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Strategies for Improving Performance Through Diversity and Inclusion in the Workplace

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Walden University

College of Management and Human Potential

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SaTari Durrah

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

Strategies for Improving Performance Through Diversity and Inclusion in the Workplace

by

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MHRM, Walden University, 2013

MBA, Bryan College, 2010

BA, Bryan College, 2008

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

August 2023

Abstract

A lack of diversity and inclusion policies can lead to the perception of exclusion in the workplace and cause some employee groups to underperform. Some hospital leaders lack strategies for developing and implementing effective diversity and inclusion policies to improve business performance. Grounded in transformation leadership theory, the purpose of this multiple case qualitative study was to explore strategies for improving performance through diversity and inclusion in the healthcare field. The participants included four leaders from hospitals located in the southeastern region of the United States. Data were collected using semistructured interviews and review of company documents. Data were analyzed using thematic analysis, resulting in four emergent themes: (a) the need for education and training, (b) senior leadership buy-in, (c) effective measurement, and (d) open communication. The key recommendations for hospital leaders include scheduled continuous training and education and the creation of a safe place for difficult conversations. The implications for positive social change include a stronger applicant pool for employers by having individuals with varying backgrounds and skill sets and job opportunities for local community workforce participants.

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Dedication

This doctoral degree is dedicated to my family. I thank you for your continued support and understanding. You all have been the wind beneath my wings and have propelled me to the finish line. My hope is that I have been an example of what hard work, will, and determination looks like. Keep pushing; keep striving; and, most of all, keep believing that you can be the change you want to see in the world. It all begins with you.

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Section 1: Foundation of the Study

Organizational leaders recognize that successful diversity and inclusion policies positively impact compliance and financial growth. Jones (2019) noted that organizations with high scores on the diversity scale had a 19% increase in innovative revenue. Leaders with a diverse workforce create a positive persona in the community (Fires & Sharperson, 2018). Diversity and inclusion policies should be key elements in business performance plans.

Leaders invest time and money in their employees for loyalty and retention. A Society of Human Resource Management survey found that organizational leaders spent an estimated \$4,000 to hire an employee; however, the loss of an employee can cost an organization as much as \$25,000 (Pinzler, 2018). To achieve a return on investment, supervisors should explore effective tactics for encouraging employees to remain with their organizations.

Background of the Problem

There are disparities in health care for underrepresented groups, including a lack of diversity among physicians. Physicians who are underrepresented groups are likelier to care for patients in underserved geographical locations (Agawu et al., 2019). Patients who lack health insurance and transportation resources tend to have limited health care access (Bouchelle et al., 2017). Many patients feel comfortable with health care providers who understand their needs and have ties to the community; however, race, ethnicity, and socioeconomic disparities often contribute to health care inaccessibility (Bouchelle et al., 2017).

Communities often change based on their populations of individuals from different cultural backgrounds. Organizational leaders should adapt to community changes and create an equitable work environment for all employees. Diversity and inclusion are integral to an organization's strategic planning to provide equal opportunities. Leaders should remain aware of how diversity affects team members' perceptions and organizational performance (Kadam et al., 2020). A mission or vision statement without diversity and inclusion may adversely affect the organization (Flory et al., 2021).

Problem and Purpose

A lack of diversity and inclusion is a problem for some organizational leaders (Valenzuela et al., 2019). White men hold 90% of the CEO positions at Fortune 500 companies (Flory et al., 2021). The general business problem was that the lack of diversity and inclusion policies negatively impacts hospital business performance. The specific business problem was that some hospital leaders lack strategies for developing and implementing effective diversity and inclusion policies to improve business performance.

The purpose of this qualitative multiple case study was to explore hospital leaders' strategies for developing and implementing effective diversity and inclusion policies to improve business performance. The target population was four leaders from hospitals in the southeastern United States who had successfully implemented diversity and inclusion policies to improve performance. Positive social change enables social sustainability and socioeconomic growth for a hospital's served community, and

organizational diversity and inclusion enable community reform (Koppel et al., 2017). Leaders who use effective strategies could provide better access to medical care for underrepresented groups and build stronger relationships with community leaders, hospital leadership, and communities; therefore, leaders who increase and sustain a diverse workforce are catalysts for building stronger communities.

Population and Sampling

The target population for this study consisted of leaders from hospitals in the southeastern United States. I used time and data saturation as the variables to determine the appropriate sample size. The sample for this qualitative study was four hospital leaders. I interviewed participants until reaching data saturation.

Nature of the Study

I employed the qualitative method for the study. Qualitative scholars do not focus on a single truth but acknowledge multiple realities (Yin, 2018). The quantitative method was inappropriate for this study because the study did not require testing hypotheses about variable characteristics or relationships. Mixed methods would not have been an appropriate approach because the goal of this study was not to quantify the data but to identify, explore, and understand qualitative information collected from participants. Qualitative research was the best approach to explore the business problem of leaders' strategies for implementing diversity and inclusion policies to improve performance.

The qualitative research designs considered for the study were case study, ethnography, and phenomenology. Phenomenology would not have been appropriate because it focuses on the personal meanings of the participants' experiences of

phenomena (see Yin, 2018). Ethnography would not have been a suitable design due to time constraints and the need for behavioral observation over an extended period. Thus, the case study design was the most appropriate approach for collecting and recording data for the study. Case studies often include different viewpoints, producing new ideas (Bernard, 2017). In this study, I used a multiple case study design to provide strong evidence of a phenomenon (see Yin, 2018).

Research Question

What strategies do hospital leaders use to develop and implement successful diversity and inclusion policies to improve business performance?

Interview Questions

1. What strategies do you use to ensure diversity and inclusion for improved business performance?
2. How did organizational leaders develop diversity and inclusion strategies in your hospital's workforce to improve business performance?
3. How do organizational leaders assess or measure the effectiveness of having a diverse workforce?
4. Based on your experience, what are the positive aspects of having a diverse workforce?
5. What were some key barriers to implementing the organization's diversity and inclusion strategies?
6. How did you address the key barriers to implementing the organization's strategies for diversity and inclusion?

7. What additional information would you like to share about the organization's diversity and inclusion strategies for improving business performance?

Conceptual Framework

The conceptual framework for this study was Burns's (1978) transformational leadership (TL) theory. Transformational leaders possess the four I's: idealized influence, inspirational motivation, intellectual stimulation, and individual consideration (Northouse, 2019). A transformational leader gives teams a sense of meaning (Suryanto et al., 2019). Transformational leaders acknowledge the differences in individuals and shape an accepting environment for diverse values (Suryanto et al., 2019). Leaders of diverse teams who encourage inclusion achieve improved performance outcomes (Singletary Walker et al., 2019). I used Burns's TL theory as the framework to identify and understand how hospital leaders develop and implement successful diversity and inclusion policies to improve business performance.

Operational Definitions

Diversity leadership: Leadership with a focus on achieving greater depth and breadth of experience and perspective (Leung & Ann Leung, 2020).

Diversity management: The act of promoting inclusion among employees from differing backgrounds in the organization's structure (Georgiadou et al., 2019).

Idealized influence: When followers trust, admire, and view a leader as a role model (Burns, 1978).

Inclusion: When all people, regardless of race, ethnicity, or gender, are included in something (Grissom, 2018).

Individual consideration: Empowering, inspiring, and encouraging followers. A transformational leader identifies and understands the needs of each follower. The leader also understands that motivational needs vary (Burns, 1978).

Inspirational motivation: When leaders understand and communicate the organization's mission and vision to others (Burns, 1978).

Intellectual stimulation: A trait found in leaders who promote innovation and creativity in followers by providing critical-thinking opportunities (Burns, 1978).

Multicultural: A society with individuals from different cultures (Harush et al., 2018).

Assumptions, Limitations, and Delimitations

Assumptions, limitations, and delimitations are inherent in all research. In the following section, I present the assumptions, limitations, and delimitations of this study.

Assumptions

Assumptions are what a researcher considers true without facts. Researchers determine the validity of their assumption with reliability and credibility (Guise et al., 2017). The primary assumption I made in this study was that hospital industry leaders need help to develop and implement effective diversity and inclusion policies. Another assumption was that the participants would speak openly and freely about their organization's diversity and inclusion policies. My final assumption was that, based on the participant pool, data saturation would occur after four interviews.

Limitations

Limitations come from researchers' decisions based on their understanding of a complex problem (Guise et al., 2017). Specific factors indicate the limitations of each study. The first limitation of this study was the participants' geographic location. The second limitation was the participants' willingness to openly and honestly respond to the interview questions. The final limitation was climate change. Social events and national events could cause individuals to change their perceptions.

Delimitations

Delimitations are the constraints of a study. Theofanidis and Fountouki (2019) described delimitations as the parameters in the researcher's control. The delimitations for this study were the location and the population of hospital leaders in the southeastern United States. The small sample of leaders who participated in the study met the inclusion criterion.

Significance of the Study**Contribution to Business Practice**

Workplace diversity is a challenge for some leaders. A lack of effective strategies for increasing employee diversity and inclusion can negatively impact organizational performance (Singletary Walker et al., 2019). A lack of diversity could negatively impact low employment or engagement from a specific demographic. Similarly, failing to seek employees from all demographics could limit the talent pool and cause low morale. In this study, I presented the strategies leaders use to engage individuals with diverse

backgrounds. Hospital industry leaders could use the study's results to promote an organizational culture of diversity and inclusion.

Implications for Social Change

The study's implications for positive social change include better health care access for underrepresented groups and more robust relationships among hospitals, civic leaders, and communities. This study also contributed to the awareness of health care disparities.

A Review of the Professional and Academic Literature

An in-depth review of academic literature provided the evidence to critically analyze and synthesize past, present, and current literature on diversity and inclusion initiatives in the hospital industry. The literature review was a key piece of this study, indicating relevant themes and gaps in the research. This study included 122 sources that were mainly accessed via the Walden University Library, more than 90% of which were peer-reviewed articles published between 2015 and 2022. I conducted searches for academic literature in several academic databases and search engines, including SAGE, Business Source Complete, ScholarWorks, Google Scholar, and ProQuest. *Inclusion, diversity, equality, organizational change, diversity leadership, diversity management, and affirmative action* were the keywords used to locate relevant articles. The main themes found in the literature included diversity, inclusion, and multiculturalism. Scholars have used terms such as diversity, equity, inclusion, ethnicity, and race interchangeably, causing mass confusion (Brancu & Hayes, 2020). I used the TL theory as the conceptual framework to identify the themes related to the phenomenon of hospital

industry leaders implementing effective diversity and inclusion policies to improve business performance.

The purpose of this qualitative multiple case study was to explore hospital leaders' strategies to develop and implement successful diversity and inclusion policies to improve business performance. The targeted population was four leaders in a hospital in the southeastern United States who had successfully implemented diversity and inclusion policies to improve performance. Positive social change contributes to social sustainability through socioeconomic growth for a hospital's served community, and organizational diversity and inclusion also enable community reforms (Koppel et al., 2017). Leaders who use successful strategies could provide better access to medical care for underrepresented groups and build stronger relationships with community leaders, hospital leadership, and the communities. By increasing and sustaining a diverse workforce, leaders could catalyze the potential to build stronger communities.

Leaders should find ways to maintain a competitive advantage. Sustainable growth includes hiring and retaining individuals with diverse experiences, backgrounds, and skills (Joniaková et al., 2021). Hospital leaders often face challenges from crises, such as the COVID-19 pandemic, when health care personnel with varying degrees of knowledge worked to find solutions to contain the global virus. Some hospitals had higher employee burnout, low job performance, and the inability to attract and retain employees during the pandemic (Jankelová & Joniaková, 2021).

This study could be significant to hospital industry leaders by contributing to the research on the relationship between transformational leaders' behaviors and followers'

job performance. Transformational leaders help create a positive work environment, and organizational growth includes successfully managing a diverse workgroup. Leaders could use the findings to facilitate diversity and inclusion policy implementation.

TL Theory

A transformational leader remains aware of followers' strengths and contributes to their professional growth and development (Yücel, 2021). Burns (1978) introduced the TL theory, describing a transformational leader as motivating and encouraging followers. According to Burns, transformational leaders help followers become more productive and self-aware by inspiring, influencing, and recognizing achievements. Transformational leaders may promote change in organizations. Some researchers consider TL the most effective leadership style for organizational change (Afshari, 2021).

Transformational leaders can improve workplace ethics by creating and implementing strategies with functioning boundaries (Jovanovic & Ciric, 2016). The TL theory indicates how leaders and followers can use partnerships to achieve organizational change via the four-tier concept of inspirational motivation, intellectual stimulation, individual consideration, and idealized influence (Burns, 1978). Transformational leaders do not have a dictatorship mentality (Sohail & Malik, 2016) and communicate the organization's vision through words, examples, and actions (Yücel, 2021). Positive outcomes, such as employee retention, organizational commitment, and job satisfaction, correlate with TL-style leadership (Perez, 2021).

Leaders strive to meet organizational goals and develop their followers, and an effective leader could guide members to a common goal. Leaders can capitalize on

employee performance by meeting internal and external needs (Yücel, 2021). Leadership style may impact the achievement of organizational goals (Perez, 2021). Jiang et al. (2019) identified several leadership style groups in the health care industry, with the top three being transactional, transformational, and laissez-faire. Hospital employees adjust well to leaders who promote innovation, exhibit high ethical standards, and value team members' input (Wang et al., 2021).

High organizational turnover could occur for many reasons, including ineffective leadership. Ineffective leadership could negatively impact an organization financially and culturally, resulting in high turnover, a stressful work environment, and poor job performance (Frias et al., 2021). In a study of nurses and nurse leaders, Jankelová and Joniaková (2021) found that compensation was not the only contributing factor to job performance and retention and another primary factor was the relationship between the staff and the leadership team. A work environment with job dissatisfaction, low morale, and high turnover may result in understaffing, poor customer service, and distrust (Sinclair et al., 2021). Organizations with transformational leaders who effectively and promptly communicate with staff regarding organizational needs while attending to employees' individual needs are less likely to see poor employee performance or high turnover (Yücel, 2021). Staff leadership could produce a healthy work environment and a positive patient experience.

Inspirational Motivation

The ability to inspire and motivate an individual could contribute to better job performance (Kariuki, 2021).. Inspirational motivation is a leader's ability to gain

followers by communicating the organization's vision and motivating employees to achieve aggressive goals (Okoli et al., 2021). Some leaders assign challenging tasks, empowering and encouraging followers to inspire the individual (Kariuki, 2021).

Transformational leaders who use inspirational motivation could foster confidence and inspire followers to exceed expectations (Jiang et al., 2018). Employees who hesitate to voice their opinions or provide input regarding organizational strategies may not remain silent when led by leaders exhibiting inspirational motivation. Afshari (2021) found that employees inspired by their leaders fulfilled self-created goals and positively affected organizational performance. As leaders foster followers' creative skills and intellectual thought processes, they could seek new process improvements to improve organizational performance (Okoli et al., 2021). Newer process improvements can lead to higher productivity.

Intellectual Stimulation

Leaders could have tunnel vision and have the same answers to questions from followers. Intellectual stimulation is a leader's ability to help followers use their creative skills (Kariuki, 2021). Leaders who encourage follower participation could find fresh ideas and build relationships among team members, stimulating members to think outside the norm and use their imagination to generate new, creative ideas (Thuan, 2020).

Intellectual stimulation is a way to improve employee performance and prevent ambiguity in the workplace (Endrejat, 2021). Leaders need to look for innovative solutions after identifying problems; therefore, including followers in the thinking process is imperative.

Leaders who include followers' input during decision making may identify new and innovative ideas. According to Ding and Lin (2020), intellectual stimulation contributes to innovation, produces diverse positive outcomes, and decreases absenteeism. When leaders incorporate employee feedback, they increase their organizations' market competitiveness and challenge traditional beliefs and values by offering new perspectives (Thuan, 2020). With intellectual stimulation, team members share their knowledge without fearing criticism (Yin, 2018). Intellectual stimulation enables employees to bring new ideas to old problems using analytical skills (Thuan, 2020). Leaders can also influence followers' behaviors by becoming mentors and dedicated role models (Endrejat, 2021). Encouraging followers to look at the bigger picture and think of newer ways to complete tasks gives the individual a sense of belonging.

Idealized Influence

A successful leader mentors and develops individuals (Musinguzi et al., 2018). Idealized influence is a TL trait that draws followers to trust and emulate the leader's behaviors (Kariuki, 2021). Leaders gain followers' trust by setting a good example and exhibiting ethical behavior. Idealized influence also involves the leader's willingness to take risks with followers to improve the organization (Mbindyo et al., 2021). Distrust and a loss of respect can result in low performance (Kariuki, 2021). Furthermore, poor hospital leadership correlates with disengagement and demotivation (Musinguzi et al., 2018). Transformational leaders can gain trust, confidence, and respect from followers with charismatic personality traits.

Individualized Consideration

Leaders can combat disengagement and demotivation by accepting individuality and nurturing and mentoring followers (Freihat, 2020). Leaders should assign tasks to followers based on followers' abilities (Martínez-Córcoles et al., 2020). Freihat (2020) considered individualized consideration to be the dominant TL characteristic. The core values of individualized consideration are care and inclusivity (Mbindyo et al., 2021). Transformational leaders remain attuned to individual needs, express concern, and demonstrate support through effective listening, advising, and mentorship (Poghosyan & Bernhardt, 2018). Leaders with individualized consideration empathize with each individual while showing concern (Mbindyo et al., 2021). Leaders should nurture creativity and innovation while managing change in the organization.

Contrasting Conceptual Frameworks

Conceptual frameworks may support or contrast with TL. A supporting theory is charismatic leadership, which enables leaders to gain followers via creativity and passion for a vision and mission (Zhao et al., 2021). Charismatic leaders lead with charm, exude confidence in followers, and communicate the ability to achieve high expectations (Le Blanc et al., 2021). Like TL, charismatic leadership allows both leaders and followers to tap into their innovative skills.

Some organizational leaders use charisma to promote organizational mission and vision. Charismatic leaders describe an organization's mission and vision with emotionally charged verbiage to attract potential employees (Hansen et al., 2020). Charismatic leadership often correlates with team growth and high team performance.

Luu et al. (2019) described charismatic leaders as being more sensitive to followers' needs and going against the norm to attain the vision. Followers' emotional attachment to the leader enables them to exceed expectations (Luu et al., 2019). During times of uncertainty, charismatic leaders use their communication skills to persuade or motivate followers to perform at their best (Shao et al., 2017). Followers of charismatic leaders trust their leaders will do the right thing and consider them role models.

Another leadership style, transactional leadership, contrasts with TL because transactional leaders focus on structure and specific tasks rather than motivating followers (Yin, 2018). Transactional leadership also focuses on clarity, consistency, consideration, and consequences (Jiang et al., 2019). The transactional leadership style often benefits workplaces with daily routines or repetitive work functions (Passakonjaras & Hartijasti, 2020).

Transactional leaders emphasize productivity and deadlines (Yin, 2018). Employees who do not seek recognition or inspiration from their leaders work well with transactional leaders (Jelaca et al., 2020). Under this leadership style, high performers who meet the specified goals receive rewards, while low performers receive punishment through corrective action (Jelaca et al., 2020). The transactional leadership style often leads employees to experience job insecurity and burnout (Itzkovich et al., 2020). Transactional leaders do not inspire or motivate their followers to exceed performance goals, avoid creativity and innovation, and expect individuals to follow the status quo to avoid corrective intervention (Itzkovich et al., 2020). Transactional leaders offer performance-based rewards.

Criticisms of TL Theory

Researchers have criticized TL, highlighting the negative effects of a charismatic leader. A leader who becomes narcissistic and lacks honesty and integrity could harm the organization (Hoch et al., 2018). TL may result in corrupt business practices and corporate scandals (Alvesson & Einola, 2019). As noted by Fourie and Höhne (2019), one of the top criticisms of TL was the lack of conceptual clarity because the four TL elements (i.e., inspirational motivation, intellectual stimulation, idealized influence, and individualized consideration) have overlapping concepts and similarities. Some researchers have opposed TL, stating that there is an underhanded motive for leaders having followers attain organizational goals (Kariuki, 2021). Peter Gronn who conducted previous TL theory research considered TL paternalistic and having a social class bias (Ladkin & Patrick, 2022).

Health Care Leaders' Role in Diversity, Equity, and Inclusion

Health care leaders should promote diversity, equity, and inclusion, giving equal access to quality treatment. Because the health care system serves diverse individuals, health care providers should strive to meet the needs of every individual by recognizing and respecting the populations' differences. Organizational leaders could benefit from employing individuals with different viewpoints and specialties in a given profession (Bradley, 2020). Bradley (2020) found that top-performing hospitals were successful because the organizational hierarchy included individuals from varying disciplines and positions, and the leaders welcomed participation in change management.

The terms diversity and inclusion have received increased attention over the years. Before these concepts, equity was the term most often used. Diversity and inclusion are not terms focused on physical differences; they include perspectives and experiences. The term inclusion is used more than diversity because it enables organizations to focus more on retention than recruitment; however, diversity is more acceptable because it focuses on security instead of appearing threatening (Lezotte, 2021). Lezotte (2021) explained that some individuals consider diversity a surface term reflective of gender, ethnicity, interests, or perspectives and perceive inclusion as a term of power or status.

There have been struggles with diversity and inclusion in the health care industry; consequently, health equity and the need to eliminate health disparities are top priorities for health care leaders (Jack, 2021). Some leading health disparities that cause underrepresented groups to receive inadequate health care include poverty, inaccessibility, and racism.

Diversity and inclusion in hospitals is essential. Hospital leaders have begun focusing on issues related to discrimination and patient-centered care (Dillard-Wright & Gazaway, 2021). Hospitals provide services to a diverse population, and leaders should strive for inclusion to better understand the population's needs. Brottman et al. (2020) predicted that by 2050, half the U.S. population will comprise non-European individuals. With the cultural advancement of gender identity and more individuals identifying as lesbian, gay, bisexual, transgender, and queer, hospital industry leaders should strive to

relate to different groups (Brottman et al., 2020). All patients should receive quality health care regardless of race, ethnicity, and socioeconomic status.

Many health care organizational leaders understand the issues related to the lack of diversity and inclusion from patients and health care workers' perspectives. For example, in 2016, the Anne Arundel Medical Center, a community-based hospital in Maryland, added a director of diversity and inclusion to improve the organization's diversity efforts to collect data on race and ethnicity (Jacobs et al., 2020). Leaders often implement diversity and inclusion policies to measure and improve organizational efforts (Y. Lee et al., 2021). Health care professionals should form teams and collaborate with individuals of different backgrounds to improve patient experiences and promote diversity (Keshet, 2020). Individuals with varying backgrounds can help discover new ideas.

Many leaders are searching for areas of opportunity to strengthen their diversity and inclusion efforts. Leaders could examine executive leadership boards to improve their diversity and inclusion efforts. Awareness starts at the top; if every leader looks and thinks the same, there will be few improvements in diversity and inclusion (Y. Lee et al., 2021). Leaders should create an environment of diversity, equity, and inclusion, projecting the right attitudes and behaviors to help employees see the organization's commitment to improving relations (T. H. Lee et al., 2021). Employees led by leaders who foster open communication and include ideas and suggestions from followers with varying perspectives may feel a sense of belonging. Considering the input from diverse

people is essential for an organization's growth. The demographics of organizations continue to change, resulting in a more diverse employee pool.

Diversity

Organizations can remain competitive globally by focusing on diversity and inclusion. Diversity involves people of varying backgrounds, including race, culture, lifestyle, and experiences (Bernstein et al., 2020). Ohunakin et al. (2019) defined diversity as accepting others' differences regarding age, physical abilities, and sexual orientation. Lyman et al. (2021) indicated that diversification is a good starting point; however, there is a high potential for disagreements, ostracism, and racism without equity and inclusion. Although diversity has been an evolving topic in the business arena, diversity in the health care field is a recent research topic (Rosenkranz et al., 2021). Patient care is one of the leading values of diversity in health care. Health care workers provide medical care for individuals from varying backgrounds; therefore, providers should be able to relate to the patients (Rosenkranz et al., 2021). Dillard-Wright and Gazaway (2021) predicted that by 2040, the United States would be a minority-majority nation, further showing the health care field's deficits regarding diversity, equity, and inclusion.

Organizational leaders could ensure equity by breaking down systemic barriers. Equity concerning diversity and inclusion involves individuals having access to the same resources or opportunities, regardless of people's differences (Lyman et al., 2021). Organizational learning is a resource healthcare leaders could use to broaden organizational diversity, equity, and inclusion efforts.

To dismantle the constructs of inequity and focus on the inclusion of all groups, leaders should understand and accept the experiences of racism and their impact on organizations. Inequalities often occur due to socioeconomics, cultural environments, and a lack of quality regarding education, food, and employment (Keene & Dalton, 2021). Education, shared decision-making, and continuous quality improvements are valuable tools for closing the equity gap in organizations (Odeny, 2021). Dismantling the equity gap can help create a positive work environment.

Inclusion

Inclusion is a significant factor when addressing diversity. Baum (2021) noted that organizations have more success and productivity when individuals with varying backgrounds, mindsets, and unique characteristics can be themselves while contributing to workgroups and decision-making. A lack of representation of diverse groups may result in adverse outcomes or low participation (Strah & Rupp, 2021). Human resource leaders are responsible for ensuring equal treatment and transparency in the compensation, recruitment, and promotion processes for all workers (Dobusch, 2021). Leaders should understand the difference between diversity and inclusion: Diversity focuses on the construct of the members of a group, whereas inclusion involves incorporating those members into crucial decision-making processes and cultural environments (Bernstein et al., 2020). Leaders who commit to fostering an environment of diversity and inclusion can attract, hire, and retain individuals who can improve business performance (Hayes et al., 2020). Diversity and inclusion are vital elements of an organization's growth.

Effectively promoting inclusion in health care could provide underrepresented populations with opportunities to close gaps in health care disparities (Lyman et al., 2021). Inclusion is a means of broadening the scope of diversity by including individuals from varying backgrounds in core decision-making processes (Bernstein et al., 2020). Rosenkranz et al. (2021) indicated that an inclusive leader exhibits traits such as going against the norm, admitting mistakes, being aware of bias, showing humility, remaining open-minded, and welcoming collaboration. Diversity and inclusion management should be a commitment of every organizational member.

Diversity management is a leader's ability to provide a working environment supportive of workers' uniqueness (Abaker et al., 2018). Scholars began focusing on workforce diversity in the late 1980s to address legal policies regarding women and minorities (Su et al., 2022). In addition, leaders can use diversity management guides as a proactive measure to set the tone for a positive work environment. Although health care leaders have acknowledged the importance of diversity management, implementation remains lacking (Urbancová et al., 2020). Leaders who take the time to commit to diversity management invest in having a diverse team of employees.

Discriminatory practices such as gender bias are prevalent in Nigeria, where patriarchy is a cultural norm (Nwagbara, 2020). In a study of 10 women hospitalists, Gottenborg et al. (2021) found four workforce obstacles: a lack of support, bullying, the need for validation, and the need to sacrifice for achievement. Kang and Kaplan (2019) noted that women, especially women of color, remain underrepresented in medicine, perhaps due to discrimination in training, promotion, and compensation. Lobaton et al.

(2020) reported that female executives earn less than 23% of male executives in hospitals in Maryland. The lack of work–life balance has been an excuse against women in the past, with domestic responsibilities, such as caring for children or older loved ones, associated with the female gender. Only 11% of hospital CEOs are women (Herzke et al., 2020), and White men hold 55% of senior leadership positions within hospitals (Y. Lee et al., 2021). Training programs are means of closing the diversity gap in health care leadership. Leaders equipped to embrace the dissimilarities of different groups with resources can manage multicultural teams successfully.

The health care industry has changed over the years. In the past, most physicians were White men; many White patients did not accept diversity and did not want to receive care from Black physicians (Lee et al., 2018). Affirmative action was a strategy created to provide equal liberties to Blacks and other underrepresented groups underrepresented in the medical field (Köllen et al., 2018). Lobaton et al. (2020) found that only 31% of hospital executives were women in Maryland. Kuo et al. (2019) noted the persistent disconnect with inclusion despite increasing diversity among women and underrepresented groups. The disparity among Blacks in leadership roles was the number of variations in the study. Kuo et al. examined data from the American Association of Endocrine Surgeons from 2007, 2012, and 2017 to determine the number of underrepresented groups in leadership positions compared to members. The results showed inequality for women and Asians among council members and committee chairs. Additionally, Blacks, Hispanics, Latinos, and South Africans lacked representation at all leadership levels.

Affirmative action addresses issues with equality, diversity, and inclusion. The goal of affirmative action is to provide liberties to underrepresented groups excluded due to race, gender, or ethnicity (Wang, 2020). Because affirmative action was not a robust stand-alone policy, legislators enacted more laws, including the Civil Rights Act of 1964 (Wang, 2020). From 1969 until now, the Affirmative Action Legislature has undergone several phases. The most recent stage of the Affirmative Action Legislature was the Diversity and Inclusion Taskforce Initiative in 2018 (Wang, 2020). Affirmative action, diversity, and inclusion initiatives are essential in creating a successful team. Organizational leaders should commit to effectively communicating and enforcing diversity and inclusion policies (Abaker et al., 2018), which is crucial to an organization's growth and competitive advantage in the global market.

Diversity management in the talent pool may be an obstacle for an organization. If an organization does not focus on diversity and inclusion, candidates may seek employment elsewhere, thus causing a decline in quality patient care. Lee et al. (2021) found that culturally and ethnically diverse health care organizations were likely to have a profit margin of 33%. Proper management includes breaking through barriers to create a work environment that supports new ideas and perspectives, enabling team members to develop strong working relationships with peers from varying backgrounds (Ekwochi, 2018). When leaders effectively manage diversity and inclusion, employees develop loyalty and feel a sense of belonging.

Effective communication is necessary in any relationship, including the relationship between supervisors and employees. Supervisors should find ways to

communicate the constant changes in the workforce, specifically in the diversity shift, so all employees understand the expectations (Sleeter, 2018). Multicultural management is necessary for managing workers and ensuring advancement based on skill, talent, and performance rather than discrimination or prejudices (Welbourne et al., 2015). Leaders can use multicultural management to enhance group performance. Chrobot-Mason (2003) identified six levels of multicultural management: time management, respect, teamwork, transparency, communication, acceptance, and feedback reluctance. Sleeter (2018) suggested that organizations could benefit from providing multicultural education and bilingual education for members of diverse groups to understand the role of language, culture, and power in multiculturalism. Business strategies should include methods to effectively promote and encourage diversity and inclusion in the organizational structure (Jain & Pareek, 2020). Leaders should openly communicate with employees to identify their career goals and aspirations and the resources needed to achieve them.

To manage multicultural teams successfully, business leaders should develop effective multicultural management. Harush et al. (2018) described multicultural teams as groups of diverse individuals with different cultural backgrounds. Jain and Pareek (2020) presented the three main concepts of successful multicultural team management: acquiring a solid knowledge base of different cultures, avoiding cultural bias, and developing cross-cultural skills. Poor performance can negatively impact an organization's financial performance, potentially resulting in high employee turnover (Coleman et al., 2017). A leader with the skills to manage diverse individuals could elicit better employee performance.

Changes related to diversity in health care require time and commitment. The U.S. population comprises diverse individuals, necessitating change. Some organizations have instituted an Office of Diversity and Inclusion to address the lack of diversity (Chu, 2017). Many community members require and welcome a diverse hospital workforce, seeking individuals who understand and relate to their race, ethnicity, and social background.

Hospital leaders should create mission statements that address cultural diversity. Porter (1980) defined organizational commitment as an individual's ability to adapt and adopt the organization's mission and vision. Futrell and Clemons (2017) highlighted three components in an organization's commitment to diversity and inclusion: a mission statement, supplemental strategic statements, and a dedicated diversity office or manager. Hospitals with dedicated diversity offices or managers were ranked higher than hospitals that did not have diversity offices (Futrell & Clemons, 2017). The researchers found no relationship between hospital ranking and organizational commitment to cultural diversity.

Organizational growth and success are likelier to occur in diverse, inclusive workplaces. If leaders embrace and cultivate each employee's skills, talents, and performance, regardless of race, religious preferences, and sexual orientation, the workplace environment could become a hub of integrated wholeness in 3 to 5 years (Majda et al., 2021). Cognitive diversity among leaders is a way to vary team knowledge perspectives (Joniaková et al., 2021). Diversification contributes to an organization financially via employee retention and improved business performance.

A safe place to discuss uncomfortable issues such as biases and stereotypes provides a strong foundation for developing cultural competence (Markey et al., 2021). A lack of cultural competence could cause inequality in health care, distrust, and safety (Majda et al., 2021). Cultural awareness and sensitivity are required to develop cultural competence (Markey et al., 2021), which is vital for health care professionals to provide quality care to diverse patients (Ho & Oh, 2022). Enciso (2020) correlated the lack of cultural competency in the health care system and care processes to the high morbidity rate of infants of color.

Successful multicultural programs with strategies such as mentoring require foundational training in diversity and inclusion for employees. Leaders should include intermediate diversity and inclusion training in their mission or vision statements. An organization of unbiased, like-minded individuals could produce a conducive and productive environment.

Workforce diversity contributes to an organization's business performance. Executive leaders are responsible for executing structures and procedures for expectations and support (Ndubisi & Al, 2019). Leaders who successfully create or implement strategies perform mindful organizing, creating open lines of communication via meetings, updates, and continuous work (Ndubisi & Al, 2019). Responsible management at the individual level involves researchers assessing resources with a resource-based view (Akhtar et al., 2020). Dynamic capabilities are assessments of culture, technology, and social relationships (Akhtar et al., 2020). Responsible business at the organizational level requires corporate mindfulness.

Events such as the COVID-19 pandemic and globalization of the business world have impacted the business environment and has resulted in a more diverse work environment, with organizational leaders expanding their global footprints and seeking to resolve social biases and different social opinions (Wade, 2021). As organizations become more integrated due to border crossings, the need for interdependence between countries increases (Moghaddam, 2020). Leaders should accept new ways of thinking and cultural differences. Jain and Pareek (2020) described individualism and ethnocentrism as barriers to cross-cultural diversity. Diversified management could enable leaders to understand rules and regulations, politics, and cultural differences worldwide.

Organizational leaders from varying backgrounds could identify practical solutions when faced with uncertainty. Organizations with diverse workforces had less CEO turnover (Kim et al., 2021) and achieved organizational goals (Moon & Christensen, 2020). Sharma et al. (2020) considered racial diversity essential to organizational performance, with an even greater impact on employee motivation and satisfaction at the midmanagement level. Leaders should implement robust checks and balances to manage sustainability and investments, identify risks, and control finances and assets (Njoroge et al., 2019).

Achieving the mission of corporate sustainability requires innovative practices. Economic sustainability is an organization's ability to remain productive and profitable (Njoroge et al., 2019). The global markets have changed significantly over the years, with

financial outcomes just one element of sustainability when competing in the worldwide market.

Organizational leaders should recognize the importance of economic sustainability to achieve market growth. Njoroge et al. (2019) described economic sustainability as a part of corporate sustainability. According to (Njoroge et al. (2019), economic sustainability is a leader's ability to financially sustain the organization without relying on the financial market by securing the necessary funds for growth and development.

Sustainability is crucial for organizations. A successful leader considers how the organization's actions will impact social, economic, and environmental sustainability (Cossiga, 2020). Although implementing or managing sustainability may be challenging, leaders should find ways to balance effective financial performance with social, environmental, and economic performance.

Open innovation is a growing concept with advantages and disadvantages. Although organizational leaders with open innovations could expand the boundaries of collaboration, some disadvantages include increased costs and a lack of control. Rauter et al. (2019) suggested that leaders find ways to create innovations for organizations to remain competitive and obtain sustainability.

Organizational leaders should adhere to the policies and regulations of governmental entities and investors. Investors may investigate infractions that impact organizational sustainability in a dialogue process initiated by the target company (Semenova & Hassel, 2019). The goal of the dialogue process is to improve sustainability

and transparency. Therefore, organizational leaders should maintain the trust of the investors and the community.

Leaders should also focus on social and environmental sustainability.

Governmental entities and community leaders set high expectations for organizations to contribute to environmental preservation (Shea & Hawn, 2019). Elkington (1997) defined sustainability as the triple bottom line due to a focus on people, the planet, and profit (Yanamandra & Ramesh, 2019). Sustainability for corporate entities involves holistically managing social, environmental, and economic risks with a focus on short- and long-term profitability (Yanamandra & Ramesh, 2019).

To achieve sustainability, leaders should consider what their organizations need from economic, social, and environmental perspectives. Corporate social responsibility contributes to organizational competitiveness in the business environment (Shea & Hawn, 2019). According to Akhtar et al. (2020), leaders benefit their organizations by reducing waste, conserving energy, and protecting the environment. However, the inability to define social sustainability has been a long-standing challenge (de Fine Licht & Folland, 2019). The primary challenges to social responsibility include theoretical interest and practicality (Shirazi & Keivani, 2017).

Leaders should become involved in their communities for this practical reasoning to become a reality. Chein-Chin et al. (2022) noted that organizations have a social responsibility to provide a diversified workforce. Knowing the culture could result in practicing the culture, which benefits the community. Embracing the community

produces an environment where each employee has equal opportunities and workplace discrimination fades.

Social sustainability entails providing quality services or products for consumer needs while considering a product, process, and paradigm (Corsini & Moultrie, 2019). Corsini and Moultrie (2019) considered social sustainability imperative to affect positive change for social challenges. Social sustainability is cross-disciplinary and includes information from the natural and social sciences and humanities (Shirazi & Keivani, 2017).

Environmental sustainability is a priority for business sustainability. Leaders should design and implement strategies in their operational policies and procedures to foster environmental sustainability and preserve the environment and natural resources (Dzhengiz & Niesten, 2020). Svensson and Wagner (2015) described the earth as the most significant stakeholder; therefore, organizational leaders should preserve its resources. By using green products, organizations may achieve environmental sustainability (Kemper & Ballantine, 2019). Individuals can be open to different viewpoints conceptually while operating in a state of awareness (Dzhengiz & Niesten, 2020). Researchers have studied environmental sustainability on the individual and organizational levels.

Organizational leaders can adopt management standards to help protect the environment (Akhtar et al., 2020). However, many organizational leaders follow governmental regulations or incentives (Khan et al., 2020). At the organizational level, leaders should find ways to protect the planet, society, and business (Dzhengiz &

Nielsen, 2020). Like stakeholders, consumers look to leaders to develop business strategies with sound environmental and ethical practices (Svensson & Wagner, 2015).

Transition

Section 1 addressed the study's foundation, including the problem, the factors contributing to the problem, the study's significance, and ways to explore the problem through a resource-based research lens. The section concluded with a literature review.

Section 2 addresses the project and research method, design, and analysis and details the data collection with semistructured interviews and the collection instruments, collection techniques, and organizational techniques. Additionally, Section 2 addresses the data analysis and participant protection. The section concludes with ethical research guidelines, reliability, validity, dependability, transferability, and data saturation.

Section 2: The Project

Purpose Statement

The purpose of this qualitative multiple case study was to explore hospital leaders' strategies for developing and implementing successful diversity and inclusion policies to improve business performance. The target population was four leaders from hospitals in the southeastern United States who had successfully implemented diversity and inclusion policies to improve performance. Positive social change enables social sustainability through socioeconomic growth for a hospital's served community, and organizational diversity and inclusion enable community reforms (Koppel et al., 2017). Leaders who use effective strategies could provide better access to medical care for underrepresented groups and build stronger relationships among community leaders, hospital leadership, and communities. A diverse workforce could be a catalyst for building stronger communities.

Role of the Researcher

The researcher's role is to collect, analyze, and maintain data. As the researcher, I was the primary instrument for collecting data to answer the research question, which occurred by conducting participant interviews and interpreting the responses. Researchers should maintain an unbiased view throughout the study (Koppel et al., 2017). Yin (2018) indicated that case study researchers should ask quality questions and understand the information received, listen without interjecting personal or preconceived world views, remain flexible, and adjust to unforeseen circumstances. Case study researchers should

have deep knowledge of the research topic (Darmayanti et al., 2018). In addition, researchers should conduct ethical and unbiased research (Cumyn et al., 2019).

The Belmont Report contains three principles for ethical research with human subjects (U.S. Department of Health and Human Services, 1979). Scholars should set aside personal worldviews to improve data integrity and reduce the bias, prejudice, and ideologies they bring to their research (Brothers et al., 2019). I conducted this study in alignment with *the Belmont Report's* three principles of respect for persons, beneficence, and justice to alleviate bias, act with integrity, and treat each participant equally.

I had no personal or prior working relationships with the participants and followed qualitative research protocols and Walden University Institutional Review Board (IRB) guidelines. The participants learned about their rights to engage in the study through the informed consent process before taking part in their interviews. The purpose of informed consent is to advise participants they have no obligation to participate or answer questions and that they could withdraw at any time without penalty (Cumyn et al., 2019). Participants agreed to participate by signing the informed consent form or emailing me their consent.

The purpose of an interview protocol is to prepare, organize, and conduct successful research interviews (Cumyn et al., 2019). Researchers use research interview protocol forms to ask consistent questions and ensure ethical compliance (Cumyn et al., 2019). The interview protocol contains a script on what the researcher should say or do while interviewing the participants to ensure seamless discussions and reduce participant fatigue (Cumyn et al., 2019). I developed and then followed the interview protocol to

obtain the data for the study. The interview protocol contained an overview of the study's purpose, the interview questions, and ethical research procedures.

The participants' identities remained confidential throughout the study, and I removed names and other identifying elements from the data. After the interviews, I transcribed the recordings and uploaded the transcripts into NVivo 14 software for data analysis. To mitigate bias, I did not analyze the data through a personal lens, instead remaining open minded to avoid judgments or preconceived notions. The interview audio recordings and transcripts remain stored on a portable file flash drive stored in a locked cabinet in my home.

Participants

The purpose of this qualitative multiple case study was to explore hospital leaders' strategies for developing and implementing successful diversity and inclusion policies to improve business performance in the southeastern United States. Hospital leaders were a suitable population due to their experience and growing numbers. Participant selection occurred from hospitals with diverse and inclusive workplaces in the southeastern United States. The participants met the following eligibility criteria: (a) availability to meet for an interview, (b) at least 2 years of supervisory experience, and (c) employment at a hospital in the southeastern United States. Meeting these criteria ensured a sample with the necessary skills and experiences to inform this study.

I used the purposive sampling strategy used to access the target group of hospital leaders. Purposive sampling is a convenient approach for accessing individuals with the required skills and experiences yet who may be hard to reach (Naderifar et al., 2017). In

addition, as I completed interviews with each participant, I asked them to refer others who could provide further insight (i.e., snowball sampling). Sampling occurred until data saturation was reached.

The participants scheduled their interviews with me after returning the informed consent. The interviews lasted approximately 30 minutes and occurred via videoconferencing. I thanked the participants via email after completing their interviews.

Research Method and Design

Research Method

I employed the qualitative method for this study. Yin (2018) indicated that qualitative researchers do not focus on a single truth and acknowledge multiple realities. The quantitative research method would not have been appropriate because this study did not require testing hypotheses about variables' characteristics or relationships. Mixed methodology was not an appropriate approach because the study's goal was not to quantify the data but to identify, explore, and understand information collected from participants. Qualitative research involves the abductive approach to developing inductive inferences and testing deductive inferences (Saunders et al., 2019). Yin considered the qualitative approach more suitable for researching or exploring solutions; therefore, qualitative research was appropriate to collect data from participants who experienced the same phenomenon and address the business problem of finding successful strategies for diversity and inclusion policies to improve performance.

Research Design

The qualitative research designs considered for the study were case study, ethnography, and phenomenology. The case study was the most suitable design for collecting and recording data on successful strategies for diversity and inclusion policies to improve performance (see Yin, 2018). According to the standard case rationale, different viewpoints can produce new ideas. I used the multiple case study design to address the phenomenon due to the time constraints and cost of conducting multiple case studies (see Yin, 2018). Ethnography was also unsuitable as a design due to time constraints and the need for behavioral observation over an extended period (see Yin, 2018). Phenomenology was not appropriate because the study did not focus on the personal meanings of the participants' experiences of the phenomenon.

Data saturation occurs in data collection and analysis when no new responses emerge from the data (Saunders et al., 2019). Data collected from each participant provided me with the opportunity to identify themes and compare answers. The interview process continued until I reached data saturation when the participants' answers consistently provided the same data.

Population and Sampling

The target population was hospital leaders from the southeastern United States. I conducted purposive sampling to identify and select participants based on specific criteria (see Hagaman & Wutich, 2017). Purposive sampling produced four hospital leaders with knowledge of diversity and inclusion policies and the ability to implement diversity and inclusion to improve performance. Qualitative research does not have a defined sample

size (Saunders et al., 2019; Yin, 2018); thus, I used time and data saturation to determine the appropriate sample size. Data saturation occurred after four interviews when I no longer heard variances in the participants' responses.

Ethical Research

Ethical conduct is essential for research integrity. Researchers' top two priorities are producing knowledge and upholding ethical principles and standards (Yin, 2018). Researchers should adhere to ethical codes to protect vulnerable populations and maintain respect for persons, autonomy, and justice (Walumbwa et al., 2017). Vulnerable populations include racial minorities and those from low socioeconomic backgrounds (U.S. Department of Health and Human Services, 1979). This study included only the target population and occurred with strict adherence to ethical guidelines. I maintained respect for persons through autonomy and protection by ensuring each participant had the mental maturity and self-determination to participate. I ensured confidentiality by safeguarding the participants' personal information. Justice involves fairness and distribution, which I practiced by selecting participants via purposive sampling.

A scholar must obtain IRB approval before conducting research in line with *the Belmont Report's* ethical standards. After receiving Walden University IRB approval, I contacted potential participants via social media and LinkedIn. Individuals who expressed interest were sent an email that outlined the study's purpose and included an informed consent form (see Appendix A). The informed consent form indicated that there were no incentives for participation and that the participants could withdraw at any time. I collected data for this study while adhering to *the Belmont Report* principles, and the

interview data remained confidential. The data will remain in a locked cabinet for 5 years to protect the participants' rights. The final doctoral study will not include participant or hospital names or identifying information.

Data Collection Instruments

I was the primary data collection instrument for this study in which the hospital leaders shared their strategies for implementing diversity and inclusion policies. The data collection occurred via videoconferencing, semistructured interviews with an interview protocol and seven questions (see Appendix B) focused on policy and change management. Qualitative researchers conduct semistructured interviews to collect data (Ridder, 2017). The semistructured interview protocol and member checking provided me with the opportunity to ask follow-up questions for clarity.

I began each interview by introducing myself, reminding the participant of the recording, and inviting questions. I asked basic demographic questions about their organizational tenure, role, and organizational background before transitioning to the seven interview questions while adhering to the allotted timeframe. The open-ended questions enabled the participants to answer in their own words. I took notes during the interviews for clarity in conjunction with the audio recordings. Due to the audio recordings and notes, I did not memorize the participants' responses and ensured the credibility of the data.

Data Collection Technique

Semistructured interviews were the data collection technique used in the study. I provided the participants with several options for the interviews. Although I preferred in-

person interviews, none of the participants could meet in person, so we met via videoconferencing. During data analysis, I searched the selected organization's website for supporting documentation to clarify the strategies, including diversity and inclusion reports and employee survey results.

The advantages of semistructured interviews include personal interactions and the ability to build trust with the participants throughout the discussion (Yin, 2018). In the interviews, I asked probing questions or requested the participant to elaborate if I had trouble understanding a response. A disadvantage of interviews as a data collection method is the possibility of partiality or misrepresentation (Yin, 2018). I set aside my preconceived notions and did not contact any potential participants before conducting the study. After data collection, member checking occurred to validate my interpretation of the data in which I provided each participant with a summary of the interview findings to confirm or disagree with my interpretation. Because each participant concurred with my interpretation, there was no need for follow-up meetings.

Data Organization Technique

The data organization occurred with the data management plan (see Appendix B). Data collection occurred via semistructured interviews conducted over video conferencing. I password protected the participants' data and will store all electronic files on a password-protected hard drive for 5 years after the study. After 5 years, I will purge and destroy all information by shredding documents and burning all recordings.

Data Analysis

I conducted thematic data analysis according to Yin's (2018) five stages of collecting and compiling, disassembling, reassembling, interpreting, and concluding the data. The data compilation and collection occurred while conducting the interviews and taking notes. The disassembling occurred when I created groupings based on specific coding. I identified emerging themes during the reassembling phase. Data interpretation was ongoing throughout the stages to present an accurate representation of the data. I performed the concluding phase after answering the research question: What strategies do hospital leaders use to develop and implement successful diversity and inclusion policies to improve business performance?

Data analysis involves identifying themes and making comparisons (Yin, 2018). In the thematic analysis stage, I analyzed the participants' responses and any information related to diversity and inclusion. The purpose of conducting thematic analysis was to identify common patterns or topics by finding repeating words and phrases. I transcribed the audio recordings of the interviews into a Microsoft Word document and used member checking to confirm the transcripts' accuracy and clarify my interpretations. Member checking involved providing the participants with summaries of their interviews and my interpretations of the data and allowing them to provide feedback on its accuracy.

The four types of triangulation in data analysis are data, investigator, theory, and methodological (Yin, 2018). I used methodological triangulation to identify themes and establish reliability and validity. Methodological triangulation allowed me to confirm the findings by checking for consistency in the participants' interview responses.

Reliability and Validity

A study's trustworthiness includes credibility, transferability, dependability, and confirmability (Rose & Johnson, 2020). Researchers should ensure trustworthiness in the research, analysis, presentation, and implementation stages (Maher et al., 2018).

Reliability

Reliability is the degree to which other scholars confirm or reject the findings. A study shows reliability if another researcher could use the design to achieve the same results (Yin, 2018). Scholars can test a study's reliability by analyzing the data and themes. In this study, I identified and described each theme as well as presented the data clearly through providing a detailed description of the research process. Each participant could review and validate my interpretation of the data.

Validity

Yin (2018) described validity as ensuring the same results regardless of the researcher. Validity indicates the accuracy of the data collection method via triangulation or participant validation (Saunders et al., 2019). Researchers whose studies include multiple data sources use triangulation for validity. Participant validation involves sending data to the participants to confirm accuracy (Saunders et al., 2019). In this study, thorough record keeping contributed to research validity.

Dependability

Yin (2018) described dependability as a study's finality remaining the same upon replication. The interview process, data comparison, and tables used during the data

analysis ensured this study's dependability. The study exhibits dependability through accurate data collection via the interview process and member checking.

Credibility

Credibility indicates the plausibility of a study's findings (Yin, 2018). I established credibility in this study by following an interview protocol. Each participant answered the same interview questions, and I audio recorded each interview and followed up with each participant to clarify my interpretation of the data.

Confirmability

Confirmability is the researcher's ability to remain objective during the study (Yin, 2018). I remained transparent by providing the research details, including the results. Future researchers could use the findings to determine the study's transferability to different settings (see Saunders et al., 2019). Confirmability requires dependability, credibility, and transferability.

Transferability

Transferability is the ability of other researchers to conduct the same study with different participants in different demographical locations and obtain the same results (Yin, 2018). Specific research processes and detailed findings contribute to a study's transferability. To increase transferability, I provided a detailed description of the research, analysis, and results.

Data Saturation

Data saturation occurs when no new information emerges from additional interviews (Yin, 2018). Data saturation is essential for the validity of a qualitative study,

and the number of participants alone does not indicate data saturation; instead, data saturation occurs based on the quality and specificity of the data and the findings (Yin, 2018). In this study, data saturation occurred when no new codes or themes emerged from the data.

Transition and Summary

In Section 2, I presented my role as the researcher and my responsibilities to collect, maintain, and analyze data while minimizing biases. Section 2 also included a description of the participants' eligibility criteria as well as the use of and justification for the qualitative case study design and purposive and snowball sampling strategies. In Section 2, I also presented *the Belmont Report's* ethical research guidelines that were followed in the study and the data collection process via semistructured interviews. The section included a discussion of the data collection instruments, techniques, organization, and analysis as well. Finally, I provided detailed information on participant protection and the study's reliability and validity.

In Section 3, I will present the findings from the thematic data analysis. The section will include my recommendations for future studies and a discussion of how the findings could impact professional and social change. Section 3 will conclude the study with my reflections.

Section 3: Professional Practice and Implications for Change

The purpose of this qualitative multiple case study was to explore hospital leaders' strategies for developing and implementing successful diversity and inclusion policies to improve business performance. Four hospital leaders in the southeastern United States participated in semistructured interviews via videoconferencing to share their insights on successful diversity and inclusion policy implementation strategies. The data analysis resulted in two primary themes and two secondary themes. In this section, I present the findings, their implications for social change and my recommendations for action and further research. The study concludes with my personal reflections.

Presentation of the Findings

The overarching research question was: What strategies do hospital leaders use to develop and implement successful diversity and inclusion policies to improve business performance? The participants were four female hospital leaders in the southeastern United States. Each participant had over 2 years of supervisory experience, including applicant selection and training. After providing consent, the participants engaged in semistructured interviews via videoconferencing. The participants' identities remained confidential, and I use the following pseudonyms to refer to them: P1, P2, P3, and P4. Table 1 identifies the participants and their job titles.

Table 1

Participants and Their Job Titles

P1	P2	P3	P4
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Job titles	Patient access manager	Assistant nursing director	Division director of diversity, equity, and inclusion	Director of patient access
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The interviews commenced with the participants sharing their understanding of diversity and inclusion. P1 described diversity as including gender and race, with the goal of inclusion for everyone to feel included. P2 defined diversity as including stakeholders from varying perspectives in the decision making. P3 defined diversity as different physical and social aspects and life experiences and inclusion as how individuals accept those differences and make patients comfortable, suggesting that individuals should work and exist together, regardless of differences. P4 described diversity as related to sexual preference, individual differences, and inclusion for everyone, regardless of background or role.

The participants received a summary of the interview data to confirm my interpretations. Thematic analysis resulted in the following themes: (a) education and training, (b) senior leadership buy-in, (c) a lack of practical measurements, and (d) the opportunity for open and honest communication. Table 2 shows the participants' responses in correlation with the identified themes.

Table 2*Themes*

Theme	Participation percentage (answered questions)
Training and education	100%
Senior leadership buy-in	100%
Effective measurement	100%
Open communication	100%

Theme 1: Training and Education

The predominant theme in all cases was the need for continuous training and education. All participants noted the need for ongoing diversity and inclusion training and agreed on the need for more education on inclusion. Although the participants understood the difference between diversity and inclusion, they suggested some individuals in the organization should know the importance of inclusion for business success. P3 wanted leaders to learn from certified trainers. P1 explained how staff members with various skill sets help with the training of newer employees. P2 stated allowing mentorship helps develop and retain good employees.

Successful training and education programs can be implemented by cross-training, mentoring, and leadership development courses. The need for additional training and education aligns with previous research findings, such as with Jain and Pareek (2020) who noted leaders who prioritize growth and development foster the need to have members with cross-cultural skills.

Theme 2: Senior Leadership Buy-In

The second theme was the importance of buy-in from senior leaders. Senior leaders are the catalyst for change management (Keshet, 2020). Implementing change is not easy, but if the senior leadership team shows they are invested and committed to the need of the changes, others are more willing to accept the vision (Keshet, 2020).

The findings from the study reiterate the importance of leaders who are dedicated to the organization's mission and vision of diversity and inclusion. P1 stated senior leaders should set the tone of the organization's environment, which may involve restructuring. P4 stated it is important for employees to hear from senior leaders about how the organization values the employees and their varying backgrounds. P2 and P3 both stated that it makes it less stressful to convey a message when senior leaders are committed and their actions align with their word. Transformational leaders are known as change agents and have positive qualities, such as commitment and inspiration (Northouse, 2019).

Theme 3: Effective Measurement

All four participants noted the limited access to diversity and inclusion data in the organization because the data are related to human resources. In hiring employees for their departments, P1 and P2 stated they remained mindful of the team dynamic, seeking as much diversity as possible; however, they sometimes had limited options due to the applicant pool. P3 stated it would be nice if human resources leaders find ways to provide feedback to leaders on the effectiveness of the organization's diversity and inclusion strategies and initiatives. Improvement cannot occur without key performance indicators.

Effective measurement indicators include employee feedback, employee retention, and employee promotion (Pinzler, 2018). An organization should also have strategies for helping employees reach their career goals.

Theme 4: Open Communication

Communication is essential for building strong relationships among the staff. Yücel (2021) found that turnover was less likely in organizations with leaders who openly communicated and provided timely feedback to their teams. According to Burns (1978), intellectual stimulation is a characteristic of transformational leaders. Allowing individuals the space to voice their dissatisfaction or the chance to provide solutions to ongoing issues helps foster a positive work environment.

The fourth theme was open communication. P3 and P2 stated the need for open and honest communication but noted that people fear having difficult conversations. P2 thought most leaders refrained from conversations about diversity and inclusion for legal reasons. P2 and P3 suggested contracting an outside entity to conduct leadership training on having such conversations. P1 stated avoidance of hard conversations is not a productive response and does not contribute to organizational growth.

Relevance to the Literature

Leaders should remain open to including people from varying backgrounds, skill sets, and talents in decision making to spread the message of inclusion. All the participants indicated that change starts at the top. As indicated in the literature review, leaders who allow individuals to voice their opinions and offer suggestions could foster a sense of belonging (Kim et al., 2021). Sharma et al. (2020) stated that racial diversity is

vital to organizational performance and has an even greater influence on employee motivation.

Employees are less likely to resist when leaders accept change and commit to the process (Thuan, 2020). Leaders can execute the organization's mission and vision effectively by revising strategies, policies, and procedures; however, A lack of change and old business practices may result in stagnation (Schulz-Knappe et al., 2019). Internal factors, such as turnover rate and business performance, often contribute to the need for organizational change.

Relevance to the Conceptual Framework

The conceptual framework for this study was the TL theory. This theory is beneficial for leaders to understand how inspirational motivation, intellectual stimulation, idealized influence, and individualized consideration can help increase business performance and employee morale as well as decrease employee turnover. Yücel (2021) described how transformational leaders achieve positive outcomes when the leader can build strong relationships with their followers. In the current study, P2 described how promotional opportunities were increasing due to senior leaders backfilling open positions with internal candidates who in the past would have been overlooked. Transformational leaders are individuals who identifies the needs of not only the organization but the employee as well, and when applying this leadership style, employees are not viewed as numbers but as individuals who are encouraged to reach their highest potential (Okoli et al., 2021).

The best way a leader can incorporate change is by setting an example (Thuan, 2020). Followers are inspired by leaders who can actively engage them and allow them the opportunity to participate decision making (Okoli et al., 2021). All participants spoke of the importance of leaders building trusting relationships. P1 said “trust in leaders is important.” A transformational leader encompasses the ability to provide the needed resources for growth and development, and this is accomplished by having open communication (Yin, 2018). P3 stated employees need safe places to have honest conversations. Open communication helps stimulate new ideas and identify areas of opportunity. The themes identified in the study align with the traits found in a transformational leader.

Triangulation of Data Sources

After reviewing data from the organization’s websites, I established the credibility of the participants’ responses to the interview questions. The information found on the organizations’ websites gave credence to the fact that senior leaders are committed to building a diverse and inclusive workforce. The organizations have created a diversity and inclusion department, but there is little to no data regarding the effectiveness of the department and initiatives.

Using methodological triangulation, I was able to expand my knowledge of the strategies hospital leaders use for developing and implementing successful diversity and inclusion policies to improve business performance. I used the data obtained from semistructured interviews along with member checking to validate my interpretation of the data. The participants directed me to the organizations’ websites to review public

data, which I used to substantiate the research question. Organizational data supported the need for commitment from leaders and effective measurement. P2 and P3 stated it was important for the organization's commitment to diversity and inclusion to be communicated, and according to the information found on the website, the organization created a diversity and inclusion council whose responsibility is to serve as visible and vocal agents across the organization. P1 stated that providing resources, such as educational programs, was important, and the information found on the organization's website detailed how leaders receive conscious inclusion training to help the leaders become more aware of unconscious biases. During the interview process, P4 stated the importance of buy-in from senior leaders, which could cause some organizational restructuring. P4's organization is dedicated to helping women and people of color to advance within leadership roles according to information I found on the website.

Applications to Professional Practice

The findings of this study indicated the need for effective diversity and inclusion strategies. The participants' responses showed that some organizations have begun implementing committees focused on diversity and inclusion. Committee implementation is a starting point; however, organizational impact requires more than meetings. Change management includes looking at the structure of the boards and senior leadership positions. For example, the leaders of P1's organization had begun backfilling senior leadership positions with diverse individuals. Leaders who fill roles in diverse ways value diversity and inclusion and consider cultural change imperative (Wang, 2020).

P2's organization produced a newsletter where employees could submit recipes and share stories to break down barriers. Employees appeared receptive to the newsletter, especially since they had limited face-to-face engagement due to the COVID-19 pandemic. Before the pandemic, employees participated in potlucks. This study's findings suggest that diverse leaders and teams can relate to diverse populations. A diverse and inclusive workforce contributes to organizational growth and competitive advantage.

Implications for Social Change

The study's implications for positive social change include expanding organizations' competitive advantage in the hospital industry. This study indicates the need for diversity and inclusion, and leaders could use the findings to fill leadership roles with individuals perhaps overlooked in the past. The study also shows the importance of hospitals employing individuals who can relate to patients. The participants reported that patients were likelier to be comfortable and seek services from individuals who could understand and empathize with them.

Recommendations for Action

Open access to the publication of this study could provide valuable information for leaders at hospitals and health care organizations. The study findings could benefit individuals invested in improving an organization's diversity and inclusion. Scholars could also use this study as a resource for future research.

I recommend that employee feedback be assessed using quarterly pulse surveys. These surveys will gauge employee satisfaction by using questions, such as "Do you

think diversity and inclusion is important to the organization or do you feel the organization's leadership team reflects inclusivity?"

Employee retention measurements can include data points, such as turnover rate by division, department, and location. These specific data points can help senior leaders determine if individual or group training is needed and what topics should be included in the training. Continuous training and education can help decrease turnover rates and improve business performance.

Employee promotion is another variable in effective measurement. Internal promotions are not only good for morale but promoting from within helps cultivate a diverse and inclusive environment. As Bradley (2020) noted, a successful leader will develop future leaders from different positions. Internal promotions are a sign that leaders care about the individual's goals and aspirations.

Leaders could also hire a third party to conduct training to remove preconceptions and enable open communication. The use of third parties could be a way to eliminate the intimidation of titles. A third party could view participants as people rather than leaders versus direct reports.

I also recommend that organizational leaders provide virtual job fairs and partner with colleges, universities, and local groups in the community, such as Habitat for Humanity, the local Boys and Girls Club, and other civic organizations that enables citizens to meet employers and provide feedback on services. Such actions could enable the expansion of the applicant pool.

Recommendations for Further Research

The study's primary limitation was the geographic location. Future research should include participants from other U.S. regions. Another limitation was that all the participants held leadership roles. Further researchers could obtain insight from nonmanagerial individuals. Future studies could also include human resources personnel because they are likelier to have statistical data about hiring, retention, and employee demographics. Future studies should also include participants who are men or from different ethnicities and cultures.

Reflections

There is a need for research on diversity and inclusion. As a Black woman in leadership, I can relate to the barriers that are often faced by underrepresented groups. While collecting data for this study, I noticed that some organizations' senior leadership still consists primarily of White men. A person's gender, race, religion, or other differences should not hinder advancement, and there should be ongoing communication and calls for action to provide equitable opportunities for everyone.

The journey of obtaining a doctoral degree is challenging and rewarding, requiring dedication and determination. Although there were obstacles along the way, it was important for me to use them as stepping stones. A great support system contributed to program success, with my family members, friends, cohort, and faculty invested in the desire to grow and enact social change.

Through conducting this study, I heightened my skills in critical thinking, academic writing, and research methodology. As part of leadership, I want to ensure I do

my part to enact social change. Diversity and inclusion strategies should be part of every organization's growth and development plan.

Conclusion

The health care industry is constantly changing, and an organization's willingness to enact change can help secure its position in a competitive environment. Organizational leaders must look for innovative ways to implement diversity and inclusion strategies into the organization's business plan. Key performance metrics are needed to help measure the effectiveness of diversity and inclusion strategies. To maintain a competitive edge globally, leaders should include diversity and inclusion in their organization's mission and vision statements. Hiring a diverse workforce without including diverse individuals in the decision-making process is insufficient and can lead to stagnation within the organization. Individuals with diverse backgrounds can bring innovative and fresh ideas to their organization's workforce, and this could improve business performance.

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Appendix A: Interview Protocol

1. Prepare for the interview.

Write down what information you want to obtain. You can do this by reviewing past observations and identifying the gaps. Ask yourself what areas of the topic you need your respondents to elaborate on.

2. Write a guide.

Once you have an idea of what questions you need to be answered, write a guide that includes all the questions. Remember, this is not a formal interview, so you don't have to stick to the guide rigidly. It's just there to help remind you what you want to talk about.

3. Introduce yourself and build rapport.

Once the interviewee joins you, introduce yourself, get comfortable with one another, and explain the purpose of the interview. This includes presenting topics or themes you will cover during the interview.

4. Start with the simple questions and move to the complex questions.

The best way to move through an interview is to start with the simple questions and then move to the more complex questions.

5. Be mindful of your questions.

Asking the right types of questions is vital to the success of your interview. Make sure your questions are open-ended and avoid leading questions. Be sensitive if you're asking any probing questions.

6. Know when to end the interview.

No interview should last longer than 45 minutes to 1 hour, but that doesn't mean you have to interview someone for that long. Whenever you feel like you have detailed answers to your questions, feel free to end the interview.

7. Write down your impressions.

Right after you finish the interview, write down your impressions and insights.

8. Record the interview.

You won't remember everything from your interview, so make sure you record it.

Appendix B: Data Management Plan

1. Purpose. The purpose of the data management plan is to provide a transparent framework for the collection, organization, analysis, and storage of the data in the study.
2. Data Collection. The data was collected and transcribed either by in-person, videoconferencing, or teleconferencing interviews. Information on Zoom can be found at <https://Zoom.us/>.
3. Data Organization. The data was analyzed and organized using NVivo software. Information on NVivo can be found at <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/resources/blog/empowering-all-qualitative-researchers-with-techno>.
4. Data Security. The data were securely stored in a safe place for 5 years. NVivo is HIPAA compliant. NVivo security and compliance information can be found at <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/resources/blog/nvivo-transcription-is-hipaa-compliant>.
5. Ethical Considerations.
 - a. Participant Recruitment. The researcher will email Invitation to Participate (see Appendix A) to all personnel meeting the inclusion criteria. The interview times were coordinated via phone and confirmed via email.
 - b. Data Organization: The researcher was the owner of the user account for any video conferencing software and NVivo in which data were transcribed and analyzed.
 - c. Data Security: Data security will include NVivo infrastructure security measures. Additionally, signed consent forms, transcriptions, and other documents that contain confidential data were stored on an external hard drive in a fireproof safe. Stored data was destroyed after 5 years.