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# Diversity Gap in Healthcare Leadership

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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MBA, Saint Peter's University, 2003

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Dissertation Submitted in Partial Fulfillment

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Abstract

The rapid change of the U.S. population has prompted many organizations in both the private and public sectors to adjust their C-Suite leadership to reflect the population that they serve. Unfortunately, healthcare seems to be the exception to this. Several studies have been done to explore the issue of diversity in general; however, limited research has been done to address the diversity gap in the U.S. Healthcare System C-Suite. The purpose of this qualitative case study is to explore the reasons behind the lack of diversity in the U.S. Healthcare C-Suite. The C-Suite is defined as the groups of executives that work closely with the Chief Executive Officer (CEO). The research focus and questions were employed through Roosevelt diversity management theory. In phone interviews were conducted to collect data from 20 diverse current healthcare C-Suite members who had first-hand knowledge of the diversity gap in healthcare C-Suite. To confirm the accuracy of the findings, content analysis as well as thematic coding were used. The results from this qualitative case study identified several reasons for the diversity gap in healthcare C-Suite. Some of those reasons are, lack of potential effort by healthcare organizations' leadership to include minority communities, resulting in predominantly white community members in the C-suite. The recruitment of more ethnic and cultural minorities by providing them with more opportunities during the recruitment process and also providing them with support to ensure the sustainability of a high number of ethnic and cultural minority C-suite members, and creating a sustainable environment for ethnic and cultural minorities. The findings from this study may have implication for social change in healthcare organizations' senior leadership and awareness of the need to have the senior leadership reflect the community they serve as well as positive social changes at the individual, family, and societal level.

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## Dedication

For two greatest, and wisest women I have known, and knowing how proud they would be of me, my Grandmother and mother, who shared their life with me, with all their struggles and hardship. The endless and unselfish sacrifice that they made not just for our family, but for many others, and for always being there when I needed to talk, I will be eternally grateful. For without knowing their life, this journey may not have been possible.

**Acknowledgments**

I would like to acknowledge all the members of my committee for the outstanding job and support that they have provided. To Dr. Aagard thank you for your guidance and your dedication. Your support was unwavering from the start, and I am thankful for you and all that you do. To Dr. Dixon-Lawson, thank you for stepping in as Dr, Aagard moved to her new position. You are always supportive and provided sincere feedback even when it was not what I wanted or was expecting. I say thanks, and to the other committee member, this would not be possible without you.

To all those who took time from your busy schedule to participate in this research, and share your C-Suite experience, I thank you. This research would not have been possible without you, and your sincere and candid response to the research questionnaire.

Healthcare leadership is very important to me especially in these challenging times when as a nation; we are facing a demographic shift that will require healthcare leaders to look at delivery from a different prospective. I hope that this research will reveal an approach that will help Healthcare leaders create an inclusive leadership team that will allow us to better deliver health care to our fellow citizens.

Finally, a special thank you to family and friends for the unconditional support. This journey was not easy, and it took a committed group individual to stand with me even in the moments when I felt like giving up.

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## Chapter 1: Introduction to the Study

Over the years America has become more diverse than it was in the past, and this trend is expected to continue in the future. While Whites still enjoy the majority status in America today, by 2055 they will no longer be the majority (Cohn, D. 2016). Such a shift is having a huge impact on our healthcare delivery system's C-Suites. C-Suite is defined, as the groups of executives that work closely with the Chief Executive Officer (CEO) are commonly known as the C-Suite (Guadalupe, 2013). While many industries are adapting to the diversity, and adjusting their executive board to reflect it, healthcare is still lagging behind in terms of diversity in the C-Suite. The change in healthcare delivery has necessitated the need to close the diversity gap in the U.S. Healthcare C-Suite in order for us to be more effective as individuals or as a team. So, while healthcare continues to change, and new opportunities are created in terms of jobs, it has become necessary for the healthcare industry to start bridging the diversity gap. The diversity gap at the C-Suite level still remains a challenge in the U.S. Healthcare Delivery System despite the history of senior leadership diversity in other industries (Brocks, 2015).

As healthcare organizations move from fee-for-service to population health, talent management will become more important. Those who understand the population that they are serving will be in a better position to respond to change (Rosen, 2015). According to Lynch III (2012), organizations that serve a diverse population should also have a C-Suite that is reflective of the population that the organization serves. Such a move serves two key purposes for the organization; first, it will allow the patients to see that the organization is sensitive to their needs, and second, it allows potential recruits from racial minority groups to see that the organization is committed to diversity.

Historically, the leadership of healthcare organizations has operated in what can be labeled as uni-professional silos. This style of leadership does not leave much room for a collaborative or inclusive form of leadership (O'Dell, 2015). This has resulted in a lack of diversity within healthcare C-Suite, as well as intolerance for different viewpoints. So, looking at diversity as something that should only be implemented at the lower level of healthcare organizations has allowed U.S. healthcare to lag behind in realizing the positive impact of a diverse C-Suite (Jayanthi, 2016 991). Among the positive impacts of a diverse C-Suite would be the enhancement of leadership performance, as well as a reduction in perceived differences (Mitchell, 2015).

## Problem Statement

The groups of executives that work closely with the Chief Executive Officer (CEO) are commonly known as the C-Suite (Guadalupe, 2013). This team usually reflects the organization's culture and is responsible for setting its goals, coordinating activities and allocating resources across the organization (Guadalupe, 2013). The C-Suite of healthcare organizations should reflect the communities they serve.

However, the lack of diversity in the C-Suite of the United States healthcare organizations has created a situation in which they do not represent the community that they serve (Maryland, 2016). This lack of diversity in the C-Suite has created challenges for the U.S. healthcare organizations. One such challenge is the general perception that all is well within the C-Suite, and that healthcare organizations are embracing diversity. Nevertheless, about 13% of healthcare C-Suite members believe that the diversity gap has been closed, while approximately 70% of Caucasians still believe that ethnic minorities receive equal consideration for C-Suite positions (Bush, 2012).

Exploring the reasons behind this lack of diversity may help the healthcare organizations to realize the value of a diverse C-Suite. Diversity is defined as a conscious practice that takes the necessary steps to understand the uniqueness of each individual according to their race and ethnicity (Patrick, 2012). The maintenance of a positive work environment promotes individual differences, as well as similarities. The similarities or differences in ethnicity usually include the individual's race (Black, White or Asian) (Marger, 2011).

According to a recent study, many healthcare professionals have agreed that diverse leadership can bring great benefits to their organization, but only 15% of the healthcare organizations are making serious efforts in closing the diversity gap (Carson, 2012). In addition, executives in leadership positions at some healthcare organizations have agreed that there is a need for diversity at the executive level, but there has been no commitment in implementing a diversity recruitment process (Bird, 2015). However, with the face of America changing, we have become more racially and ethnically diverse as a nation. By 2055, the U.S. will no longer have, what some have labeled as, a racial or ethnic majority (Cohn, 2016).

## Purpose

While many chief executive officers have agreed that a diverse workplace helps an organization to achieve its strategic goals, studies continue to show that healthcare organizations need to undertake greater initiatives in closing the executive diversity gap (Rosin, 2016). In a recent study, Whites, as well as racial and ethnic minority respondents, agreed that the executive boards of healthcare organizations do not reflect the population they serve (Rosin, 2016). The purpose of this qualitative case study is to explore the main reasons behind the lack of diversity in healthcare executive leadership, which in turn could assist healthcare organizations' executive leaders to see the value of diversity in the healthcare C-Suite. Data for the case study will be

collected via interviews. The interviews will be semi-structured to create flexibility, while giving the interviewee an opportunity to clarify his/her answers if such a need arises (Doyle, 2015). Participants will include a combination of African American and Hispanic C-Suite leaders, as well as Caucasian C-Suite leaders. The total number of C-Suite individuals will be in the range of 10–15 individuals.

## Research Questions

**(**(1) What do leaders perceive are the factors that contribute to the diversity gap in the C-Suite?

(2) How do C-Suite leaders perceive the organization's policies and practices promote or deter equity in the C-Suite?

(3) How do C-Suite leaders perceive the C-Suite climate as welcoming, affirming and promotes diversity?

(4) What strategies is your organization using to show employees that the C-Suite climate promotes their ability to become a member of the C-Suite?

### Theoretical Framework

The theoretical foundation of this research can be found in the works of Thomas Roosevelt's (1990) theory of diversity management. The leaders of many organizations, including healthcare, are not equipped to handle a diverse workforce. The way these organizations view their employees is a reflection of the corporate culture. Such a culture is one of the key factors that have a huge implication on how diversity management is viewed (Roosevelt, 1991). According to Roosevelt, diversity will only become an issue when certain trends reach critical mass. These trends are as follows:

- The global market in which the organization is conducting business becomes competitive.

- The makeup of the workforce begins to change rapidly and becomes more diverse.

According to McDonald (2010), the root of diversity in the workplace can be traced back to the EEOC (Equal Employment Opportunity Commission). However, Roosevelt brought about the discussion about race in the workplace. Individuals in the workforce increasingly start to celebrate their differences, and refuse to ignore their uniqueness.

Diversity management theory focuses on four fundamental principles that are as follows:

- Managing diverse talents – creating an environment that will allow the organization to access all parties' ideas and talents.
- Managing relationships – creating appropriate relationships that will allow people of diverse backgrounds to work together in a harmonious way for the good of the organization.
- Managing representation – creating an environment in which inclusion and exclusion decisions are feared, and where the C-Suite has equitable representation that reflects the organization and the community it serves.
- Managing strategic mixture – optimizing all the internal and external resources with the C-suite to gain and maintain a competitive advantage (Thomas, 1990).

This qualitative research case study is grounded in the interpretation of the theoretical perspective, which will serve as the guide for the data collection, as well as the analysis of the data. This theoretical framework will provide the structure, as well as guidance for this research, together with the questions (Imenda, 2014).

## Nature of the Study

The methodology of this research is based on a qualitative case study. According to Sturman, (1997), a case study is a general term that is used for the exploration of an individual,

group or phenomenon. In other words, a case study is an in depth description of an individual case or analysis gives us the opportunity to focus on a single unit in order to understand the larger or similar population. Qualitative research is a scientific research that seeks to answer questions, uses systematic procedures to answer them and produces findings that may go beyond the study (Mack, 2011).

## Definitions

The list of terms below provides the relevant definition that is pertinent to this study. Additional definitions maybe used, but they are not required for the study.

- Diversity Management: The strategy of using best practice with a proven result to create an inclusive workplace that reflects the organization's business model (Llopis, 2011).
- Personal Dimension: The view of the individual as it relates to the importance of diversity in a group or organization, and their levels of comfort interacting with members of other groups (Mor Barak, 2016).
- Organizational Dimension: The perception of management policies, and the way they are implemented to affect members of minority groups (Mor Barak, 2016).
- Racial Bias: Can be defined as overt or subtle discrimination. In the context of behavior, racial bias is any treatment that is expressed based on the race of the individual (Ruggs, 2016).
- Classism: To discriminate against a person or group of people based on their social class. It is believed that one may encounter classism much more often than racism (MYNew24, 2016).

- Cultural Competence: The ability of providers and organizations to effectively deliver healthcare services that can meet the social, linguistic and cultural need of the patient population that they serve (AHRQ, 2016).
- Managing Diversity: Building an inclusive work environment where each employee has the opportunity the reach his/her fullest potential (Thomas, 1990).
- Diversity: It encompasses the many ways people differ primarily in race and ethnicity (Robinson, 2004).
- Inclusion: Seeking out value by using the experience of all the employees regardless of race or ethnicity (Robinson, 2004).
- Ethnicity: An individual belief, understanding and participation in a shared culture (Medley-Rath, 2014).

  Cultural Competence: The integration and transformation of individuals and their groups into beliefs, practice and attitudes that are used appropriately to produce a better outcome (Leininger, 2016).

**Study Assumptions & Limitations**

Researchers generally use assumptions during the process of converting information into theory (Koch, 2014). As a part of this study, several assumptions are made. Among those assumptions are: the diversity gap in healthcare leadership is an issue for most healthcare organizations; Current Healthcare Leaders will be open and willing to talk about the diversity gap in the organization's leadership; and, finally, that these leaders will have the knowledge to address the leadership diversity gap in their organization. In addition, another assumption that is made is that that this information will be useful in closing the diversity gap in healthcare leadership, as well as helping healthcare leaders to build a more diverse C-Suite.

## Limitations

The limitation of a qualitative research study is usually the foundation that is used to influence the participant's response (Wright, 2014). This study will be limited to qualitative data that will be based on the experience of the participants and, despite the fact that we could explore diversity gaps in several areas, this study is limited to the healthcare C-Suite. This study is not looking to research the diversity gap in its entirety, but to focus on a small group of healthcare organizations, primarily in the Northeast. The intent of this research is not to make generalizations regarding any particular ethnic group, excluding African Americans, Hispanics and Whites, but instead the study will be based on a relatively small sample size.

## Scope and Delimitations

The qualitative case study will require the involvement of participants to be interviewed face-to-face for data collection. The population of the research study will consist of interviews of 20 individuals from the equally small population of C-suite members. These participants will consist of 3 African Americans, 4 Hispanics, and 13 White C-Suite leaders. Qualitative content analysis will be used to code and classify the collected data (Bengtsson, 2016).

## Significance

The significance of this study will rest in the rationale of determining why, in this day and age, the diversity gap in healthcare leadership C-Suite is still as wide as it is. Research has been done on diversity in terms of increasing race, sex, religion and ethnicity, and how to increase the number of women and minorities, as well as different religions; this study will go a step further by making the business case for closing the diversity gap in healthcare C-Suite (Rosin, 2015).

The findings of this study may help healthcare organizations in hiring managers, as well as department managers, to realize the importance of diversity in the strategic mission of their organization. It also gives the organization the opportunity to expand the recruiting pool of talent that may help the organization achieve its objective. The intent of this research is to contribute to the overall knowledge of diversity in the healthcare workplace. Specifically, this study will focus on the diversity gap that exists in healthcare organizations at the C-Suite level.

## Implications for Social Change

This study may contribute to the positive social change in U.S. healthcare organizations by helping them to see the value of diversity in the C-Suite. The American Colleges of Healthcare Executives continue to remind members of their obligation to promote diversity within their organization (ACHE, 2012). Members of healthcare organization C-Suite are in a position to promote and advance racial and ethnic diversity within their organizations (Selvam, 2013).

# Chapter 2: Literature Review

## Introduction

This chapter will focus on the research introduction, literature search strategy, theoretical framework, the literature review related to key variables and the summary. Chapter 2 is a comprehensive review of literature relating to the lack of diversity in healthcare C-suite. In addition, the literature review has also identified factors that have contributed to the lack of diversity in healthcare C-Suite. One of the key factors that were identified on diversity is how diversity in healthcare C-suite can help healthcare organization achieve its goals (Brooks-Williams, 2012). This forms the basis of the theoretical model underpinning this research study. In the United States today, despite the rapid change in population demographics, the C-Suites of most healthcare organizations still do not reflect the populations that they serve (Rosin, 2015). The diversity gap within the healthcare C-Suite is creating challenges for many healthcare organizations. Among those challenges are leaders lacking cultural competence, an aging C-Suite with leaders who are out of touch with their patient population, and a shrinking talent pool (Dauvrin, 2015).

Minorities are estimated to make up about 31% of the patient population today in the U.S., and that number will likely increase over time (Stempniak, 2015). However, minorities only make up about 9% of the board members, and the same amount in the C-Suite (Evans, 2014). The tragedy of these statistics is that, despite the numbers, 26% of Caucasians still believe that minorities are represented in the C-Suite (Jayanthi, 2016). The link between leadership and the performance of an organization is usually correlated. Based on this, from 2010 to the present, more than 70 hospitals have closed down across the United States, and more hospitals will likely

meet the same fate if healthcare organizations do not start to address the lack of diversity in the C-Suite (Ellison, 2016).

To stem this tide, healthcare organization C-Suites need to realize that closing the diversity gap makes good business sense and better positions these healthcare organizations to address the sweeping changes that health systems will face in the future (Evans, 2014). Additionally, reducing the diversity gap in the C-Suite can be the first step for the healthcare organization to minimize the cultural divide that currently exists in healthcare and begin the gradual process of value-based care (Ferguson, 2016).

## Literature Search Strategy

The literature review provided is based on the extensive search of multiple databases, as well as another general searches, such as Google Scholar. The diversity gap in healthcare leadership, and C-Suite Diversity were searched in the CINAHL & MEDLINE databases, as well as in Nursing & Allied Health. The terms that were used in the database search were as follows: *Diversity in Healthcare leadership, minorities in healthcare C-Suite, diversity gap in healthcare leadership, African American and healthcare C-Suite, Hispanics and healthcare C-Suite, and Minorities in Healthcare C-Suite*.

## Theoretical Framework

The theoretical foundation of this research can be found in the works of Thomas Roosevelt's (1990) theory of diversity management, which states that the leaders of many organizations, including healthcare, are not equipped to handle a diverse workforce. The way these organizations view their employees is a reflection of the corporate culture. Such culture is one of the key factors that have huge implications on how diversity management is viewed

(Roosevelt, 1991). According to Roosevelt, diversity will only become an issue when certain trends reach critical mass. These trends are as follows:

The global market in which the organization is conducting business becomes competitive. The makeup of the workforce begins to change rapidly and becomes more diverse. According to McDonald (2010), the root of diversity in the workplace can be traced back to the EEOC. However, Roosevelt brought about the discussion about race in the workplace Individuals in the workforce increasingly start to celebrate their differences, and refuse to ignore their uniqueness.

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## The Importance of Diversity Management in Healthcare C-Suite

### Approach for Diversity in the Healthcare C-Suite

Diversity management has been discussed on several fronts over the years and has fundamentally addressed the need for diversity in the C-Suite. For example, as stipulated by Thomas and Ely (2012), diversity management entails establishing and ascribing the dissimilarities among people. In equal measure, it has been argued by Thomas (2012) that diversity management is characterized by embracing the dissimilarities among people, in addition to appreciating the uniqueness among them. The fact that the diversity gap in healthcare C-Suite has remain over the years seems to be a clear indication that leadership either does not know how to manage dissimilarities as it relates to ethnic minorities groups, or they have made a conscious decision not to embrace dissimilarities. Schaffner et al. (2012) do not offer any opposing point of view.

However, the research did provide an additional list of different scopes whereby diversity variations tend to happen, for instance, religious stands, socioeconomic status, political beliefs, sexual orientation, race, gender, age, physical capabilities and ethnicity, among other faiths (Nunez-Smith, 2012). Nevertheless, despite the expense associated with diversity management, this helps organizations to create a suitable workforce, which is beneficial to the long-term growth of the organization (Akey, 2016).

This perception of the benefits of diversity management has been clearly outlined by (Marina, 2015). In their study, Richard et al. (2014) argued that excellent diversity management is one that endeavors to examine the dissimilarities among people in a secure, constructive and positive setting. They further argued that such opportunities tend to articulate themselves and offer support toward institutional societies and communities (Richard, et al., 2014). In equal

measure, Patrick and Kumar (2012) consider diversity management as comprising of comprehension among individuals and surpassing straightforward acceptance of dissimilarities to prevent conflicts, as well as to observe and control the capacity and prospects for differences to sustain efficiency.

According to Brooks-Williams, (2012) exploring diversity in Healthcare C-Suite still needs further research to confirm how a diverse C-Suite can help the organization achieve its financial goals. As a nation, we continue to struggle with healthcare delivery while continuously marginalizing ethnic minorities. Having a diverse C-Suite may add strategic value to healthcare organizations in dealing with healthcare inequities within the community that they serve. In addition, (Gamble, 2014) current members of Healthcare C-Suites have acknowledged that a diverse C-Suite would provide several benefits to healthcare organizations. Among those benefits are the following:

Better decision-making

Improve organization strategic goals

Improve Clinical outcomes

Improve financial performance

Yet, despite all the benefits that could result from a diverse C-Suite, only 25% of current C-Suite members feel that ethnic minorities are well represented in healthcare C-Suite, and of those, only 15% feel that the diversity gap in healthcare leadership has narrowed.

Klein and Harrison (2011) contend that a sought-after diversity management ought to be highly celebrated and exploitative of the dissimilarities to sustain energy, instead of simply getting used to equality activities like facilitating equal chances and assenting to positive action. It is also worth noting that, even as the perceptions of equality and diversity management are

considered dissimilar, they are capable of being treated in identical measures at times. This similarity is courtesy of the condition that diversity management may be extensively considered as a vehicle to strengthen the affirmative. Actually, according to Klarsfeld (2014), diversity concerns on equality and diversity management are hard to separate since several discussions on diversity management in organizations seem to have been instigated by intolerances along diversity measures like diverse socioeconomic status, political beliefs, sexual orientation, race, gender, age, physical capabilities and ethnicity, among others.

Founded on the above perceptions, healthcare diversity management ought to be viewed as the methods of bringing the best talent into an organization, rather than focusing on the dissimilarities among individuals receiving healthcare services. A different management in the C-Suite would probably be able to provide a realistic perspective on the divide that exists between leaders and managers in the healthcare sector. Diversity dimensions from a racial or ethnic viewpoint should be implemented from the perspective of improving the organization's talent pool rather than just as a sign of equality (Dike, 2013). Furthermore, several intriguing questions would focus on the probability of C-Suite composition to include people from diverse origins, whether activities are part of diversity variations, and whether they gratify the affirmative and equality action laws (Guadalupe, 2013). Therefore, the procedure of assessing the healthcare leadership gap regarding diversity ought to be considered from this conceptual approach.

## Benefit of Workforce Diversity

Several studies have focused on the benefits, as well as opportunities that have resulted from a diverse workforce. Organizations that are successful and have a diverse workforce have indicated that the workforce is more effective and innovative and that the organization showed

better financial results (Nelson, 2014). As it relates to the economic benefits of diversity, those organizations that had a diverse workforce at the C-Suite level realized a greater revenue growth, as well as market share. Based on all this, the healthcare C-Suite needs to start taking a look at the benefits that are missing as a result of their outdated practice. From an economic prospective alone, diversity has a significant impact, not just on revenue, but also productivity (Herring, 2009).

**Importance of Diversity: Management**

Diversity management has been discussed in the literature as beneficial to institutions in several ways, particularly upon being efficiently incorporated and adapted to objectives. In research engaged by Klarsfeld (2011), he notes that influencing the diversity and managerial levels are fundamental measures of the tactical point of reference of an organization and corporate culture, as well as how different success aspects interrelate to enable businesses to achieve their objectives. In their study, Kelly and Dobbin (2012) equally realize how dissimilarities among individuals with different origins serve as prospects for companies to maximize to acquire invention. Different researchers have equally and effectively demonstrated and revealed how diversity, based on nationality, age and functional aspects, entail a considerable constructive effect on the inventiveness among teams (Rickards & Moger, 2013; Rickards & Moger, 2012; White, 2015). The scholars show that diversity symbolizes a human resource with various capacities, talents, points of view, and values capable of being strengthened to tackle various institutional issues (Rickard, 2012). Additionally, diversity can equally come with extensive negative upshots when not appropriately managed. For instance, the ability to set off conflicts (Rickards & Moger, 2013), lack cohesiveness (White, 2015), as well as

poor communication strategies (Rickards & Moger, 2012), giving rise to decreased institutional productivity.

In his study, Losh (2011) explains different types of unwarranted and detrimental multiplicity conflicts that disrupt business performance including: disagreements between subordinates and managers, gender conflicts, worker deviance, managerial wrangles, racial and age hostilities, issues of sexual orientation, as well as cultural shock, among others. Upon happening, these clashes exhibit detrimental effects on productivity. Technically, disagreements result in disunity amongst people and, due to dissimilarities, businesses will ensure productivity loss since members could be unwilling to team up, interact, or collaborate in meeting company goals (Losh, 2011).

In addition, Park and Lee (2014) consider diversity management as a catalyst in enabling an institution to establish a "favorability" scale, with potential clients and workers – particularly from the ethnic minorities – considering the facility to be highly striking, and hence hiring highly trained employees in addition to new and returning customers. In agreement with Nicol (2012), this method can simply be acquired by primarily guaranteeing high cultural sensitivity created through a culturally diverse team, thus defined by expertise from diverse sociocultural backgrounds and therefore eventually enhancing marketing.

Poor communication has equally been associated with little diversity management, which disrupts the productivity of an organization (Rana, 2013). Practically, members within an organization may hinder the process of achieving practical projects due to miscommunication. Nonetheless, a lack of proper communication could result in disagreements due to possible engagement in varying blames over duties capable of being achieved if the message was properly conveyed. Eventually, the outcome of disagreements may additionally lead to poor group

outcomes since participants do not collaborate or relate as expected. Lastly, Rickards and Moger (2013) show how shortages in diversity management tend to establish cohesiveness issues and eventually impact productivity negatively. A key situation is where several members show a lack of trust in others due to bad past experiences (Rickard, 2012). This compels a lack of collaboration, liaising or teaming up to achieve the group's goals and objectives. Such relationship issues, in the long run, hinder groups from achieving their objectives (O'Daniel, 2008).

Moreover, literature discloses that diversity administration holds a lawful and social attitude such as that unsuccessful diversity administration practices can draw lawful and social punishments. According to Dwyer, Richard and Chadwyck (2013), prejudice within the workplace is an illegal behavior and can draw lawful cases. Diversity administration deals with various business management procedures, for instance, recruitment, disciplinary actions, promotions, firings and benefits, amongst other features that should be adjusted to the legal rules to avoid interrelated punishments (Shih, 2016). In acceptance of the place of work discrimination effects, regulations like the Civil Rights Act of 1964 was passed to help minimize racial discrimination. To prevent such discrimination in the workplace, the House of Representatives and the Senate passed the Civil Rights Act (CRA) to make it illegal for the employer to discriminate against employees in the workplace based on race or culture (EEOC, 1964). The states' assented to Title VII of the Civil Rights Act (CRA) of 1964 as part of the attempt to fight discrimination that protects workers against inequity founded on race and national origin (EEOC, 1964).

Within this law, it was made illegal for employers to discriminate against workers by hiring, sending away, disciplining and awarding compensation founded solely on race (EEOC,

1964). Moreover, even though the categorization of applicants consistent with their relevant races or ethnicity has been deemed illegal, such practices still exist today in our healthcare system (Hardy-Waller, 2017). Additionally, the rules were designed to prevent organizations from using ethnicity as a determinant for positions within the workplace and ordered labor organizations to have corresponding representation and rights of membership for all workers, regardless of their cultural temperament, failure to which could potentially draw legal inferences (Rickards & Moger, 2013).

Dwyer, Richard and Chadwyck (2013) state that creating efficient diversity management that guarantees acceptable organizational behavior calls on healthcare C-Suite leaders to evaluate the differences within their organization. Such a perspective stems from the idea that healthcare organizational settings continue to evolve with the change in demographics. First, there is a shift from what used to be the white majority to the minority majority, and the need to be more innovative in challenging economic times (Alba, 2015).

Secondly, the rapid change in the population makeup of the U.S. is forcing healthcare organizations to close the diversity gap in their C-Suite or risk losing talented leaders who are more comfortable working in a more diverse C-Suite (Henkel, 2016). Additionally, technology has made patient care more globally accessible. The advancement of technology with global medical access has created an environment where the patient will seek out institutions that represent them (Bentacourt, 2000). This approach is forcing organizations to diversify and devise new brands and means of survival, in addition to being competent to forecast the future (Wilson-Stronks, 2008). Every one of these difficulties is challenging, and organizations are progressively relying on cognitive diversity administration to improve the condition (Dwyer, Richard & Chadwyck, 2013).

Nevertheless, a study that was conducted by Bell and Berry (2013) concluded that, for organizations to retain and recruit the best talent, they need to close the diversity gap in their C-Suite. This will allow a more liberal mentality in the C-Suite, and potentially a rippling effect throughout the organization. Achieving this will not be easy, but it is imperative for healthcare organizations to focus on diversifying their C-Suite to build a helpful organizational atmosphere that can accommodate diversity (Rickards & Moger, 2012).

Weiss (2012) noted several of the key issues in managing diversity in institutions. These issues comprise a clear and reliable communication procedure and invent a comprehensive corporate setting, aiming to display flexibility, link the diversity values to the strategic goals of the organization, and building a solid, diverse C-Suite that can then create awareness on the issue of diversity. Weiss (2012) argues that even those institutions that are on track to have a different C-Suite still need to stay focused on the outlines of its workers and how they are treated within the organization.

Moreover, various institutions require having comprehensive policies, in addition to practices, enabling workers to add to the association with their utmost potential. Nonetheless, according to Davis (2014), organizations that are doing an excellent job diversifying their C-Suite still have room for improvement in creating a workforce that reflects the community that these health agencies serve. This might require creating additional policies, and holding the C-Suite accountable for examining how a different C-Suite can help the organization meet its strategic goals (Rosin, 2016).

It is hard to believe that, healthcare organizations are still operating under an old management system. We find a system that caters to white minorities at the expense of the organization’s growth, and the belief that only a selected few can manage effectively, without

taking into account how this approach affects the organization (Dietsche, 2016). This discussion has meaningful inferences for healthcare organization C-Suite administration. Initially, in discussing the position of leadership, we could be fundamentally denoting the place and abilities of the C-Suite to mirror the requirements of enviable diversity within its behaviors. Also, the ability of healthcare organizations to accomplish the requirements of diversity in the C-Suite lies with the senior leadership, who can use their abilities, experience and skills to create a diverse C-Suite that is in line with the goals of the organization (Hardy-Waller, 2017). This will require beginning at the most senior level of the organization's leadership where the strategic decisions are made. This is necessary if healthcare organizations want to thrive in stipulations of inclusion and diversity (Merrild, 2015).

## The Issue of Diversity Management in Healthcare

Literature has shown that healthcare organizations have made several steps toward creating a diverse leadership team, however, there is still a diversity hole that is mirrored in different healthcare organization's C-Suites, as well as other settings. According to Bunjitpimol (2015), the phasing in of diversity in the workplace is a gradual process that can take time. It is important to realize that diversity in U.S. healthcare C-Suites still needs to be addressed openly, knowing the potential impact on our healthcare organizations (Kirton & Greene, 2012). From an investigative view, diversity administration can be an expensive undertaking if it is not done correctly (Montgomery, 2016).

The organization should lay the foundation for diversity in the C-Suite by engaging current C-Suite employees, making sure they understand the vision of the organization and how diversity can help achieve that vision. This approach could create an environment in which healthcare C-Suite leaders may no longer look at diversity as a liability, but as an asset instead

(Storey, 2013). To demonstrate the point, a healthcare leader must implement policies to handle a variety of issues within their organization.

Everything, including misunderstandings and disagreements that might originate from communication disturbances in and between staff members from diverse socio-cultural backdrops, has a dissimilar view toward a specified occurrence (Lančarič, Chebeň & Savov, 2015). In such situations, it is also necessary for the leaders of healthcare organizations to institute the professed gains that result from diversity. Consistent with Parrotta, Pozolli and Ptylikova (2012), in different cases, the professed gains from diversity can be more cost-effective than hiring and training new staff just to make them fit in their new roles.

Dawson et al. (2011) and Dixon-Woods et al. (2014) conducted their research and concluded that healthcare organizations need to do more to address diversity at the C-Suite level of their organizations. Foremost, the C-Suite of healthcare organizations should define the strategic vision of the organization at every level and communicate the vision to the entire organization (Nicol, 2012) by stating that its vision serves as a road map for strategic direction from which diverse operational policies can be created with an attempt to improve performance and efficiency. This was demonstrated by (Yoder-Wise, 2018) who believes that the heart of organizational ideas lies in the capability of the organization's employees to obviously comprehend and adjust to the organizational objectives. This means that the visualization of the organization should not create any misunderstanding if the last were well executed within its procedures and processes. Based on what we know, the importance of the C-Suites to healthcare institutions may help to guarantee that the organization's workforce shares its strategic vision regarding diversifying the C-Suite.

The apparent goals of the organization are important since these are critical elements of a collaborative atmosphere in the workplace that can improve a culture of diversity; such approaches may enhance the behavior of employees within the organization. According to Wooten et al. (2013), the shortage of clear and well-defined goals in the workplace leads to uncertainty because the organization's C-Suite does not hold an obvious concentration on the future goals and objectives of their organization in the short-term, as well as in the long-term. Consistent with Gantz (2011), it is extremely vital for healthcare organizations to have long-term and short-term objectives.

Additionally, since healthcare organizations tend to have both organizational and department goals, there is the necessity for their leaders to minimize these organizational diversity goals and focus on departmental goals (Bielenda, 2009). Such a practice can make it more difficult to promote and implement diversity in the workplace, especially at the C-Suite level. This is well stated by Horwitz and Sonilal (2011), who discovered that the shortage of clear objectives within healthcare organizations by C-Suite leaders could, and usually does, result in organizational hiccups. This results when members of the C-Suite are not very conversant with what to attain, or with anticipating the action of their employees.

Therefore, it is vital for the C-Suite to be diverse, and embrace organizational policies and forms that help guarantee smooth and appropriate management of their organization (Groysberg, 2011). Diversity management comprises the entire organizational feature for which a manager is anticipated to be varied – from tailored relationships with the association to outside relations with the managerial stakeholders (Storey, 2013). Because of this, healthcare managers must be capable of instituting strong relationships – not just with consumers and other top leaders, but with the workers and the universal society in which the institution operates as well.

As pointed out by Coleman (2012), having a vested interest in the implementation of diversity in the C-Suite makes it easier to diversify. Personalized objectives for the individual leaders or tying the diversity goals to bonuses can guarantee that C-Suite members are held accountable for the diversification of the C-Suite (Fleintzeig, 2015). As a result, healthcare leaders within the United States must identify organizational goals from a top-down perspective, in which the organization's goals must be collapsed into specific goals for the several units and healthcare organizations with the U.S. and set clear expectations for employees. Wooten et al. (2013) recommended that setting clear expectations would deeply assist in making sure that the organization's policies, useful metrics, finest practices, values, culture and universal visualization are common across U.S. healthcare organizations and executed in the entire organizational actions.

Research conducted by West et al. (2014) recommends that a high degree of employees' engagement in the workplace plays a vital role in the promotion and implementation of diversity. This was pointed out by Coleman (2012) who claimed that, for organizations to be successful in this day and age, diversity has to be an integral part of the organization's desire to communicate the need for the best and most talented employees in a competitive environment. This approach should not be one group versus another, but rather a collaborative effort to get the best and most talented employees, and the only way that this might be achieved is by tapping into the diverse pool of talent that is available (Smiley, 2016). This approach is vital to the organization for a sustained business performance. Within the U.S. healthcare system framework, employee involvement is critical when it comes to implementing policies that some might view as difficult or counterproductive, and is also a vital way for the organization leaders to promote the vision of the organization as it relates to diversity. This was the point made by Horwitz et al. (2011) as

they recommended that organizational leaders should implement policies to minimize the negative experience of employees regarding diversity. This could be a collaborative approach that could minimize the challenges experienced by employees while solidifying the partnership between them and C-Suite members for the enhancement of the company.

Bradley-Guidry and Garner (2016) recommend that the management of employees should start at the grassroots by creating a culture of transparency and tolerance at every level of the organization. This obviously means that workers' engagement methods can work if the organization leaders show respect and genuine concern for the well-being of their employees. However, the ability of the leader/s is equally important in this process and usually determines the level of employee's involvement. The difficulty of diversity administration within healthcare can be handled from a creativity standpoint. Leaders need to understand the human dynamics to be effective in dealing with diversity.

The shortage of appropriate diversity leadership in U.S. healthcare organizations might hinder originality and subsequent novelty (Henkel, 2016). There is a need to focus more on those factors that can make a healthcare organization better through creativity, and on the conventional policies that would allow U.S. healthcare organizations to recruit the best talent from a diverse pool (Flotte, 2012). Consistent with this, Bunjitpimol (2015) has pointed out the benefits of having a diverse leadership team, among which is the ability to connect with the patient population, as well as connecting with other employees across different racial and ethnic groups.

## Changing Patient Base

According to demographic trends in the United States, the population of African Americans in the U.S. will increase twice as much as it is today (Colby, 2015). In addition, the Hispanic and Asian populations will also increase, but this increase will be threefold (Grady,

2011). The need for healthcare leaders to respond to the increasingly diverse patient population continues to pose challenges to the system. Consistent with Park and Lee (2014), healthcare leaders should be able to oversee quality care to everyone regardless of their racial or ethnic background. Understanding the population that healthcare organizations serve is becoming more and more important for their survival. As such, understanding the community that is being served and knowing how to react to the current demographic dynamics characterized by conflicting health convictions, public perceptions, cultural morals and viewpoints are critical for healthcare organizations (Health Research & Educational Trust, 2013).

According to Wenghofer, Williams and Klass (2013), today, in many U.S. cities, about three out of every five patients in hospitals originate from various groups other than Whites. This diverse patient population is pushing healthcare organizations in the U.S. to a crisis point where the need to close the diversity gap in the C-Suite is more important than ever. This sentiment was expressed by Park and Lee (2014), who considered that patient care is more than just analysis, but is also about management and comprehension, as well as treating every patient in ways that improve their health.

In the U.S. healthcare system, leaders must function in an environment that requires constant adjustments to their operations, functioning, setting, cultural viewpoints and policies to accommodate patients of diverse backgrounds for long periods of time (Rice, 2016). As stated by Kaya (2011), the ability to make the necessary adjustments within an organization to better position it would help in increasing the general well-being of all citizens, while also helping to reform healthcare system processes and operations, rendering them extremely receptive to the modern world that is showing noteworthy globalization.

## Workforce Changes

One vital error that is being made regarding closing the diversity gap in the healthcare C-Suite is the focus of "dissimilarity" with leaders, operations or procedures (Gonzalez, 2016). Overall, workplace diversity is concerned with organizational elasticity; the capability to accommodate different features and dynamically accept diverse aspects with ease. Grady (2011) suggests that changes in the labor force are one of the most certain decisions for diversity in the workplace.

The leaders in the U.S. health mechanism have the ability to create an environment that would allow the diversity gap in healthcare to close gradually. This was made clear in the research conducted by Kaya (2011), who claimed that minorities within the U.S. consist of the largest proportion of the young entrants to the American workforce. This means that, for healthcare organizations to achieve a strategic objective in the future, the C-Suite will have to diversify to get the future leaders. According to Horwitz and Sonilal (2011), the reality of today is that the Baby Boomers, as well as the White population who once dominated the C-Suite, are leaving the workforce in record numbers. This exodus has created a vacuum for talented leaders. To fill this vacuum, the healthcare organization C-Suite will be considerably different in the future regarding diversity. Competent healthcare leaders should comprehend and conceptualize the call for hiring and retaining diverse employees who are competent to tackle the diverse requirements of healthcare organizations in a professional manner. Creating a work environment with employees from diverse socio-cultural backgrounds provides a heterogeneous society, which the organizational leaders can employ to come up with excellent and favorable work settings (Storey, 2013). People from diverse settings hold different perceptions; abilities,

capacities and acquaintances, and such multiplicity can be articulated with the institutional objectives to guarantee a facilitation of quality and compassionate care to the patients.

This means that tasks are presently achieved by fewer people, but with different lifestyles, motivations, cultures and perceptions. Consistent with Gantz (2010), this requires business leaders to double their initiatives in managing the consequent increase in workforce diversity by maintaining integrity and respect for all employees. Founded on this, diversity management ought to be perceived from a natural and realistic perception, with the dissimilarities in personal sociocultural settings regarded as natural. It is, therefore, important for HR managers to accept functions that considerably increase and exploit the human capital deviations concerning a certain aspect, and to make sure that the human capital deviations in the definite aspects do not hinder the accomplishment of the targeted company goals – but rather, sustains them.

## Innovation and Synergy

Cultures within places of work that recognize and value diversity seem to be considerably prolific and typically support invention by the employees. Story (2012) upholds this argument by stipulating that a complex work setting helps in the production of synergy. Furthermore, Storey (2012) goes on to suggest that this leads to relations and cooperation with the persons within and outside an institution, hence leading to the creation of a secured bond between the C-Suite, middle management and the rest of the organization. This eventually generates more preferred outcomes in comparison to a homogeneous working setting (Storey, 2012).

People from diverse socio-cultural settings provide unique ideas and competencies essential to the success of an institution. A study by Bunjitpimol et al. (2015) supports the above argument by indicating that, through teamwork in the most productive and profitable manner

possible, a company can prosper financially owing to various measures such as collective cost minimization metrics, operational and technology metrics. To extend on this point, Bunjitpimol et al. (2015) maintains that synergy emanating from the place of work diversity is not automatic, and hence needs tactical method management and the implementation of the relevant organizational processes.

While integrating diversity within places of work, it is very important for leaders to remain highly purposeful, and tackle various setbacks and disruptions that may hold back the effective attainment of the diverse culture. This comprises of accepting business and useful metrics that facilitate the hearing of diverse voices, regardless of the worker's ethnic, racial or socioeconomic backgrounds (Walston et al., 2013). This means that, via innovations and escalated productivity, workplace diversity could increase greatly; hence the need for leaders to see to it that patients' and employees' needs are heard and attended to accordingly (Patrick, 2012).

## Summary and Transition

In summary, several limitations and advantages that build up a business setting that advocates diversity management at places of work seem to exist. According to Gantz (2010), the expense of meager achievement in a diverse workforce may seem to escalate, thus requiring the call for diversity management for the company to decrease the unnecessary expenses and escalate the profit margins.

The contemporary healthcare organizational activities have turned out to be highly leaner and flatter, while their environments have equally become very universal in comparison to traditional geocentrism (Merrild, 2015).

# Chapter 3: Research Method

## Introduction

The change in the U.S. demographics and diversity gap in U.S. Healthcare organizations C-Suites needs to be on the forefront of healthcare organization campaigns. The purpose of this qualitative case study is to explore the main reasons behind the lack of diversity in healthcare executive leadership, which in turn could assist healthcare organizations' executive leaders to see the value of diversity in the healthcare C-Suite. The purpose of this qualitative case study is to explore the main reasons behind the lack of diversity in healthcare executive leadership. This chapter includes the Research Design, The Role of the Researcher, Methodology, and Issues of Trustworthiness.

## Research Design and Rationale

This section provides an account of the research methods that will be used in this qualitative case study and the rationale for using them. More precisely, the qualitative case study seeks to answer the following research questions:

(1) What do leaders perceive are the factors that would contribute to the diversity gap in the C-Suite?

(2) How does employee's perception of the organization policies and practices affect equity in the C-Suite?

(3) Could you describe factors that employees believe that your organization c-Suite is welcoming and affirming?

(4) What strategies is your organization using to show employees that the C-Suite climate promotes their ability to become a member of the C-Suite?

This research seeks to investigate the leadership diversity phenomenon regarding the causes and reasons of the existence of this situation. Thus, the research questions are structured in a manner that will answer the "what" and "why" of the phenomena. The qualitative case study is chosen because the case represents the diversity gap in healthcare leadership, which cannot be studied without the context of the C-Suite leadership. This research will seek to answer the above questions from the participant's perspectives.

A research methodology refers to the approach that the researcher adopts in order to study the phenomena under study (Creswell, 2014). This approach is usually more scientific in dictating how the research is conducted. Essentially, the approach that is taken by the researcher toward describing their work, while seeking to understand the view of the participants of the phenomena, is what is referred to as the "research methodology" (Rajasekar, 2013). It also refers to the approaches to investigations that generate valuable knowledge.

I chose to do a qualitative case study over other qualitative designs based on the fact that a case study approach is used to explore contemporary approaches in a real life setting particularly when the boundaries are not clear (Yin, 2011). Unlike the other studies where the researcher alters variables to determine a relationship, case study looks at the different characteristics of a single unit. For this research, a case study is useful because it will provide an in-depth of the phenomena of the diversity gap in health care leadership. According to (Yin, 2011), they are five methods that can be use in qualitative research. Case Study, Ethnography, Narrative inquiry, Phenomenology, and Grounded Theory.

Ethnographic research would not work for this research since this method is used to describe a particular group or culture (Wall, 2015). Next, looking at narrative method, again, this would not work since a narrative method focuses on recounting a past event (Andrew, 2013),

Then, I took a look at phenomenological research, and quickly realized that this method would not work since it is usually used to describe an event, activities or phenomenon (Sauro, 2015), Finally I took a look at Grounded Theory, and like the other three methods, I knew that grounded theory would not work for my research because grounded theory tries to provide an explanation to a social phenomenon (El Hussein, 2014).After reviewing all possible options, Case study, I came to the conclusion that Case Study will be the best approach for this research.

According to Yin (2009), every research undertaking has a predetermined design that helps the researcher in providing evidence that can answer the research questions. In plain terms, Yin (2009) opined that a research design is "an action plan for getting from here to there, where here may be described as the initial set of questions and there, some set of conclusions" (p 20). Through an implicit design, the researcher can gather requisite data to analyze and interpret the findings in a manner that is guided by the research questions. The case study design was chosen after an extensive review of the methodological literature.

Polit (2012, pg. 89.) described qualitative research as "the investigation of phenomena, typically in a detailed and effective manner, by gathering the rich narrative materials using a flexible research design." Qualitative data is often analyzed in a thematic fashion where the research examines the data and categorizes it regarding the major dominant themes. In some cases, qualitative studies provide different solutions to problems that may appear similar by looking at the data from different viewpoints; thereby allowing for the possibility of a researcher's emerging theory concerning the phenomenon being studied (Anderson, 2010). What is more, qualitative research is often conducted for the use and benefit of others; it helps to shape the perception of individuals concerning a giving problem, their conceptualization of possible solutions and their knowledge of the problems as well as experiences (Polit and Beck, 2012).

A case study refers to "an empirical examination that analyses a contemporary phenomenon within its real-life context more so in circumstances where the distinction between the phenomena and the context may not be evident" (Yin 2009, pg. 13). According to Baxter (2008, pg. 544), a case study design is used when a researcher seeks to: (1) answer the "how" and "why" research questions; (2) cover contextual cases situations because the researcher believes that they are true representatives of the phenomenon under study; (3) when the researcher cannot influence or manipulate the behavior of participants; and (4) when the boundaries are not clear between the phenomenon and the context.

## Role of the Researcher

In this study, the role of the researcher will be that of the instrument to collect the necessary data, as well as interpreting the results (Arzubiaga, 2008). My role is more of an etic role or as an objective viewer (Olive, 2014). As a healthcare consultant, I have worked with different members of the C-Suite across multiple healthcare organizations and one of the things that always peaked my curiosity is when I am in a largely African American or Hispanic community, and almost all the C-Suite members do not reflect the community within which the hospital is located, nor do these C-suite members live within the community.

The relationships that I have experienced between members of the C-Suite and some of the different ethnic groups raises questions in terms of the level of commitment some C-Suite members may have toward closing the diversity gap. In my opinion, members of the C-Suite have a hard time relating to the behavior or needs of the people that they serve and this can create an uncomfortable feeling (Stephenson, 2011). At times, I do make general assumptions that some of the White C-Suite members can come across as though they do not care about the people whom they are serving. My expectation from the C-Suite is that they need to take the time

to understand the people within the community that they are serving. This will allow them to better understand the needs of the people within those communities. To deal with this bias, I intend to have a few of my peers review my information, and have them identify any potential bias in my paper, and take necessary editing steps to address any known bias.

As for my relationship with the participants, I will not have any relationships with them. I have to make sure I address the issue of confidentiality. I have to make sure all participants understand that confidentiality for the purpose of the research means that no personal information will be revealed. To address this issue, I will make sure that all participants sign an informed consent, which will outline the data that will be collected, and how this data will be used (Sanjari, 2014).

## Methodology

### Participant Selection Logic

In order for the researcher to answer the questions, and meet the objectives of the research, data will have to be collected. However, time limitations would not allow the researcher to collect and analyze all the available data. Sampling technique allows the researcher to reduce the amount of data through the use of a smaller group rather that the entire available data (Yin, 2011). The interviews are semi-structured to create flexibility while giving the interviewee an opportunity to clarify his or her answers should such a need arise. Participants include a combination of African American and Hispanic C-Suite leaders, as well as Caucasian C-Suite leaders. In total, the number of C-Suite individuals will be 20, this is based on the ethnic representation of each group within the larger U.S. Population (Semiz, 2016 pg. 97). The breakdown of each ethnic group will consist of three African Americans, four Hispanics and thirteen Caucasians.

The techniques that will be used for sample selection will be chosen from Purposeful sampling Snowball Sampling, or Quota Sampling. Some of the participants will be recommend by member of a nonprofit charitable organization of which I am also a member, and because the candidates will have to meet selected criteria. Purposeful sampling will be ideal since the focus is based on a smaller that is purposefully selected. This technique requires the researcher to select the sample base on the predefined criteria that will meet the research purpose (Yin, 2011).

Additionally, some of my friends know C-Suite members who meet the criteria for my research, and after explaining my research to my friends, they have offered to introduce me to other participants. The possibility also exists that other participants my recruit other of be a part of my research. This type of participant recruiting is referred to as snowball sampling, which is the process in which the first wave of participants is recruited or help in the recruiting process, and Wave 1 in turn helps in the recruiting process of Wave 2 (Heckathorn, 2011).

Also, I am reaching out to the Association of Hispanics Healthcare Executives (AHHE) and American College of Healthcare Executives (ACHE) to see if some of their members would be interested in participating in my research, the number of participants from AHHE and ACHE will be limited, and therefore Quota sampling will be applied. A quota sample is a non-random sampling that is used to get a fair representation of the population within a study (Sedgwick, 2012).

## Recruitment of Participants

The three sample methods in this research will be use to recruit the 20 individuals in the sample. For the participants that I am familiar with, I have explained my research to them at charity functions. The next step will be for me to send out introductory letters to each participant (Appendix D). As for members from ACHE, I have accepted the members' agreement

(Appendix E), and for AHHE, I have sent a request to the President to explore how I can communicate to members regarding my research. However, I am hopeful that I will be able to obtain my 20 participants without AHHE.

I will start with sending out an introductory letter to all potential participants that I know, and also to those potential participants that are introduced to me (Appendix D). Participants who are interested in taking part in the research will call me on the phone or email me with their interest. I will then send out the consent form to each participant to be signed. Once I receive a signed consent form, I will schedule a date and time with the participant for the interview. For ACHE potential participants, I will have to sort the ACHE directory to find those potential participants that meet the C-Suite criteria.

After compiling a list of potential participants, their email, and phone number will be documented. I will then email the introductory letter to each potential ACHE participants. If they agree to participate, they will be able to call me or send me an email. Once I receive a confirmation from the potential participants, I will email them the consent form to sign. Upon receipt of the consent form, I will then schedule the interview with the participants. To ensure that every respondent participates in the study, the interviews are prearranged to coincide with each individual respondent's free time.

All interviews will be done over the phone via GoToMeeting, so I will send an email out with the call-in number a participant code to each participant. The interview will be uniform and structured interview process that begins with introductions will guide the researcher. After the introduction, the interviewer will review informed consent form. The researcher will reiterate the strict measures that have been put in place to ensure the privacy and confidentiality of the participant's information, as well as in the handling of the data. Then, the participant will be

requested to sign the informed consent form declaring that he or she has read the study information and is willing to continue with his or her participation. At the end of the interview, a copy of the signed consent form will be presented to the participant, and the original signed copy retained for the record. The participants are also required to complete the demographic section of the form before the interview.

The researcher will use a semi-structured interview guide (Appendix B); additional questions will be asked to clarify facts or to seek additional information in matters that are deemed pertinent to the study. The follow-up questions are important because they will present the interviewer with the opportunity to question and expand on the participants' responses (Creswell, 2007). All the interviews will be recorded; the duration for the recording will be approximately one hour for each respondent. Also, the researcher will take short notes that will be used for cross-validation during the data analysis phase to ensure the validity of the findings.

## Instrumentation

The primary method of data collection in this study will be semi-structured interviews. Thus, an interview will be the major instrument use for data collection. The data will be gathered through the interviews with healthcare C-Suite members, including African American and Hispanic minorities, who are crucial in explaining the reasons for leadership diversity gaps in healthcare management. In addition, white C-suite individuals will also be interview. Establishing a rapport with the respondents will make them feel comfortable and open to sharing their views, experiences and perceptions (Constable, 2015). Moreover, the respondents were selected from the researcher's profession, and interviews will be conducted at a professional level.

A face-to-face interview will be the major data collection mechanism for this study; the researcher will maintain an audit trail that ensures that the content from each respondent will be clearly labeled and recorded. This will allow me to answer the following research questions:

(1) What do leaders perceive are the factors that would contribute to the diversity gap in the C-Suite?

(2) How does employee's perception of the organization policies and practices affect equity in the C-Suite?

(3) Could you describe factors that employees believe that your organization c-Suite is welcoming and affirming?

(4) what strategies is your organization using to show employees that the C-Suite climate promotes their ability to become a member of the C-Suite?

This interview process will continue with all 20 participants or until I get to the point of saturation.

## Data Collection

The data for this research will consist of both primary data, which will come from interviews, and secondary, which will come from organizational policy and procedures. Primary data refers to data that originates from the actual source and has not undergone any type of analysis (Brief, 2012). Secondary data on the other hand refers to data was originally collected for a different purpose and reuse for additional purpose (Hox, 2005) In research, there are typically three ways of obtaining primary data: interviews, questionnaire surveys and through observation (Harrell, 2009 pg. 6). According to Creswell (2007), primary data is particularly important for practical aspects of research. The present research uses semi-structured interviews to collect primary data.

The researcher will conduct interviews with the respondents. The identity of all participants will remain anonymous during and after the interview. Qualitative research interviews are designed to understand the world from the interviewee's perspective, while also unfolding people's point of view (Jamshed, 2014). According to King (2004), interviewing is a critical data collection tool, especially when the research design incorporates an analysis of peoples' motivation and opinions, as is the case in our present study. Semi-structured interviews are best suited for qualitative case studies because the number of respondents is often small (Merriam, 1998; Yin, 2009).

Gangeness and Yurkovich (2005) opined that semi-structured interviews are the "backbone of data sources in case study research" (p. 15). They recommended that, during interviews, the interviewer must use crucial interviewing techniques such as establishing rapport, following leads and demonstrating interest. Some of the limitations of interviewing are that the interviewee's responses are subject to individual bias, inaccurate articulation, and recall bias (Yin, 2009). In this study, semi-structured individual interviews will be used to provide evidence of embodied, subjective perceptions of how diversity in leadership is manifested and the causes of the diversity phenomenon.

## Data Analysis

Content analysis will be performed to analyze individual responses in this study. Content Analysis is a common qualitative research technique that is widely use in the research world. Content Analysis focuses on three distinct approaches. This approach is conventional, directed, and summative. All three of these approaches will be used to interpret the data that will be collected. This will allow me to adhere to a naturalistic paradigm (Hsieh. HF, 2005) this will

allow me to examine my data by sorting, categorizing, and data prioritizing. The software that will be used to manage my data in Nvivo.

The researcher will be the only one who will have access to the data as well as review transcripts of recorded interviews and notes with the aim of ascertaining specific responses regarding diversity in leadership gap, especially regarding the causes, manifestations and possible remedies. Also, content analysis will be used for the qualitative data obtained through interviews. According to Fairclough (2003), content analysis is an important technique in categorizing verbal and qualitative responses for the purpose of tabulation and summary (Ford, 2014).

## Issues of Trustworthiness

Issues of trust are quite dominant in studies that are qualitative in nature. In most cases, participant's opinions cannot be verified or confirmed, meaning that the interviewer's analysis is based on other factors, such as data comparison, refutational analysis, and comprehensive review of the data will enhance the trustworthiness of the data (Leung, 2015). In the research literature, several frameworks will be developed to assess the trustworthiness of qualitative data (Lincoln, 2005; Guba & Lincoln, 2008) and techniques for ensuring credibility, transferability, dependability and conformability.

In order to enhance trust in a qualitative case study design, Creswell (2007, pg. ) recommended that researchers observe the following crucial elements: (a) the research questions must be formulated in a clear and concise manner, substantiated and explained where necessary to enable respondents to perceive the importance of the study; (2) ensure that the case study design is achievable for each question – the two types of questions that can be answered through

qualitative research include what and how; (3) use purposeful sampling techniques; and (4) data is systematically collected and managed.

Also, the researcher will ensure an extended period of contact within the context of the study, with the intention of ensuring rapport and better understanding and relationship with the participants. The extended period of contact will also enable the researcher to have several perspectives of explaining a phenomenon during data analysis. According to Baxter (2008), a member checking technique, where the researcher allows the respondents to opine about data trends and how certain observable trends, can be explained.

## Credibility

The credibility of this research will be checked using member checks, and triangulation. For this research, I will accomplish triangulation by asking the same set of questions to different participants (Birt, 2016). The member check will allow the participant to review the data that will be collected during the interview, as well as my interpretation of such data (Devault, 2015).

According to Lueng (2015), the adopted methodology must enable the researcher to arrive at credible findings within the appropriate context for it to be valid. In sampling, the processes and techniques must be appropriate for the research paradigm and draw clear distinctions between systematic, purposeful, Snowball, quota or theoretical sampling. In this study, the researcher is of the view that systematic sampling is not achievable due to the small sample of C-Suite, so purposeful, Snowball, and Quota sampling are as more suitable for the evaluation of the theory regarding a diversity gap in healthcare leadership. Also, credibility will be achieved in this study through member checks and triangulation techniques during data gathering and analysis. The researcher maintains an audit of all interview documents and conducts a multidimensional analysis of the responses and respondent verifications.

## Transferability

Qualitative studies, especially those that follow a case study design, are often conducted within a small or limited context like single health facility environments, a certain school, or organization and whether the finding of the research can be transferred to a similar situation (Houghton, 2013). Thus, the ability carries out a judgment based on relevant information that is interpreted within the context, in which the study is conducted. However, the increasing trend in knowledge synthesis of qualitative studies, particularly through meta-analysis and meta-ethnography, calls for study generalizability (Kukull, 2012).

Lueng (2015) recommended that researchers use similar validity inspection mechanisms to ensure that qualitative study findings are generalizable. Accordingly, the researcher will ensure that transferability inspection techniques are consistent and widely accepted within the framework of qualitative studies. The researcher will use purposeful, snowball, and Quota sampling, member checks, and triangulation to promote the generalizability of the present study findings.

## Dependability

In qualitative research, dependability refers to how stable the data that has been collected is (Granehein, 2004) Dependability is very important to qualitative research, and Triangulation, which refers to the use of multiple methods to develop a clear understanding of the phenomena (Carter, 2014). The researcher will achieve dependability when the outcome of the research can be reproduced using similar data. According to Lueng (2015), there is a slight room for variability in findings, because methodological and epistemological logistics may give consistent results, which may differ slightly based on environmental ambiance and richness of data.

Dependability will be achieved whenever specific tests, techniques or tools, such as interviews, attain the potential of producing similar outcomes if no changes are recorded (Anney, 2014). In quantitative research studies, reliability should work to assure readers that even when different tools are used, given that circumstances remain unchanged, the results of the study will remain consistent. Various tools for measuring the dependability of a study exist, for example, a Cronbach alpha coefficient (Robert & Priest 2006).

In this study, dependability will be enforced through the constant comparison of data in different stages of analysis, comprehensive data use, and the use of tables. According to Lueng (2015), researchers must maintain consistency of data by verifying source data accuracy regarding both form and context.

## Ethics

In conducting research of any nature, researchers are required to observe research ethics especially concerning research approval, protection and the confidentiality of the participants. Essentially, ethical requirements in research cover three major areas, including beneficence, respect for human dignity and justice. This implies protection that goes beyond guarding participants to ensure that no harm will come to them while taking part in the research. Respect guarantees the individual rights of the respondents to participate in the research on a voluntary basis and without coercion and penalty of any form. Also, there should be full disclosure of the purpose of the research, benefits (if any) and possible danger. Justice for the individuals taking part in the research implies protection of their privacy and fair treatment throughout the process (Polit & Beck, 2004).

The researcher will observe key ethical principles throughout the research process. First, the researcher will seek the participant's consent and willingness to participate in the study by

providing them with an informed consent form that outlines, among other things, the objectives of the study, the approach, participant criteria and the benefits together with potential harm to the participants. Also, it will emphasize that personal information and opinions during the interview will be treated with utmost confidentiality and protection. Before the interviews, the respondents will be present and asked to sign two copies of the informed consent form; the researcher will collect one of the forms for filing purposes, whereas the other form remains in the custody of the participants. Also, the researchers will promise to avail a copy of the study findings and conclusions for the participant's consumption.

Second, in instances where the participant provides information that will be considered personal in nature – email address, names, contacts and postal addresses – the researcher will maintain confidentiality by removing the personal information and using unique references or identifiers. The researchers will maintain the references containing unique identifiers and the actual names that the unique identifiers represent in a secured room, separate from the interview data.

In the context of data analysis, ethics is defined as facts and opinions regardless of whether information may be different from that of the researcher (Williman, 2011). The intent of this study is to uncover the important factors that are affecting the diversity gap in healthcare leadership; so, all experiences in the literature are chosen to ensure that the study will not be influenced by perceptions. Roberts and Priest (2006) address the issues that researchers face when performing a qualitative study. Among those issues are personal perspectives that can potentially affect the overall validity of the study.

Also, the authors stated, "Those researchers who are deeply knowledgeable in their research area, tend to overlook critical nuances of data that need to be clarified to the readers.

The validity of findings increases if the researchers strive to eliminate their individual subjective feelings, beliefs, and judgment to offer a clear, non-biased piece of information to the readers" (p. 44).

## Chapter Summary

It is a prerequisite for a researcher to come up with a methodology for addressing the problem chosen. According to Creswell (2009), it is possible to come across a scenario where similar methods are considered for two separate problems, but the methodologies are unique for each problem. Researchers are therefore required to design and familiarize themselves with both the method and the methodology, which they would use to conduct the intended research. The methodology section is of paramount importance within a research process, as it seeks to provide the answer about several sections incorporated within the research.

Research studies seek to uncover the facts that have not yet been explored within a specific field of study. Through the integration of a research methodology section, the researcher can derive fresh insights from the different occurrences experienced about the subject matter. The research process is of paramount importance to the study, as it seeks to identify the unique features of a specific group and situation studied. By outlining stepwise procedures, which will be used during the empirical study, the researcher ensures that future researchers have the opportunity to replicate the present study, thus allowing for a comparison.

Also, it is important to tie research findings to the specific philosophies assumed, so that consumers of the research findings understand the underlying framework that guide the research. The reliability and credibility of research findings depend on the procedures used. By outlining these procedures and providing justification for ethical considerations and approval, the study findings will become even more important.

## Chapter 4: Results

The purpose of this qualitative study was to examine the reason for the diversity gap in Healthcare C-Suite using a Phenomenology approach. Members' perception of the rationale for the diversity gap in Healthcare C-Suite is significant in exploring the diversity gap in today's Healthcare C-Suite. After carefully reviewing the interview questions, I determined a pilot study was unnecessary because. My decision to forgo a pilot study was confirmed during interviews with the study participants who repeatedly commented on the clear presentation of the interview questions. This study included the following research questions:

(1) What do leaders perceive are the factors that contribute to the diversity gap in the C-Suite?

(2) How does C-Suite leaders perceive the organization's policies and practices promote or deter equity in the C-Suite?

(3) How do C-Suite leaders perceive the C-Suite climate as welcoming, affirming, and promoting diversity?

(4) What strategies is your organization using to show employees that the C-Suite climate improves their ability to become a member of the C-Suite?

This chapter presents the study's setting, demographics, data collection, data analysis, evidence of trustworthiness, credibility, transferability, dependability and confirmability, results and finding summary. The study's results are based on the experiences of 20 Healthcare leaders (C-Suite members) with more than five years of experience in the field, and the results are presented from a phenomenological perspective. The emerging themes from the participants' data were used to answer the four research questions.

### Research Setting

I telephoned each participant to inquire whether they were interested in participating in the research. Once the participant expressed an interest to participate in the research, steps were taken to ensure each participant met the inclusion criteria, after which each participant signed a consent form. I conducted a follow-up telephone call to each respondent to ascertain any questions or concerns. After receiving a signed consent form, I contacted each participant to arrange an interview at a mutually agreeable date and time. Prior to the interview, all participants were reminded of the right to discontinue the interview at any time. The interviews were conducted by phone with healthcare C-Suite members in Delaware, Maryland, New Jersey, Ohio, Texas, and West Virginia. All interviews were documented and then verified with each participant.

## Demographics

I interviewed twenty Healthcare C-Suite members. The ethnic and cultural composition of the respondents included three African Americans, four Hispanics, and 13 Caucasians. Pseudonyms were assigned to participants in compliance with the confidentiality agreement (refer to Table 1 below). This composition was an ethnic representation of each group within the larger population of the United States (Semiz, 2016).

Table 1*Participant Demographics*

| Participant_ID | Ethnicity | Current Position | Job Setting | Years of Experience |
|---|---|---|---|---|
| C1 | African American | Vice President | Healthcare C-Suite | >5 Years |
| C2 | African American | Board Member | Healthcare C-Suite | >5 Years |
| C3 | African American | Chief Diversity Officer | Healthcare C-Suite | >5 Years |

| Participant_ID | Ethnicity | Current Position | Job Setting | Years of Experience |
|---|---|---|---|---|
| C4 | Hispanic | Board Member | Healthcare C-Suite | >5 Years |
| C5 | Hispanic | Director | Healthcare C-Suite | >5 Years |
| C6 | Hispanic | Director | Healthcare C-Suite | >5 Years |
| C7 | Hispanic | Director | Healthcare C-Suite | >5Years |
| C8 | Caucasian | Chief Executive Officer | Healthcare C-Suite | >5 Years |
| C9 | Caucasian | Cancer Center Director | Healthcare C-Suite | >5 Years |
| C10 | Caucasian | Research Director | Healthcare C-Suite | >5 Years |
| C11 | Caucasian | Chief Medical Officer | Healthcare C-Suite | >5 Years |
| C12 | Caucasian | IT Managing Director | Healthcare C-Suite | >5 Years |
| C13 | Caucasian | Cancer Center Director | Healthcare C-Suite | >5 Years |
| C14 | Caucasian | Chief Medical Officer | Healthcare C-Suite | >5 Years |
| C15 | Caucasian | Executive Director of Nursing | Healthcare C-Suite | >5 Years |
| C16 | Caucasian | Chief Executive Officer | Healthcare C-Suite | >5 Years |
| C17 | Caucasian | Medical School Vice Dean | Healthcare C-Suite | >5 Years |
| C18 | Caucasian | Deputy Director of Cancer Center | Healthcare C-Suite | >5 Years |
| C19 | Caucasian | Hematology Director | Healthcare C-Suite | >5 Years |
| C20 | Caucasian | Associate Director of | Healthcare C-Suite | >5 Years |

| Participant_ID | Ethnicity | Current Position | Job Setting | Years of Experience |
|---|---|---|---|---|
| | | Clinical Research | | |

**Data Collection**

I collected primary data from the respondents through telephone interviews. The interviews were semi-structured to allow flexibility in modifying interviewees' responses to the research questions as necessary. The respondents' identity remained anonymous during and after the data collection process. The sample of respondents was small, therefore, structured interviews deemed most suited for this qualitative case study; thus allowing me to collect high-quality data from the respondents.

Participants were selected based on his or her ethnic group makeup within the general population. The sample population was based on the following types of sampling and purposeful sampling: Snowball Sampling, and Quota Sampling. Due to the fact that some of the participants were associates of some of my colleagues, and because the candidates will have to meet additional selected criteria. Purposeful sampling was the best option because I interviewed only a sample of the ethnic group. I also included some C-Suite members who met the research participation criteria for research and were recommended by my personal friends. Members of Association of Hispanics Healthcare Executives (AHHE) and American College of Healthcare Executives (ACHE) were also contacted to inquire whether they were interested in participating in the study; the number of participants from these groups was limited, hence the application of quota sampling.

After compiling a list of potential participants and their contact information, I emailed an introductory letter to each potential ACHE participant. Each participant sent me a confirmation letter to accept his or her participation in this study. Upon receiving confirmation, I sent each

participant a consent form to sign, and an interview was scheduled. The interviews were conducted at the interviewee's free time. An email with the call-in number and a participant code was sent to each participant.

**Data Analysis**

I conducted the data analysis through the Nvivo software. The collected data was exported to the Nvivo software for coding. The coding process provided important themes that emerged from the transcripts. The analysis of the themes using Nvivo was conducted until all possible themes emerged, particularly the shared and most dominant themes.

I described the codes to summarize the primary topic. For example, the following excerpt describes the codes based on the leaders' perceptions regarding factors that contribute to the diversity gap in the C-Suite.

[i] **"The Caucasian male domination in the C-Suite has been around this organization long before I came, and since we have a [ii] very low turnover rate at the C-Suite level, this could be a factor that has contributed to the diversity gap combination of issues, from [iii] applicant search process being too small, and the [iv] lack of cultural minority in the search pool."**

i. **Organization Commitment**

ii. **Low turnover rate**

iii. **Applicant search process being too small**

iv. **lack of cultural minority in the search pool**

These codes resulted in categories of nodes that formed the resulting themes as summarized in the excerpt. The coding process is essential as it allowed me to identify important themes that were dominant in the transcripts until the level of saturation was achieved. However, in discrepant cases where several respondents' views differed from the popular view of the

others, the differing views were used for confirmation or refining the meanings of the respondents in various instances. Table 2 represents the emergent codes used in defining the themes and sub-themes.

Table 2

*Coding Examples*

| **Theme 1: Factors that contribute to the diversity gap in the C-Suite** | **Theme 2: Impact of diversity gap in the organization** |
|---|---|
| **management** | **Codes:** |
| **Codes:** | **Subtheme: Negative impact** |
| **Subtheme: Lack a diversity culture** | We need to close the gap |
| Minority have not moved up in the ranks | Prevents the organization to connect with the patients properly |
| Past the net wider | We are missing out on market share |
| No intention of a minority within the C-Suite | We do not promote our services to these groups enough |
| Caucasian male domination | **Subtheme: Hindering organizational capacity to promote diversity** |
| Applicant search process being too small | Recruit strong cultural and ethnic minorities |
| **Subtheme: Issues in the recruitment of minority communities** | People in the C-Suite tend to be much more comfortable with people that they can relate to |
| Underrepresented minorities hard to find, | Diversity issue in the C-suite seems to be persistent |
| Not created a pipeline to help minorities develop their leadership skills | |
| Organizations are not committed to a diverse C-Suite | |

| | |
|---|---|
| African Americans, and Hispanics in this area only represent 3% of the population | Commitment seeks very minimal |
| **Themes 3: Welcoming and affirming factors in C-Suite**<br><br>**Codes:**<br><br>**Subtheme: Ethnic and cultural representation**<br><br>Certainly benefit from having a greater presence<br><br>Better patient relations<br><br>Employee retention<br><br>Understand the community it serves better<br><br>**Subtheme: Broader prospective of issues**<br><br>High quality decisions<br><br>High quality decisions<br><br>Potentially impact cultural and ethnic minorities<br><br>**Subtheme: A diverse culture in leadership and decision making**<br><br>Better position for market share<br><br>Motivate existing employees who aspire to be leaders<br><br>Recruit talented cultural and ethnic minorities | **Theme 4: Strategies that promote employee ability to become a C-Suite member**<br><br>**Codes:**<br><br>**Subtheme: Recruitment of cultural and ethnic minorities**<br><br>Advocate for the expansion of the recruitment net to be more inclusive of cultural minorities<br><br>Staying open minded during the hiring process<br><br>**Subtheme: Sustainable environment for cultural and ethnic minorities**<br><br>Support and mentorship from the board level<br><br>Support and mentorship |

## Evidence of Trustworthiness

Trust can be a significant barrier to the achievement of credible and reputable data because the respondents' opinions and input cannot be verified or confirmed (Leung, 2015). I established a high level of trustworthiness with the respondents by ensuring a reasonable period of contact related to the study, with the intention developing good rapport, which lead to a better understanding of the participant (Cope, 2014). The reasonable time allotted for the study allowed me reasonable insight to establish several perspectives to explain a phenomenon during data analysis. Moreover, I collected data until the point of saturation was achieved; hence, crosschecking the collected data to identify any major causes of deviation.

## Credibility

I ensured high credibility of the study through member checks and triangulation. I also triangulated data consistently with the questions throughout the interview process (Birt, 2016). According to Devault (2015), employing the member check allows respondents to review the data collected during an interview and the examiner's interpretation of such data. The appeal to credibility in this study was based on the recommendation by Lueng (2015) who argued that the adopted methodology should allow the researcher to reach a credible finding within an appropriate context.

The sampling processes and techniques used throughout the research were appropriate for the research paradigm and, as such, I was able to draw unique distinctions between systematic, purposeful, Snowball, quota, or theoretical sampling. Based on my observation, systematic sampling was not achievable due to the small sample of C-Suite participants. Therefore, purposeful, Snowball, and Quota sampling were more suitable for the evaluation of the theory

regarding a diversity gap in healthcare leadership. Also, credibility was achieved in this study through member checks and triangulation techniques during data gathering and analysis. Throughout the interview process, I maintained an audit of all interview documents and conducted a multidimensional analysis of the responses and respondent verifications.

**Transferability**

This concept examines the extent to which the results from the current study can be generalized to similar study settings. A qualitative case study is often conducted within a small or limited context and whether the finding of the research can be transferred to a controlled environment (Houghton, 2013). As such, the interpretation of the data is based upon the specific information collected on the specific setting within a limited context. Nevertheless, the current trend in knowledge synthesis has prompted generalizability, particularly with the increased focus on meta-analysis and meta-ethnography Kukull, 2012).

To maintain the study's validity, a similar set of questions was repeated for all 20 respondents. The respondents were from different ethnic and cultural backgrounds and different locations within Delaware, Maryland, New Jersey, Texas, and West Virginia. As such, the diverse cast of respondents provided a wider perspective of ideas on issues such that the insights I gained from this study can be generalized to other similar study settings.

**Dependability**

Dependability in this study was ensured by focusing on the stability of the collected data and assuring the same results can be derived when the same study is replicated. Dependability is critical to qualitative research; and triangulation, which refers to the use of multiple methods to develop a clear understanding of the phenomena (Carter, 2014). Dependability during the study was achieved by ensuring the outcome of the research can be reproduced using similar data.

According to Lueng (2015), there is slight flexibility for variability in findings; methodological and epistemological logistics may give consistent results, but differ slightly based on environmental ambiance and richness of data.

The concept of dependability is connected to the concept of reliability, which allows the research findings to be repeatable based on the raw data. (Anney, 2014). In qualitative research studies, the consistency of the results over time--based on precise representation as well as similar methods--should work to assure readers of the reliability of the study (Noble & Smith, 2015). Various tools for measuring the dependability of a study exist, for example the Cronbach alpha coefficient.

The dependability in this study was assured through consistent data at different times during the analysis phase. I also focused on maintaining the consistency of data by verifying source data accuracy regarding form and context.

**Confirmability**

The concept of confirmability is related to the study's ability to derive results that can be confirmed through other credible sources, particularly when the same research process is followed and the same process applied (Lueng, 2015). The results of the study could were confirmed using clear guidelines for conducting qualitative studies, from the selection of the sampling process to the process of data collection, instrumentation, and data analysis. As such, it is possible that another study using the same procedure as the current study can arrive at the same results.

## Study Results

### i. Perception of the leaders on factors that contribute to the diversity gap in the C-Suite.

The respondents identified various reasons for a large diversity gap in the C-Suite in Delaware, Maryland, New Jersey, Ohio, Texas, and West Virginia.

#### 1) Lack of a diversity culture in the organization

The results of the NVivo analysis show a general lack of potential effort by healthcare organizations' leadership to include minority communities, resulting in predominantly white community members in the C-suite. The results of the analysis are represented in Figure 1.

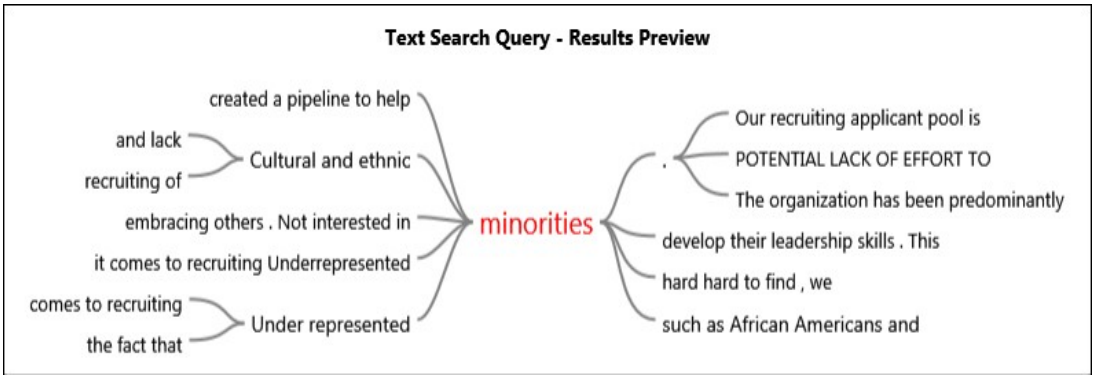


*Figure 1.*

In several cases, the minority C-suite members were demotivated by the limited advancement opportunities compared to the numerous advancement opportunities available to the dominant Caucasian male C-suite population. One of the respondents indicated the reasons for few C-suite members in the sampled hospitals are because "(1) minority population has not moved up in the ranks, (2) [the organization should] cast the recruiting net wider, (3) [the organization has] no intention of a minority within the C-Suite."

The study revealed there is also a problem with the organization's long-standing culture, especially for the older C-suite members who are predominantly Caucasian males and have no

regard for diversity in the C-suite due to the resistance to change the status quo. According to one of the respondents,

> The Caucasian male domination in the C-Suite has been around this organization long before I came, and due to the fact that we have a very low turnover rate at the C-Suite level, this could be a factor that has contributed to the diversity gap combination of issues, from applicant search process being too small, and the lack of cultural minority in the search pool.

ii. **How does an employee's perception of the organization's policies and practices affect equity in the C-Suite?** The study explored the employees' perceptions of how the organization's policies and practices affect equity in the C-Suite by examining how peers perceive the concept of ethnic and cultural diversity, including the aspect of equity in the C-suite. The question of the peers' perceptions towards promoting diversity received mixed reactions. Respondents felt their peers were very open to the idea diversity in the C-suite, and there were others who felt peers were used to the idea of group thinking and maintaining status quo; and they were not interested in change. This was mainly the case for C-suite executives who served in low-turnover environments, hence highly resistant to change.

#### i. Supportive

The majority of the respondents felt the policies and practices of the organization were supportive towards promoting cultural and ethnic equity in the C-suite as the peers were very supportive and open to embracing diversity and inclusion of culturally and ethnically diverse workforce. The results of the NVivo analysis are presented in Figure 2.

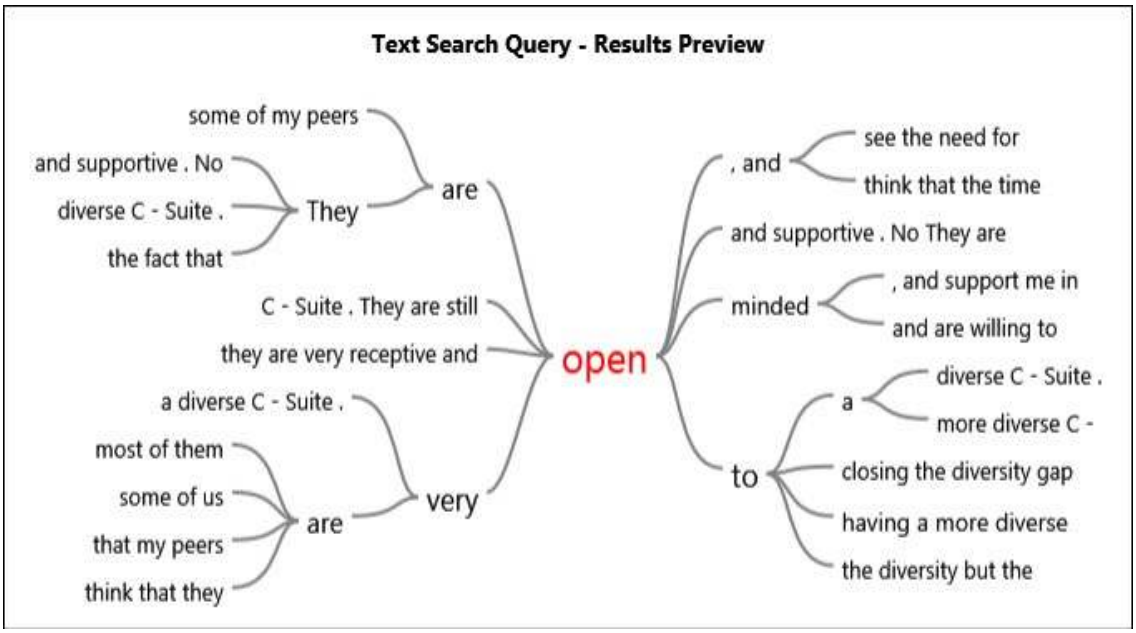


*Figure 2.*

More peers support the organizational policies and practices for a more diverse C-suite. Peers demonstrate a positive attitude towards closing the diversity gap within the C-suite. Nevertheless, the participants admitted more needs to be done to "do a better job at recruiting more cultural and ethnic minorities in a candidate pool." Some respondents noted that most, if not all, of their peers had a positive attitude towards diversity and believed it would be very beneficial to the C-suite and the entire organization. One of the respondents indicated "they are very open-minded and are willing to advocate for the increase in ethnic diversity within the C-Suite. They are very positive and interested in the promotion and implementation of an ambitious diversity platform for the C-Suite." Respondents also indicated the executives were receptive to having a more diverse C-suite and even supported measures to improve the diversity among the C-suite members. One respondent further noted his efforts to promote diversity were supported by their peers by stating, "I would say that despite the fact that they do not talk about it, they do support me hiring the two African American leaders, and the expansion of our recruiting search

net. I would think that some of them do, but the fact that they are open-minded, and support me in making the C-Suite more diverse is good." In such cases, the majority of respondents did not indicate negative perceptions towards a more diverse C-suite.

Moreover, there were other respondents who indicated, in some cases, there was a lack of organizational policies and practices that address the issues of diversity and equity in the C-suite. Nevertheless, while they do not discuss issues of diversity all the time, they understand the promotion of diversity is an individual effort and the peers are highly receptive to accommodating their minority counterparts. However, there were others who felt, despite their openness towards diversity, the peers were not willing to accept changes in the organization's status quo. One of the respondents indicated, "I would say that while some of my peers are open to having a more diverse C-Suite, others are still on the fence about this. As I mention, some of us are very open and think that the time has come for us to be diverse, but they are a few who are still holding on to the status quo." Some indicated that while some peers like the idea of diversity, they still think the inclusion of the ethnic and cultural minorities is a very big deal, hence they do not see the need for a more diverse workforce from a business perceptive.

**ii. Negative**

The results of the Nvivo analysis also showed there is a significant number of respondents who do not believe organizational policies and practices established in the C-suite value and support diversity. The results of the analysis are presented in Figure 3.

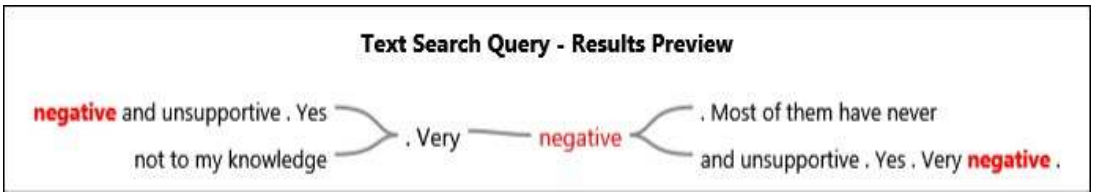


*Figure 3.*

Several Caucasian C-suite members did not give much consideration to the issue of diversity, as it is seemed to create an uncomfortable environment for other C-suite Caucasian peers. One of the respondents noted that "my peers' perception of cultural and ethnic diversity in the C-Suite is still the way it was 50 years ago. They do not see the need for it, and they are much more comfortable with maintaining the status quo." Some noted a high level of resistance to diversity as the peers do not want to accept changes. Some do not see the value of diversity, and only view diversity as "nothing more than a quota approach. I would say that it is not something that they think about. Most of the Caucasians in the C-Suite don't see the lack of diversity as an issue even when you make a business case." As such, diversity is not important to them, especially those who have never had working experience where they interacted with minorities. Others do not understand the contribution of a diverse workforce.

### iii. Factors that employees believe that an organization C-Suite is welcoming and affirming.

#### i. Ethnic and cultural representation

A highly diverse workforce, especially at the leadership position, provides employees with an affirming and welcoming environment that shifts the group thinking to address more important cultural issues, while at the same time implement effective programs that allow the organization to address the cultural and ethnic minorities' needs the organization serves. The results of the analysis are presented in the Figure 4.

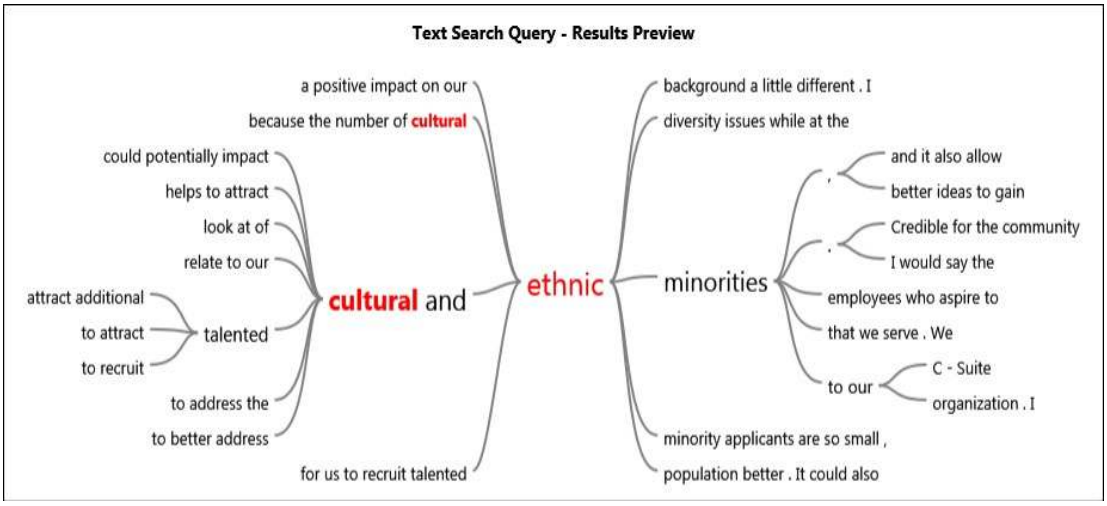


*Figure 4.*

The study reveals that a greater level of diversity in the C-suite would enable to easily recruit a more diverse workforce, hence increasing the talent pool. Moreover, the respondents noted that "it would certainly have a positive impact on our ethnic minority employees who aspire to strive towards leadership, and finally, it would certainly help with our patient experience." The C-suite "would certainly benefit from having a greater presence and being able to relate to our cultural and ethnic population better. It could also help to encourage better dialogue with the community." In this case, the C-suite would relate to all people working in the organization, thus boosting the company's reputation as well as the community's confidence in the company. The respondents also noted the C-suite would benefit from "better patient relations as well as employee retention. More perspective in the decision-making process, as well as the update of the traditional leadership and hiring practices, would be greatly improved." It is also worth noting, by promoting diversity in the C-suite, the organization would understand the community's socio-economic background and improve services to the residents in the community.

### ii. The broader perspective of issues

The results of the study reveal one of the benefits of attracting and maintaining a cultural and ethnic diverse workforce in the C-suite is the creation of a working environment that allows employees to present ideas to help improve the C-suite by broadening the perspective of issues in the organization. This would foster high-quality decisions compared to the decisions made by a homogenous leadership in the C-suite. The results of the analysis are presented in Figure 5.

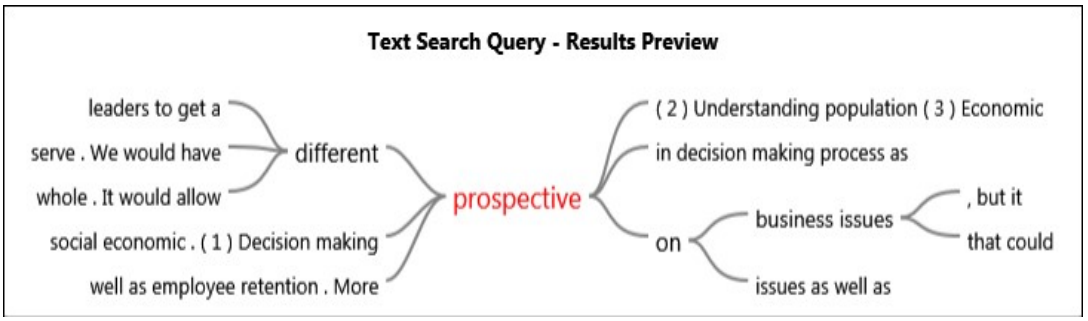


*Figure 5.*

It is worth noting the diversification in the workforce also means leadership would gain a realistic perspective of all the cultural and minority communities that the organization serves, hence making the decisions inclusive and holistic. According to one of the respondents, "being more diverse would be very positive for the organization as a whole. It would allow [a] different prospective on business issues, but it would be equally challenging to some." Another one added that "having a diverse C-Suite in Academic medicine is a good thing, it helps to attract cultural and ethnic minorities, and it also allows other leaders to get a different prospective on business issues that could potentially impact cultural and ethnic minorities." In this case, the more diverse the leadership, the more the ability the team would have to broaden its perspectives on issues, including the identification of the problems, creation of solutions, support, and processes that result in high-quality outputs.

### iii. Promotion of diverse culture in leadership and decision making

According to the results of the study, the promotion of diversity in the C-suite will play a critical role in achieving the goal of inclusivity, which contributes immensely to the promotion of a welcoming and affirming environment for the promotion of cultural and ethnic diversity. This aligns with the global trends in many organizations and best practice ideas in leadership and decision making. The results from the NVivo analysis are presented in Figure 6.

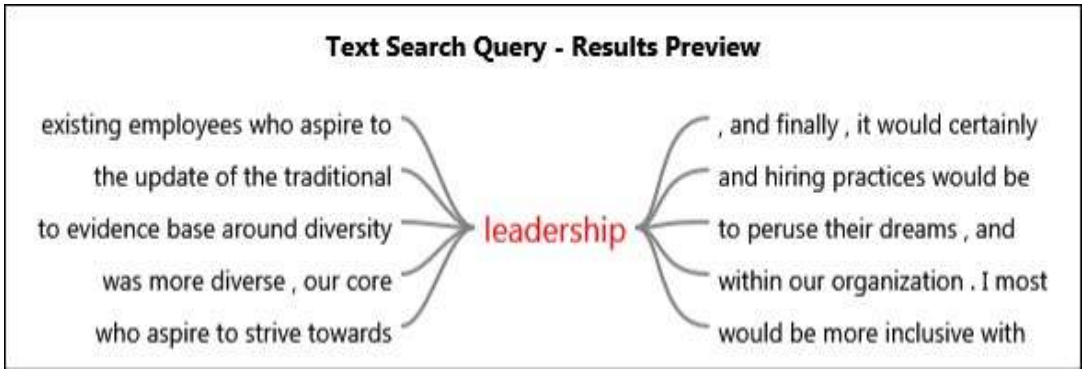


*Figure 6.*

A more diverse workforce also plays an important role in the marketing of an organization as the leadership is highly inclusive and there is a high tendency for shared decision making, good governance, and diversity leadership within different areas in the organization. One of the respondents noted that "the C-Suite can certainly benefit from a more diverse S-Suite. First, it would allow us a better position for market share, it may help motivate existing employees who aspire to leadership to pursue their dreams, and finally, it would certainly allow us to recruit talented cultural and ethnic minorities. I would say the ability to attract additional talented cultural and ethnic minorities, better ideas to gain market share, and finally, the improvement of attracting the best medical students." The respondents concurred with the fact that despite the fact that in most cases, the diversity gap had minimal impact, diversity would certainly benefit the leadership in the C-suite.

### iv. Strategies that show employees the C-Suite climate promotes their ability to become a C-Suite member.

#### i. Recruitment of cultural and ethnic minorities

While some of the respondents interviewed were not in the selection committee, they provide a perspective on the strategies and steps that they believe can be taken to improve the level of diversity in the organization. The dominant theme in this analysis was the recruitment of more ethnic and cultural minorities by providing them with more opportunities during the recruitment process and also providing them with support to ensure the sustainability of a high number of ethnic and cultural minority C-suite members. The results of the analysis are presented in the Figure 7.

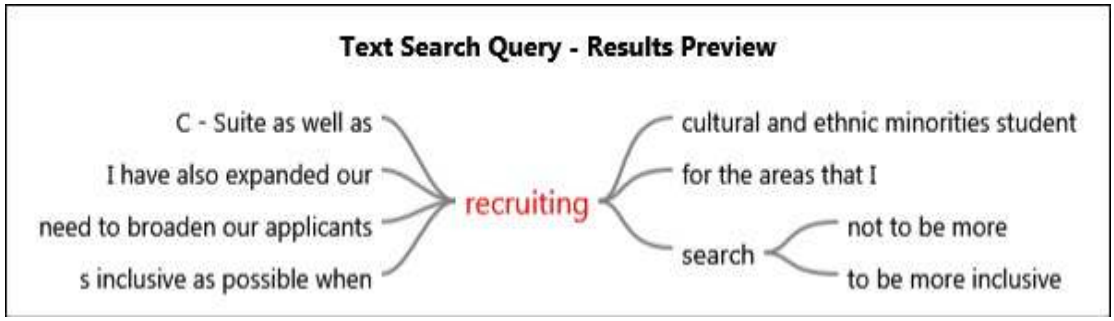


*Figure 7.*

One of the respondents noted recruited talented cultural and ethnic minorities in the C-suite; and he has also invested in promoting and mentoring minority C-suite members. Some members noted that they "advocate for the expansion of the recruitment net to be more inclusive of cultural minorities, and explore additional steps that we as an organization can take to attract more cultural and ethnic minorities." Members further noted efforts to "balance [the] candidate pool when we are C-Suite Individuals while staying open-minded during the hiring process."

Further, the majority of the respondents indicated they play a crucial role in encouraging additional qualified and talented minority candidates to improve the quality of the C-suite.

Many respondents indicated that hiring a kore diverse workforce is a critical step in alleviating the diversity gap in the C-suite. One of the respondents noted very insightful remarks indicating that "since taking over this role, I have taken steps to have this organization become more inclusive. I have hired two African Americans as head of our Cancer practice. I have also expanded our recruiting search not to be more inclusive of African Americans and Hispanics." One of the respondents recommended it is necessary the recruitment committee engage the services from employment other agencies to help recruit a diverse slate of candidates when a position in the C-suite becomes vacant.

**ii. Creating a sustainable environment for cultural and ethnic minorities**

While hiring a C-suite member from ethnic and cultural minority communities is a plausible strategy for embracing diversity in the healthcare organizations, such a strategy cannot build a strong leadership without the creation of a sustainable environment for cultural and ethnic minorities to feel connected and valued in a way employees can develop into better leaders. One of the respondents recommended C-suite members engage in training programs and incentives to develop the capacity of Hispanic and African American leaders. Another respondent stated, "[a]s a C-Suite member who is responsible for over 4000 employees, I am in the process of making it mandatory for all C-Suite members to enroll in an Implicit bias course as well as other cultural sensitivity training. This is in addition to continuing work to increase cultural and ethnic minorities candidates for C-Suite positions." Others continue to advocate for diversity in the C-suite through support and mentorship from the board level. Interestingly, one of the respondents noted he has made it mandatory for the C-suite to be gender and ethnically diverse, stating

"[with] our female candidates for the chair positions I am considering are ethnically diverse (Korean, Latina, Sri-Lankan)." These insights are supported by a study conducted by McDonagh et al. (2014). As such, the respondents demonstrate that it is not enough to simply attract and recruit a more diverse population in the C-suite, but it is important to also provide the culturally and ethnically minority C-suite members with the support and mentorship to become efficient and efficient leaders.

## Recruitment

The most dominant theme realized in the study suggests the respondents feel they can help their organizations embrace diversity in the C-Suite by attracting and including a more culturally and ethnically diverse population in their recruitment pool. The results of the analysis are presented in Figure 8.

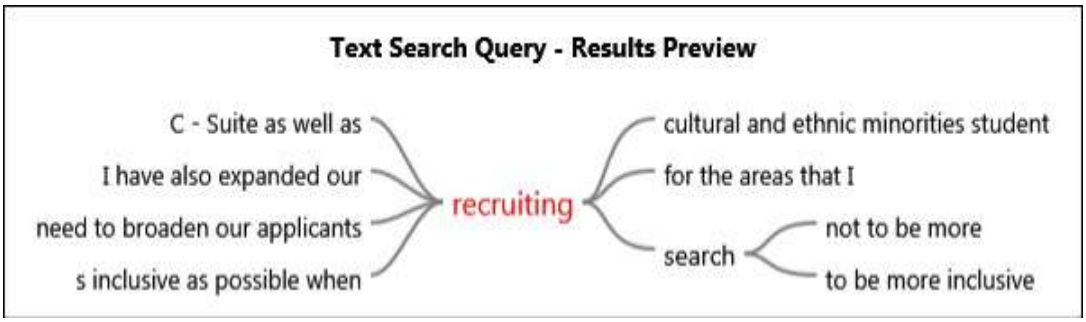


*Figure 8.*

The respondents indicated the expansion of the recruitment pool to promote the recruitment of the ethnic and cultural minorities would serve as the primary measure of promoting diversity in the Healthcare C-suite. According to one of the respondents, there is the need to "continue to insist on expanding the recruiting applicant pool to be more inclusive of cultural and ethnic minorities, create a supportive environment for the cultural and ethnic minorities who join our C-Suite (Mitchell et al., 2015). Allow cultural and ethnic minorities to have equal representation in the search pool, expand the search pool net to be more inclusive,

and when positions open up to make it know to existing applicants and give them the opportunity to apply." More respondents noted the need to for the search committee to be more inclusive and intentional in recruiting ethnic and cultural minority candidates to fill the positions in their organizations. Recruitment of a diverse workforce in the C-suite is a major recurrent theme, which demonstrates the need for the C-suite search committee to focus on this major recommendation to not only include more ethnic and cultural minorities in the C-suite, but to also help the other C-suite members embrace diversity.

**Summary**

This section summarizes the emerging themes from the analysis of the data. After the data were collected, it was prudent to analyze the data and produce themes that signify the contribution of the current study to the wider body of literature. After the analysis of the data, the most dominant themes that emerged from the study include the level of diversity in the C-suite compared to the competition; reasons for the diversity gap; the impact of the diversity gap in an organization; Advantages of diversity; steps to improve diversity; peer perception of diversity; and measures of embracing diversity.

From the analysis, it is clear the healthcare C-suite has a very wide diversity gap, which is attributed to the low turnover rate, coupled with the fact that there is a major issue with group thinking as the veteran members of the C-suite are highly opposed to change in leadership. Nevertheless, the majority of the respondents admitted that a better diversity level in the C-suite would be beneficial to the organization--not only in terms of promotion of ethnic and cultural diversity, but also in terms of benefiting the organization with a wider market share and larger patient pool. Moreover, a more diverse C-suite in a healthcare organization has great potential in improving thinking capacity, innovation, decision making, and creativity in problem-solving.

Much remains to be done among healthcare leaders to achieve a culturally and ethnically diverse C-suite. Nevertheless, it is worth noting the fact that many respondents in this study are highly receptive and open to the idea of diversity, and the respondents' peers also appear supportive of the idea of diversity. More importantly, it is clear the focus on recruiting a more diverse workforce in the C-suite and creating an enabling environment will encourage the promotion of ethnic and cultural diversity in the healthcare C-suite.

## Chapter 5: Discussion, Conclusion, and Recommendations

Although leadership, particularly C-suite professionals, has embraced cultural diversity over the years, the healthcare sector's acceptance of cultural diversity at the C-Suite leadership level has lagged behind other industries in the United States. Studies indicate that having a culturally diverse healthcare C-suite leadership is important as it creates cultural competency and enhances employees and clients' perception of ethnic inclusivity. Although the United States has been predominantly associated with ethnic minority discrimination, the trends have significantly changed. According to a study conducted by Parker (2019), Hispanics and non-Whites will be the majority ethnic group by 2050; however, with the slow rate by which the healthcare C-Suite is becoming diverse, the diversity gap will continue to affect growth in leadership in the industry.. According to research conducted by Livingston (2018), racism is still a problem in healthcare C-Suite. Therefore, this study is designed to explore the issue of C-suite diversity in the healthcare sector. A qualitative approach was used to collect data from C-suite professionals working in various healthcare institutions in Delaware, New Jersey, Maryland, West Virginia, Ohio, and Texas. Data from the participants were collected through telephone interviews. The study sought to determine the participants' perception regarding factors causing the diversity gap in the C-Suite, organizational policies for bridging the gap, existing climate or environment towards the C-Suite, and strategies organizations could use to bridge the diversity gap.

The results revealed the lack of a diverse organizational culture was the major cause of C-Suite diversity gap. The results also indicated the policies within healthcare institutions, while supportive, there are also negative policies that discourage diversity of the C-Suite. On the other hand, the study revealed ethnic and cultural representation were some of the factors organizations perceived to welcome a diverse culture, and promote diversity in leadership and

decision making. The results also reported recruiting ethnic minorities to C-Suite positions was an important strategy to mitigate the diversity gap. The study showed creating a sustainable environment for ethnic minority leadership was an important strategy in dissolving ethnic disparity.

## Interpretation

Significant literature exists regarding diversity in C-Suite leadership in U.S. healthcare organizations. From the outset, most studies show C-Suite diversity in the healthcare sector has the potential of to improve organizational management performance. According to Park and Lee (2014) C-Suite diversity at the management level has the capacity to attract highly skilled employees by increasing the "favorability scale". Diversity in the C-Suite enhances an organization's image, particularly in the midst of reform policies and practices related to ethnic minorities; and is occurring across various spheres in the United States. Nicol (2012) also affirms , favorability can indeed be effectively acquired by ensuring diversity and sensitivity at the workplace. Workers and patients, especially minorities are likely to feel more comfortable in organizations that have a C-Suite with high ethnic inclusivity.

## Causes of the Diversity Gap in C-Suite

The study showed the lack of a diverse organizational culture is the major cause of the existing diversity gap in U.S. healthcare C-Suite organizations. Organizational culture in this regard can be defined as unified, or routine, establishments within organizations that guide the general behavior and activities of an organization. Specifically, organizational culture in the current context can be referred to the commonly agreed attitudes, behaviors, and actions towards ethnic minorities within the healthcare sector. According to Azanza et al. (2013), leadership in any organization is paramount in creating and implementing a desired organizational culture. As

such, it can be argued that the CEO and other C-Suite leaders within a healthcare organization are responsible for creating an ethnical diverse C-Suite leadership.

The findings from this study concur with much of the existing literature regarding diversity in C-Suite leadership. In a study by Dowson et al. (2011), and Dixon-Woods et al. (2014), organizational vision and mission are critical determinants of the overriding organizational culture. An organization's mission and vision provide the foundation for the development of short-term and long-term organizational practices. The authors assert the lack of definitive and clear vision regarding C-Suite leadership is a major cause of the existing diversity gap in C-Suite in U.S. healthcare organizations. These findings concur with the results of this research. Nicole's (2012) findings also affirm the importance of creating an organizational vision that incorporates diversity in its policies.

Wooten et al.'s (2013) study confirms the lack of well-defined and clear goals are primary causes of uncertainty regarding C-Suite diversity particularly because ethnical diversity may not be a primary objective of an organization. The primary responsibility of a healthcare institution is to provide quality medical services to patients. Indeed, issues of ethnical diversity may not necessarily be of immediate importance especially with the current general perception of improved ethnic inclusion in the United States. As a result, unless the organizational leadership sets out clear, and well-defined goals of developing a diverse C-Suite, the ethnic minority professionals in the healthcare sector are likely to have significantly limited chances of serving at the C-Suite level.

Indeed, organizational culture regarding ethnical diversity in the healthcare sector is fundamental. In a study conducted by Livingston (2018), the issue regarding the lack of ethnic diversity in C-Suite leadership was reaffirmed and reported to be more of an institutional issue.

Livingston (2018) argued that African Americans in administrative positions in the U.S. healthcare system are more reluctant to speak out regarding inclusivity, diversity, and race, especially if they want to advance to management level positions. As the author further reported, most African Americans are likely to be branded as angry or difficult when they speak out. On the other hand, the few minorities in C-Suite positions acknowledge the importance of their presence in such positions and prefer to be silent and maintain their position; minorities in C-Suite positions provide inspiration and hope to other ethnic minorities in the profession.

The findings by Livingston (2018) confirm the results of this research regarding the lack of diverse organizational culture. As one of the respondents in the study reported, the problem is deeply rooted within the leaders who are responsible for creating an inclusive organizational culture. The respondent further reported some of the Caucasian C-Suite leaders have held their respective positions for so long until that underrepresentation of ethnic minority groups appears normal to the leaders. Bielenda (2009) argued the common practice in most healthcare organizations is to have departmental goals that are different from organizational goals. As such, even if one of the goals has clear objectives of C-Suite diversity, the lack of goal compatibility may be a significant problem, particularly if the general organizational goal is the impediment.

**Perception on Policies on C-Suite Diversity**

Despite the study's results, which revealed a gender gap exists in U.S. C-Suite healthcare settings, the study revealed the respondents believed there are positive policies regarding the C-Suite diversity gap. However, the study also demonstrated a mixed response where Caucasians reported the existing policies are rather negative and less supportive of C-Suite gender diversity. Therefore, it is logical to argue the negative perception regarding the current C-Suite diversity gap policies are informed by the persistent lack of ethnic diversity in healthcare leadership in the

United States. On the other hand, it can be argued, while respondents who reported the policies are supportive, are aware of such policies; the extent to which the policies are implemented may be limited.

Different healthcare organizations may have various strategies for addressing the C-Suite diversity gap. However, there are general federal and state policies that currently exist and are aimed at promoting ethnical diversity in the American healthcare system. Among the programs that have since been established to promote diversity and inclusivity in the healthcare sector include the American College of Healthcare Executive (ACHE). The program offers management training to America's healthcare professionals and conducts regular studies regarding leadership in the healthcare sector. In a recent report (American College of Healthcare Executive, 2020), a study commissioned by the organization found that at least 31% of graduates from the healthcare institutions are ethnic minorities. According to Bouye et al. (2016), education and experience are the basic elements commonly considered for promotion in the healthcare sector. As such, many organizational efforts towards enhancing diversity in healthcare management are directed towards the educational aspect of healthcare. Currently, there is significant partnership across the United States among organizations, including The Center for Disease Control, The Office of Minority Health and Health Equity, and various universities, colleges, and foundations to create and sustain a student training program to promote diverse leadership in the U.S. healthcare system (Bouye et al., 2018). Other similar policies have been enacted to avoid workplace discrimination including Title VII of the Civil Rights Act (CRA) of 1964 (EEOC, 1964).

According to Syed et al. (2018), states have varied definitions regarding unprofessional conduct. For example, only 20 states in the United States have laws that protect workers from

sexually oriented and gender discrimination; and only three states have laws against bullying. Depending on the state's ethnic composition, the development and enforcement of laws against racial discrimination in C-Suite appointments are likely to be prevalent in some states, while missing in others. The variation in policies and regulations regarding workplace diversity in healthcare institutions explains the perception of the majority who thought the policies in their perspective organizations were less supportive of diversity in C-Suite management.

**Determinants of an Organization's C-Suite Welcoming Nature**

The results of this study found the presence of an ethnic and cultural representation of an organization's C-Suite were significant determinants of an organization's welcoming nature. The results indicated that a diverse C-Suite would encourage the organization to recruit more culturally and ethnically diverse talent. These findings concur with existing literature reports. Storey (2012) argued that cultural and ethnical diversity among the C-Suite team is important in fostering a relationship between the organization and external stakeholders. Bunjitpimol et al. (2015) asserted that C-Suite diversity creates cultural competency by allowing diverse ideas from people with different socio-cultural background. The perception of boardroom diversity in private sectors has been widely reported. A study by Ntim (2015) examined the relationship between stock valuation and an organization's boardroom gender and ethnical diversity. The results found stock market values were positively related to ethnic diversity more than gender; although there was also a general positive correlation. Though this study does not directly relate to the current research on C-Suite, it provides insight on how ethnic diversity in the management of the healthcare organization is likely to create a positive impact among various stakeholders. This confirms the findings of the research where a cultural and ethnical diverse board is reported to be positively perceived as welcoming.

Betancourt et al. (2014) argued ethnical and cultural disparities in the U.S. healthcare system is a significant barrier to quality healthcare provision. With the recent reforms proposed by the Institute of Medicine Report, racial and cultural disparities are identified as key reform priorities. As the authors assert, the proposed service-based payment system in the U.S. healthcare sector can best be enhanced by accompanied reforms in management diversity to increase cultural competence and public perception of the U.S. healthcare system. In another study, Renzaho et al. (2013), reported cultural competency of the C-Suite leadership is important in creating a more culturally sensitive organizational culture; and promote the recruitment and development of a cultural and ethnically diverse workforce. Davis (2014) further contends that organizations that are already culturally and racially diverse are positively perceived by the community they represent, which is important, especially for collaborative healthcare programs, including research. The author however, argued that such organizations still have significant rooms for improvement.

This study also showed the promotion of culturally diverse leadership and decision making is critical in enhancing workers' perception a welcoming C-Suite as. The promotion of culturally and ethnically diverse leadership is dependent on the extent to which the organizational culture allows diversity; and whether the existing C-Suite is culturally diverse. The literature indicates significant measures are being taken towards promoting racial and cultural diversity in U.S. healthcare systems.

Sanchez et al. (2013) argued, although reforms in the healthcare leadership in the United States are widely reported, the ethnical minorities, particularly African Americans and Hispanics still believe there is a significant challenge to enhance their career development in the healthcare profession. The authors, however, agree most institutions are implementing strategies aimed at

promoting cultural diversity in healthcare leadership. Minority students in medical school believe having a clear career path development, promotion policies, and research and leadership training are important in enhancing minority medial students' perception of ethnic diversity in healthcare leadership (Sanchez et al., 2013).

This study's findings indicate that creating a culturally and ethnical diverse C-Suite, and promoting culturally diverse leadership and decision-making capacities, are key to enhancing the positive image of the C-Suite. However, it is important to note that all the perceptions as expressed by the study's respondents are dependent on the prevailing C-Suite leadership and organizational culture towards C-Suite diversity. The overreaching literature indicates disparity still exists. As such, it was important to explore the respondents' perception of the potential strategies of bridging the C-Suite diversity gap. The following section discusses the related study finding.

**Strategies for Promoting Positive Perception on C-Suite among Employees**

To promote employees' positive perception regarding the healthcare C-Suite, this study found it is important to recruit cultural and ethnic minority employees into the healthcare sector. The study also demonstrated the creation of a supportive environment for cultural and ethnical diversity is important, which can be argued as a potential solution to the initial problem identified as the cause for the existing diversity gap in the C-Suite.

Literature indicates diversity recruitment in U.S. healthcare is currently a top priority. A report by Modern Hire (2018) noted that at least 22% of all hiring managers in the U.S. healthcare sector identify diversity as one of the priority goals. Diversity goals are embedded as a factor for increasing performance; however, 22% is a significantly low percentage considering the efforts realized in other sectors. To eliminate potential ethnical bias in the recruitment

process, some healthcare organizations are using human resource (HR) technologies to widen recruitment and selection practices and ultimately improve diversity.

Petterson et al. (2018) examined the current selection and recruitment practices in the U.S. healthcare profession. The study reported diversity is a growing priority although there are significantly limited policies that enhance the recruitment processes. Recruitment and selection in most U.S. healthcare systems is conducted by HR management, which constitutes the C-Suite. As previous studies have reported, the majority of healthcare C-Suites in the United States consists of predominantly white males. As such, policies and practices that aid in recruiting ethnic minorities are quite limited.

Ramadevi et al. (2016) argues that setting frameworks and clear policies regarding professional development in the healthcare system is the most effective method of improving diversity in the healthcare C-Suite. According to the author, when such policies and guidelines are developed, organizations do not necessarily have to develop separate policies on diversity. Instead, minorities within the healthcare profession would only follow the necessary steps, including education, training, and experience, to advance to management levels within the healthcare system.

Kirch (2013) argued developing an enabling culturally and racially diverse environment starts ateducational institutions. There has been a significant improvement in the proportion of minorities enrolled in various medical colleges. Kirch (2013) argued current and future cohorts should be taught well on racial and cultural sensitivity in order to break from the tradition of white dominance in the healthcare C-Suite sector. The author argued the baby boomer's generation is gradually retiring from the healthcare workforce, and a new, dynamic and creative

generation more receptive to change is coming into the workforce. Therefore, it is prudent to have specific policies and practices in place to enhance C-Suite diversity in the future.

## Limitation of the Study

The main limitation of most qualitative data is the small sample size, which often limits the extent to which the findings of the study can be generalized to the larger population. In most cases, research studies are often designed to examine a problem that essentially affects the larger population (Houghton et al., 2013). For instance, this study targeted the larger population of the U.S. healthcare system. However, it was difficult to have every member of the targeted population included in the study. As such, sampling is usually used to obtain data that mirrors the targeted population. The fundamental assumption in sampling is the results obtained from the sample would be the same if the research was conducted by examining every subject of the targeted population (Gentles et al., 2013).

The sample size of this study was relatively small compared to the size of the U.S. workforce. Moreover, the data were collected only from five states within the United States. As such, the generalizability of the research findings is limited to an extent. Therefore, more corroboration, and verification with similar existing studies, is necessary to establish the validity of the findings. It is possible the findings obtained are unique only to the specific places where the data were obtained.

## Recommendations

Recommendations are hereby made regarding the findings, discussion, and limitation of the study. The major limitation of the study as described in the immediately preceding section was generalizability of the study. Qualitative studies more often use small sample sizes to collect more data with better insight. Usually, open-ended questions are employed to collect data in

qualitative studies. Such questionnaires enable respondents to provide as much data as possible from which the major and minor themes are derived to answer the research question. Despite the limitations of the qualitative research, research questions also provide critical data from which more studies can be developed.

Therefore, it is recommended more refined, and perhaps quantitative, studies be conducted based on the findings of the current study. For example, this study found the lack of an ethnically and culturally diverse organizational culture as the major cause of the diversity Gap in C-Suite in the U.S. healthcare system. However, because of the mentioned limitation of the qualitative data, it is difficult to generalize the findings to all healthcare institutions or states. As a result, it is prudent a quantitative study is conducted to assess the general organizational culture of the U.S. healthcare sector regarding C-Suite diversity. A quantitative study would improve the generalizability and reliability of the findings because a random sampling procedure can be used to select more states, healthcare institutions, and C-Suite respondents. Moreover, convenient sampling procedures, such as mailing questionnaires to selected respondents, can be used to collect data without having to visit the respondents. Quantitative studies can also be used to corroborate the information regarding the existence of positive, or negative, policies regarding the C-Suite diversity gap.

Based on the findings of the present study, especially regarding the lack of organizational culture that promotes and enhances the C-Suite diversity gap in U.S. healthcare, there is need for nationwide policy to mitigate the challenge. Undoubtedly, there are federal and state level policies that promote equity in employment in the United States. However, there is a significant gap in the healthcare sector. As such, federal efforts are necessary to resolve the challenge. Similar to past nationwide research studies conducted by the Institute of Medicine (IOM). The

IOM should also be commissioned to explore the current state of C-Suite diversity. Such institutions have adequate personnel and resources to carry out such a research. Besides, quantitative studies can be best used to determine minority-to-majority ratios. Such findings can be used to develop appropriate policies similar to the strategies used in issues of gender diversity on corporate boards.

In many countries, including the United Kingdom, gender diversity on corporate boards is an issue of priority. For example, the United Kingdom requires corporations to declare information regarding board gender diversity, and gender pay gap, as a means for enhancing reforms in gender equality (Ferreira & Kirchmaier, 2013). The assumption is a negative portrayal of corporations regarding gender equality are likely to create a poor perception towards the organization by various stakeholders including customers and investors. As such, corporations are inclined to reform their practices by incorporating gender diversity practices to enhance their public image. Unfortunately, such strategies may not necessarily be applicable or effective in the healthcare sector.

As much as hospitals are regarded as centers for providing medical healthcare to sick patients, the private hospitals predominantly function as private entities, for-profit-seeking companies. For profit-hospitals, especially those with associate hospitals in various states, are even listed in the New York Stock Exchange Market; for example, Brookdate Senior Living Incorporated, and Capital Senior Living Corporation. Such hospitals make profits for their shareholders; thus, the hospitals are expected to improve their public image. Therefore, it is possible cultural and racial diversity in for-profit healthcare institutions are relatively fair.

Non-profit hospitals, which are the majority, especially those owned by the government may not necessarily be motivated to improve their public image. Therefore, non-profit hospitals

are likely to have low incentives to enhance their public image regarding C-Suite diversity. It becomes prudent, therefore, overreaching policies for enhancing C-Suite diversity are explored. Specifically, the federal government should develop policies that provide specific ratio of minority-to-majority, this will force healthcare organizations to address the diversity gap issue at the C-Suite level In other words, affirmative action on C-Suite diversity should be explored in U.S. public healthcare.

Recognizing affirmative actions may not necessarily be effective since various states are likely to have the liberty of adopting the federal policy; therefore, more subtle approaches are also recommended. As already mentioned, the baby boomer generation which has for long dominated, perpetuated, and sustained the monoethnic C-Suite culture is gradually retiring, and a more vibrant, dynamic and rational youthful population is taking over hospital leadership. Opportunities, therefore, exist to improve the C-Suite in the U.S. healthcare system. This could be achieved by enhancing culturally sensitive training programs at the medical colleges. This will ensure students graduating and pursuing healthcare leadership roles are aware of the existing cultural and ethnical diversity in the U.S. healthcare management. Such knowledge would enable them develop lasting, and sustainable policies of enhancing C-Suite diversity.

## Implications for Positive Social Change

The findings from this study provide an important information basis on which several changes can be developed and implemented. In this section, the positive social changes are at the individual, family, organizational, and societal levels. At the individual level, the positive social change that might accrue from the knowledge derived from the present study affects minority and majority workers in healthcare organizations. According to Maslow's hierarchy of needs theory, individuals are always motivated to work based on the necessity to fulfill various needs,

which have different priorities (Lester, 2013). The first priority is the necessity to fulfill physical needs including food, clothes, and shelter. Second is the need for security from physical harm or injury. Third, individuals in any organization have the need for social relations. The fourth and fifth needs include the need for self-esteem, and self-actualization, respectively. The need for self-actualization is the most relevant in this study. According to Lester (2013), self-actualization is the need to develop and reach the full potential of an individual's training, knowledge and experience. Consequently, workers in a given healthcare institution in the United States need to develop their careers to become members of the C-Suite.

It is evident minorities in the American healthcare system are mostly demotivated because of the inability to meet their self-actualization needs. Minority healthcare workers, including physicians, surgeons, nurses, and dentists, among others have similar competence to the Caucasian counterparts. As a result, it is only natural they expect to advance their careers and become members of the hospital management team. When professionals are denied career opportunities through institutional practices, they are likely to feel undervalued, which may affect the workers' emotional, and psychological wellbeing. The knowledge of the current status of C-Suite diversity as revealed by findings from this study, can, therefore, help the predominant white C-Suite leaders to learn the implications of organizational practices on minority workers within their organizations. This could serve as a basis for developing reformed policies.

On the other hand, knowledge of the C-Suite diversity gap for minorities is important since it enables minority workers to learn current practices and policies that are already in place to enhance the diversity issue. As mentioned by Livingston (2018), the few minorities who are presently serving at the C-Suite level understand their role as providers of hope to the aspiring minorities who aspire to one day hold such positions. Therefore, it is crucial that minorities are

aware of the progress of reforms, and acquire the necessary experience, education and training to be eligible for appointment to the C-Suite levels.

To the individual members of the society, diversity in the healthcare C-Suite helps provide quality medical services as a result of cultural competence. By having an ethnically diverse C-Suite, the recruitment and selection of well-trained and effective professionals to the healthcare sector is likely to improve, which benefits individuals who seek medical services from the institutions.

To the families and society, there are indeed significant healthcare benefits that are likely to occur based on the development of a diverse C-Suite. Veterans for instance, are a highly vulnerable group in the U.S. society. The suicide rates among veterans are significantly higher than the average rate of the civilian population (Kirsch, 2014). Veterans are also faced by other healthcare challenges especially mental illness, and drug and substance abuse problems (Blosnich et al., 2014). The U.S. government, through the Department of Veterans Affairs, has attempted to provide lasting solutions to the veterans by providing various healthcare and related services. Despite such intervention, the healthcare challenges for veterans persist. The situation is even worse for minority veterans despite several targeted programs. Although the cause of healthcare disparity among minority veterans is reported as complex, Sherman (2013) argued that cultural and social factors are significant determinants. According to the author, most minority veterans are culturally inclined to believe they are likely to be discriminated against at the VA healthcare facilities. Therefore, enhancing C-Suite of the various public healthcare institutions in the United States is likely to enhance the perception of the community including the minority veterans to seek medical care.

To the organization, improved perception of the worker regarding a hospital's policies relating to ethnic diversity is likely to enhance an individual's motivation. As Gillet et al. (2013) wrote, individual's motivation at workplace is directly associated with increased performance. As such, when minority healthcare professionals are well motivated by the hospitals' prospects for cutting to the C-Suite, their performance is likely to be enhanced, which not only benefit the hospital, but the community at large by sustaining a healthy society. For-profit organizations are likely to increase profits to their shareholders while continue to generate enough revenue to further enhance medical care through investment in research and technology.

This study's findings also imply there are rooms for improvement, even for organizations that already have diverse C-Suite. However, more studies, especially empirical research, need to be conducted to further develop evidence regarding the current status of C-Suite diversity gap in the U.S. healthcare sector. Although the recommendations suggest the development of diversity affirmative action regarding the C-Suite in public health institutions, it is only important that such measures are taken voluntarily by the related healthcare institutions. As such, more studies can be done, particularly correlational empirical studies. A correlational study for example, can be used to determine whether C-Suite diversity is significantly related to the improved public perception of a given healthcare institution. Such information is likely to help the healthcare provider, both the for-profit, and non-profit institutions to conceive the benefits of diversity, and probably institute policies that will help them create a more ethnically diverse C-Suite.

## Conclusion

The present study was developed with the purpose of exploring the status of the C-Suite diversity gap in U.S. healthcare. The study was informed by the fact that many sectors in the United States have achieved significant C-Suite diversity except for the healthcare sector.

Therefore, the study sought to determine through a qualitative study the state of healthcare C-Suite diversity gap. Specifically, the study sought to determine the (a) factors that contribute to the prevailing diversity, (b) perception of the C-Suite professionals regarding organizational diversity policies, (c) factors that contribute to the perception that the C-Suite is positive or welcoming, and (d) strategies that could be used to improve C-Suite diversity.

The study found the lack of organizational culture is the major cause of the C-Suite diversity gap in the United States healthcare system. Also, the study illustrated the existing policies on diversity are considered as both positive and negative. To increase the C-Suite image regarding diversity, the study found that more recruitment of culturally and racially diverse workers would be the most effect way to foster diversity. Based on the findings of the study, it is recommended the federal government pursue an affirmative action regarding C-Suite diversity, as well as a subtle approach such training regarding cultural competency and sensitivity.

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## Appendix A: Consent Form:

You are invited to take part in a research study about the diversity gap in healthcare leadership. The researcher is inviting you because of your position within your healthcare organization, as well as your years of experience that are ideal for the study. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Percival Vera, who is a doctoral student at Walden University.

**Background Information:**

The purpose of this study is to help healthcare organization C-Suite to understand the importance of diversity.

**Procedures:**

If you agree to be in this study, you will be asked to:

- Participate in an interview
- The duration of the interview will be approximately 45 minutes.
- This interview may also be recorded.
- Participate in an interview, which may be conducted over the phone, or in person.

**Voluntary Nature of the Study:**

This study is voluntary. You are free to accept or turn down the invitation. No one at Walden University or your place of employment will treat you differently if you decide not to be in the study. If you decide to be in the study now, you can still change your mind later. You may stop at any time.

**Risks and Benefits of Being in the Study:**

Being in this study will not pose any risk to your safety or well-being.

**Benefit:**

This study will help in fostering social change by providing information that could help to narrow the diversity gap in U.S. healthcare leadership.

**Payment:**
There is no payment for taking part in this research.

**Privacy:**
Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by storing on a secure encrypt drive. Data will be kept for a period of at least 5 years, as required by the university.

**Contacts and Questions:**

You may ask any questions you have now. Or, if you have questions later, you may contact the researcher via: 410-474-6968 or . If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is **IRB will enter approval number here** and it expires on **IRB will enter expiration date.**

The researcher will give you a copy of this form to keep. Please print or save this consent form for your records.

**Obtaining Your Consent:**

If you feel you understand the study well enough to make a decision about it, please indicate your consent by completing the first three sections below.

Printed Name of Participant _____

Date of consent _____

Participant's Signature _____

Researcher's Signature _____

## Appendix B: C-Suit Interview Questions

**(1)** What is the total of employees in your C-Suite?

**(2)** How would you compare the diversity in your C-Suite to your competitors?

**(3)** How would you describe the reason for the diversity gap within your C-Suite?

**(4)** How would you describe the impact of the diversity gap to your organization's C-Suite?

**(5)** Can you imagine how your C-Suite would be if it were more diverse?

**(6)** How do you feel about cultural and ethical diversity with the C-Suite?

**(7)** Do you think that the C-Suite can benefit from a more diverse C-Suite?

**(8)** Can you describe some of the benefits that you feel can come about as a result of a diverse C-Suite?

**(9)** Can you describe steps, if any, that you have taken to help improve diversity within the C-Suite?

**(10)** What do your peers within the C-Suite think about having a more diverse C-Suite?

**(11)** How would you describe your peers' in the C-Suite's perceptions on diversity?

**(12)** If any of your peers have a negative perception of diversity in the C-Suite what have you done to help foster the benefits of a diverse C-Suite?

**(13)** Does your organization have a diversity office, and if so what is his/her role? If not why?

**(14)** How would you describe your professional experience in the C-Suite?

**(15)** What are some of things that you feel you can do to help your organization to embrace diversity in the C-Suite?

**(16)** If you had a magic wand to change the level of diversity in your C-Suite, how would you go about doing it?

**(17)** Are there any comments or questions you have for me?

**(18)** Is there anything from our interview that you would like me to explain?

**(19)** Have you thought of anything during the interview that you would like to share with me?

## Appendix C: Introductory Letter to Association of Hispanic Healthcare Executives

Hello Mr. Zeppemfeldt-Cestero;

My name is Percival Vera, a PHD student at Walden University. I am in the process of conducting my PHD Research on the diversity gap in Healthcare Leadership and wanted to know if it would be possible for me to provide AHHE with an introductory letter that can be sent out to you members to see if they would be interested in participating in this research. Their participation is voluntary, and all interview will be conducted over the phone. I am looking for a total of 20 participants for the study, and acceptance would be on a first come basis. Thanks much for your consideration, and I look forward to hearing from you. If you have follow-up questions, I can be reached at 410-474-6968. Again, my sincere thanks for your help.

Percival Vera

Ph.: 410-474-6968

Email: Percival.Vera@WaldenU.edu

## Appendix D: Introduction Letter

Dear Participant,
I am pleased to be conducting a research project based on the diversity gap in Healthcare Leadership.
Today, the amount of research that focuses on the diversity gap in healthcare leadership is still limited. This research will focus on the experiences C-Suite healthcare members. A goal of this study is to provide an understanding of diversity in the C-Suite in healthcare organizations. If you are interested in participating, I would like to conduct a personal interview within the next few weeks. Your participation in this project is voluntary. I fully understand if you wish to decline.
I hope to hear from you within the upcoming week should you decide to participate. I believe that sharing your experiences will make a valuable contribution to this research. You are welcome to contact me at any time should you have any questions or concerns regarding this project. Thank you very much for your time and consideration.
Respectfully,
Percival Vera

School of Health Science Walden University

ph.: 410-474-6968

E-mail: Percival.Vera@WaldenU.edu

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