of the department. As a professor, she teaches health policy courses to graduate students and has nearly 100 peer-reviewed publications.

**Dr. Jane**

Dr. Jane identified as a Black Zimbabwean woman serving in the executive role of director/chief data officer at her medical institution. Her career pathway included coming to the United States in 1996 to “pursue higher education.” She then completed her “undergrad and graduate school” and decided to move to her respective city in 2008 and pursue a career in higher education. She has been there since then. After college, she began working in a support data role at a local community college and moved to the associate director role at the same institution. After seven years, she applied for the director role at a nearby medical higher institution and was hired. Dr. Jane’s narrative provides a rich and thorough understanding of Black women’s career ascension in medical higher education.

**Dr. Olivia**

Dr. Olivia is a Black Nigerian woman on the younger end of her career trajectory. She has served as a medical director at a Southern medical institution for four years. She is an Associate Professor of Medicine and the Medical Director at her institution. She obtained her medical degree from an international institution, completed her residency in pediatrics in the Midwestern United States, and completed a pediatric fellowship in the Northeastern United States. Following the residency program, she joined the faculty at a prestigious medical institution in the Northeast as Assistant Professor and Assistant Director before obtaining her current role at a medical institution in the Southern United States.
**Dr. Stacy**

Dr. Stacy prides herself in being a Black, cisgender heterosexual Christian woman from the Deep South who services the underserved community. Dr. Stacy’s pathway consisted of obtaining an MPH degree from a PWI in the Southern United States and attending an HBCU for medical school. Afterward, she completed her residency in the country's northeast region in pediatrics and a fellowship in adolescent medicine. The fellowship strengthened and solidified her interest in HIV research, which led to her obtaining the role of medical director of an HIV clinic. The additional titles, including director for DEI (diversity, equity, and inclusion), continued to unravel during her interview. Dr. Stacy is a researcher/physician scientist at the core and specializes in the nuances of adolescent medicine in the Deep South.

**Dr. Theresa**

Dr. Theresa's impressive career spans more than two decades, during which she became a top leader in her medical education institution. She serves as the vice dean for medical education, a testament to her expertise and dedication in the male-dominated field. Although her parents were both educators, Dr. Theresa initially pursued a different path in medical school, which was the foundation for her impressive career in medical education. She found it humorous that her career brought her back to education, following in her parents' footsteps.

Dr. Theresa's inspiring journey into medical higher education leadership is a testament to her breaking down preconceived notions about Black women in top leadership roles. She excelled in a male-dominated area within her institution and is passionate about helping others discover and pursue their medical interests. Her contributions to the curriculum committee for the school of medicine are a testament to her dedication to this goal. Dr. Theresa attributed her
achievements to her parents' support and unwavering commitment to hard work and dedication, which ultimately paid off.

**Dark Matters**

Dark Matters is a Black female who grew up in the Northwestern region of the United States and serves as the Director of the College of Medicine at her respective institution. Her background includes attending an HBCU (historically Black colleges and universities) for undergraduate school and receiving a BA in Political Science. She received her MA in Nonprofit Management from an institution in the Midwestern United States. She has worked for over 25 years in higher education philanthropy/fundraising, primarily at PWI (predominately white institutions) colleges and universities. She takes great pride in her overall contributions to higher/medical education.

**Katrina**

Katrina is the assistant vice president at her medical higher education institution. Her educational background included completing her bachelor’s degree and master’s degree from Southern institutions in English and journalism respectively. She works with the University’s President and Deans to advance the organization's academic, service, and research enterprises. Katrina utilized her strong communication and marketing background to become a prominent leader within her medical higher education institution. She is a native of her influential Southern city and utilized her master’s degree and connections within the medium-sized city to carve her career pathway further.
Table 1

Overview of Participants

<table>
<thead>
<tr>
<th>Pseudonym Names</th>
<th>Job Title</th>
<th>Years in Medical Higher Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dr. Angela</td>
<td>Assistant Vice President</td>
<td>18</td>
</tr>
<tr>
<td>2. Katrina</td>
<td>Assistant Vice President</td>
<td>16</td>
</tr>
<tr>
<td>3. Dr. Jane</td>
<td>Director, Chief Data Officer</td>
<td>11</td>
</tr>
<tr>
<td>4. Dr. Olivia</td>
<td>Medical Director</td>
<td>6</td>
</tr>
<tr>
<td>5. Dr. Theresa</td>
<td>Vice Dean for Medical Education</td>
<td>25</td>
</tr>
<tr>
<td>6. Dr. Gail</td>
<td>Director, Graduate Programs</td>
<td>20</td>
</tr>
<tr>
<td>7. Dr. Stacy</td>
<td>Director, DEI &amp; Medical Director</td>
<td>7</td>
</tr>
<tr>
<td>8. Dark Matters</td>
<td>Director, College of Medicine</td>
<td>25</td>
</tr>
</tbody>
</table>

Each of these narratives presents the stories of individual Black women currently positioned as senior or executive-level professionals at medical higher education institutions in the Southern United States. The participants had varying lengths of experience in medical higher education, ranging from 6 to over 25 years (see Table 1). The participants shared their work experiences, thoughts on moving into leadership roles, and specific barriers they have faced or anticipated facing in pursuit of a leadership position within the medical higher education field.

The themes created include (1) Leveraging the Black Superwoman Persona as a Shield to Overcome Barriers in Medical Education, (2) Existing as Black Women Executives: Success Comes at a Psychological Cost, and (3) Mentors Matter: The Importance of Having Multiple Mentors Throughout Your Professional Trajectory. The findings are structured according to the participants' pathways into medical higher education and their stories of survival and strategies from the research questions and align with Collins (2009) as BFT seeks to uncover the stories of Black women “who are not commonly perceived as intellectuals” (Collins, 2009, p. 17). In addition to researchers calling for the inclusion of more voices of Black women in the literature.
Theme 1: Leveraging the Black Superwoman Persona as a Shield to Overcome Barriers in Medical Education

The study's first theme, “Leveraging the Black Superwoman Persona as a Shield to Overcome Barriers in Medical Education,” answered the second sub-research question, “What assets do Black women in executive-level positions draw upon to overcome stereotypes and stigmas?” The theme focuses on Black women's experience embodying superhuman qualities to balance all the responsibilities that are asked of them to achieve success. It sheds light on the challenges Black women face daily and the importance of recognizing and appreciating their strength and resilience in leadership roles within medical higher education. The Superwoman Schema (SWS) is a framework to explain the link between stress and health inequalities among Black women (Woods-Giscombe et al., 2016). Through this lens, it becomes apparent that Black women face culturally specific expectations such as racism, gender-based oppression, lack of resources, and disenfranchisement that other identity groups may not experience (Liao et al., 2020). Furthermore, to the women who live it, it is just the norm, as indicated by this study’s results.

For Black women, the Superwoman Schema (SWS) has become a particular coping mechanism to aid in the daily battle against discrimination and microaggressions (Allen et al., 2019; Woods-Giscombé, 2010). Black women are often placed under the pressure to be strong, both physically and emotionally. This expectation not only puts a burden on them but also leads to them being praised for their resilience. However, this expectation of strength can have negative consequences for their health. The Superwoman Schema (Woods-Giscombé, 2010) is a
double-edged sword that is given to Black women from a young age and appears as a response to the negative stereotypes and societal perceptions Black women face. Stereotypes such as "Mammy," "Jezebel," and "Welfare Queen" were used to belittle and marginalize Black women (Collins, 2006). The "Mammy" stereotype portrayed Black women as obedient and selfless servants (Sewell, 2013), while the "Jezebel" stereotype depicted them as sexually promiscuous and immoral (Rosenthal & Lobel, 2016). The "Welfare Queen" stereotype portrayed Black women as lazy and dependent on government assistance (Nadasen, 2007). These stereotypes not only distorted the image of Black women but also perpetuated racial and gender inequalities. They continue to harm the lives of Black women even today.

The Black Superwoman persona is a societal construct that portrays Black women as strong, resilient, and self-sufficient individuals who can overcome obstacles without seeking help or support (Woods-Giscombé, 2010). This stereotype has been perpetuated in the media, popular culture, and even academic research, which has often focused on the strengths and resilience of Black women while ignoring the systemic barriers and challenges they face. While the Black superwoman schema may seem optimistic, it can also be harmful, as it places unrealistic expectations on Black women to be perfect, selfless, and always in control (Woods-Giscombé, 2010). This can lead to feelings of exhaustion, burnout, and even mental health issues, as Black women may feel pressured to carry the weight of their communities on their shoulders.

By embracing the concept of Superwoman, Black women aimed to celebrate the unacknowledged qualities and strengths that developed despite the oppression and adversity they faced (Woods-Giscombé, 2010). The participant narratives demonstrate how unacknowledged qualities and strengths can help Black women become more resilient and efficacious, as Black women must be both to overcome the various challenges. The participants' narratives exemplify
the Black superwoman persona, demonstrating their determination to succeed despite balancing multiple roles and experiencing disappointment and erasure by white male colleagues.

The Tightrope Act: Navigating the Black Superwoman Persona in Medical Education.

The first subtheme focuses on exploring the development of the Black Superwoman personality as they balance multiple priorities and demands. The participants' accounts explain how they adopted the Black Superwoman persona by balancing responsibilities, caring for others, and demonstrating unyielding fortitude (Liao et al., 2020). Additionally, they exhibit strength by being resilient and professionally employing proactive coping and survival strategies (Woods-Giscombe et al., 2023). Resiliency refers to the strategies individuals use to overcome adversity and navigate barriers that would otherwise hinder their progress (Castro et al., 2010).

Furthermore, it involves the ability to bounce back from hardship and experience positive outcomes despite challenging circumstances (Smith et al., 2008; Gillespie et al., 2007; Wagnild & Collins, 2009). Hence, it is essential to define resilience multidimensionally for research designed to explore the successful leadership pathways of Black women. In describing the importance of resiliency in achieving success, Dr. Theresa illustrated the Black Superwoman identity by noting that “one can still learn to be resilient and find a way forward.” Drs. Jane and Stacy described the importance of building resilience as they navigated barriers. By doing so, leaders can confidently affirm their skills even in the face of doubt from others (Kouzes & Posner, 2017).

Dr. Gail exemplified characteristics of the Black Superwoman persona as she manages “lots of competing demands” at her medical institution, which aligns with the literature as Black women must develop resilience and display high energy, problem-solving abilities, and expertise to respond to mounting pressures in their work environment (Blaine & Reed, 2015; O’Bryant,
Unfortunately, Black women must face numerous competing demands in the workplace, making it challenging to maintain their positions, especially in academia. However, it can be inferred that resilience is critical to overcoming these barriers. The narratives reveal the importance of adapting and developing the necessary characteristics to build a "resilient tightrope" to help Black women navigate these challenges and succeed despite the obstacles (Beckwith et al., 2016; West et al., 2022). A resilient tightrope can be seen as a metaphor for the balancing act individuals must often perform when facing difficult situations or challenges. Dr. Gail described always being “at the top of my game” to ensure that every area of her job performance was met and exceeded. She further described her experiences:

Um, there is a strong, you know, in terms of the strategic plan, that we have to think creatively about bringing in research dollars and growing our academic program. So there's a lot of work. It, it is, you know, a high pressure place for sure. Well, it's high pressure in terms of expectations of you, of an individual faculty member. So, we are expected to teach, we are expected to contribute to service, and we're expected to do research. And so, all of those are competing. I'm already a full professor, so I don't have a lot of the pressures that some of my junior colleagues have, but I still have it in terms of, um, what's expected of you. So, there is a lot of pressure and competing demands that a faculty member has to juggle, think about, or be thoughtful about as they are sort of carving out their workday or workweek. Lots of competing demands. So for me, I am a program director of our programs and healthcare quality and safety. I'm also getting ready to take on a new role with, um, our new department chair to be director of EDU of all of our educational programs in our department. So, I have all of those sorts of leadership demands. And then below that is sort of my own teaching and my own research. So I am pretty busy.

West et al., (2021) notes that Black women in higher education build supports similar to tightropes that help them navigate their roles in predominately white environments. Dr. Gail’s tightrope built resilience while sustaining efficacy to maintain her balance and stay on track, even in higher-pressure situations. Her resilience required a combination of focus, determination, and adaptability to navigate the ups and downs of life. It can be interpreted that by staying centered and flexible, Black women can avoid falling off the tightrope and continue moving
forward toward their goals. Dr. Gail’s experiences in executive leadership also attest to her efficacy and work ethic, which she related to her upbringing. Dr. Gail remembers her parents providing a safe environment, which influenced her strong self-confidence and self-advocacy growing up despite the racial tensions during the 1950s and 60s. She explained how her parents instilled in her the importance of working hard and knowing who you are, as the literature mentions that Black women cannot be passive, put their heads down, and wait to be recognized for their hard work and contributions. They must instead find the courage to advocate for themselves to have access (Hill & Wheat, 2017; Jeffries, 2015). Furthermore, Dr. Gail embodies the Black Superwoman persona by excelling in her demanding work environment while juggling multiple responsibilities such as serving on committees, teaching, researching, and leading. Her story highlights her perseverance in achieving success through hard work and the expectation to exhibit a strong image while constantly striving for success, traits associated with the Black Superwoman persona.

Dr. Gail confidently used self-advocacy to ask tough questions while serving on committees:

I’ve been asked to be on committees; I don't know if this is sort of a mountain or this is biased, but I like this whole idea of diversity, equity, and inclusion, that we need everybody on every committee. Well, I don't need to be on the parking committee and don't put me on parking, you know, but I was asked to be on a parking committee, like, really, like, you really need, you know, like a professor to sit on the parking committee. Um, and somebody wanted, so that, you know, that kind of stuff goes, oh, Gail, we need your voice. Like, you don't need my voice on the parking committee. [laughing]. I think that people are assuming because you are Black, that you are going to carry the mantle. And that may not always be, ah, you can find that there are other people of different races and genders who are willing to carry the mantle. So, when I use the example of the parking committee, why do you need a diverse representative on the parking committee? And nobody could give me an answer for that. Why? Why do you need, what is, how is my voice different from my white colleagues’ voice on parking? We all need parking. We all like it… Oh, you asked if that was an insult to be placed on the parking committee, and I said it was absolutely an insult because it was a waste of my time. That's not how
you wanna use an associate professor, in my opinion, on a parking committee where, frankly, you could ask a staff person to be on that committee. Not to, not that I'm downplaying a staff person, but that was not a good use of my intellectual capabilities. But you see, I think that's the other hurdle that I think Black people or people of color have to deal with now in this heightened era of diversity, equity, inclusion, and belonging. And that is not to say that I don't want this era to go away. We need this, but this, but, the expectations now, and, and again, sort of my time are that we are the champions for DEI, and we're gonna always be on that committee. Well, um, no, but I can be a voice, you know, there are others, I should be on the tenure and promotion committee. There are other ways that I can be supportive, and I don't have to be on the DEI committee. Like why do I have to go on the DEI committee? [Laughing], you know, I mean, everybody should be concerned about that.

Black women serving on committees can be an example of unrewarded invisible labor (Rucks-Ahidiana, 2021; Williams-June, 2015) because it is often an additional responsibility that is not recognized or compensated. Black women may be asked to serve on committees because of their perceived ability to bring diverse perspectives and experiences to the table. However, this work is often unpaid and can be time-consuming, taking away from other professional and personal commitments. Additionally, Black women may face additional challenges in committee work, such as being overlooked or silenced, which can make their contributions even less visible. Therefore, Black women's service on committees can be an example of the unrewarded invisible labor they perform as part of their professional responsibilities while meeting every institutional need for ethnic representation. Invisible labor can be oppressive for women as they are often expected to take on caregiving roles that are associated with traditional gender stereotypes and motherhood. This relates to the Black Superwoman persona (Woods-Giscombé, 2010), as Black women often assume caregiving roles in medical higher education.

Dr. Stacy illustrates the Black Superwoman persona as her narratives detail her caring for everybody as she strives to provide access to quality healthcare for HIV patients in the South. She is passionate about supporting the cause of HIV and has been actively involved in various related initiatives. This is especially important because the number of people in the South
diagnosed with HIV is significantly higher than the national average. Eight out of the ten states with the highest rates of new HIV diagnoses are in the South (CDC, 2022). Furthermore, African American or Black people account for a higher percentage of new HIV diagnoses and persons with HIV compared to other ethnicities and races (HIV, 2023). Dr. Stacy detailed how providing support and resources to those affected by the disease is essential and iterated, [My] “passion is creating access because you’re from the South, and we don’t have access” to the necessary resources. She further described how her passion often gets overshadowed by additional administrative duties and DEI committee work, including delegating several weekly hours at meetings unrelated to her job scope.

For me it's a catch 22 because those are my passions. Everywhere I've ever trained and worked, I'm always in the community, because that's just how I believe I could be effective as a clinician. I don't think I could be effective just being in my clinical setting, um, or my academic setting and doing what the job asked me to do. I don't think I could be effective like that. And so I automatically kind of strive and get out into the community anywhere I go. However, um, you know, academic institutions will capitalize on that and they'll be like, oh, well let's do this and let's do that. And, you know, if you're lucky, maybe you get recognition; if you're a boss, maybe you get salary support or effort. Um, and I'm [laugh] you know what I'm saying? Cause like they want you to do it for free on top of everything else you're doing.

Dr. Stacy’s focus is continued as the realities of inadequate healthcare continue to plague the Black community, as detailed in the literature by Warshaw (2017), which reinforces how rural health disparities are deeply rooted in economic, social, and racial factors. Dr. Stacy's dedication to addressing health disparities aligns with the “ethic of care” tenet of Black feminist epistemology (Collins, 2006), as she expressed her desire to improve healthcare and resources for HIV patients in the Deep South, which is a step towards caring for everybody.

Furthermore, this can be seen as an embodiment of the Black Superwoman persona by ensuring better access to resources for the Black community. Like the metaphoric superwoman, Dr. Stacy feels she has the superpower to expand access to resources in the Deep South.
Nevertheless, she is plagued with DEI administrative work, which hinders her progress toward her passion. The DEI work is essential to the University’s goals of diversity and inclusion, yet caring for HIV patients is also a priority to Dr. Stacy, which causes an additional burden as she prioritizes her workload. The latter narrative details how she copes with these challenges and decides to follow her passion outside leadership duties. Additionally, Dr. Stacy carries the burden of the Black Superwoman as she walks the tightrope to balance her teaching priorities, overseeing the clinic and directing DEI initiatives.

These narratives highlight Black women's challenges in pursuing executive leadership roles. They depict how the participants manage multiple priorities in high-pressure work environments. The participants in the study showcased their ability to handle these challenges and attributed their success to the Black Superwoman persona. Additionally, resilience was crucial in their journey towards achieving their goals. It involved bouncing back from hardships and overcoming challenging circumstances to experience positive outcomes.

_The Burden of Double Effort: The Constant Struggle of Black Superwomen to Prove Themselves._ Black women often face additional challenges in the workplace due to their race and gender, which can create a burdensome double effort as they often feel the pressure to work twice as hard to get just as far and repeatedly prove themselves (Liao et al., 2020). It can be difficult for them to thrive as they deal with the high expectations placed on them in male-dominated work environments, coupled with the need to overcome various challenges, including invisibility and erasure. Despite their challenges, the participant narratives reflect how they demonstrate strength and resilience as they climb the career ladder.

Dr. Angela's journey in higher medical education aligns with the Black Superwoman identity, as detailed in her narrative, as she works simultaneously to complete multiple degree
requirements while working full-time and advancing up the career ladder. The narrative reflects her firm belief that failure should not be an option, and therefore, she goes the extra mile to plan and over-prepare herself to achieve her goals. Dr. Angela created a strategic plan to achieve her goals and get promoted while working twice as hard to accomplish her goals:

I got my associate's, went to the University of Memphis, and got my bachelor's. Then I got a masters. I went back and got another master's [degree]. I became a certified fraud examiner, and then I earned my doctorate. But all along, while doing that, I was getting promoted at work. So, I went from an executive assistant to a financial assistant, a business manager, a business director, and now, an Assistant Vice [President].

Dr. Angela emphasized that success comes from recognizing knowledge and skills as valuable assets. As such, her journey toward success in medical education resulted from building self-advocacy and knowing her worth. Her strong aptitude for continuous education is further evidenced by her current preparation for the CPA exam, which she expressed diligently studying for by logging off from work and immediately logging into her laptop to begin studying. This narrative aligns with the Black Superwoman persona that Woods-Giscombe (2010) described, suggesting that Black women constantly work to prove themselves. Dr. Angela’s narrative reflects that trying to excel in multiple areas of life and embodying the Black Superwoman can sometimes be overwhelming.

Dr. Angela's story also highlights the struggles faced by Black women leaders as she fights to overcome the barriers of erasure and invisibility from white male peers in medical higher education. She divulged:

I mean, you know, just being a Black woman and once you excel, white people tend to treat you differently. Let me tell you this. So I didn't see how hard it was. Nothing seemed hard when I was tryna get my degrees, but now it's the dismissiveness, it's the lack of acknowledgment. But you know what? It pushes me to grind harder and smarter.
It can be inferred that she displayed strength as she meticulously planned her decisions to safeguard herself from peer scrutiny. Her journey is a powerful example of Black women leaders' academic struggles. Dr. Angela detailed:

So, I created my strategic plan according to the university's plan. So, I created mine from theirs, and I'm tackling all of it. So, it's like, I got to get this done. I can't go anywhere. We have to get this done right now. Come on, let's do this. So, that's the only thing. And you know, I use that as my footprint and or my backup.

Dr. Angela's determination to succeed was illustrated when she detailed having her plans compromised due to additional administrative duties unrelated to her executive title. She recounts having a “do it yourself” and “double-check behind them” attitude when completing administrative duties below her pay grade. It can be interpreted that the Black superwoman persona is often associated with Black women having these attitudes, as they are expected to be strong, resilient, and self-sufficient individuals who can overcome any obstacle without seeking help or support. This stereotype places unrealistic expectations on Black women to always be in control and can lead to feelings of exhaustion, burnout, and even mental health concerns (Newton, 2023; Showunmi, 2023). While the Black superwoman persona can empower and celebrate Black women's unacknowledged qualities and strengths, it is crucial to recognize that seeking help and support is not a sign of weakness. Developing resilience and self-advocacy is essential, but it should not come at the expense of one's well-being, which is often the case, as reflected by the narratives of Dr. Angela and other participants as they navigated their pathway to top leadership positions.

Like Dr. Angela, Katrina's career journey exemplified the Black Superwoman persona by illustrating how she achieved the AVP role using her strong communication skills and marketing background to brand herself as a prominent leader. She described working “extra hard” in her career instead of obtaining a doctorate degree. The extra hard work demeanor can be interpreted
using the Black Superwoman persona. Black women must work twice as hard to get the same recognition and opportunities as their white colleagues in academia. While building her pathway, Katrina's diverse experience allowed her to work with well-known community leaders and music icons like Issac Hayes, further building her confidence. She also showcased her philanthropic spirit by spearheading donations for Hurricane Katrina and Afghanistan support missions.

Moreover, through hard work and consistency, Katrina solidified her “right to be here [in a leadership role].” She detailed a vital attribute to building her career and overcoming obstacles was consistently proving herself in every position she obtained:

*There is a perception not just with Black women but with Black people, minorities in particular, that we might not be there because of our skin color as opposed to our intelligence. Our experience is what we can bring to the table.*

Katrina highlighted the significance of Black women developing self-advocacy while navigating their career paths. This idea aligns with the notion that positive self-perception and self-approval promote self-assertion and resilience, which reflects the Black Superwoman persona. She detailed a vital attribute to building her career and overcoming stereotypes was consistently proving herself in every position she obtained:

*There is a perception not just with Black women but with Black people, minorities in particular, that we might not be there because of our skin color as opposed to our intelligence. Our experience is what we can bring to the table.*

This narrative is reflective of the Black Superwoman persona as Black women must constantly immerse themselves in their work to prove their white colleagues wrong. Katrina also attributed her confidence and resilience to saying, “My tendency always is to throw myself into work.” Research suggests that Black women in leadership often feel they must show themselves deserving of their position, so they take on more than enough tasks to overcompensate for these feelings of inadequacy (Davis, 2016). She detailed that she is proud to be the first Black woman
to hold most of her positions, which reflects her effectiveness in goal-setting strategies and embodiment of the Black Superwoman persona.

On the same note, Dr. Gail highlights that having to prove herself to her white male colleagues, who often made her feel invisible as they dismissed her opinions when presenting quality and safety projects.

A lot of my research is with clinicians, um, in the health system. So I do a lot of work on, thinking about quality and safety, and we do a lot of research on various improvement projects. And I write up, and I will find time after time in meetings with white men that they will completely dismiss my point of view. I mean, and I can feel it. And that's also one of the reasons when I said, sort of let, I have to learn how to let that stuff go. Now, guess what? And these are sometimes my white men who are residents or assistant professors. I'm a full professor, dude.

To overcome the invisibility and erasure, she described being proactive and staying ahead of her colleagues by consistently preparing for meetings and anticipating how to make her voice heard and respected. Dr. Gail further described going the extra mile when conquering these barriers:

Knowing that I don't come mediocre when I come into a space. I know that I did my research before sitting at the table. and that's part of confidence, so it's hugely important to know who you are.

Dr. Gail's narratives support Collins' (2000) argument that Black feminism is focused on being deliberate about one's identity and societal position. Historically, Black women have been marginalized and excluded from many conversations and spaces. To combat invisibility, Black women must seek opportunities to be heard and seen actively. This can include speaking up in meetings, networking, and taking on leadership roles. Furthermore, Dr. Gail’s strategies aim to build an identity grounded in confidence, greatness, and intellect, which helps overcome workplace invisibility.

Acknowledging and discussing the constant struggle of Black Superwomen to prove themselves through double the effort, pushes the conversation forward for Black women. It
brings attention to the unique challenges they face, such as upholding a ridiculous work ethic and living by the mantra of having to work twice as hard to receive half the acknowledgment as their white counterparts. It also allows for a deeper understanding of the impact of stereotypes and how they can affect individual experiences and perceptions in the workplace. This can lead to a greater awareness and appreciation for the diversity of experiences and identities within the workplace, ultimately leading to a more inclusive and supportive environment for all.

**Active Construction of the Black Superwoman Shield to Overcome Barriers.** The subtheme can be restated as proactively building a protective shield to overcome obstacles. This implies that Black women must actively construct a defense mechanism against any challenge or difficulty that may come their way rather than passively waiting for solutions to present themselves. The subtheme emphasizes taking initiative and proactively tackling personal or external problems.

Dr. Jane’s narrative is an excellent example of how building resilience can help Black women navigate the challenges of today's world. The creation of the Black Superwoman shield was meant to protect her while dealing with changes in her medical institution. This illustrates how she leverages her strengths to cope during difficult times. She discovered her capabilities and interests by stepping outside her comfort zone, challenging herself, and building a successful career. In particular, she spoke of developing a "thick skin" to leverage herself when her white male colleagues overlooked her contributions to their work:

> For me, developing thick skin helped me to keep pushing, you know, as a Black Zimbabwean woman in an office full of white American men. I had to be tough because they did not respect me as a leader or a woman…but I have become more determined not to let that keep me from sharing my ideas.

Interestingly, "thick skin" is often associated with strength and resilience, especially in adversity. Hence, Dr. Jane’s narrative embodies the Black Superwoman persona as she uses the metaphor
of having “thick skin” as an active layer of protection to overcome some of the barriers she faces in her workplace. It is essential to recognize that this metaphor can also minimize the impact of discrimination and oppression on individuals, which is reflected as she was able to continue her leadership journey despite experiencing forms of disrespect and undervaluation from her white male colleagues. Unfortunately, the expectation for Black women to have a "thick skin" can often lead to the normalization of oppressive behavior in the workplace. The Black Superwoman persona, while admirable in many ways, can also perpetuate harmful stereotypes and create additional pressure for Black women to perform at an even higher level.

Dr. Theresa embodies the construction of the Black Superwoman shield by leveraging her strengths and refusing to be pigeonholed into a specific role. Specifically, she described instances of turning down roles because she did not want to be “pigeonholed into a certain area, like multicultural affairs,” as her primary interest was and still is medical education. She remained determined and persevered to achieve her goals:

Just make sure you keep your eye on the main thing and keep going; don't get off the path. And, you know, it’s just really fascinating to me in an environment like this, particularly when you are, um, of a minority group…, because it is difficult when there's so few of us. You must keep going.

This approach allows her to navigate the challenges of being a Black woman in a leadership position in a medical higher education institution with grace and resilience. By refusing to be confined to a narrow definition of success, Dr. Theresa can draw on her unique talents and abilities to make a meaningful impact in her field.

Overall, developing a shield of protection is beneficial for Black women in leadership as it allows them to showcase their diverse skill sets and expertise, which can be invaluable in leadership roles that require a multifaceted approach. Secondly, it allows them to explore different career paths and opportunities, which can lead to personal and professional growth.
Finally, it enables them to challenge stereotypes and biases that may limit their career advancement and influence in the workplace. By breaking free from traditional expectations and norms, these Black women demonstrated resilience, creativity, and resourcefulness, essential qualities for effective leadership.

The Black Superwoman identity is a complex and multifaceted concept, as per the findings of the study. Black women are expected to be strong, independent, and capable of handling multiple responsibilities simultaneously, often at the cost of their personal well-being. The participants of the study effectively used this identity as a shield to overcome barriers in medical education. However, they also expressed the psychological cost of maintaining this persona. The burden of double effort and the constant struggle to prove themselves led to a psychological toll, including feelings of being overwhelmed, anxious, and exhausted. The study highlights that while the Black Superwoman identity can be a source of strength, it can also create a significant psychological burden for Black women in medical education.

**Theme 2: Existing as Black Women Executives: Success Comes at a Psychological Cost**

The second theme, “Existing as Black Women Executives: Success Comes at a Psychological Cost,” answered the overarching research question regarding how Black women in executive-level positions describe their experience as medical education leaders. As one can imagine, the barriers and extra workload outlined in the previous theme, “Leveraging the Black Superwoman Persona as a Shield to Overcome Barriers in Medical Education,” can cause additional stress, anxiety, and burdens for Black women in medical education. Research is indicative that workplace discrimination impacts all aspects of Black women’s health—physical, mental, and financial (Geter, 2022). Daily exposure to racial discrimination can also cause psychological issues, including in workplaces where they feel unsupported, isolated, and
excluded (Holder et al., 2015), as the participants described in their rich narratives. Studies indicate that high stress in medical higher education is associated with preventable chronic disease and premature death in Black women (Schmidt, 2016). Therefore, it is crucial to develop strategies that promote well-being and reduce stress levels because the mental and emotional labor required for Black women leaders while maintaining their authentic racial identity has been described as exhausting (Erskine et al., 2020; Schneiderman et al., 2005).

The participants actively employed Black Feminist Thought (Collins, 2009) by engaging in dialogues that explicitly relate to their experiences, realities, and lives while challenging white dominance. Black Feminist Thought aims to empower Black women by addressing the issues concerning their bodies, intelligence, and abilities. These narratives are necessitated as Black women became the subjects of this study, and their insider perspective was instrumental in revealing the complexities of social phenomena (Collins, 2009). The second theme of the study describes the mental toll of COVID-19 and the Black Lives Matter protests and the psychological impact of stress on Black female executives as they shared their experiences in higher medical education.

**The Dual Pandemic: The Mental Toll of COVID-19 and Black Lives Matter Protests on Black Women** COVID-19 is best characterized as a highly infectious respiratory illness caused by the novel coronavirus. It was first identified in Wuhan, China, in December 2019 and spread rapidly worldwide, leading to a global pandemic (WHO, 2023). As of December 2023, the estimated number of deaths worldwide due to COVID-19 was over 6.9 million, with 1.1 million deaths being precisely in the United States. Nonetheless, this number may be underestimated as some deaths are not officially reported or attributed to COVID-19 (WHO Coronavirus (COVID-19) Dashboard, 2023). It is essential to understand how the pandemic has
affected different groups of people, with one crucial aspect to consider is the impact on Black women. Notably, the pandemic is categorized as a dual pandemic for Black women as they navigated COVID-19 and structural racism in the workplace (Godoy et al., 2023). The COVID-19 pandemic was not just a news headline; it had a devastating effect on the livelihoods of millions of people across the world. Unfortunately, Black women were disproportionately affected by its impact, including the systemic inequalities they face in the workforce. These inequalities have existed for a long time and were only worsened by the pandemic, leading to a more significant economic burden on Black women (Godoy, 2023; Boucher, Chisholm-Burns, 2020). The unfortunate reality for Black Americans included facing a challenging and complex situation where they are simultaneously dealing with multiple crises. The issue of systemic racism in America is pervasive and needs to be addressed with urgency and sensitivity. The murders of George Floyd, Ahmaud Arbery, and Breonna Taylor, among others, produced international civil unrest and a national outpouring of outrage, which spurred a mixed impact on Black Americans (Silverstein, 2021). The participants’ experiences highlight how they coped during a volatile time filled with loneliness, stress, and uncertainty caused by the dual pandemic.

These findings highlighted the emotional toll essential workers experienced while managing their work-related responsibilities and navigating the unfamiliarity of COVID-19 (Godoy, 2023). Two participants described the stress of feeling excluded and lonely as they worked from home during the pandemic's peak. According to Turpin (2023), the COVID-19 pandemic and the social unrest surrounding racism and police brutality have had a disorienting impact, leading to an increase in self-reported inability to achieve health, wellness, and well-being among Black women. One of the participants shared her experience of the unrest within her department. She discussed the removal of a Civil War Confederate grave, which was located
across the street from her office. She expressed feeling uneasy as her white male coworkers complained about the removal of a piece of history from the area. She described the scene filled with Confederate flags and angry white men, news crews, and protestors, which lasted nearly one month.

The office chatter for several weeks was about when the grave would be moved. My white colleagues, mainly the men, said they didn’t see the big deal, but the grave didn’t belong in [our majority-minority city]. They knew he was a slave trader but still kept pushing for it to stay. Like they said on the news, a city with 75% people of color doesn’t need racist statutes. Campus was tense, and you only heard them talking about it in their little groups. The tenseness made all of us uneasy, but we just worked on.

The participant’s narrative reflected how the white male colleagues disregarded the impacts of decades of racial injustices toward Black people by vocalizing their frustration, which added to her discomfort. Coping included isolating herself from the majority white department and engaging in individual-level coping strategies, including venting to family and friends outside the workplace.

My family is my rock, and I’m thankful that they are close by. Because the work ish was too much on a good day during, you know, COVID and the protests. It was like white people couldn’t care less about our feelings and struggles. They just kept it moving. And the thing that got to me most was them complaining about the protests like we were wasting their time fighting for what’s right, you know.

The participant's narrative detailed the importance of her family and social support system as they simultaneously helped counterstrike the adverse events around her.

Another participant described feeling anguish during the ongoing peaceful protests and marches related to police brutality happening locally. She detailed her coworkers joking about “what stuff them people gonna destroy tonight,” which she perceived that her white colleagues were accusing Black people of destroying various businesses in the city during the peaceful protests after the unlawful death of George Floyd. Furthermore, she described the loneliness and isolation of working in a volatile time. She described the atmosphere as being in flux in her
majority-minority city and feeling isolated as “the only Black woman in sort of middle management.” These narratives genuinely reflect the incredible balancing act that Black women have had to play as they navigate their careers, which have only become more complex and challenging with the pandemic and the BLM protests. Black women have shown time and time again their incredible resilience and determination in the face of adversity. It is truly inspirational to witness how they managed to find a way to keep striving forward despite the mental toll it takes on them. Her strength through adversity is driven by the resilience that has manifested as motivation factors such as family and relationships, as well as the support of cultural identity and diversity (Chance, 2022).

Previous research has found that some workers found a way to reduce the psychological impact of the dual pandemic by establishing a new normal for their working environment (Silverstein, 2021). In this study, two participants mentioned the advantages of working remotely from home, which helped them deal with the increased psychological stress during the dual pandemic. Dr. Angela spoke positively about the impact of working remotely on her mental health.

I love it at home because I get more work done… and I don't feel that pressure of trying to complete an assignment anymore. because I can do it at my pace and without ‘em throwing jabs and scrutinizing my every move.

Since working primarily from home and only going to the office for divisional meetings or essential functions, the participant described a stronger sense of work-life balance. This finding is supported by recent data indicating that Black women who work remotely experience less day-to-day racial bias and less pressure to assimilate into workplace norms of a predominantly white culture (Gurchiek, 2023). In the same vein, Dr. Jane has stated that she feels more empowered in her career since adopting a hybrid work schedule due to the COVID-19 pandemic. She explained
that working from home has enabled her to avoid certain workplace prejudices and stereotypes, as she can better manage her environment and stressors (Davis, 2021).

I think the pandemic really changed our, like, the way that you see things. Like, everybody prior to in my office, um, was like five days a week, eight to five, you know, very strict, and then COVID hit, and it's like, okay, nobody can go to the office. And it showed us, it really showed, how we can still get work done without sitting in the office all day. And a lot of times, I'll be the first to admit, like, I'm way more productive at home because I don't have distractions… I think I prefer, I like the hybrid. It's about what gives me the flexibility to live the life I want to. If you know what I mean.

Dr. Jane further described the immense benefits of working a hybrid schedule as she detailed working two days a week in the office per week and how “mentally, it’s a pretty good deal.” This narrative pushes the overall conversation forward as a hybrid work schedule fueled by the pandemic has been beneficial for Black women. Firstly, it has allowed for greater flexibility in work hours and location, which can be particularly important for those with small children or aging parent responsibilities. This can help to level the playing field and create more opportunities for black women to participate in the workforce. Additionally, hybrid work can help to reduce the impact of workplace bias and discrimination by allowing employees to work remotely and limiting in-person interactions. This can help to create a more equitable and inclusive work environment for Black women, who may be more likely to experience discrimination or bias in the workplace. Overall, while there is progress in achieving accurate equity and inclusion in the workforce, hybrid work can be a positive step forward for Black women and other marginalized groups.

To summarize, the narratives presented align with Godoy's (2023) and Boucher and Chisholm-Burn’s (2020) findings that Black women have reported experiencing significant stress while navigating the challenges of the dual pandemic, COVID-19, and Black Lives Matter protests. These findings are noteworthy, as research indicates that COVID-19 has had a
disproportionate impact on Black women, exacerbating existing systemic racism and leading to disproportionately adverse health outcomes (Silverstein, 2021). The narratives of the study participants provide valuable insights into the experiences of Black women in medical academia during the pandemic, contributing to the limited data available on this topic. Finally, the findings highlight the need for more data to be collected to understand the mental toll of COVID-19 better and protesting in the Southern United States.

**The Impact of Stress and Discrimination on Black Women Executives in Medical Education and their Coping Mechanisms for Overcoming Mental Exhaustion.** In a broader spectrum unrelated to the pandemic, five participants reported feeling fatigue and frustration with their current employer and duties. The high mental stress, exhaustion, erasure, and exclusion levels led two participants to consider resigning from their positions throughout their narratives. Since the research was conducted, it has been reported that two out of the eight participants have resigned from their executive positions at their respective institutions. One participant, Dark Matters, resigned because of a "toxic work environment." In contrast, another participant, Dr. Stacy, resigned due to a lack of autonomy to conduct research in a manner that suited her interests as a scientist. Furthermore, all participants described the evident stress levels from merely showing up to work as a Black woman holding an executive position (Mays, 1995).

Being in the South and fighting oppression is significant for Black women because the Southern United States has a history of systemic racism and discrimination against Black people. The narrative depicts how the participants have had to navigate and overcome various challenges, including gender biases, stereotypes, and isolation, to succeed. By sharing their narratives and experiences, they shed light on the unique struggles that Black women face in these positions and pave the way for future generations to follow in their footsteps. Additionally,
their experiences challenge the historical misrepresentation of Black women in research and contribute to a more nuanced understanding of the intersection of race and gender in leadership positions.

Dr. Gail’s reports convey the emotional toll of meticulously completing research only to have her white male colleagues deny her proper credit. She described the mental toll of overcoming barriers related to invisibility and erasure from white male colleagues in lower-level positions, as her voice was often silenced or suppressed. Studies suggest that erasure of Black women’s experiences in research and leadership roles can lead to a lack of understanding and perpetuation of harmful stereotypes (Fields, 2020). As such, she attributed her coping mechanisms for dealing with stress to the lessons she learned from her father while growing up:

I just don't give a shit because my dad taught me this to overcome these barriers. So, a lot of Black women would say, I'm quitting; I'm leaving the south. I'm not working at a southern medical institution, or I'm filing a complaint, or, you know, they lose their mind and, they're labeled the angry Black woman...for me, what helps me are my community. So a bunch of, a close-knit community of girlfriends or professional colleagues who I trust we can come back and say, this happened and this happened. So one, nothing else acknowledgment that was a dis. So, I'm not crazy. So having a group of people that have a glass of wine with debriefs and to also help me sort of figure out.

This narrative is engaging as it highlights the fact that Black women have used diverse coping strategies throughout history to manage stress. Some of these include turning to their faith or community, cultivating positive self-image and self-worth, drawing from the strength of their ancestors, and relying on their social support systems (Brenner et al., 2018). It is inspiring to see how resilient and resourceful Black women have been in the face of adversity while continuing to live and work in the Southern United States despite racial history dating back to slavery. These participants have unique viewpoints as they have decided to stay or return to the South to make a difference in medical higher education. This is unlike other Black women and professionals who have chosen to live and work in other parts of the country.
Moreover, the narratives detail how Dr. Gail and other participants withstood the psychological cost of the barriers as they grew professionally and personally throughout their careers. The narratives of reclaiming their voice align with a way to regain a sense of agency and control over their lives (Collins, 2009) during their academic leadership quest. As she progresses in her career in medical education, she described feeling conscious and aware that she can overcome the silent bias and discrimination related to being a Black woman in executive leadership:

In this economy in the world, 2023, it's not; I mean, we can't say how hard it was for our parents or our, you know, our ancestors because they clearly had it hard. But in a sense, it's very mentally challenging that you're putting up with something that they're not coming right out and saying like, you're Black, and I am not going to listen to you. But at the same time, you know that that's what it is. My workaround is having my tribe for sure. That is so people who are going to reaffirm me, who I am and what I'm doing.

Dr. Gail stressed the importance of building a community, as exposure to bias and discrimination can cause immense stress for those facing racism and sexism daily (St. Jean & Feagin, 1998). She shared that her community, both inside and outside of work, has been a great source of support in her journey towards executive leadership.

But even, but I would acknowledge that even part of the problem is, is that those folks may not even know that they are doing this either. Not to let them off the hook, but the problem with implicit bias is and that it's one of those things where you, you leave the meeting, and you're like, did you really, you know, you sort of are lying down and get ready to go to sleep at night, and you're going through the day, you're like, oh my God, that person was disrespectful. …I tell myself, is it worth me getting upset about it? Or do I need to figure out how to strategize and do a workaround…My workaround is having my tribe for sure. That is so people who are going to reaffirm me, who I am and what I'm doing.

Dr. Gail's journey involved meeting spoken and unspoken expectations, facing ongoing scrutiny, and constantly questioning her leadership abilities. She emphasized that building a community is crucial, providing a space for connection, advocacy, and support, enabling Black women to thrive in various aspects of their lives (Adefemi, 2023). Like Dr. Gail, the stress and strain of
executive-level leadership affected Dr. Theresa’s 25-year journey in medical higher education. She detailed that race impacted her in “multiple ways that I couldn’t explain completely.” In some ways, “both good and bad.”

   Oh, there's some good, And, you know, as I think has come across, I tend to dwell on good things rather than, uh, I, I tend to be the person who sees the glass half full rather than the glass half empty., I do admit that I'm that type of person. Um, and I have no doubt that um, you, you know, that being a Black female has been both a detriment and, uh, a boost. And when I say a boost in that, I think more about what I represent, I think more than anything. Um, and I think about that a lot. Um, and that's that saying from The Hope of the Slave [by Maya Angelou].

Dr. Theresa’s narrative can best be interpreted using her reference to the poem "The Hope of the Slave," written by Maya Angelou, which speaks to the struggles of Black people throughout history and the strength they find in their resilience. The poem touches on themes of hope, perseverance, and the power of the human spirit in the face of oppression and adversity, which also reoccur in the themes. Angelou’s vivid imagery and metaphors convey that Black people have survived and thrived despite obstacles, reinforcing controlling images detailed by Collins (2006). Collins argues that these images are pervasive in society, appearing in media, literature, and everyday interactions, and are hence used to justify the oppression and marginalization that Black women experience. The poem ends with a message of hope for a better future in which everyone is treated with dignity and respect. It can be interpreted as Dr. Theresa’s determination to keep working in medical education to create a more equitable future for Black medical students in the Southern United States.

   Dr. Theresa's narratives highlight the psychological costs that work-related stressors, such as discrimination, microaggressions, and stereotype threats, can have on Black women leaders. She utilized storytelling (Amoah, 1997) to detail how a medical student used their white privilege to try and circumvent the system regarding their clerkship appointment. When she told
the student, “No, you cannot do that,” the student used their white privilege to go over her head and ask the white department chair for permission. The disrespect in this narrative is not only coming from Dr. Theresa’s coworkers but also from white students who do not respect her authority. She detailed how the situation impacted her psychologically because the student did not respect her as the clerkship director because of her gender and race:

The medical student went to the chair to ask the exact same question…I went to the chair, and I said, look, this is what I said; this is what I meant. [And] This is why it cannot be this way. And, at this point, you just need to know why I’ve said this… And, um, he agreed with me and said the same thing to the student later on. But just the fact that the student felt that they could do that… and I know exactly why he did what he did…It’s the intersection of both [my race and sex].

Dr. Theresa affirmed that she was not naïve in confrontational situations based on gendered racism. Contrastingly, this is the opposite of how Dr. Jane felt when encountering gendered racism early in her leadership pathway. Dr. Theresa further iterated that although these problematic situations often occur inside her medical institution:

You cannot spend all your time angry and upset about this stuff. But then the only thing that's doing is raising your blood pressure…[laughing], and I do not have high blood pressure…. But for my health and my well-being, I had to do this.

Dr. Theresa's narratives align with Dr. Gail's and reinforce that Black women’s sustainability relies heavily on coping mechanisms and relationships with others to manage the stress that may manifest based on racial and gender stress from their position (Shorter-Gooden, 2004).

Furthermore, Black women leaders spend considerable time proving they have the knowledge necessary to do their jobs and belong in their roles. This is a distraction for Black women who should be allowed to show up and be great leaders (Byng, 2017).

Furthermore, Dr. Theresa’s utilization of storytelling revealed how she overcame the mental toll associated with navigating her workspace as a Black female. She emphasized that
sometimes, even when things cannot be changed, a person can still learn to find a way forward despite the uncertainty of change:

And one of the things that I have learned in all the places that I have been. No matter where you are, some people are for and against you. You can't change that. And you will find people who pull for and against you. You can't change that”.

She added,

People really and truly, at some point, default to one side or the other. And, as we are trying to make our way in these complex environments, we need all kinds of people to help us along the way.

A supportive network of people who can help during the leadership journey is essential, especially those who understand and share similar experiences. Dr. Theresa's findings and the experiences of Black women in the study emphasize the significance of finding the right people who can provide guidance and support along the way. Similarly, as detailed earlier in the discussion, Dr. Jane recounted the psychological impact of having white male colleagues in her department frequently take credit for her work and ignore her contributions as the director and chief data officer:

I just felt it was either because I'm a woman, I'm a Black person, or I'm a foreigner that his behavior was like that…they ignore what you’re saying, and then they react differently; then they come back with it [the same idea] like it was their idea the whole time.”

Dr. Jane’s narrative is filled with numerous challenges as she identifies as a Zimbabwean Black woman experiencing erasure at the hands of her white male colleagues at her Southern medical institution. Being a Black female and an international Black person can differ in many ways. Black Americans are descendants of Africans who were brought to America as enslaved people, and they have a unique history of oppression and struggle in the United States. On the other hand, Zimbabwean Black people have a different set of experiences, as they come from various countries and cultures. They may face discrimination and challenges based on
nationality, ethnicity, or religion (Amaize, 2021). For instance, in the context of the medical field, Black American women may face specific challenges in obtaining and maintaining executive-level positions due to systemic racism and sexism in the United States. On the other hand, Black women from other countries may face discrimination based on their accent, cultural differences, or lack of familiarity with American cultural norms. Moreover, international Black women may have to navigate complex visa processes or immigration laws, which can further impact their career trajectory (Amaize, 2021). Hence, while Black Americans and international Black people may share a common identity as Black individuals, their experiences, challenges, and opportunities can vary based on their unique cultural and national contexts (Amaize, 2021).

It is essential to recognize and acknowledge these differences in understanding and addressing the various forms of discrimination and oppression faced by Black people worldwide.

Dr. Jane’s experiences with her colleagues can be interpreted as erasure as Black women are systematically excluded from mainstream narratives and histories, erasing their contributions, experiences, and perspectives. Erasure is defined as the act of ignoring or overlooking the unique challenges and accomplishments of Black women, which often leads to their experiences being misunderstood or misrepresented (Asare, 2021). Like Dr. Jane, the Black women’s narratives depict how their voices and stories have historically been marginalized, and their experiences in the medical higher education field have been overlooked, including in research studies. Erasure can have far-reaching consequences, including reinforcing harmful stereotypes and prejudices, limiting opportunities, and perpetuating inequality, as described by Dr. Jane when revealing how she laughed, thinking about how “naïve” she was the first few times white male colleagues stole her ideas. When she tried directly addressing the situation with them, “it was just brushed over”
without acknowledging her hard work and contributions as a Zimbabwean Black female executive. The adjustment was mentally tough as she worked to assimilate the American culture:

I think it was, well, you know, it's not very, it's not easy to assimilate in a different culture, even though I find it in, you know, I saw it as an adventure, and I was really willing to engage in it, but it's still difficult to, to assimilate and it's difficult to, for me to understand people beyond what they're saying, but understand, you know, just understand [laugh] as a people from a different culture than mine and understand their motives. Cuz you can misread motives sometimes. And, and also, so I guess I had to overcome a lot of self-doubt in, I never doubted my, my, um, ability, my academic abilities mm-hmm you know. But it was, um, it was just overcoming self-doubt that I can actually make it in this environment.

This narrative substantiates Dr. Jane making a “mental shift” to overcome the fatigue and stress of her executive role in the medical academic environment. She remembers feeling optimistic when describing navigating the challenges as an adventure. Dr. Jane’s narrative can best be interpreted using the acculturation identity model, a theoretical framework used to understand the cultural adaptation process experienced by individuals or groups encountering a new culture (Kuo, 2014). These models propose that acculturation is a complex and multifaceted process involving psychological, social, and behavioral changes. Berry's (2006) and Kim and Abreu's (2001) models focus on different aspects of the acculturation process and provide a unique perspective on how Dr. Jane made the mental shift to navigate the challenges of adapting to a new cultural environment.

Dr. Jane further describes the psychological impact of her role when detailing the additional challenges experienced are related to erasure, including “not being allowed to speak,” having her work “undermined,” and having “white men taking credit for [her] work or ignoring what [she is] saying.” Dr. Jane described developing mental toughness to combat the frustration and heartache of white male colleagues stealing her ideas and contributions. Unfortunately, this is often the norm in white-male-dominated fields, as white privilege has traditionally set the
standards for leadership (Kendall, 2002). Dr. Jane further revealed that she has begun addressing the issues directly with white male colleagues to develop better working relationships and collaboration efforts. However, she is frequently met with statements like “I was able to expand on it [your idea]” while negating the existence of her original “ideas.” This occurrence further illustrates white privilege in the workplace as Kendall (2002) described white privilege as an institutional set of benefits granted to those of us who, by race, resemble the people who dominate the powerful positions in our institutions (p. 1). Notably, during the interviews, all participants emphasized the psychological toll of leadership positions due to the negative impact of white privilege on their daily lives.

It is disheartening to unravel Dr. Jane’s experiences, which can be interpreted as the continuous occurrence of systematic racism and oppression in the workplace. Her actions are admirable as she continues to work hard and build relationships despite facing disrespect and undervaluation from her colleagues as they blatantly steal her work and ideas. However, it is essential to acknowledge and address such issues as they can hurt Dr. Jane and other individuals’ mental health and overall well-being. Her persistence can also be understood as her desire to avoid being stereotyped or labeled as an angry Black woman in her workplace. Research suggests that white people tend to perceive Black people as angry, even when they are not (Williams et al., 2022). Therefore, Black women must continuously walk a tightrope (Beckwith et al., 2016; West et al., 2022) to ensure that they are not too aggressive or too Black as they climb the career ladder despite barriers encountered in the workplace.

Dr. Jane, Dr. Theresa, and Dr. Gail’s experiences shed light on how Black women often face stress while dealing with inappropriate and offensive behavior from their white colleagues. They are often caught in a dilemma where they must decide whether to speak up or remain silent.
and avoid being labeled as "angry" or "sensitive." This decision is also an ethical dilemma for Black women leaders because while speaking up against oppression is a burden, not speaking up contributes to maintaining the oppression. Not speaking up aligns with respectability politics (Higginbotham, 1994) as the historical Black church had a culture of silence and complicity, while newer generations are more likely to speak out. Furthermore, this silence jeopardizes the empowerment and sustainability of future Black women leaders (Hall et al., 2012) and hinders the innovation and creativity that Black women bring, which is essential in addressing institutional and global issues.

Conversely, the more experienced leaders in this study, like Dr. Theresa, represented outliers to the narratives among the participants who reported leaving their roles due to the high stress levels associated with their positions. With at least a decade of leadership experience in their field, the women highlighted the years of influence and leadership skills they had amassed, assuring them the ability to show up authentically and be respected. For the less experienced leaders, in alignment with the literature, building structures for support through inclusive practices and mentorship may be beneficial or necessary because they need to remain in their positions for personal reasons, including financial support for their families (Chow & Chan, 2008; Kay & Wallace, 2009).

On the other hand, Dr. Stacy felt she was paying an unspoken tax for all Black professionals by accepting the tokened Director of Diversity, Equity, and Inclusion for Medical Education role while simultaneously working as the medical director for an HIV clinic. Tokenism challenges Black women as it often results in them being asked to participate in diversity, equity, and inclusion initiatives solely based on their race and gender rather than their qualifications and abilities (Iheduru-Anderson, 2022). Feelings of isolation are formed by being
placed in positions where the Black woman is the only one of that race and gender in their organization, also known as tokenism. As a result of that isolation or token status, a Black woman may establish a posture of dissemblance by abstaining from full disclosure of her true self in the workplace (Hine, 1989). This can lead to them being overburdened with responsibilities beyond their capacity, resulting in their contributions being undervalued or overlooked. This can also create frustration, ultimately affecting workplace motivation and productivity (Iheduru-Anderson, 2022). Moreover, navigating these dynamics or attempting to suppress these feelings were other ways these women faced isolation (Fields, 2020). Dr. Stacy shared her experience of feeling tokenized in her workplace:

So that's the idea of, you know, institutions want to, to show that they care about people that are underrepresented, um, that they care about diversity, equity, and inclusion. Um, but instead of putting actual time, money, um, ability to get promoted off of it. Cuz usually it's not a, so like you can do whatever, and they don't really look at it towards promotion in many places. They pick someone who falls within that group. Do all the work. And again, they're doing all that work on top of their other work, but that work doesn't count towards promotion, pay, that kinda stuff.

The psychological impact of being tokened further pushed Dr. Stacy to consider exiting from her respective institution. She described not wanting to change positions so quickly, but the tokenism added to an already toxic work environment pushed her to her breaking point:

I'm giving up all of my titles to be in a better environment; honestly, um, I've tried going to different people at different levels of the institution about the problem, and sometimes there's nothing that they can or that they're willing to do. And so, um, I'm a big girl. I can extricate myself from the situation. Yeah. So that is what I'm doing.

Dr. Stacy's narrative also depicts how Black women are leaving their jobs due to the psychological impact of their roles:

Titles aren't the biggest thing, but I am leaving sooner than I would've liked. But so I've been very intentional on like how I like finish up different things I am doing here. But again, like I can't be the ostomy that I'm supposed to be and destined to be if I'm constantly fighting a war in my mind and with actual people to keep myself levelheaded.
and it's one thing to be struggling because you have too much work. It's another thing to have too much work and be in a toxic environment; that's a whole different thing.

Dr. Stacy and Dark Matters’ narratives highlight how institutional barriers hinder Black women's career advancement in medicine, leading to their departure from medical higher education institutions. Like Dr. Stacy, Dark Matters’ “hostile and uncooperative work environment” and feeling like an outsider significantly contributed to her planning to exit from her respective medical institution. She described her experience as follows:

Maybe their uncomfortableness and engaging with me or my uncomfortableness or whatever. But I never was in the group where I could obtain information. So, how I got around the barriers usually is I, if I wanted to move up, I had to move out. Anytime I needed or wanted to move up, I kind of had to move out of the area that I was in.

Dark Matters expressed the stress of being an outsider within her organization and at a dead end with her position. She was often excluded from meaningful conversations and overlooked for promotions within her department, aligning with Collins’ (2000) “outsider within.” The "outsider within" phenomenon positions Black women on the periphery of academic life, forcing them to navigate challenging terrains within academic institutions, as noted by Collins (2000) and Williams (2001). This phenomenon shows how intersectionality shapes their worldview (Collins, 2000). Black women in these positions are considered "outsiders" because their identities do not fit the typical molds in academia, unlike those who are "within" because they have assumed these roles and are expected to navigate them. These negative experiences further led her to look outside her medical institution for a position where she did not feel ignored and excluded. Dark Matters’ experiences align with the literature in that not only are Black women leaving the workforce, but those who remain are less likely to be promoted to upper management positions (Geter, 2022).
During the interview, Dr. Angela revealed her personal experience with the psychological impact of feeling conflicted about whether to continue fighting for her voice to be heard in the workplace or to quit her job altogether. She expressed feeling discouraged due to the dismissive behavior and lack of respect she received from her white male colleagues, which made it hard for her to stay motivated. Dr. Angela shared that on some days, it can be challenging to be present at work when she does not feel valued. To illustrate her point, she shared a story of encountering a highly-ranked white male executive who often ignored her during conversations. She had to decide quickly how to approach him without being seen as an angry Black woman.

It's just a blatant disrespect. The [top white male official], if I'm walking down the hall, I'll say, Hey, [top leader], you'll walk straight past me. I was like, [top leader], did you not hear me say hello? Uhhuh... I would actually stop him. I did that many times, and he would say Oh, I wasn't paying attention... That's what he said when nobody else was there. He looked at me in my eyes. I spoke to him, and he didn't open his mouth.

This interaction left Dr. Angela feeling anxious and uncomfortable. Nevertheless, over time, she developed a "tough skin" to handle the biases received from white colleagues. She also became more aware of her co-workers and leaders in the organization, mentally preparing herself to navigate past unwelcoming behavior by focusing on her contributions to the organization and choosing her internal peace. Dr. Angela's story aligns with Black feminism (Collins, 2000), as it centers on understanding one's identity and space within the societal context. Her experience highlights the importance of knowledge, self-definition, and empowerment while demonstrating her vigilance in her position as AVP.

Overall, the participant narratives reflect that as Black women attempt to share their perspectives or give voice to the issues they face in the workplace, they are met with barriers, including dismissive attitudes, which work to uphold authoritarian or controlling standards. These attitudes make it nearly impossible for Black women not to burn out because combating
oppression in the workplace is exhausting and unsustainable. Black women's suffering is a serious, unfair, and unethical problem, which can cause them to experience a rapid deterioration of their mental health and lead them to withdraw from medical education altogether (Hall et al., 2012). Furthermore, existing knowledge gaps in mental health literature are further magnified when exploring mental health issues among Black women (Spates, 2012), hence underscoring the need to understand better the psychological impact of executive-level positions on Black women in medicine. The narratives push the conversation forward as there is limited information regarding African American women's experiences of stress and their coping strategies, which has contributed to an incomplete understanding of the relationship between stress and the health of African American women (Woods-Giscombé, 2010).

Furthermore, the intersections of being Black and female and living and working in the South have a significant impact on how these women cope with the challenges they face. The participants in this study shared their struggles, which included facing exhaustion, bias and discrimination, isolation, and erasure, all of which may have impacted their career trajectory. Black women in leadership positions in medical higher education institutions in the South have historically been underrepresented and misunderstood in research, making it crucial to consider and include their experiences in meaningful conversations. Despite being historically oppressed and marginalized, the participants in this study reclaimed their voices through rich narratives, such as storytelling. Their experiences shed light on the personal narratives of Black women in leadership positions in this field, highlighting their unique challenges and opportunities.
Theme 3: Mentors Matter: The Importance of Having Multiple Mentors Throughout Your Professional Trajectory

The third and final theme from the participants' narratives was "Mentors Matter: The Importance of Having Multiple Mentors Throughout Your Professional Trajectory," which relates to the third sub-research question about the recommendations that Black women in executive-level positions have for medical institutions on how to supporting the growth of Black women executives. Due to additional stressors of discrimination of race and gender, Black women must utilize different methods of coping, such as mentorship, social support, and self-care (Holder et al., 2015). It is essential to recognize that the professional growth of individuals can be significantly impacted by the support of their mentors and supervisors (Deville et al., 2020) as mentorship has become essential for Black women in medical academia (Holder et al., 2015; Linehan, 2001; Solorzano et al., 2015). Mentorships in medical education give Black women leaders greater visibility and can encourage young Black women to enter the career field (Crawford & Smith, 2006). Additionally, Beckwith et al. 2016; Davis & Maldonado, 2015) detailed that mentoring relationships provide invaluable access to industry knowledge through education and networking. The participants' narratives provide insight into how mentorship benefited their professional development while contributing to their ascendance into leadership roles (West, 2018).

**Building a Strong Mentor-Mentee Relationship: Recommendations for Finding the Right Mentor(s).** The subtheme emphasizes the importance of finding the right mentor(s) to share their knowledge, experience, and networks while providing guidance and support. Mentors can provide valuable insights into navigating the workplace, identifying career opportunities, and developing leadership skills. Finding a mentor who understands their unique challenges can be
vital for Black women. According to Dickey (1996), mentorship can be incredibly beneficial for Black women, as it serves as a link between "isolation and integration, and failure and success" (p. 73). During the discussion, all eight participants highlighted the importance of building positive relationships with multiple mentors and mentees early on in one's career.

Dr. Theresa and Katrina emphasized the importance of finding the right mentor-mentee relationship. This can lead to increased opportunities for career advancement by aligning similar needs and goals. Katrina acknowledges that her competitive spirit, inherited from her parents, also played a role in her ability to obtain valuable career information from her white male colleagues and how the knowledge was used to build a solid work ethic and career ascension:

A lot of ’em, white men [mentors], believe it or not, who helped me along and, um, you know, kind of, shared information with me, told me, you know, what I should and shouldn't be doing, and, and kind of instilled a work ethic in me that was even stronger than the one I already had.

Katrina’s journey aligns with Blake-Beard et al., (2021) that mentors can also add value to individuals in the organization seeking to advance to higher positions. Specifically, mentors who are veteran employees know the workplace culture and take a particular interest in helping mentees adjust to their jobs and advance in the organization (Harris, 2009). Additionally, Katrina’s narrative reinforces the need for Black women to employ cross-cultural mentors (Neal, 2014) as they are an essential part of a diverse and inclusive workplace. They bring a unique perspective and can provide valuable guidance to individuals from different racial and cultural backgrounds. Cross-cultural mentoring involves a mentor and mentee from different racial or cultural backgrounds. This type of mentoring can benefit the mentee as it allows them to learn from someone who has experienced different challenges and opportunities (Neal, 2014). It can also be beneficial for Black women to have white mentors who can share their experiences and knowledge, leveraging their white privilege. It also helps break down stereotypes and promote
understanding between racial and ethnic groups. Cross-cultural mentoring can also help individuals develop cultural competence, which is essential in today's globalized and diverse workforce (Neal, 2014).

Dr. Theresa’s narrative reflects her firm belief that having multiple mentors can significantly impact the career trajectory of Black women as they navigate complex workplaces:

And, as we are trying to make our way in these complex environments, we need all kinds of people to help us along the way. We can’t do this on our own.

After receiving positive guidance from various mentors during her career, she utilized her 20+ years of experience to assist other Black professionals in achieving their career goals, which is critical to Black feminism (Collins, 2009) as it emphasizes the importance of building bridges and creating pathways for the next generation of Black professionals to succeed. Black women who have achieved executive-level positions in various fields face unique challenges and obstacles that are often rooted in systemic racism and sexism. Therefore, they must pave the way for the next generation by sharing their experiences and providing guidance and mentorship. By doing so, Black feminists can create a supportive and empowering community that uplifts and amplifies the voices of Black women in leadership positions. This not only benefits the individual but also contributes to the overall progress and success of the Black community as a whole. Ultimately, Black feminism (Collins, 2009) is about building solidarity and creating a better future for future generations. According to Dr. Theresa, the mentoring sessions were filled with candid conversations and information overflow, where mentees could suggest recommendations to help her while she mentored young professionals. She also emphasized the importance of mentoring relationships with current medical professionals for her career growth and future impact:
I most definitely don't intend to paint a rosy picture, but it has definitely as, um, as the, um, form says this has not been a bed of roses, but it also hasn't been all thorns. And I think that so many people focus on the thorns that they don't think about the other parts of it, so there are always barriers. Um, you know, I can't even count the number of times people have looked at me and figured that I was not, uh, the attending physician or the, uh, the one making final decisions, but, you know, at some point, one of the things that you realize or that I needed to do, uh, I just couldn't dwell on it. Um, I feel as though this is one of those questions that I've had medical students ask me because, you know, they feel that they are in the thick of it. And, um, there's an expectation that people would, will respond differently given that they are now in this position, and it's hard for them to, to really process that there are gonna be some people [laugh]; furthermore, that no matter what you do, are never gonna move to the point that they interact with you the way you feel that they should.

In a conversation with her mentors, she used the metaphor of a "bed of roses" to explain the intricacy of being a Black woman working in medical higher education. Despite the perception of her executive title as a comfortable or luxurious position by some outsiders, she emphasized the significance of the learning experiences gained from the challenges she has faced. Furthermore, the image of thorns can be interpreted to represent different things in different contexts. For Dr. Theresa, thorns symbolize pain, suffering, and struggle and are often associated with difficulty and obstacles in the leadership pathway. Just as thorns can be sharp and prickly, the leadership challenges faced by Black women can be uncomfortable and sometimes even painful to navigate. But just as a rose bush's thorns protect the beauty of the flower, overcoming these difficulties can lead to personal growth and the discovery of one's inner strength.

Essentially, the metaphor of thorns suggests that while life may have its challenges, they can ultimately be overcome with perseverance and lead to personal growth and development; when Dr. Theresa says, "It has not been all thorns," it can be interpreted to mean that although she has faced difficulties or challenges in her leadership pathway, she has also experienced moments of joy or success. In other words, while her journey may have been challenging at
times, it has not been completely filled with hardships. It acknowledges that life has its ups and downs, but there have also been positive moments.

Like Katrina and Dr. Theresa, Dr Jane described the effect of having multiple mentors from her higher education experience throughout her professional career. She was very proud in saying, “I've always had these great mentors and people I could look up to.” She divulged how these relationships were instrumental in helping her to navigate difficult situations while also helping to build her confidence as a leader:

They helped me recognize my abilities and affirm that I was on the right path. I think that's what I needed to hear, you know. I am capable, and I do have the skills to complete these degrees and do have the skills to do these jobs. Even though, you know, I'm in a completely different culture. I thank them for just recognizing my abilities helped me persevere.

Mentors played a significant role in directing and encouraging Dr. Jane throughout her trials of self-doubt, which she attributed to her being a Black foreign woman. She posited that her mentors had a strong interest in her abilities and helped her persevere despite navigating a different environment:

But there are people out there that are willing to champion. And in my experience, I've had Black women, I've had white women, I have had white men advocate on my behalf. So I guess the message is it's a good surprise that there are people out there who are not like me that would like to see me succeed and are willing to make sure that they at least help remove those barriers so that I can do what I need to do.

Dr. Jane’s story illustrated the importance of having mentors from diverse backgrounds in her academic and professional journeys. Her narratives align with the research, which shows that mentoring helps people manage their learning to maximize their professional potential, develop skills, improve performance, and become the individuals they want to be (Tichy, 2012).

Dr. Stacy and Dr. Olivia also shared a similar perspective, highlighting the importance of mentors as they are both in the early stages of their careers. Dr. Stacy stated:
Having a mentor is crucial and has helped me move through academia to have the different lanes I would like to stay in while trying to keep my head above water and thrive.

Similarly, Dr. Olivia relied on the support of three primary mentors throughout medical school and her early career ascension, which involved her moving across the country to accept the medical director position at a Southern institution. Unlike other participants, Dr. Olivia divulged with laughter that all her mentors were Black. She further detailed the reason for this decision:

But every, all my three main mentors, they're all Black, and I feel like I can relate, you know, with them and relate to them and vice versa. I mean, there would've been a fourth one, but she was not really like, uh, she, uh, I think she was at my former job, and she was not happy that I was leaving. And so she cannot really be my mentor [laughing]. Cause you have to be happy for my progress.

During the discussion, Dr. Olivia pointed out that the potential “fourth mentor would've been a non-black person” if that person had supported her career goals. This contrasted with the other participants, who emphasized the significance of having mentors from diverse racial and gender backgrounds. Yet, Dr. Olivia’s depiction of having mentors who could relate to her aligns with existing literature. A mentor of the same racial and ethnic background may be better equipped to understand a mentee's social and psychological issues and can provide solutions that make sense for the mentee (Liang et al., 2002; Sánchez et al., 2019). Black women scholars perceive such mentors as trustworthy advocates within or outside their respective departments, universities, or professional disciplines. (p. 56).

Dr. Stacy’s narration also supported her inclination toward her Black mentor more than the white mentor, which was comparable to the perspective of Dr. Olivia. She added, “One's a white woman, one's a Black woman, the Black woman is probably like my peer mentor.” She further iterated the significance of having a mentor as essential to her career trajectory:
I would say you have to be mindful and thoughtful, and you have good mentors. I have a lot of different mentors. My research mentors are always like, your research comes first. But I'm thankful to have two research mentors. One's a white woman, one's a Black woman, the Black woman is probably like my near peer mentor. And then the white woman is a, is like a little higher. Um, cuz she's a little farther in her career. Um, but both of them, even though like the, the white lady, she's, I give her credit, she's, and I'm using that that term to kind of show you that it doesn't have to be someone that looks like you, that can believe in your vision.

Like other participants, Dr. Gail emphasized the importance of having a solid network of supportive mentors in her success. She reflected on the impact of former and current mentor relationships, some of which began when she was an undergraduate student. She identified mentoring as one of the top attributes for success. Similarly, Dr. Jane confirmed how her mentors played a critical role in her transition from graduate school to executive leadership in medical higher education. To understand this, Dr. Jane said, “I think they helped [me] recognize my abilities and affirm that I was on the right path.”

Providing affirmation and recognition of abilities to Black women is extremely important. Historically, they have faced systemic oppression, discrimination, and stereotypes that have undermined their confidence and self-worth (Luckoo, 2018). By affirming and recognizing their abilities, Black women can overcome these challenges, develop a positive self-image, and feel empowered to pursue leadership roles and other opportunities. Moreover, recognizing and affirming the abilities of Black women can lead to more diverse and inclusive workplaces, which is beneficial for everyone. When Black women feel affirmed and recognize their abilities, they can reach their full potential and significantly contribute to society (Woods-Giscombe, 2010).

The Impact of Mentoring Relationships on Career Advancement and Personal Growth among Black Women. This subtheme is essential to the overall study as understanding the influence of mentorship on Black women's professional development can contribute to creating more inclusive and equitable workplaces in medical higher education and beyond. By
understanding how mentorship influences the successes and obstacles that can arise, individuals were able to develop strategies to overcome challenges and maximize the benefits of the relationship. Additionally, participants detailed how these relationships helped them and organizations and their organizations identify areas for improvement and develop more effective mentorship programs.

Dr. Gail detailed how having a mentor was influential in providing access to networks that she may not have been able to access otherwise. They have also increased her job prospects, enhanced her promotion possibilities, and provided valuable advice and insider information. She stated:

It depends on what you're looking for in that mentorship relationship. And, um, sometimes you want mentors who can help you deal with the personal stuff and bias. And then sometimes you want mentors who are simply gonna help you on the scholarship and gonna, you know, they know how to write a paper, and they're gonna make sure that you, you could write that paper. Right. And so you've figured out you need different mentors for different kinds of people. You also need mentors who have your back fundamentally, even if they don't know where you're from and are gonna help you regardless of what.

Accordingly, Dr. Angela further emphasized the crucial role of institutional supporters who can assist Black leaders in medical education institutions to pursue their passions. She divulged, “So, finding the right leader that supports what you want to do in life.” These supporters can provide both financial and emotional support to drive their pathway towards success. Her narrative aligns with mentorship, helping Black women to build their professional network and connect with others in their career fields (Curtin et al., 2016). In addition, she shared that regular meetings with her mentor had been exceedingly helpful in building and strengthening their rapport, which was a crucial element in the growth and success of their mentoring relationship.
Moreover, throughout each interview, the participants revealed actions and routines that their mentors sometimes initiated and carried out to strengthen their mentor relationship further. Specifically, Dr. Angela, like Dr. Jane, detailed how frequently meeting with her mentor helped them manage troublesome situations in the workplace. Black feminist theory suggests that mentorship should be grounded in understanding these intersectional experiences. Mentors who are aware of Black women's specific challenges can provide more effective support and guidance. This can include addressing issues related to systemic racism, sexism, and classism in the workplace and developing strategies for navigating these challenges. Moreover, Black feminist theory highlights the importance of reciprocity in mentorship relationships. Rather than a one-way transfer of knowledge and support, mentorship should be a mutually beneficial relationship where both parties learn and grow. This means mentors should also be open to learning from their mentees and recognizing their unique perspectives and experiences.

Dr. Angela acknowledged that her mentor was her biggest supporter, but with his sudden retirement, the work environment changed. She stated, “The whole vibe is different.” She detailed how her mentor provided guidance when white male colleagues hindered her from completing clean-up projects in their department. Her narrative illustrated the importance of mentoring in reducing conflicts and helping her manage biases in her executive role:

He was an architect. He knew nothing about the business side, the invoices, and things like that. He knew nothing about that part of it. So, when I came over there, he felt attacked. Wow. And, um, cuz it's somebody coming into his territory telling him, this has not been done. This needs to be done. And so I came back and told my mentor, and I said he's not allowing me to do what I need to do to get this done. He detailed how he had handled situations with difficult colleagues and stepped me through handling it myself throughout several check-ins with him. See, now he wanted me to be accountable for making these changes and making this stuff work.

Dr. Angela highlighted the importance of connecting with her mentor regularly, both inside and outside the workplace. This allowed for formal and informal meetings that benefited her growth
and development. Her narrative aligns with Ghosh's (2014) that a shared understanding must be developed, and frequent interactions must occur to minimize misconceptions regarding mentorship relationships.

Dark Matters was the only participant without an established mentor relationship, and she described how the lack of mentorship affected her career trajectory. Unfortunately, mentorship is crucial in advancing one's career, particularly for Black women in medical educational institutions, where it is often lacking (Acker, 2014). This narrative reinforces the literature in that many Black females do not have many mentorship opportunities in their workspace environment, despite research that indicates that mentorship is associated with building confidence, workplace retention, and increased self-efficacy (Elliott et al., 2010).

Understandably, Dark Matters detailed how she would have preferred to have a mentor. As such, she further detailed that her career trajectory may have been different if she had someone to guide her. She divulged, “I've never had any role models or mentors who gave me direction.” She described how she did not have a mentor to steer her career; instead, she just applied for random jobs and never heard back. Dark Matters believed that a mentor would have encouraged her to step out of her comfort zone and reach higher levels of success beyond that of a director. The study found that the participants’ narratives echoed West's (2017 & 2019) findings, which revealed that mentoring was crucial for learning, thriving, and progressing in the field. The participants attributed their relationships with former or current mentors to their success. Additionally, many of the women had a network of professionals that they were surrounded by, which made them more marketable and able to succeed in their respective fields. Overall, the participants described their mentorship experiences as positive.
In summary, mentorship feeds a Black woman’s ability to understand and embrace individuality. The mentorship and cultural support provided to these Black women executives helped them confidently lead despite being outsiders. The narratives reiterate how Black women leaders in medical higher education often encounter a shortage of mentors willing to offer guidance and support. According to Deville et al. (2020), these barriers are particularly pronounced for Black women, who often struggle to find mentors with a shared cultural background and understanding of their unique challenges. The narratives reinforce existing research demonstrating how Black women often must navigate the educational landscape without sufficient mentorship or support (Acker, 2014). The study's findings reveal how institutions can offer tailored mentorship to meet the diverse needs of Black women, including helping them establish professional networks, secure scholarships, and address bias. Without these opportunities, it will be more difficult for Black women to climb the ranks and shatter the proverbial glass ceiling.

**Summary**

The participants in this research shared their personal experiences of facing marginalization and overcoming hurdles in their journey to leadership positions in medical academia. They spoke about instances of invisibility, erasure, racism, and sexism they had to endure. The Black Superwoman persona was identified as a crucial leadership trait for these executives, without which they would be unable to lead and succeed. The participants' leadership stories align with Black Feminist Thought, and the use of dialogue to assess knowledge claims is vital for validation. The participants effectively used storytelling, including dialoguing, to illustrate specific aspects of their leadership experiences.
The research findings suggest that Black women still face stereotypes and biases in fitting into their respective organization's culture, which affects their ability to perform. Black women must demonstrate mental toughness while building resilience to debunk myths daily to help level the playing fields of inequality and injustice within medical higher education. The findings emphasize the importance of Black women understanding their institution's climate and embracing their personal leadership journeys to navigate systems of oppression and achieve a higher status. The shared experiences of Black women serve as a foundation for meaningful interactions among Black women and between Black women and other groups.

The research highlights the significant impact of positive mentoring relationships on upward mobility and promotion opportunities. Black women are often brought into the workplace but not offered promotions and are not mentored like their white counterparts. The importance of mentorship for Black women is emphasized in the findings. Medical education and higher education institutions should be accountable for creating opportunities for inclusive learning and increasing team members' sense of belonging and inclusion. There is a demand for Black mentors in medical education due to the shortage of available mentors for aspiring Black leaders to build relationships with consistently.
Chapter 5: Discussion and Conclusion

The purpose of this qualitative narrative inquiry aimed to explore the leadership pathways of Black women executives while navigating barriers in Southern medical institutions. This study utilized the lens of Black Feminist Theory (BFT) (Collins, 1986, 2000, 2006, 2009, 2019; Crenshaw, 2013; Combahee et al., 1977; hooks, 1994; Davis, 1983; Lorde, 1988; Smith, 1980) to explore and communicate the various forms of oppression that Black women face. The participant narratives highlight how Black women navigate marginalization and oppression in medical education and construct their knowledge systems to challenge gendered racial and social inequities. This study is critical because it adds to the scant literature on the leadership pathways of Black women in medical higher education and centers the perspective of Black women as the research base. In this chapter, I highlight the insights derived from these experiences, provide recommendations for further action, discuss the study's limitations, and propose directions for future research.

Summary of the Study

Black women's unique challenges are often overlooked or dismissed entirely, with public narratives about women focusing primarily on the experiences of white women, ignoring the experiences of Black women. While it is increasingly common for employers to tout the steps they have taken to respond to women’s challenges in the workplace generally, there is less conversation about specific, targeted efforts to address how different types of biases play out for women across race, ethnicity, and other factors. As such, the lack of intersectional analysis can result in an incomplete picture that excludes crucial perspectives of Black women.

The study's findings illustrate a nuanced narrative that dissects the intersectionality of race and gender within the context of medical education leadership. Collins' (2009) approach was
utilized to understand the experiences of Black women by delving into their lived experiences and emphasizing communication and care ethics as critical components. Grounded in these narratives, I created several themes that provide insights into the experiences of Black women leaders in this field as they encounter diverse barriers born out of systemic racism and sexism. This interplay of prejudices forms the breeding ground for stereotypes, biases, tokenism, and increased scrutiny.

I interviewed eight Black women with varying educational backgrounds, including master's degrees, academic doctorates, and medical degrees, who lived in urban areas within the Southern region of Tennessee, Mississippi, Alabama, and Georgia. Their experience in medical education varied from 7 to over 25 years. Narrative inquiry was the methodology employed for this dissertation. The thematic analysis outlined by Charmaz (2006) and Braun and Clarke (2006) was used to analyze the data produced through the data collection phase. Although participants provided rich stories and explanations, their responses were complicated. From those analyses, three themes were created that were common among the eight participants: (1) Leveraging the Black Superwoman Persona as a Shield to Overcome Barriers in Medical Education; (2) Existing as Black Women Executives: Success Comes at a Psychological Cost; and (3) Mentors Matter: The Importance of Having Multiple Mentors Throughout Your Professional Trajectory.

These themes are genuinely inspiring and powerful. They showcase Black women's incredible strength, resilience, and determination in the face of adversity. Institutions must recognize and address Black women's struggles to provide them with the support they need to succeed. Their experiences and recommendations are valuable and should be acknowledged to make actual progress toward equality while celebrating the achievements of Black women and the contributions they make to society. Therefore, this exploration offers an essential stepping
stone for institutions and individuals better to understand Black women leaders' experiences in medical education and, more importantly, to take actionable steps toward an inclusive and equitable future.

The findings further aligned with Black feminist thought and demonstrated participants’ narratives as an example of the purposeful exclusion of Black women due to historical race, gender, and class discrimination against Black women (Carter, 2014). For Black women exploring leadership roles, it is essential to identify racial and gender barriers to these positions. Each study participant revealed that in obtaining and maintaining their position, they had encountered personal struggles and emotional impacts not felt by others, primarily white peers. Participants indicated they faced race, stereotype, and gender challenges that may have affected their career trajectories. The participants expressed that the journey toward change can be long and challenging, but the potential for positive transformation is significant, as evidenced by their stories. Being resilient requires paying attention to the complexities of one's experiences, listening to one's emotions, and being open to learning from disappointments and successes (Pulley & Wakefield, 2001, p. 7). Despite this, Pulley and Wakefield (2001) argue that having or developing resilience is crucial to being a successful leader because change is inevitable, and adaptation is necessary.

**Research Questions**

The overarching research question for the study acts as the study's keystone, shedding light on the whole scope of our examination. This question probes into the complicated experiences that Black women in executive-level positions go through throughout their careers, with sub-questions exploring how they obtain these positions and what assets they use to overcome stereotypes and stigmas. During our semi-structured interviews, we used the lens of
Black Feminist Theory to explore the delineations of their experiences and shed light on the key variables that led to their determination to succeed in medical higher education. The research questions that guided this dissertation were:

1. How do Black women in executive-level positions describe their experiences as medical education leaders?
   
   A. How do Black women in executive-level positions pursue/obtain these roles?
   
   B. What assets do Black women in executive-level positions draw upon to overcome stereotypes and stigmas?
   
   C. What recommendations do Black women in executive-level positions have for how medical institutions can help support Black women to move into higher education leadership positions?

These fundamental questions generated memories of the leadership pathway experienced by Black women during their career trajectory in medical higher education, which paved the way for generating significant and captivating themes. This study's findings highlight that the participants have experienced diverse experiences due to the intersection of their gender and race. These experiences manifest in various ways and can impact different aspects of one's life and academic pursuits. This more profound comprehension of their experiences provides an up-close and personal look at the daily reality of Black women as they navigate obstacles on their ascension to top-level positions.

At the start of this study and throughout the proposal process, I planned to conduct research highlighting the success of Black women who have built medical higher education careers. I focused on their inspiring stories of achievement rather than their struggles. However, the outcome was quite different. Throughout the interviews, each participant spoke extensively
about their obstacles and how challenging it was to navigate around them. The Black women interviewed shared narratives of resilience, drawing inspiration from historical and contemporary role models, including Maya Angelou. Many participants believed that a resilient profile should include acting, speaking out, and engaging in activism in response to personal difficulties, hardships, or injustice, whether experienced directly or indirectly. Despite facing various forms of pain and adversity, the women were able to overcome their challenges and thrive, demonstrating self-advocacy and efficacy as they were able to bounce back from marginalization and oppression. This was unexpected because I assumed advanced career stages meant a smooth journey for all participants. In hindsight, I was naïve in thinking my study would only show the warm and fuzzy moments in these women’s lives. However, this study has taught me otherwise, as the experiences of Black women in leadership positions can be complex and multifaceted. The findings contribute to a more nuanced and comprehensive understanding of Black women’s successful pathways as they experience unique obstacles primarily due to the intersection of gender, race, and class.

For these women, their advanced education, early career experiences, and having multiple mentors throughout their career trajectory greatly impacted their professional development and the superwoman persona each had adopted for themselves. These women's experiences, good or bad, were the driving force behind their success. For some, success was an unwritten expectation from their parents and the environment they grew up in. Some women saw success as their way out of the impoverished lifestyle they grew up in. They either looked up to strong women in their lives and overcame the challenges they encountered, or they created their path and built a better life for themselves and their children. These women wanted to set a different example than what they had seen before. The participants spoke of similar principles
that guided them to build resiliency while sustaining efficacy to become the successful women they are today.

**Theoretical and Practical Implications**

The study aimed to explore medical higher education from a Black woman's perspective, ensuring their voices are heard. The stories are shared to improve our understanding of how Black women executives navigate leadership pathways and amplify the importance of mentoring and support (Thorpe, 2019; Jackson-Dunn, 2018). The results indicate that these women overcame many challenges in their leadership journey, developed a high resilience and efficacy to overcome them, and succeeded as leaders at their respective medical institutions. However, it is essential to note that while Black women share these intersections, their experiences cannot be generalized as each individual's experience is unique (Njoku & Evans, 2022).

This study pushes the conversation forward by highlighting the importance of understanding the experiences of Black women leaders in medical higher education. It suggests that their experiences and how they define success are shaped by their individual racial and gender histories and culture (Moorosi, 2018). Furthermore, studies indicate that increasing the racial minority representation in higher-level leadership will provide diverse skill sets, promote innovation, and yield positive outcomes for the organization. It emphasizes the need to recognize and acknowledge Black women leaders' unique challenges in their contexts. It is crucial to break down barriers and promote inclusivity in leadership roles. The insights shared by the participants in the study are valuable in understanding the struggles and motivations that influence their ascent to top-level leadership. It is inspiring to see that despite facing challenges, these women possess a sense of strength and self-pride and can embrace their intersecting race, gender, and leadership identities.
The study found that women who faced challenges in their leadership journeys, often due to their identity markers, such as being a woman and being Black, developed resilience. It is important to note that these identity markers do not exist independently of each other, creating a complex intersection of potential adverse experiences (Chance, 2022). The majority of the women experienced gender-specific challenges, such as managing invisibility with erasure in leadership. Others faced the challenge of being the only woman in male-dominant executive positions. However, most of the participants’ experiences were due to perceived gendered racism. A minuscule percentage of the participants shared that they felt the negative experiences were limited to only one aspect of their identity: race or gender. Participants articulated dealing with misogynistic attitudes from white male counterparts who treated them as rivals rather than equals. Participants also revealed that they were sold with expectations to complete subservient tasks by their male counterparts or were viewed as support staff and administrative assistants even though they held prominent leadership positions and degrees within their respective organizations.

Moreover, I was both surprised and elated that the participants were appreciative to be asked to share their stories. The participants were happy to share their stories and that their voices were heard and valued. Five of the 8 participants unknowingly exceeded the allotted time for sharing, and some referred to the unintended impact of unpacking the weight of some of the experiences they had recounted in their stories. Black women leaders often develop coping strategies to protect themselves against racial microaggressions, a common form of aversive racism that causes humiliation, marginalization, and frustration (Holder et al., 2015). Despite facing challenges to their success, Black women continue to achieve and emerge as leaders. To improve leadership development opportunities for aspiring Black women leaders, it is essential
to understand their unique experiences and challenges. Therefore, gaining insights into the leadership development experiences of Black women is crucial.

The significance of looking at medical higher education professionals is explicitly that the medical field is historically male-dominated, and Black women have faced even more significant barriers to entry and advancement in this field. By focusing on Black women in executive positions in medical higher education institutions, this study sheds light on this specific group's unique challenges and experiences (Black et al., 2021). This can help inform strategies and policies to address these challenges and promote diversity, equity, and inclusion in the medical field. Additionally, by highlighting the personal narratives of Black women in this field, this study adds to the limited existing literature on this topic. It can help promote more accurate and representative research on Black women's experiences. The findings are crucial because Black women tend to face inequalities in vital aspects of life from an early age and for a prolonged period (Chinn et al., 2021). Yet, despite these challenges, many exhibit resilience and competence when facing risks that extend over time. Hence, comprehending the underlying mechanisms, processes, and pathways to resilience among Black women is paramount (Black et al., 2021; Ledesma, 2014).

This study’s participants represented a pool of successful and motivated Black female leaders from the medical higher education setting and highlighted Black feminist epistemology (Collins, 2009) as the interconnectedness of their experiences bridging the gap between knowledge and wisdom. Their dedication to influencing positive change and their determination to their career development and obtain their ultimate leadership goal were a common characteristic and reflected “lived experiences as a criterion of meaning” and “the use of dialogue in assessing knowledge claims” Collins (2006) as the women in this study openly
acknowledged and discussed the challenges they encountered along their journey to leadership. Overwhelmingly, these women did not allow others’ perceptions and biases to define them or hinder their progression to becoming talented and successful leaders in medical higher education. The participants represent a unification of Black women’s voices from different backgrounds and represent a diversity that transcends beyond their race and gender. The exploration of how Black women leaders express and narrate their lived experiences helps to foster an appreciation of the diversity and strengths of this subset of women, which is often overlooked.

Additionally, the findings align with Hip Hop feminism (Morgan, 2018) literature as it challenges respectability politics’ notion by centering Black women's voices and experiences in an authentic way. Respectability politics (Higginbotham, 1994) is a concept within Black feminist thought that refers to the notion that Black people must present themselves in a certain way to be respected by white society. This idea has been used historically to justify the oppression of Black people and is often used to police the behavior and appearance of Black women in particular. The study suggests that respectability politics can be a barrier to success for Black women in leadership positions in medical higher education, as it may limit their ability to fully express themselves and their experiences. Instead, the study highlights the importance of embracing and valuing the unique experiences and perspectives that Black women bring to leadership positions. Furthermore, Black women have learned to be true to themselves and not accept roles that reflect their Black and female identities. This study examines authenticity through the lens of Hip Hop feminism (Morgan, 1995; Morgan, 2018), which encourages Black women to embrace their true selves, promote self-expression and self-empowerment, and challenge societal norms that restrict their freedom and representation (Morgan, 1995). Hip-hop feminism is especially relevant to this study as it contributes to ongoing discussions about race,
class, gender, and sexuality. Additionally, Hip-hop feminists aim to develop a strong relationship with themselves by connecting personal experiences to theoretical foundations.

**Black Women’s Successful Leadership Pathways in Medical Education**

Black women leaders describe their leadership pathway experience as being filled with challenges and obstacles (Roberts et al., 2018). These women rely on their lived experiences, building resilience to overcome challenges and develop leadership skills. They also actively seek out mentorship opportunities, as highlighted by Davis (2016) and Davis & Maldonado (2015). It is crucial to have guidance and support from those with more experience in a particular field or role while coping with the psychological effects of one's job. The narratives were encouraging as they depicted Black women taking steps to improve their well-being while navigating their career trajectory.

This study added to the literature on the impact of the Black Superwoman Schema (SWS) on Black women professionals (Woods-Giscombe, 2010). Schemas or personas were essential in unraveling these narratives as they dictated how Black women navigated the world and served as the foundation for their perceptions. They are based on the person, their culture, and social contexts (Allen et al., 2019). Schemas help create coping mechanisms as Black women continue to face gender and racial bias as they develop as leaders. The SWS framework can improve explanatory models of stress, coping, and health among African American women (Woods-Giscombe, 2010). For Black women, leadership development often includes self-advocacy, self-directed learning, and persistence to acquire new knowledge and skills. The relationship between self-care and resilience is evident in the literature surrounding resilience and the stories shared in a recent study. The challenges faced by Black women leaders, including chronic stressors and leader trauma, threaten their well-being (Smith, 2021). This continuous strain relates to the
development of racial battle fatigue, a condition that results in the manifestation of various psychophysical symptoms that compromise the mental and physical well-being of those affected (Acuff, 2018, para. 1).

Researchers further assert that over time, these symptoms negatively impact the leadership proficiency of Black women and other people of color, leading to diminished confidence and efficacy (Acuff, 2018, para. 7). It can be quite challenging to navigate the various leadership contexts, especially when it comes to dealing with stereotypes and ideologies that can be limiting. The Black Superwoman persona is particularly complex, as the idea of being strong is often equated with sacrificing oneself for the benefit of others (Burton et al., 2020). The narrative summaries illustrated how the participants experienced exhaustion by constantly feeling pressured to live up to this ideal of strength and perseverance. The text recognizes that strength can manifest in various forms, as evidenced by its narratives.

It is essential to examine how the Superwoman persona (Woods-Giscombe, 2010) could affect the utilization of mental health care among Black women in comparison to the general population. This has been highlighted by medical practitioners and researchers (Woods-Giscombe, 2010; Romero, 2000; Shorter-Gooden & Jackson, 2000). The characteristics of the Superwoman schema, such as resistance to dependence on others and emotional suppression, may prevent Black women from seeking help for emotional distress (Thomas et al., 2005). Seeking professional mental health counseling or verbalizing emotional distress may be interpreted as signs of weakness, contradicting the image of strength that Black women often feel obligated to uphold (Amankwaa, 2003; Curphey, 2003).

This study added to the literature, confirming the crucial mentoring role for Black female executives. Solid mentorship is among the mitigating resources available to counteract the
negative psychological impact of the stressors presented (Beckford-Bennett, 2009; Jackson, 2013). However, it is crucial to consider the factors determining the who, what, and where of mentoring relationships, as they significantly shape these women's career trajectories. Finding a mentor can sometimes be influenced by race and gender, but it should not be the primary factor. Formal mentoring programs must consider their mentors’ and mentees’ racial, ethnic, and cultural diversity during the matching process to ensure meaningful and beneficial relationships. The research highlights finding someone willing to invest their time and energy in helping Black women to grow and develop. They can use their inherent power to help promote other leader's ideas. Look for colleagues who demonstrate a willingness to address systemic racism, ask bold questions about inequities, and acknowledge the unique gifts and perspectives of Black people.

Many participants hold their mentors in high regard for their instrumental role in their career advancement and the lifelong relationships they formed. The joy of having such lasting relationships was evident in their voices as they described their experiences. It is noteworthy that several executives in their professional endeavors were guided by both Black and white mentors. They shared their thoughts on the importance of similarities in their career paths, which outweighed any other differences they may have had. Additionally, early career mentoring was critical for career advancement. The participants who experienced early career mentoring reported that it helped participants personally and professionally. These relationships were transformative as the early career mentors were instrumental in setting realistic goals, challenging them intellectually, guiding them to valuable resources, supporting their dreams for themselves, and helping them discover their strengths and areas for improvement. Some participants referred to their good mentors as "sounding boards" who would listen, support, and
provide honest critical feedback from "a place of love and support." Amazingly, these mentors and coaches were always just a phone call away, making time to listen whenever needed.

**What Do These Findings Mean?**

For this study, the themes created in Chapter 4 are the results of an in-depth investigation of how the participants answered the interview questions. Black Feminist Thought allowed participants to share lived experiences and barriers they faced, including microaggressions, tokenism, erasure, invisibility, and additional scrutiny. The importance of acknowledging these challenges cannot be understated. Any solutions aiming to promote diversity and inclusivity in leadership roles must first acknowledge these deep-seated barriers and make concerted efforts to dismantle them. The importance of recognizing these challenges cannot be understated. These barriers pose significant psychological and emotional tolls and create an uneven playing field, adding an undue burden on Black women leaders.

It was crucial to center the voices of study participants in the existing literature as it provided a unique perspective on the oppression of Black women in higher education administration in the medical field. Although there may be commonalities in experiences or interpretations among Black women, these individuals still possess a unique perspective and standpoint of their own experiences and interpretations (Collins, 1986). Understanding and critically examining the intricate nature of Black women in leadership roles and their adverse experiences is paramount to the leadership trajectories of current and future leaders. The perspectives shared in this study provide a window highlighting racial and gender biases. Black women leaders must carefully navigate their pathway as their experiences impact not only them as Black women but also their continued engagement in medical education. Efforts should be made to document the experiences of Black women at all levels of their institutions.— not just
those at the executive level – although studies of these women remain relatively small. In addition, since the study centered on the voices of Black women executives, it offered crucial insights into their specific successful pathways. Inundated with their experiences and aspirations, these narratives served as a roadmap for other Black women as they navigate their leadership pathways. They also provide a straightforward look into the realities of medical education administration while offering an honest discussion of its challenges and opportunities for Black women.

**Recommendations**

Given the outcomes of this study, the following expanded recommendations are necessary to pave the way for the increased representation and growth of Black women in leadership roles in medical education. Additionally, it was important for Black women to refocus on and remember the reasons for accomplishing their goals, which were unrelated to other people’s perceptions of who they were or their abilities. Moreover, as they navigated through these experiences, they gained strength, and the experiences fortified them to move forward and disprove erroneous and biased assumptions. Based on the findings from this study, I suggest the following recommendations: 1.) Establish structured mentorship and support networks (Elliott et al., 2010; Chan et al., 2015; Penny & Gaillard, 2006); 2.) Implement recruitment and retention plans to minimize the number of Black women leaving medical higher education (Davis & Maldonado, 2015; Logan & Dudley, 2019); 3.) Foster a genuine commitment to diversity and inclusion (Gardner et al., 2014). These recommendations are vital in creating a more equitable future in medical education leadership. Implementing these changes can help address the systemic barriers that Black women face and contribute to a more diverse, inclusive, and
effective leadership that can shape the future of medical education in a manner that reflects the richness and diversity of our society.

Establish Structured Mentorship and Support Networks

Mentorship is an invaluable tool for personal and professional growth (Elliott et al., 2010; Chan et al., 2015; Penny & Gaillard, 2006), as there are difficulties for Black women climbing the ladder, with fewer opportunities for progression and fewer mentor opportunities. Therefore, it is crucial to establish structured mentorship and support networks for Black women. This could involve pairing early-career Black women with more experienced leaders who can offer guidance, support, and insight into navigating the often complex path to leadership. Research suggests that having access to social networks and mentoring groups is critical for Black women seeking career advancement (List & Sorcinelli, 2018).

The findings illustrated the importance of having multiple mentors as a recurring theme created by participant narratives. For the participants, regardless of their mentor background, having someone invested in their success and willing to support them in achieving their goals was the most crucial element. As such, prior research also emphasized the benefits of mentors and sponsors for Black women (Crawford & Smith, 2005, 2007). This means that Black women must gain access to social networks and mentoring groups, as these are examples of best practices to support professionals seeking career advancement (List & Sorcinelli, 2018). More specifically, formal and informal mentoring programs and support circles that provide awareness, education, learning, and access to vital stakeholders and decision-makers within the university should be created. The groups or programs should focus on decreasing barriers and obstacles that prevent upward mobility.
Creating spaces for Black women (e.g., sister circles (Howard et al., 2016; Neal-Barnett et al., 2011) and affinity groups (Toke, 2023; Lipscomb, 2023) can aid in the isolation and loneliness Black women leaders may feel in their workplaces. Winfrey (2021) emphasized the significance of sister-scholars in academia, particularly for Black women who are constantly dehumanized, disrespected, and overworked. Sister scholars collaborate with one another to identify value in their experiences and provide mentorship and advocacy for each other. Winfrey (2021) further explained that Black academic advisors and faculty members require support from their universities, as well as the colleges and departments where they are employed.

Similarly, the creation of affinity groups can serve as a buffer from the racial battle fatigue Black women are experiencing and provide coping mechanisms (Lipscomb, 2023). Affinity groups and employee resource groups are voluntary, employee-led teams within businesses or organizations that share a common interest, background, or goal (Toke, 2023). Affinity groups can be a space where Black women feel they belong. These spaces of mentorship and cultural affirmation have the potential to equip Black women executives to lead from a place of empowerment while also helping them to reimagine, guide, and cultivate the next generation of Black women executives in medical higher education. Additionally, affinity groups can be a powerful tool for advocating for change and promoting diversity, equity, and inclusion in the workplace and beyond (Toke, 2023; Lipscomb, 2023). Moreover, through the efforts of affinity groups, both emerging and senior leaders will collaborate to identify and overcome barriers preventing people of color from advancing at equal rates to their counterparts.
Implement Recruitment and Retention Plans to Minimize the Number of Black Women Leaving Medical Higher Education

There must be a renewed emphasis on recruiting and retaining Black women in medical higher education (Davis & Maldonado, 2015; Logan & Dudley, 2019), as research suggests that many US medical schools have no programs supporting gender equity among medical faculty and staff (Carr et al., 2017). It is essential for institutions to actively support and nurture self-efficacy and self-belief among Black women in leadership positions to ensure their success and retention within medical institutions. This will minimize the number of Black women leaving and attract and recruit aspiring Black leaders to further diversify the field. This is especially important given the recent controversy over the high number of Black women leaving higher education. In early 2024, Dr. Claudine Gay, the first Black woman to head Harvard University, stepped down due to plagiarism accusations and concerns about her response to antisemitism on campus. A few weeks prior, Dr. Antoinette “Bonnie” Candia-Bailey, vice president for student affairs at Lincoln University, an HBCU, died by suicide after complaining of bullying at her institution. These unfortunate events have led to an outcry to re-address mental health and the treatment of Black women in higher education as the burden carried by Black people, specifically women, is rarely acknowledged by the outside world (Branch, 2024; Hall et al., 2012; Geter, 2022).

Programs supporting women's recruitment, promotion, and retention in academic medicine could help advance more Black women to leadership positions (Carr et al., 2017). These programs must be designed to impact the racial and gender climate broadly in academic medicine and to advocate for gender and racial climate change. This could involve a variety of initiatives, including workshops, counseling, coaching, and professional development programs.
These initiatives should help these women recognize and connect their abilities, build confidence, and encourage them to aspire to and achieve leadership positions. Additionally, institutions should actively work to challenge and change the pervasive narrative that questions the competence and legitimacy of Black women in leadership positions. This would involve creating an environment where Black women feel valued, respected, and empowered to realize their full potential.

Specifically, emphasis should be placed on recruiting and retaining Black faculty and administrators with the skillsets needed to strengthen the academic pipeline for Black medical students. Previous research suggests that medical schools must prioritize diversity in their faculty and ensure that African-American medical students can access leaders who look like them and who can help guide them through their medical school process (Harlan-McSwain, 2023). Black women leaders are needed to diversify the medical school curriculum, providing more equal opportunities for students to succeed, as described by Dr. Theresa.

Although many institutions do not have a guiding framework to assist medical schools in creating a climate that attracts and retains Black women executives, policies emanating from AAMC that include metrics and standards for the development and evaluation of programs and institutional culture could foster the growth of recruitment, promotion, and retention of Black women in academic medicine. These changes are necessitated as research is indicative that Black women leaders will not survive the unprecedented levels of public scrutiny and enormous invisible costs of leadership as they navigate the unique hurdles of the higher education system (Branch, 2024).
Foster a Genuine Commitment to Diversity and Inclusion

With the landscape changing for DEI efforts in the United States, a steadfast commitment to diversity and inclusion involves more than just recruiting a diverse staff, as research by Gardner et al. (2014) suggests that current diversity, equity, and inclusion strategies have largely failed in their mission to produce effective results in working environments (Geter, 2022; Boucher & Chisholm-Burns, 2020). Moreover, with laws aiming to prohibit using state or federal funding to support DEI offices at public colleges, fostering a genuine commitment to diversity and inclusion means taking concrete steps to ensure that Black women are represented in leadership positions and authentically supported, respected, and valued in these roles. It involves going beyond tokenism, where Black women are included solely to appear diverse and inclusive. This would create opportunities for Black women to actively participate in decision-making processes, express their views, and contribute their unique perspectives. Institutions should also offer initiatives such as leadership development programs, fellowships, and grants specifically for Black women, thereby creating more pathways to leadership.

Ensuring such opportunities are available can serve as a bridge for reducing discrimination and enhancing Black women’s chances of obtaining a leadership position (Davis, 2009; Evans & Cokley, 2008; Lim et al., 2015; Palmer & Johnson-Bailey, 2008; Patton & Harper, 2003). These efforts would convey that Black women's contributions are valued and that their leadership is recognized and supported. If medical institutions are committed to racial equity in medical education, inequities Black women leaders encounter must also be addressed. It is important to note that organizational leadership development programs with combined mentoring opportunities committed to the progression of minority women are more necessary than ever to tackle the obstacles facing today’s institutions of higher learning (Teague & Bobby,
An honest and critical examination of organizational culture and values must be explored for school and district leaders to develop the trust, support, and collegial working environments needed to recruit and retain Black women leaders. This insight is imperative not only for diversifying the medical education workforce but also for building a more solidified leadership workforce that is more representative of the school environment and more capable of serving an increasingly diverse population of students (Harro, 2018; Osland, 2018).

Additionally, allyship can help foster a genuine commitment to diversity, equity, and inclusion (DEI) by creating a sense of shared responsibility and accountability for promoting and supporting marginalized communities (Arif et al., 2022). By being an ally, individuals can use their privilege and power to amplify the voices of underrepresented groups, challenge systemic inequalities, and advocate for change. This can help to create a culture of inclusivity and respect where everyone feels valued, supported, and empowered. Allyship also involves actively listening to and learning from marginalized communities, acknowledging and addressing biases and prejudices, and taking action to promote equity and justice (Arif et al., 2022). By working together as allies, individuals and organizations can make meaningful progress toward creating a more diverse, equitable, and inclusive society.

**Limitations and Future Studies**

This study highlights the unique obstacles Black women encounter in medical education leadership. However, it is essential to recognize its limitations. While providing depth, the research's small and geographically limited sample size might not fully represent the diversity of Black women's experiences in different locations and cultures. Furthermore, the study's subjective qualitative data could be influenced by researcher bias as it does not account for
potential changes over time. Social desirability bias, where participants may present themselves favorably, could also skew the representation of their experiences.

While this study has significantly contributed to the overall understanding of Black women's experiences in medical education leadership, it is vital to interpret the findings considering these limitations. Future research should aim to incorporate more extensive and diverse sample sizes, view longitudinal designs to track changes over time, and use methods that can minimize potential biases. This would enhance the generalizability and reliability of the findings, providing a more comprehensive understanding of the experiences of Black women in leadership roles in the medical education field. Also, in future research, differences could be explored between women who do and do not endorse the Superwoman role as researchers seek to learn more about the stress-related health issues among Black women working in medical education.

**Conclusion**

This qualitative research study was conducted to explore the leadership pathways of Black women in medical higher education while navigating barriers. All eight participants presented their journeys and stories about their experiences as executive-level leaders. Semi-structured interviews were used to collect qualitative data. Although this study was limited to eight participants, it comprehensively examines how Black women in leadership roles in medical education explore these pathways while navigating barriers. The study provides a rich understanding of the context in which Black women leaders circumvent obstacles related to race and gender in their role while also exploring the strategies that medical higher education can employ to support Black women better. Though this study was specific to Black women, it has overtones for all women at the intersection of race and gender (Chinn et al., 2021). As we chart
this path forward, we remember these words by American poet Maya Angelou: "We may encounter many defeats, but we must not be defeated" (Angelou, 1978, para 2).

This quote by Maya Angelou is a reminder that life is full of obstacles and setbacks. It is natural for Black women to face defeats along our journey, but it is important not to let those defeats define us. Rather, we should learn from them and use them as a stepping stone towards success. The poem is Maya Angelou’s call to persevere, to keep going no matter what challenges we may encounter, and to remain resilient in the face of adversity. Ultimately, the quote summarizes the importance of Black women overcoming adversity in their medical higher education career trajectory and rising above defeat.

**Final Researcher Reflection**

During the past four years, I have faced a series of challenges, including navigating civil unrest, a pandemic, a layoff, financial instability, new employment, and a lack of support as a single mother. Through this study, I found purpose and meaning despite facing challenging circumstances. I was able to expand my understanding of how Black women overcome adversity and thrive by collecting stories with the help of the Black women who participated in this study.

Analyzing the data was by far the most difficult and daunting aspect of my research. The theme creation process was only supposed to take a couple of weeks, yet a couple of weeks turned into months and more months, compounding as I tried to make sense of the data. The data surprised me in many ways. Sometimes, despite having processed past experiences, delving into data caused me to resurface old wounds that I believed had healed. Nevertheless, I after wrestling with my emotions, I began to acknowledge these feelings and allowed them to turn to reliable sources for comfort. While investigating the participant's pathways, the findings served as a meaningful method of paying tribute to our forebears' endurance and comprehending their
trials in subservient roles and slavery. I found that the participants recognized through the interviews that everyone has a story that could be helpful to someone, including themselves, experiencing an adverse event. It is important to create spaces where Black women can share their experiences and perspectives, especially when they come from historically marginalized communities. Through these conversations, we can build a more inclusive and equitable society.

I intend to use the data to create services that will provide much-needed support for Black women professionals in higher education. My research has shown that support is absolutely crucial for success in this field, and I am determined to fill that gap for Black women in the early stages of their careers. By providing these services, I am confident that I can make a real difference in the lives and careers of Black women in higher education. I am determined to obtain a leadership role within higher education as I aspire to coach, mentor, and consult Black women. My expertise and experience make me uniquely qualified for this role. I am confident that I have the skills and tenacity to make a lasting impact in this field. I am eager to take on new challenges and use my knowledge to create a more inclusive and equitable environment for all. I believe that my vision and determination will make me a valuable asset to any organization. I am ready to work hard and make my dreams a reality.
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https://doi.org/10.1177/1049732310361892


https://knowledge.e.southern.edu/ebook/8

Appendix A

Interview Questions

Chosen Pseudonym:

Date:

Time:

Location:

1. How would you describe your medical higher education institution?
   
   A. What life experiences informed your decision to work in medical higher education?
   
   B. How did you enter the field of medical higher education?
   
   C. What role did your degree (if attended) play in helping you acquire your executive-level leadership position?

2. Describe your career progression. How long did you work in each position (note longest held position)? Director role-
   
   A. From your first position in medical higher education. How long did it take you to become an executive-level leader?
   
   B. As you moved from position to position, how did the number/ratio of Black women (occupying the same positions) change?
   
   C. Where in your career mobility story did you see the greatest number of Black women?
   
   D. How many times did you apply before acquiring the position?

3. What experiences influenced your decision to become an executive-level leader?
   
   A. What is your perception of the pathway to the top level position in general?

   B. If given the opportunity to repave your pathway to the executive-level positions, what changes would you make and why?

   C. Did you have a mentor or mentors during your pathway to your current level?

4. What internal (define) barriers did you face enroute to your current leadership position?
   
   A. How did you navigate around the barriers presented?

   B. In your experience, describe any barriers specific to Black women that have stalled your ascension to leadership positions.
5. What advice would you give female aspirants concerning pathway attributes and how to access them?

6. If given a chance to sponsor someone else’s mobility, would you take it?
Hello,

My name is Toya Windom, and I am a doctoral candidate in the Department of Adult & Higher Education at the University of Memphis. My reason for contacting you is to ask if you would be interested in being a part of my research study. In the study, I will attempt to identify the successful leadership pathways explored by Black women while navigating barriers in Southern medical colleges. Participation will include a 60 – 90-minute semi-structured interview.

There will not be any compensation provided for your participation in this study.

If you are interested and willing to participate in this study, please complete the attached consent form and return it to me at lrwindom@memphis.edu. Feel free to contact me with any questions you may have.

Thank you,

LRW
Appendix C

Informed Consent to Participate Form

Informed Consent for Research Participation

<table>
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<td>Latoya Windom, The University of Memphis</td>
</tr>
<tr>
<td>Researcher(s)</td>
<td><a href="mailto:lrwindom@memphis.edu">lrwindom@memphis.edu</a></td>
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</tbody>
</table>

You are being asked to participate in a research study. The box below highlights key information for you to consider when deciding if you want to participate. More detailed information is provided below the box. Please ask the researcher(s) any questions about the study before you make your decision. If you volunteer, you will be one of about 8 people to do so.

### Key Information for You to Consider

**Voluntary Consent:** You are being asked to volunteer for a research study. It is up to you whether you choose to participate or not. There will be no penalty or loss of benefit to which you are otherwise entitled if you choose not to participate or discontinue participation.

**Purpose:** The purpose of this research is to identify the successful leadership pathways explored by Black women in medical higher education at Southern medical colleges.

**Duration:** It is expected that your participation will last 60-90 minutes for the semi-structured interview.

- **Total:** 1.5 hours

**Procedures and Activities:** You will be asked to participate in one interview during the 22-23 semester responding to questions about your successful pathways pursued when obtaining top level positions in medical higher education while navigating barriers.

**Risk:** Some of the foreseeable risks or discomforts of your participation include finding some questions we ask you to be upsetting or stressful. If so, we can tell you about some people who may be able to help you with these feelings.

**Benefits:** Some of the benefits that may be expected include adding to the scholarship regarding successful pathways for Black women in medical higher education and your perspective could be useful in creating ideas for future diversity, equity, and inclusion initiatives.

**Alternatives:** Participation is voluntary, and the only alternative is to not participate.
Appendix D
IRB Approval

The University of Memphis Institutional Review Board, FWA00006815, has reviewed your submission in accordance with all applicable statuses and regulations as well as ethical principles.

The contingencies are listed below:
- Justify only including participants who work at UTHSC or UMMC. Consider how this inclusion criterion may increase the risk of loss of confidentiality (the small sampling frame may make participants identifiable).

ALL changes made in your attached documents (consent, flyers, scripts, etc.) are to be highlighted. Once you have addressed the contingencies listed above in your protocol, please revise, edit, and resubmit your protocol. In Cayuse, complete "Investigator Response" in the designated section. If you have any questions regarding the Board's contingencies, you can contact me via e-mail (irb@memphis.edu). If you have questions regarding how to submit your revised protocol or questions about the IRB process, please contact the Institutional Review Board at irb@memphis.edu or 901-678-2705.

Thank you,
James P. Whelan, Ph.D.
Institutional Review Board Chair
The University of Memphis