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# Expanding the Role of Hispanic Women in Hospital Executive Leadership Through Researching and Implementing Best Practices

Janeil Morales  
*Walden University*

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# Walden University

College of Management and Human Potential

This is to certify that the doctoral study by

Janeil Morales

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.

Review Committee

Dr. Miriam Ross, Committee Chairperson, Health Sciences Faculty

Dr. Kristin Wiginton, Committee Member, Health Sciences Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

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Expanding the Role of Hispanic Women in Hospital Executive Leadership Through

Researching and Implementing Best Practices

by

Janeil Morales

MSHS, University of Texas Rio Grande Valley, 2017

BS, University of Texas Pan American, 2015

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## Abstract

Despite their growing presence in the healthcare workforce, Hispanic women remain significantly underrepresented in executive leadership positions. This integrative review is aimed to comprehensively explore effective strategies, including targeted recruitment, mentorship and sponsorship programs, and diversity, equity, and inclusion (DEI) initiatives to improve the representation of Hispanic women in healthcare executive roles. The study utilized a thorough integrative review of empirical and nonempirical literature published between 2019 and 2024, utilizing multicultural and multiracial feminist theories to explore intersections of race, gender, and culture. These theories provided a framework for understanding the systemic and nuanced barriers Hispanic women face in healthcare executive leadership. Five key themes were determined: personal resilience and professional strategies, approaches and support systems for advancement, institutional support and organizational practices, institutional commitment and DEI practices, and representation in leadership. Additionally, 11 subthemes were noted: navigating work dynamics, emotional and mental well-being, career advancement, coping mechanisms, mentorship and sponsorship, networking opportunities, organizational policies and practices, leadership accountability, diversity and inclusion initiatives, antidiscrimination policies, and impact on healthcare delivery. The analysis indicated that organizations implementing these strategies can foster a more inclusive, innovative, and responsive healthcare system, enhancing their capacity to address the demands of today's diverse world and create positive social change.

## **Dedication**

This capstone is lovingly dedicated to my cherished daughter, Mia, who has been my guiding light throughout this arduous journey. You are my greatest motivation— the embodiment of love and strength. From the moment you entered my life at 22, your spirit has inspired me, reminding me that beauty and resilience can blossom even amid challenges.

To my parents, who courageously immigrated in pursuit of the American dream, your sacrifices and unwavering belief in me have shaped my path. Today, I honor you with this expression of love. - Mamá, Papá – Sí se pudo!

To all the little girls who, like me, are first-generation Americans navigating the world with English as a second language, who have grown up in low-income communities, and who have bravely faced the myriad challenges of being trailblazers— may you always believe that you are capable of achieving anything your hearts' desire. Let this work be a reminder that the sky is the limit.

Finally, I dedicate this to my community; mi gente. Together, we can forge a future where equitable healthcare and compassionate leadership are not just ideals but a reality for everyone.

## Part 1: Practice-Based Problem

### **Problem of Interest**

The underrepresentation of Hispanic women in hospital executive and leadership roles refer to the disproportionately stunted number of Hispanic women holding positions of authority and decision-making power within the healthcare industry. Latinas account for 4.3% (Ibanez, 2023) out of the still current 15% of CEO roles in the health systems held by women (Odei et al., 2021). Major factors associated with this issue derive from the glass ceiling phenomenon, where invisible barriers prevent one from ascending to top leadership roles, despite possessing the necessary skills and qualifications. Additionally, intersectional challenges due to gender and cultural backgrounds that lead to unique career advancement obstacles, mentorship opportunities, and networks crucial for leadership are major affecting key factors.

Identifying barriers, developing solutions, promoting diversity and inclusion, and empowering communities are four major reasons why this review is important to inform healthcare administrators (Ibanez, 2023). Researchers have recommended that healthcare organizations should adopt inclusive practices and foster inclusive organizational cultures in the workplace. Moreover, there is a recommendation to actively advocate for Latinas and minorities to address tokenism (Ibanez, 2023). Positive social change could ideally foster inclusive workplaces, address systemic inequities, and improve healthcare outcomes for diverse populations.

## **Healthcare Administration Problem**

### **Background**

The underrepresentation of Hispanic women in hospital executive roles is rooted in the historical and systemic factors that have shaped the terrain on healthcare leadership (Baciu et al., 2017). Understanding this history helps contextualize the challenges faced by Hispanic women in ascending to the executive positions they desire within the healthcare industry. Like many other minorities, Hispanics have encountered historical discrimination, marginalization, and obstacles in accessing hiring, promotion, and leadership opportunities. In fact, Falci and Watanabe (2020) reported that women not only have fewer promotions but are more prone than men to be situated on the sidelines than at the center of leading research opportunities, promotions, and even friendship networks. Gender, stereotypes, ethnic and unconscious bias can greatly influence decision makers' perceptions of leadership, potentially affecting career advancement opportunities. Koenig and Eagly (2005) suggested that while conforming to gender expectations can bolster performance in areas aligned with those stereotypes, it can also impede individuals from excelling in domains associated with those expectations.

Significant additional efforts are needed to drive change towards achieving equitable representation, particularly in hospitals and among healthcare administrators (Tabassum et al., 2019). Providing adequate support to cultivate resilience within organizational settings is crucial, as is ensuring substantial representation of women in leadership positions within healthcare. Addressing socioeconomic disparities and improving access to equality are key components of this endeavor. Educational barriers

faced by Hispanic women pursuing higher-level healthcare positions, stemming from cultural and socioeconomic disadvantages commonly experienced by Hispanic Americans, must also be addressed. The scarcity of visible leadership roles held by Hispanic women in the healthcare industry, particularly, hospital service organizations, contributes to a lack of role models and mentors, which not only hampers leadership skills among Hispanic women professionals but, it also diminishes the availability of mentors for future generations of Hispanic women entering the field (Osorno, 2018).

### **Operational Problem**

The operational problem in question is the underrepresentation of Hispanic women in healthcare executive roles. This issue is relevant and current due to its implications for diversity, cultural competency, talent management, and addressing health disparities within healthcare administration. Diversity in leadership is essential for organizations to effectively serve diverse patient populations. However, the limited presence of Hispanic women in executive positions restricts the representation of this demographic group and undermines efforts to understand and cater to the unique healthcare needs of Hispanic communities (Paz & Massey, 2016). Additionally, the lack of Hispanic women in hospital leadership roles narrows the talent pool for future executives, depriving organizations of valuable skills, perspectives, and experiences. Women comprise three fourths of the healthcare workforce; however, they are sparsely represented in senior executive suites, board rooms, and other places where positions of power and authority are needed (McDonagh et al., 2014). These values become even smaller when examining minority women such as Hispanics women in leadership.



Cultural competency is vital in healthcare administration, and having Hispanic women in executive positions can enhance organization's ability to provide culturally sensitive care to Hispanic patients. Furthermore, increasing the representation of Hispanic women in hospital leadership roles is crucial for addressing health disparities affecting Hispanic populations. By promoting diversity and inclusion in executive leadership roles, health service organizations (HSOs) can better meet the healthcare needs of all individuals and communities they serve. Diversity in leadership provides an enhancement in quality of care provided, improved community relations, and improved community health (Chand, 2023), demonstrating the importance of diversity in leadership roles for improving organizational performance, enhancing cultural competency, and addressing disparities in healthcare delivery. Change will only occur once women receive adequate support to cultivate resilience skills, and organizations witness a substantial increase in the visibility of women in leadership positions (Tabassum et al., 2019).

### **Ideal State of Operations**

Healthcare executives should involve equitable representation of minorities at all levels of leadership and decision-making processes (American College of Hospital Executives, 2020). This includes diversity in hiring, promotion, and retention practices, as well as fostering inclusive work environments where everyone's voice is valued. Healthcare executives should aim for a system where all individuals, regardless of race, ethnicity, or gender, have equal opportunities for advancement and access to quality care. Addressing the underrepresentation of Hispanic women in healthcare leadership is crucial for promoting diversity, equity, and inclusion (DEI) within the industry, ultimately

leading to better outcomes for patients and communities. Currently, over 4 times the number of women CEOs are needed to be at parity with the workforce benchmark, which is an increase of over 230% women CEOs needed in the healthcare setting (Lieberman et al., 2023). While there is limited direct focus on the underrepresentation of Hispanic women in executive healthcare roles, the apparent broader issue related to diversity and inclusion in leadership is now more visible than ever.

### **Professional Practice Gap Statement**

Evidence shows that White (non-Hispanic) leaders compose 90% of all hospital executives with only 15.3% of executives being women (Odei et al., 2021). This lack of diversity contributes to a missed opportunity for hospitals, as a more inclusive leadership team fosters diverse perspectives and approaches, leading to innovative strategies and improved decision-making. Additionally, research has shown that with a 2-15% increase in minority women at the executive role, a 21-27% increase in profitability and performance can be realized (Dixon-Fyle et al., 2020). This study will research and analyze empirical and nonempirical research articles to determine strategies and best practices that may improve the underrepresentation of Hispanic women in healthcare executive roles.

### **Summary of Evidence**

The underrepresentation of Hispanic women in healthcare executive roles in acute care hospital settings is a multifaceted issue that has gathered attention in worldwide literature. Studies in Portugal have shown that while women in management roles are steadily increasing, only 36.6% of the largest 1,000 corporations had at least one woman

at the executive level (Fernandes & Cardoso, 2003), resulting in approximately a 1% increase per year over the last 3 decades. Additionally, countries further around the world such as Bahrain have performed gender bias in Healthcare Leadership studies. Globally, it is estimated that only 26% of all representative positions are held by women, despite women accounting for 70% of health workers (Perez-Sanchez et al., 2021). Despite women making up a significant portion of the healthcare workforce, they remain underrepresented in leadership due to favoritism towards men and lack of support from colleagues and mentors (Abuzeyad et al., 2022).

Research has indicated that despite efforts to promote diversity and inclusion in healthcare leadership, minority women such as Hispanics, remain significantly underrepresented in executive positions. Fernandes and Cardoso's (2003) research showed that the pace of women in management slows down the closer the roles are to the more senior positions. Empirical research in this domain indicated that disparities persist for women, evidenced by trends such as the undervaluation of their performance, clustering in specific departments or roles, and the perpetuation of traditional gender norms (Fernandes & Cardoso, 2003). This underrepresentation not only limits opportunities for career advancement and professional development but also hampers the ability of healthcare organizations to effectively address the diverse needs of the patient populations. The inability to apply DEI in healthcare system's executive leadership team limits the ability to understand and respond to cultural differences (Harre, 2023).

Several factors contribute to this disparity, including structural barriers such as systemic biases in recruitment and promotion, lack of mentorship and sponsorship

opportunities, and cultural stereotypes and biases. Common challenges faced by minority women include restricted access to networks, absence of mentorship, and organizational reluctance to tackle diversity issues (Wesley, 2009). Furthermore, organizational structures and gender stereotypes persist as barriers to career progression. There are unique challenges faced by Hispanic women related to workplace discrimination, language barriers, and professional development resources. Researchers have discovered evidence suggesting that solely being identified as Mexican increases the probability of encountering discrimination compared to being identified as White or even Latino (Vargas et al., 2016).

### **Purpose of the Integrative Review**

The presence of diversity within cities does not always translate to proportional representation of diverse leaders within hospital organizations (Morgan et al., 2021). Gender bias often intersects with the underrepresentation of ethnic minorities, particularly Hispanic women, in healthcare executive leadership roles. Morgan et al. (2021) noted that centers with a higher proportion of women in leadership roles tend to have increased representation of Hispanic or blacks. This disparity reflects systemic challenges rooted in organizational structures and societal norms. The purpose of this integrative review was to explore and determine ways to improve the underrepresentation of Hispanic Women in hospital healthcare executive leadership. The goal was to delve into these complexities, exploring avenues to address the underrepresentation of Hispanic women in healthcare executive leadership. By examining factors such as limited access to mentorship, cultural biases, and systemic barriers, the review aims to offer insights for

improving diversity and inclusivity within healthcare administration with a focus on acute care hospital settings. Addressing this issue is crucial not only for promoting equity within leadership but also for enhancing healthcare delivery by considering the social determinants of health and ensuring that diverse perspectives are reflected in decision-making processes.

### **Integrative Review Question**

The key elements of this integrative review are to determine ways to improve the underrepresentation of Hispanic women in healthcare executive leadership. The following integrative review question addresses possible solutions: What are strategies and best practices to improve representation of Hispanic Women in healthcare/hospital executive leadership?

### **Theoretical and/or Conceptual Framework**

Multiracial feminist theory (MrFT) and multicultural feminist theory (McFT) offer valuable frameworks for addressing and understanding the complex nature of cultural and racial inequities and their impact on the underrepresentation of Hispanic women in healthcare executive leadership roles. These theories emerged in the late 20<sup>th</sup> century, gaining traction in the 1980s and 1990s. They were used to highlight the interconnected nature of race, gender, and socioeconomic backgrounds. MrFT originates from the intersectionality perspective of feminist studies, and acknowledges the complexity of identity and power dynamics, particularly for women of color, which suggests that disparities in power play a fundamental role in defining the differences experienced by women (Zinn & Dill, 1996, p. 327). MrFT explores how discrimination,

objectification, oppression, stereotyping, and patriarchy intersect to create systemic barriers for women of color, including Hispanic women in accessing leadership opportunities within healthcare, particularly hospital organizations. Power dynamics significantly shape and influence the various challenges, opportunities, and experiences unique to women in different contexts (Zinn & Dill, 1996).

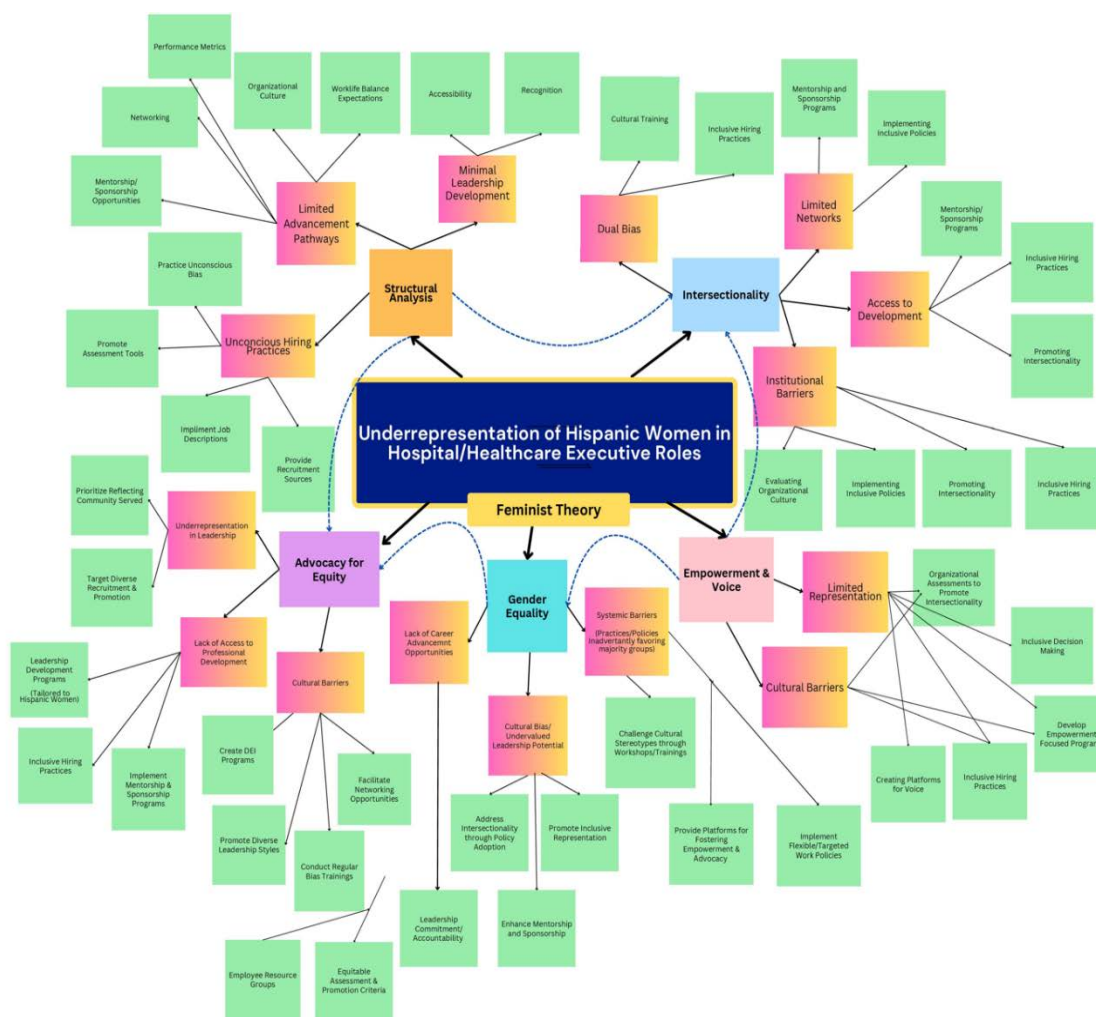
Similarly, McFT recognizes the importance of understanding diverse cultural contexts and experiences in combating gender inequality. It aims to narrow this perceived divide by prioritizing the diverse experiences shared by women, irrespective of their ethnic or economic backgrounds (Hurtado, 2010). This theory provides valuable insights into understanding and addressing the underrepresentation of Hispanic women in executive leadership roles as it highlights the intersecting dynamics of race, gender, culture, and other identities within organizational contexts.

These theories provide guidance for implementing strategies that recognize and uplift the voices of Hispanic women. The aim is to discover inventive methods and dialogues capable of portraying the breadth of women's experiences without depending on linear or colonizing forms of representation (Hurtado, 2013). By adopting a multiracial feminist lens, organizations can develop policies and initiatives that address the intersecting barriers faced by Hispanic women, including racial and gender biases in leadership selection processes. Moreover, McFT highlights the importance of creating inclusive environments that value diverse perspectives and experiences. By embracing these feminist theories, healthcare institutions such as hospitals, can work towards dismantling systemic barriers and biases hindering the advancement of minority women

into executive roles while helping develop comprehensive strategies to promoting and fostering greater representation of Hispanic women in executive leadership roles. This leads to enhanced organizational performance, innovation, and responsiveness to diverse patient populations and community needs. Figure 1 shows feminist theory as a framework for addressing the practice-based problem in this research.

**Figure 1**

*Illustration of Feminist Theory as a Framework for Addressing Practice-Based Problem*



## Part 2: Literature Review, Quality Appraisal, and Analysis

### Literature Search Strategy

The literature review strategy was systematically structured to gather comprehensive and relevant research on executive leadership among minority/Hispanic women in healthcare, with a focus on DEI best practices. Key databases such as PubMed, CINAHL, ProQuest, and Google Scholar were selected for their extensive access to healthcare, leadership, and diversity-related literature published between 2019 and 2024. The process employed a combination of specific search terms, synonyms, Boolean operators, and advanced search techniques to ensure comprehensive retrieval. Key terms included *minority women*, *Latino women*, *healthcare leadership*, and *hospital leadership*, while Boolean operators like AND, OR, and NOT refined the search—ensuring inclusion of relevant terms and exclusion of irrelevant articles. Additional techniques, such as phrase searching and field-specific searches, enhanced search precision by focusing on exact phrases and specific article sections.

The meticulous search and screening process began with the retrieval of 73 articles, from which seven duplicates were removed. Subsequent hand searches and backward/forward citation tracking identified 202 more articles. Screening titles and abstracts of 120 articles culled 26 duplicates, leaving 94 for deeper analysis. A full-text review added 18 articles while excluding five that did not adequately address executive leadership or minority/Hispanic women in healthcare and DEI. Ultimately, 359 articles were deemed suitable for inclusion from an initial set of 413, ensuring a robust and relevant literature foundation. The inclusion and exclusion criteria are detailed in Table 1.



**Table 1***Inclusion and Exclusion Search Criteria*

Inclusion search criteria	Exclusion search criteria
Hispanic/minority women	Men
Gender bias	Anglo Saxon/White ethnicity
Healthcare or health care leadership	Mismanagement
Health service organizations	Bedside providers
Executive roles/management/leadership	Business companies/different sectors
Hospital settings	Non-specific/business reports
Administration/administrator	Broad focus
Scholarly articles	Long-term acute care settings
2019-2024	Rehabilitation settings
Best practices	Outdated data
Diversity in leadership	Nonacademic sources (blogs, news articles)
Diversity, equity & inclusion or DEI	
Academic research	
Industry reports	

Refer to Appendix B: Review Question Search Log for more detailed search results information. This comprehensive strategy ensured the collection of relevant, high-quality literature to provide insights into the targeted research questions.

### **Quality Appraisal**

A total of 25 articles were chosen for further analysis. These articles were appraised for quality using the John Hopkins nursing evidence-based practice model and the Johns Hopkins Hierarchy of Evidence Guide (see Dang et al., 2022). This robust problem-solving approach to evidence-based practice and decision-making rated 15

articles as having a strength of evidence at Level 3, and seven articles at Level 5. One article was rated at Level 1, another at Level 2, and yet another at Level 4. Of the 25 articles selected for review, 17 were appraised as high quality and eight as good quality. Collectively, the articles produced consistent results, definitive conclusions, and well-supported recommendations with sufficiently referenced evidence. For more details on the quality appraisal results, please refer to Appendix C: Critical Appraisal Results Log.

### **Thematic Analysis of Literature**

Research on leadership among minority/Hispanic women in healthcare highlight's key themes essential for fostering inclusive and equitable environments. Studies have emphasized the importance of personal resilience and strength, noting how leaders utilize their cultural experiences, self-efficacy, and determination to navigate workplace challenges (Bailey-Jackson, 2021; Poole & Brownless, 2020; Waidler, 2021). Emotional and mental wellbeing are critical, with mindfulness and social support serving as effective coping mechanisms against systemic biases (Abbey, 2022; Bailey-Jackson, 2021; Sharma, 2022).

The literature has also underscored the pivotal role of support systems and institutional practices, particularly mentorship and professional networking, in advancing careers and improving emotional well-being. Inclusive policies that promote antidiscrimination and cultural competence significantly enhance minority leadership representation (Belasen, 2020; Brooks et al., 2022; Dreachslin, 2018; Jordan, 2020; Mathies, 2023). Articles have advocated for structured mentorship programs and diversity training to overcome advancement barriers. Successful case studies have shown

that aligning leadership diversity with patient populations improves healthcare delivery, supporting a multifaceted strategy that integrates personal and institutional reforms to enhance leadership diversity.

### **Initial Codes, Themes, and Subthemes**

The thematic analysis of the literature reviewed identified several key patterns and insights related to executive leadership among minority/Hispanic women in healthcare, emphasizing best practices for DEI. This analysis included the identification of initial codes and development of comprehensive themes and subthemes, detailed below.

#### **Initial Codes**

The initial coding process entailed a thorough review of each article to discern significant concepts and recurring themes. Key initial codes identified included cultural bias, gender bias, mentorship, leadership training, organizational support, resilience, work-life balance, professional development, DEI best practices, inclusion policies, discrimination, and impact on patient care.

#### **Final Themes and Subthemes**

From the initial codes, broader themes and subthemes were identified, providing a comprehensive understanding of the findings. Five main themes emerged and were refined into 11 subthemes. Details of these themes and subthemes are provided in Table 2, with further insights available in Appendix D: DHA Thematic Analysis Matrix.

**Table 2***Themes and Subthemes Used in this Integrative Review*

Themes	Subthemes
Theme 1: Personal resilience and professional strategies	Subtheme 1.1: Navigating work dynamics
	Subtheme 1.2: Emotional & mental well-being
	Subtheme 1.3: Career advancement
	Subtheme 1.4: Coping mechanisms
Theme 2: Approaches and support systems for advancement	Subtheme 2.1: Mentorship and sponsorship
	Subtheme 2.2: Networking opportunities
Theme 3: Institutional support and organizational practices	Subtheme 3.1: Organizational policies & practices
	Subtheme 3.2: Leadership accountability
Theme 4: Institutional commitment and DEI practices	Subtheme 4.1: Diversity & inclusion initiatives
	Subtheme 4.2: Anti-discrimination policies
Theme 5: Representation in leadership	Subtheme: 5.1 Impact on healthcare delivery

**Conclusion**

This thematic analysis provided a detailed understanding of the factors influencing executive leadership among minority/Hispanic women in healthcare. The key themes identified include personal resilience and strength, support systems, professional strategies, institutional support and DEI practices, experiences of discrimination, representation and diversity in leadership, barriers to advancement, strategies for improvement, personal experiences and narratives, and institutional commitment. These

insights are instrumental in highlighting the factors that contribute to an inclusive leadership environment and promote diversity within healthcare settings.

### Part 3: Presentation of Results

#### **Introduction**

The purpose of this integrative research review was to explore and determine effective strategies to address and improve the underrepresentation of Hispanic women in healthcare executive leadership. By systematically examining the existing literature, the review aimed to identify barriers and facilitate evidence-based practices that can enhance diversity within leadership roles in healthcare organizations. This integrative review study synthesized key findings from a variety of studies to present a comprehensive overview of the current landscape. Results from this study highlight the importance of mentorship, organizational policies, and cultural competence in creating pathways for advancement as well as the crucial role of institutional commitment in fostering an inclusive leadership environment. Mentorship and sponsorship are foundational strategies that nurture and support the growth of Hispanic women leaders (Magaña, 2020). Meanwhile, institutional policies who prioritize diversity and inclusion have shown to significantly enhance leadership representation (Berlin et al., 2020). This analysis not only confirms existing knowledge but also extends it by identifying new strategies and best practices for promoting equity and representation in executive leadership.

In addressing the strategies and best practices to improve Hispanic women's representation in healthcare executive leadership, it is essential to analyze the connections, relationships, and accountability immanent among main themes and subthemes identified in the thematic analysis. The thematic map formed a structured basis from which the complexities of leadership representation could be examined and

understood. Five theme connections and relationships among personal resilience and strength resulted in eleven subthemes of navigating work dynamics, and emotional and mental well-being. See Appendix D: DHA Thematic Analysis Results and Appendix E: Thematic Map for this integrative research review.

### **Thematic Concepts Map**

In addressing the strategies and best practices to improve Hispanic women's representation in healthcare executive leadership, it is essential to analyze the connections, relationships, and accountability immanent among main themes and subthemes identified in the thematic analysis. The thematic map formed a structured basis from which the complexities of leadership representation could be examined and understood. Connections and relationships among personal resilience and strength resulted in subthemes of navigating work dynamics, and emotional and mental well-being (Bailey-Jackson, 2021).

The thematic analysis of the literature included in this study was conducted to identify and distill essential patterns and insights related to executive leadership among minority/Hispanic women in healthcare, and DEI best practices. This process involved several steps: the generation of initial codes, the development of themes and subthemes, and the organization of findings into a coherent narrative. Out of the 30 research articles selected for review, five main themes and 11 subthemes were identified. These foundational themes emerged and provided critical insights into addressing the disparity of the underrepresentation of Hispanic women in healthcare executive leadership (Belasen, 2020; Bierer et al., 2022; Poole et al., 2020). The main themes included

personal resilience and professional strategies, support systems for advancement, institutional support and organizational practices, institutional commitment and DEI practices, and representation in leadership. The subthemes are integral to understanding the correlation among individual themes and their overall interconnectedness, clearly demonstrating the underrepresentation of minority women in U.S. healthcare leadership, and evidence-based interventions for the advancement of Hispanic women in healthcare executive roles (Atherton, 2022; Magana, 2020; Nations, 2021; Seraphin, 2023). The thematic map encompasses actions for career growth and overcoming barriers, relying on support systems and fortifying personal resilience. Powerful best practices that drive the ascent of Hispanic women to executive leadership, underscoring the vitality of career advancement strategies necessary to transform organizational outlooks (Nations, 2021; Oh et al., 2021).

### **Theoretical and Conceptual Framework**

MrFT and McFT provide a lens to further interpret the underlying phenomenon occurring in healthcare executive leadership and the need for sustained institutional commitment and strategic interventions. MrFT emphasizes the intersectionality of race, gender and class, highlighting how these factors collectively influence minority women's experiences and opportunities in leadership roles (Zinn & Dill, 1996). The findings support this theory by showing how institutional practices that recognize and address these intersecting identities can transform leadership dynamics to be more inclusive and equitable.



Meanwhile, McFT focuses on the cultural diversity and varied experiences of women from different backgrounds (Hurtado, 2010). The analysis reinforces this theory by demonstrating how diverse leadership teams, which embrace cultural competence and inclusivity, can lead to more innovative and culturally responsive healthcare environments (Samuel et al., 2023; Scott, 2024). This approach is essential for achieving equitable representation and effectively integrating the rich diverse perspectives that Hispanic women bring to healthcare leadership, thereby enhancing both organizational culture and patient care outcomes.

### **Themes and Subthemes**

#### **Theme 1: Personal Resilience and Professional Strategies**

Essential for Hispanic women in healthcare leadership, enabling them to effectively navigate systemic barriers and workplace challenges to leverage their unique strengths for meaningful industry change. Through ones' distinct strengths minority women can foster significant change regarding discrimination in the healthcare workplace (Bailey-Jackson, 2021).

**Navigating work dynamics:** Hispanic women in healthcare demonstrate exceptional personal resilience as they adeptly navigate complex work dynamics, often overcoming the multiple challenges inherent in leadership roles. Developing resilient behaviors such as emotional intelligence, adaptive decision-making, and a commitment to continuous professional development in women not only enhances their ability to navigate challenges but also empowers them to take on leadership roles and influence positive change within their organizations (Abbey, 2022).

**Emotional and mental well-being:** Prioritizing emotional and mental well-being is vital for Hispanic women to sustain their participation and thrive in high-pressure healthcare leadership environments where systemic biases can affect mental health. Female healthcare leaders exhibit higher levels of emotional intelligence, directly correlating with mental well-being and positively associating with leadership effectiveness (Waidler, 2021).

**Career advancement:** Strategic career advancement initiatives tailored to the unique challenges faced by Hispanic women can facilitate their ascent into executive roles and promote a more diverse leadership environment. The dual benefits of skills enhancement foster both personal and professional growth (Jordan, 2020).

**Coping mechanisms:** Effective coping mechanisms, including peer support and stress-management strategies, are crucial for Hispanic women, enabling them to navigate the challenges of underrepresentation and maintain resilience. These attributes empower Hispanic women to overcome barriers, foster supportive networks, and advocate for equitable opportunities, contributing to improved representation (Mathies, 2023).

## **Theme 2: Approaches and Support Systems for Advancement**

Emphasizes the importance of strong mentorship, sponsorship, networking and institutional backing for Hispanic women in healthcare as they provide necessary support for enhancing professional growth and fostering an inclusive leadership panorama that champions diversity and equity. Organizational support affects how gender influences crisis sensemaking, with supportive environments aiding to improve effectiveness (Sharma, 2022).

**Mentorship and sponsorship:** Establishing strong mentorship and sponsorship programs is integral to providing Hispanic women with the guidance and advocacy necessary for navigating leadership pathways successfully. Valuable support, guidance, and networking is established when pairing women with established leaders (Mihirika, 2023).

**Networking opportunities:** Access to networking opportunities plays a crucial role in empowering Hispanic women to build confidence, gain visibility, and foster meaningful connections that enhance their leadership prospects. Networking events are identified as key tactics for increasing diversity in leadership (Seraphin, 2023).

### **Theme 3: Institutional Support and Organizational Practices:**

Imperative for fostering an equitable workplace for Hispanic women in healthcare by implementing anti-discrimination policies and cultural competence initiatives that validate one's identity and supports their professional development. Recognition by peers and leadership plays a significant role in motivation among women and boosting morale (Abbey, 2022).

**Organizational policies and practices:** Developing inclusive organizational policies and practices that specifically address the barriers faced by Hispanic women is vital for creating equitable opportunities within leadership frameworks. Implementing organizational policies and practices create clear accountability mechanisms ensuring sustained efforts in equity initiatives (Poole & Brownlee, 2020).

**Leadership accountability:** Holding leaders accountable for diversity and inclusion efforts reinforces the importance of equitable practices and supports the

sustained advancement of Hispanic women in healthcare leadership once they are in place. Leadership accountability is essential for the effective implementation and sustainability of diversity and equity programs (Poole & Brownlee, 2020).

**Theme 4: Institutional Commitment and DEI Practices:**

Vital for cultivating an equitable healthcare environment by ensuring accountability among leaders and systematically empowering underrepresented groups, including Hispanic women. Commitment to DEI is essential in addressing promotional disparities, accountability measures, diverse trainings, and supportive culture (Oh et al., 2021).

**Diversity and inclusion initiatives:** DEI initiatives often fail due to ineffective implementation and lack of genuine commitment from organizational leadership (Mathies, 2023). A dedicated commitment to diversity and inclusion initiatives by healthcare organizations is essential for systematically increasing the representation of Hispanic women in leadership roles.

**Antidiscrimination policies:** Implementation of robust antidiscrimination policies is vital for creating a fair workplace that protects Hispanic women from bias, thereby encouraging their participation in leadership roles. Minority leaders' retention and career advancement rely on anti-discrimination policies, diversity training, inclusive leadership, and adequate resources to foster equitable work environments (Bailey-Jackson, 2021).

**Theme 5: Representation in Leadership:**

Representation and diverse leadership in healthcare, including Hispanic women, is essential for improving quality of care by bringing unique perspectives that drive innovative solutions and effectively address healthcare disparities. Promoting the inclusion of underrepresented women in leadership enhances the understanding of diverse health issues and ensures research findings applicable to a broader population (Bierer et al., 2022).

**Impact on healthcare delivery:** The underrepresentation of Hispanic women in leadership affects healthcare delivery by limiting diverse perspectives that are crucial for addressing the needs of a multicultural patient population. Gender-balanced leadership teams effectively address patient needs, enhance decision-making, foster more inclusive work environments, and improve the representation of minority women in leadership roles (Atherton, 2022).

**Interpretation of the Findings****Personal Resilience and Professional Strategies**

Hispanic women in healthcare demonstrate remarkable personal resilience and strength, essential traits for navigating complex work dynamics frequently marked by systemic barriers and biases. Their capacity to aptly manage these challenges highlights their professional fortitude and showcases the need for a supportive environment that acknowledges these obstacles. The strength of minority women in healthcare lies in their ability to transform challenges into opportunities for growth and advocacy within a system that often overlooks their contributions (Bailey-Jackson, 2021). By employing

effective coping strategies and focusing on mental well-being, women position themselves to advocate for their communities while challenging systemic inequalities (Dixon-Fyle et al., 2020; Mathies, 2023). Professional strategies that emphasize career advancement and effective coping mechanisms are essential for Hispanic women striving to reach leadership roles in healthcare. Targeted skill-building seminars and leadership training that address their unique challenges enable these women to navigate barriers rooted in race, gender, and culture effectively. These strategies underscore the importance of career advancement initiatives necessary to transform organizational outlooks and proper Hispanic women into executive leadership positions (Nations, 2021; Oh et al., 2021).

### ***Navigating Work Dynamics***

Prioritizing emotional and mental well-being is fundamental to one's success. A strong sense of emotional well-being enhances the ability to navigate professional dynamics and interpersonal relationships, thereby facilitating greater success in the workplace (Abbey, 2022; Bailey-Jackson, 2021; Berlin et al., 2020; Mathies, 2023). This subtheme showcases the interconnectedness of mental health and professional performance, suggesting that fostering emotional well-being is not just beneficial but necessary for Hispanic women striving for leadership roles within hospital and overall healthcare settings.

### ***Emotional and Mental Well-Being***

Developing coping strategies and building supportive networks are vital for safeguarding one's mental health, empowering individuals to excel in leadership

positions and advocate for increased representation within the healthcare system. Literature consistently recognizes that resilience, defined by effective coping mechanisms and emotional strength is crucial for overcoming systemic challenges and achieving sustain success (Mathies, 2023). Additionally, Poole et al. (2020) emphasized that creating a strong support system can significantly enhance emotional well-being, while Atherton (2022) highlighted the importance of cultural strengths in fostering resilience. Thus, the themes of personal resilience and emotional well-being provide a comprehensive understanding of how Hispanic women can navigate and thrive within the complexities of healthcare leadership.

### ***Career Advancement***

Cultivating robust coping mechanisms is essential in managing the stressors associated with underrepresentation and systemic bias. By leveraging cultural strengths and community support, Hispanic women can develop effective strategies to cope with workplace challenges and advance professionally. Mindful practices and assertiveness training are vital for managing stress and navigating conflicts, while seeking social support, setting boundaries, and practicing self-care, significantly enhancing resilience and mental health in healthcare leadership roles (Bailey-Jackosn, 2021).

### ***Coping Mechanisms***

Furthermore, feminist theory underlines the importance of recognizing these intersecting identities and experiences (Zinn & Dill, 1996), highlighting how such tailored approaches can empower Hispanic women to succeed and thrive within the healthcare system. By integrating professional strategies for career advancement with

strong coping mechanisms, these women can not only overcome challenges but also thrive as influential leaders in their fields.

### **Approaches and Support Systems for Advancement**

Increasing the representation of Hispanic women in healthcare leadership can be effectively achieved through a strategic combination of progressive organizational policies and dedicated mentorship and sponsorship programs, which work synergistically to create a comprehensive framework that enhances diversity and empowers emerging leaders. By focusing on targeted initiatives, organizations can create pathways that facilitate the advancement of Hispanic women in leadership roles, ultimately fostering an inclusive culture capable of driving meaningful systemic change (Blackledge, 2022; Dreachslin & Hobby, 2018; Jordan, 2020). Support systems, particularly mentorship and networking opportunities, are vital in empowering these women to reach leadership positions by providing essential guidance and encouragement needed for career advancement and enhancing emotional well-being; Atherton's (2022) research underscored the necessity of these opportunities for women aspiring to executive roles. By incorporating feminist theory, the importance of recognizing the intersecting identities and experiences of Hispanic women, which is essential for challenging systemic inequalities and promoting a more inclusive workplace is emphasized. Establishing strong relationships with mentors allows these women to gain valuable insights, build confidence, and navigate the complexities of their careers more effectively.



### ***Mentorship and Sponsorship***

Establishing strong mentorship and sponsorship initiatives is integral to providing Hispanic women with the guidance and advocacy necessary for successfully navigating leadership pathways. These programs not only offer valuable insights and support, but they also build confidence and create networks that are vital for career advancement (Belasen, 2020; Oh et al., 2021; Seraphin, 2023). Effective mentorship and sponsorship enable Hispanic women to gain the perspective and skill necessary to overcome barriers and pursue leadership opportunities thereby maximizing their potential within the healthcare sector.

### ***Networking Opportunities***

Within the framework of feminist theory, effective networking and support systems serve as cornerstone for fostering essential connections and relationships. These frameworks underline the importance of empowering leaders while holding organizations accountable for nurturing diverse talent pipelines (Atherton, 2022; Belasen, 2020; Bierer et al., 2022). This accountability ensures that mentorship and networking opportunities are not only available but actively promoted within hospital and healthcare organizations.

### ***Institutional Support and Organizational Practices***

Institutional support and effective organizational practices are critical for advancing the representation of Hispanic women in healthcare leadership roles, particularly through the implementation of robust antidiscrimination policies (Bailey-Jackson, 2021). These policies create a safe and equitable work environment that protects individuals from bias based on race, gender, or ethnicity (Bailey-Jackson, 2021). By

establishing such a foundation, healthcare organizations can promote fairness and ensure that Hispanic women have equal opportunities to succeed in leadership positions (Dixon-Fyle et al., 2020; Mathies, 2023; Seraphin, 2023).

### ***Organizational Policies and Practices***

Simultaneously, developing organizational policies and practices that specifically address barriers faced by Hispanic women is vital for creating equitable opportunities within leadership frameworks. These policies should focus on fostering an inclusive environment that actively promotes diversity and holds leadership accountable for its commitment to equity. The interconnected efforts of leadership accountability and DEI initiatives ensure that institutions implement strategic pathways for diverse talent to thrive while maintaining accountability structures that promote equitable environments (Abbas & Al-Abrow, 2023; Brooks et al., 2022; Kuntz et al., 2023). Together, these approaches not only promote the advancement of Hispanic women in healthcare but also contribute to the creating of a more inclusive and representative healthcare system.

### ***Leadership Accountability***

Leadership accountability is crucial in ensuring that these initiatives are not merely symbolic but translate into actionable change (Oh et al., 2021; Poole, 2020). Holding leaders responsible for their commitment to diversity encourages ongoing efforts to cultivate an inclusive organizational culture (Dreachslin et al., 2018; Poole, 2020). By aligning institutional priorities with accountability measures, healthcare organizations can create sustainable pathways for diverse talent to thrive and lead. This alignment of institutional commitment, diversity and inclusion initiatives, and leadership

accountability along with feminist theory underscores the necessity of recognizing and valuing the unique experiences and contributions of diverse women in leadership, thereby challenging systemic inequalities and promoting social justice within the healthcare sector (Bailey-Jackson, 2021; Samuel et al, 2023).

### **Institutional Commitment and DEI Practices**

Institutional commitment to diversity and inclusion initiatives is essential for creating an equitable and representative healthcare workforce, particularly in leadership roles. When organizations prioritize diversity and inclusion values through well-defined policies, they significantly enhance leadership representation, fostering an environment where diverse voices are empowered and heard (Berlin et al., 2020). This commitment lays the groundwork for all subsequent initiatives aimed at increasing the representation of underrepresented groups in healthcare leadership. Commitment to diversity and inclusion is a crucial foundation for empowering diverse voices and enhancing representation in healthcare leadership (Bierer et al., 2022; Brooks et al., 2022), shaping a more equitable and effective workforce.

### ***Diversity and Inclusion Initiatives***

Implementing robust diversity and inclusion initiatives is crucial for translating institutional commitment into meaningful action (Jordan, 2020). These initiatives should focus on creating opportunities for diverse talent, ensuring that all employees have access to the resources and support necessary for professional growth (Kuntz, 2023). By fostering an inclusive culture, organizations can attract and retain talent from various backgrounds, thereby enhancing the overall effectiveness and responsiveness of the

healthcare workforce. Strong diversity and inclusion initiatives are essential for transforming institutional commitment into tangible improvements creating opportunities for diverse talent to thrive (Brooks, 2022; Scott, 2024), ultimately strengthening the effectiveness and responsiveness of the healthcare workforce.

### ***Antidiscrimination Policies***

Feminist theory, emphasizes recognizing and addressing the unique challenges faced by women from diverse backgrounds, including the impact of anti-discrimination policies. The intersection of race, gender, and class profoundly shapes their experiences, underscoring the necessity for inclusive practices that challenge systemic inequalities (Usmani et al., 2023). By implementing antidiscrimination policies along cultural competence initiatives, healthcare organizations can foster an equitable landscape that empowers Hispanic women to thrive and meaningfully contribute to healthcare decision-making.

### **Representation in Leadership**

Representation in leadership is crucial for improving healthcare delivery (Atherton, 2022), as diverse leadership teams can better address the multifaceted needs of a multicultural patient population. The underrepresentation of Hispanic women in leadership roles limits the range of perspectives necessary for developing policies and practices that ensure equitable and culturally sensitive care (Magana, 2020), ultimately affecting healthcare delivery outcomes. When Hispanic women and other underrepresented groups hold positions of power, their unique perspectives and experiences can inform policies and practices that lead to more equitable and culturally

sensitive care. Benefiting the Hispanic community by ensuring leadership that understands and advocates for their unique needs and perspectives, leading to more cultural responsiveness and equitable outcomes (McCowan, 2020; Mihirika et al., 2023; Seraphin, 2023).

### ***Impact on Healthcare Delivery***

Feminist theory highlights the significance of recognizing the varied identities and backgrounds that shape women's experiences, advocating for a leadership model that includes diverse voices to challenge systemic inequalities. Feminist theory plays a pivotal role in addressing issues of gender diversity as it underscores the importance of recognizing the varied identities and backgrounds that shape women's experiences (Usmani, 2023). Advocating for leadership models that embrace diverse voices, empowering individuals to challenge systemic inequalities and foster a more inclusive society. By embracing this diversity, healthcare organizations not only enrich their leadership but also enhance the effectiveness and quality of care provided to all patients, ultimately fostering a healthier community.

### **Conclusion**

Addressing the underrepresentation of Hispanic women in healthcare leadership requires a multifaceted approach that integrates the principles of feminist theory with strategic initiatives aimed at fostering equity and inclusion. By prioritizing personal resilience and strength, establishing robust support systems, and implementing professional strategies for career advancement, healthcare organizations can empower these women to navigate work dynamics effectively while maintaining their emotional

and mental well-being (Bailey-Jackson, 2021; Delmas & Johnson, 2022). Moreover, the development of strong mentorship and sponsorship programs, alongside progressive organizational policies, serves as a foundation for cultivating a diverse leadership conduit (Bailey-Jackson, 2021; Poole et al., 2020). Institutional commitment to antidiscrimination policies and cultural competence is essential for creating an equitable environment where all employees can thrive (Bailey-Jackson, 2021). Ultimately, by ensuring diversity and representation in leadership, healthcare organizations can enhance service delivery and better meet the needs of a multicultural population. These collective efforts underscore the importance of accountability in leadership, as organizations seek to create systemic change that not only uplifts Hispanic women, but also contributes to a more just and inclusive healthcare system (Blackledge, 2022; Brook et al., 2022). Through these comprehensive strategies, the healthcare sector can achieve meaningful progress, fostering a culture that values and leverages diverse perspectives for the benefit of all healthcare providers, collaborators, and community members (Bailey-Jackson, 2021; Berlin et al., 2020).

## Part 4: Recommendation for Professional Practice and Implications for Social Change

### **Introduction**

In the pursuit of enhancing the representation of Hispanic women in healthcare leadership, it is essential to explore effective professional practices and strategies that empower individuals and contribute to broader social change. This section will provide concrete recommendations aimed at fostering an inclusive environment that supports the advancement of Hispanic women in leadership roles. By implementing targeted recruitment strategies (Bierer et al., 2022), mentorship programs (Atherton, 2022; Mathies, 2023), robust organizational policies (Bailey-Jackson, 2021), and comprehensive diversity initiatives and commitment (Brooks et al., 2022; Oh et al., 2021; Poole et al., 2020), healthcare institutions can begin to dismantle systemic barriers that hinder the growth of underrepresented groups.

Furthermore, these recommendations highlight the importance of creating a supportive culture within healthcare organizations that prioritize equity and inclusion, ultimately leading to improved healthcare delivery and outcomes for diverse patient populations (Mihirika et al., 2023; Seraphin, 2023). Through these proactive measures, it is possible to pave the way for meaningful social change that uplifts not only Hispanic women but also enriches the entire healthcare community (Blackledge, 2022; Magaña, 2020).

### **Theoretical Framework**

McFT and MrFT provide a critical lens for understanding the complexities of gender, race, and identity in the context of healthcare leadership. These theories

emphasize the significance of recognizing and valuing the diverse experiences of women from various cultural backgrounds while acknowledging the intersectionality of race, ethnicity, class and gender (Achimuga-Opulawa, 2024; Allen, 2018; Crenshaw, 1991; Hurtado, 2010; Okpokwasili, 2024). These feminist theories recognize and value the diverse experiences and identities of women across different racial and cultural backgrounds. Applying these theories acknowledges and addresses the systemic barriers and biases hindering the advancement of minority women into executive roles while helping develop comprehensive strategies to promote the representation of and, creating pathways for leadership development and advancement of these same minority women. These advancements may lead to enhanced organizational performance, innovation, and responsiveness to diverse patient populations and community needs.

McFT highlights the importance of inclusivity in leadership roles, advocating for policies and practices that reflect the voices and realities of underrepresented groups, including Hispanic women (Allen, 2018; Guy & Larson, 2024; Hurtado, 2010). MrFT further reinforces the need for these sponsorship initiatives, emphasizing that mentorship should be sensitive to the cultural dynamic and unique experiences of diverse individuals (Achimuga-Opaluwa, 2024; Zinn & Dill, 1996).

### **Recommendations for Professional Practice**

#### **Creating Diversity Through Targeted Recruitment of Hispanic Women Strategies**

To advance the representation of Hispanic women and create diversity through targeted recruitment in healthcare executive leadership, organizations should develop tailored recruitment campaigns that utilize culturally relevant messaging and imagery to



resonate with this demographic (or that which seeking). Incorporating feminist theory emphasizes the importance of recognizing and valuing the unique experiences and contributions of Hispanic women, which can be reflected in the campaign's narrative. Highlighting success stories of Hispanic women already in leadership roles within the organization can enhance appeal (Atherton, 2022). Partnering with community organizations, educational institutions, and professional associations that serve Hispanic women is also essential under feminist principles, as these collaborations empower individuals and create supportive networks (Okpokwasili, 2024). Such partnerships can facilitate internships or job fairs that may attract potential candidates (Dreachslin & Hobby, 2018).

Incorporating diverse recruitment platforms, including Spanish job boards, can further increase visibility among Hispanic audiences, reinforcing the idea that inclusion is critical in achieving equity. Additionally, implementing employee referral programs encouraging current employees, especially those from Hispanic backgrounds, to refer candidates can expand the talent pool by tapping into existing networks. Enhancing job descriptions to emphasize inclusivity and commitment to diversity while avoiding complex jargon can make positions more appealing and accessible (Nations, 2021).

Providing cultural competence training for hiring teams is crucial in recognizing and mitigating implicit biases during the hiring process, promoting equitable selection practices that align with feminist principles of fairness and justice (Bailey-Jackson, 2021; Oh et al., 2021; Okpokwasili, 2024). Establishing Hispanic recruitment focus groups can gather valuable insights on barriers to recruitment and developing targeted internship or

fellowship programs for Hispanic women, providing them with practical experience and pathways to employment. Setting measurable recruitment goals focused on increasing the representation of Hispanic women and regularly assessing progress can ensure accountability (Seraphin, 2023) and reflects a commitment to systemic change. Finally, engaging in continuous feedback and evaluation from newly hired Hispanic women can help improve future practices (McCowan, 2020; Nations, 2021; Scott, 2024). By implementing these strategies grounded in research and feminist theory, organizations can significantly enhance their efforts to create diversity through targeted recruitment of Hispanic women, fostering a more inclusive and representative workforce. This recommendation is strongly rooted in Theme 4: institutional support and DEI practices, along with Theme 6: strategies for improvement.

### **Producing Equity Through Mentorship and Sponsorship Programs for Hispanic Women in Healthcare Executive Leadership**

Grounded on the findings of this integrative research review, several professional practice recommendations can be implemented to improve the representation of Hispanic women in healthcare executive leadership. These recommendations are in conformity with the thematic analysis and in alignment with the organizational practices needed to foster diverse, inclusive, and equitable environments.

Incorporating feminist theory into mentorship and sponsorship programs emphasizes the importance of solidarity and empowerment among women (Curran et al., 2019). Enhancing mentorship and sponsorship programs proved to be the leading effective action plan. Establishing formal mentorship and sponsorship programs that

connect Hispanic women with experienced leaders who can provide guidance, support, and advocacy is a crucial step. To truly promote equity, organizations should prioritize pairing mentees with mentors who can share relevant experiences and understand professional challenges faced by Hispanic women. (Okpokwasili, 2024). Organizations should facilitate regular mentoring sessions and track outcomes to ensure effectiveness (Dreachslin & Hobby, 2018; Jordan, 2020; Mathies, 2023). This recommendation is rooted in the support systems theme, strategies for improvement. By implementing these practices, organizations can create a more inclusive and equitable leadership environments, directly addressing underrepresentation in executive roles (McCowan, 2020; Mihirika et al., 2023).

### **Providing Inclusion Through Targeted Robust Organizational Policies for Hispanic Women**

To successfully expand the role of Hispanic women and climb to executive leadership roles in healthcare, organizations must implement targeted and robust organizational policies. Integrating feminist theory, which emphasizes equity and dismantling systemic barriers, is essential in forming such policies (Larson & Guy, 2024). The development and enforcement of comprehensive, anti-discrimination policies are essential for creating a safe environment that protects against bias based on race, gender, and ethnicity (Mathies, 2023; Samuel & Durning, 2023). By effectively communicating and enforcing these policies, organizations can provide a secure foundation that allows Hispanic women to pursue leadership opportunities without fear of discrimination (Abbey, 2022; Bailey-Jackson, 2021). Additionally, establishing dedicated

diversity and inclusion committees is vital. These committees can operate under principles of intersectionality, ensuring that specific challenges facing Hispanic women are addressed (Allen, 2018; Larson & Guy, 2024). These committees can also help prioritize initiatives aimed at increasing the representation of Hispanic women in executive roles, with these committees focusing on monitoring progress and recommending necessary improvements (Poole & Brownlee, 2020).

Furthermore, creating transparent career pathways within healthcare organizations is crucial for supporting Hispanic women in their ascent to executive leadership. By outlining clear criteria for promotions and professional development programs, organizations can empower these women with tools needed for advancement (Oh et al., 2021). Targeting recruitment efforts to include Hispanic women, particularly through partnerships with educational institutions and community organizations, can enhance visibility and foster interest in leadership roles (McCowan, 2020; Seraphin, 2023). Campaigns that highlight the organization's commitment to supporting diverse leaders can make a significant impact.

### **DEI Initiatives and Commitments**

DEI initiatives stand as crucial pillars for expanding the role of Hispanic women in healthcare executive leadership. Incorporating feminist theory into these initiatives emphasizes the need to acknowledge and dismantle systemic barriers that disproportionately affect marginalized groups (Armstrong, 2024). By adopting comprehensive DEI strategies, HSOs can create an environment that is conducive to diverse leadership and equitable opportunities for advancement (Blackledge, 2022;

Seraphin, 2023). Best practices in DEI begin with clear organizational commitment that prioritizes representation and development opportunities for Hispanic women. This includes setting specific targets to increase diversity within leadership roles and ensuring accountability mechanisms are in place to track progress and outcomes (Oh et al., 2021; Poole & Brownlee, 2020), reflecting a commitment to transparency and equity.

Effective DEI initiatives involve a multifaceted approach targeting recruitment but also retention and advancement of Hispanic women. Organizations can implement mentorship and sponsorship programs tailored to address unique challenges faced by Hispanic women in healthcare leadership (Dixon-Fyle et al., 2020; Seraphin, 2023). Feminist theory highlights the importance of solidarity and collective empowerment. Programs that foster relationships among women leaders can break down barriers and build a supportive network (Armstrong, 2024). Providing training that enhances cultural competence among leadership and staff helps foster inclusivity where diverse perspectives are valued. Creating inclusive policies that support flexible career development paths allows Hispanic women to navigate organizational hierarchies effectively (Abbey, 2022; Seraphin, 2023) and reach executive levels.

Ongoing evaluation and refinement of DEI initiatives are essential for ensuring relevance and impact, requiring organizations to engage in continuous conversation with Hispanic women leaders and other minority groups, ensuring that their voices are central to the conversation, reflecting and shaping the realities and needs of the workforce. By investing in comprehensive DEI strategies, healthcare organizations can expand the role of Hispanic women in executive leadership, but also enhance organizational performance,

innovation, and patient care outcomes (Magaña, 2020; Sharma, 2022). Implementing these best practices will enable healthcare systems to reflect the diversity of the communities they serve, fostering a leadership structure that is both equitable and inclusive, and embodying the feminist goal of social justice.

### **Implications for Social Change**

There are significant implications when considered in relation to the social determinants of health. Socioeconomic status, education, and access to healthcare profoundly influence health outcomes and disparities. By shifting focus on enhancing the representation of Hispanic women in healthcare executive leadership, this study underscores the potential for diverse leadership to address and mitigate some of these disparities. Leaders who reflect the diverse populations they serve are likely more attuned to the unique challenges faced by these communities. These actions also lead to more culturally competent and equitable healthcare policies, practices, and systems.

In terms of social change, increasing the representation of Hispanic women in leadership roles can help dismantle structural barriers within the healthcare system. Promoting inclusivity and ensuring that decision-making processes consider a wide range of perspectives and experiences, which may lead to more effective equitable health interventions and policies. This shift can improve health equity by fostering environments where all patients receive care that considers their social and cultural contexts, thereby reducing health disparities and improving overall community health outcomes.

More so, the promotion of Hispanic women into leadership positions serve as a catalyst for broader societal change, challenging stereotypes and inspiring future

generations of diverse leaders. It strengthens the narrative that leadership in healthcare can and should reflect the ethnic mosaic of society, crucial for advancing social justice and equality both within and beyond the healthcare sector. Change not only benefits individuals within these communities but also enhances the capacity of healthcare systems to deliver quality care for all. The study highlights the need for policies and organizational practices that support diverse leadership, thereby driving social change through more inclusive and aware healthcare systems. Figure 2 illustrates the recommendations for professional practice.

**Figure 2**

*Illustration of the Recommendations for Professional Practice*



## **Limitations**

Several limitations must be acknowledged when examining the representation of Hispanic women in healthcare executive leadership. Firstly, the study may be limited because it focuses on themes and findings prevalent in existing research, potentially overlooking emerging areas of inquiry or under-researched aspects of the topic due to the scope of the literature reviewed. By relying on literature published between 2019 and 2024, the study might only partially capture recent developments or shifts in the field and could affect the comprehensiveness of the findings.

Another potential limitation is the diversity within the Hispanic community itself, which comprises multiple nationalities, cultures, and experiences. The study may not adequately differentiate these nuances, potentially leading to overgeneralization when identifying strategies and practices for leadership representation. This reflects a broader challenge in multicultural research where heterogeneous groups are sometimes treated as monolithic.

Furthermore, thematic analysis relies heavily on qualitative data, which, while rich in detail and contexts, is subject to interpretational biases. My perspectives may have influenced the coding process and the identification of themes and subthemes, which can affect the objectivity of the findings. Furthermore, because the study synthesized existing literature rather than relying on empirical data collection, it may have impacted the results. This might not account for all real-world variables and contextual factors impacting Hispanic women's leadership experiences.



Lastly, the study's applicability may be limited to specific healthcare settings, particularly those in regions with significant Hispanic populations. This regional focus can limit the generalizability of the findings to broader or different geopolitical contexts where the demographic and organizational dynamics may differ substantially. Thus, while the study provides valuable insights, its conclusions should be considered within the context of its methodological and scope limitations.

### **Conclusion**

This integrative research review underscores the imperative need to expand the role of Hispanic women in healthcare executive leadership by researching and implementing best practices that address both systemic and individual barriers. Integrating feminist theory into this discussion emphasizes the importance of recognizing and dismantling barriers while promoting equity and social justice (Armstrong, 2024). The findings highlight that a combination of targeted recruitment efforts, comprehensive mentorship and sponsorship programs, DEI initiatives are critical to fostering an equitable leadership ground. Creating transparent career pathways and enforcing anti-discrimination policies lay a solid foundation for Hispanic women to not only access leadership roles but thrive within them.

HSOs committed to this goal must engage deeply with the diverse communities they serve, ensuring leadership structures authentically reflect the populations they aim to support. Feminist theory advocates for interactive approaches, where organizations should prioritize input from Hispanic women and other marginalized groups in decision-making processes (Armstrong, 2024). Through the prioritization of these strategies,

HSOs not only enhance representation but also elevate the quality of executive decision-making, driving forward a transformation that resonates with a diverse patient population. The “take-home” message is quite clear: advancing Hispanic women in healthcare leadership roles is not only a matter of equity but a strategic essential to achieve excellence in patient care and organizational performance. By embedding feminist principles into their operational frameworks, HSOs can create environments that are inclusive and responsive to the needs of all associates. Integrating these best practices will ultimately contribute to a healthcare system that is inclusive, innovative, and ready to meet the challenges of a diverse world.

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Appendix A: DHA Practice-Based Problem Literature Review Matrix

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
Crystal Mitchell, Joy Parchment, Angela Taylor, 2024	Action-step framework	How will developing and using DEIB toolkit help transform individuals, departments, organizations and communities for organizational sustainability	The study was conducted using an assessment tool, case studies with AONL nurse leader core competencies and tailored guidance in creating strategies for DEIB journey. A 4-step framework to learn, integrate, evaluate & transform	Imperative DEIB demands that nurses adopt expansive visions to extend beyond organization with potential to influence at national and global healthcare	This research shows an expansive approach fortifying the healthcare system from within and can foster a global connection of healthcare professionals/or ganizations collectively enhancing quality across all borders and cultures.	Future studies are needed to ensure policies for diversifying the nursing leadership workforce are being used to further DEIB efforts.	Ensuring these resulted principles of DEI permeate throughout all of healthcare delivery and policy.	Yes
Catherine E Harnois, 2005	Mixed framework Theoretic and Conceptual: Multiracial Feminist Theory and quantitative sociological	Do women's racial statuses mediate the relationship between specific life experiences and events and the extent which	Multiple group analyses of structural equation models analyzing data from 1996 General Social Survey	The results of each portion resulted in a yes. Feminism can be measured to a different extent to which women embrace	It is important to rethink traditional approaches to research in feminism so differences amongst women are not marginalized.	Future research concerned with women's relationship to feminism should bear in mind the limitations of measuring concept with	Future research should take care not to blur the lines between racial identities and the salience of feminism in women's lives.	Yes

	gender research	feminism is embraced?		feminism because of indicators like self-identification.		only one/two variables.		
Jorge C Hechavarria, 2017	Theoretical: Managing Diversity and cultural competence	What are the effects of deviance towards minority leadership?	Non-experimental quantitative methodology	Survey-driven, cross-sectional research designed to understand the effect of positive deviance on minority leadership in healthcare.	PoDeMLA reliability with both cultural competence and managing diversity independent variables ranged from acceptable to good.	Looking to further improve the positive deviance on minority leadership to improve “acceptable” scores.	Further identifying independent variables for managing minority leadership	Yes
Miriam Mousa, Helen Skouteris, Jacqueline Boyle, Graeme Currie, Kathleen Riach, Helena Teede July 11, 2022	Conceptual: A qualitative synthesis	How will the examining factors in implementing organization interventions help advance women in leadership?	Meta-ethnographic study	From the 15 qualitative studies, the analysis revealed three meta-themes- 1. leadership commitment and accountability, 2. Intervention fit with individuals with consideration	The identification of pragmatic themes resulted effective in informing initiatives and policymakers to generate new knowledge to advance women in	Study the organizational-level interventions that sought to advance women in leadership measurably.	Identifying organizations with the three pragmatic themes is essential for the advancement of women in leadership.	Yes

				given to personal beliefs, preferences, and experiences, 3. cultural climate and organizational readiness for change are central to the advancement in women healthcare leadership	healthcare leadership.			
Octavia I Altheimer 2015	Theoretical: White male standard theory	What methods are used by HR managers in healthcare to recruit and retain minority executives?	Exploratory research relying on qualitative methods	CAHMCP and UICUHP programs are effective in producing a pipeline of URM health professionals	10-year longitudinal analysis showed minority enrichment programs to contribute significantly to the development of a strong minority healthcare workforce and	Look into studying what enrichment programs are more beneficial to the improvement of diversity in healthcare	Examine if these enrichment programs also help improve gender diversity	Yes



					rapidly improve diversity within US workforce.			
Loretta Erses, July 2022	Career Development Theory (CDT) and Spiritual leadership theory (SLT)	What are the strategies and barriers to advancing senior leadership among women of color and developing mutual respect?	Phenomenological Qualitative design	Twelve participants shared their experiences as leaders, despite barriers that emerged from three themes of using spirituality in the workplace. 1. Challenges during career progression, two, textural and structural descriptions of leadership within multidisciplinary human services, and third, denoted coping strategies	Conclusions were that women experience different career progression pathways than men. Women are as effective as male leaders in influencing their followers, yet function at less than 5% as senior-level executives.	Future research should investigate the coping strategies for women of color leaders while facing work barriers in larger demographics	Work on changing policymakers and practitioners to augment women's appointment levels for board access at organizational and national levels.	No

				women employed to face barriers in a specific geographical area during career advancement.				
Deepak Doshi, 2018	Theoretical: Grounded Theory	What skills are appropriate for leadership in rural areas?	Convenience Sampling and thematic analysis	Adaptation, contentiousness, acting as role models, agreeableness, and the ability to take initiative were themes for leaders in rural and remote areas. Dominance, self-confidence, and extraversion were favorable, while resilience, generation trait,	Rural-specific skills are needed for success with modifications and shift the emphasis on traits and characteristics to work in rural health services.	From the established traits needed for leadership in rural and remote areas, which traits are more specific to each area.	Further study in different rural and remote settings to test the effectiveness of the described traits and characteristics.	No

				adaptability, and emotional intelligence were rural-specific.				
Stephanie J Forward, 2021	Theoretical: Glass Ceiling Theory	How do women or minorities obtain senior-level positions in healthcare?	Qualitative phenomenology	15 interviews were uploaded to NVivo 12 software and provided valuable insights based on their many years of experience, forthright realism, and years of experience	Results showed the need for networking, education, mentorship, confidence, and knowledge about the field.	How hiring more inclusive leadership can help address inclusive hiring practices.	Apply learnings within healthcare and diversity/inclusion training to address unconscious bias	Yes
Paula M Lantz, 2008	Conceptual	What aspects of gender should be incorporated into leadership models?	Spatial access methods	Out of 100 top-performing acute care hospitals in US, only 15 employed a female CEO.	Public recommendations for increasing diversity also exhibit a lack of attention to gender and race/ethnicity	Study the specific leadership models that pertain to increasing racial/ethnic representation.	How to address the gender gap in healthcare leadership ?	Yes

Feras H. Abuzeyad, Leena Al Qasem, Luma Bashmi, Mona Arekat, Ghada Al Qassim, Ahmed Alansari, Eman Ahmed Haji, Amena Malik, Priya Das, Abdulla Almusala and Maryam Feras Abuzeyad, 2022	Theoretical: Glass Ceiling	Is gender bias in Healthcare Leadership roles outside of the US an issue?	Qualitative data: thematic analysis	Data collected from Bahraini Ministry of Health, National Health Regulatory Authority, Salmaniya where statistics were used to derive frequencies and percentages of MDs following leadership positions. Two medical schools were used for trending female enrollment into medical schools.	Males mostly held positions of leadership and dominated surgical specialties; however, more females were reported to have general licenses. With increasing trend of women's participation to medicine in Bahrain, females will likely have a bigger impact on future to hold more leadership positions.	Study women specific trends of their participation in medicine	Work to increase the female role in surgical specialties	No
Mark S. Eberhardt and, Elsie R. Pamuk, 2004	Theoretical	What are the differences in health measures	Longitudinal sampling	Key measures of health do not exhibit a monotonic	Residents of rural areas measured worse than	Study how gender and culture play a role in the key	Identifying how to improve rural areas as to contribute to care	No

		among rural, suburban, and urban residents that contribute to care.		pattern between rural and urban areas with the greatest differences occurring between rural and suburban areas.	residents of urbanized areas	measures of rural vs urban areas		
Jennifer Harre, 2023	Theoretical: Intercultural Development continuum (IDC) and the Psychology of Change framework from the institute of Healthcare Improvement (IHI). -which believes	Does focused training on D/E & I impact cultural intelligence (CI) among the healthcare executive leadership team in a rural healthcare system?	The study was conducted with 20 executive leadership team members of a Midwest rural healthcare system which included C-suite, VPs, and system directors. They underwent a 9-month Diversity, Equity & Inclusion training program to examine if the outcome would be increased cultural intelligence. Then a 50-item questionnaire would be administered	Post Assessment showed that prior to the training these executives ranged from Denial to minimization (like us belief) causing other cultures to feel their differences minimized. 30% of the subjects adapted/accepted Intercultural mindset vs 50% shifting into intercultural mindset post training.	Denial mindset reflects a limited ability to understand or respond to cultural differences and D/E & I is not a priority when such mindset is present. Additionally, during traumatic events, shift towards monocultural mindset is seen. However, when asked- all executives recommended implementing such training.	Further research should be spent on assessing if the training duration has a correlation with a positive outcome. A 9-month training for all executives may be too long/not practice.	The post COVID state of trauma may currently still be conducive to a monocultural mindset	No

Emilia Fernandes, Carlos Cabral-Cardoso, 2006	Conceptual Frameworks using questionnaires on social gender stereotypes	What are the implications for persistent inequalities in the social stereotypes of male/female managers?	A study was conducted using a qualitative research design where a sample of undergraduate management students filled comprehensive questionnaires of descriptor male/female managers	Results showed male and female manager social stereotypes associated with work/management contexts relatively close. The similarity of the results is explained by the adoption of the masculine subcategory as the referent to the female manager.	The acceptance of females in management shows an asymmetric relationship in gender roles that persist among social beliefs and into management	Future studies are needed to learn how to overcome thinking about gender as a dichotomy and start understanding the diversity of women and men managers and individuals.	The practice of recognition of women in management will not be achieved by demographic feminization of management but instead require deep analysis into the social practices that keep the masculine as the referent.	No
Weil, Peter A, 2009	Conceptual framework using a survey instrument	What are the career attainments of racial/ethnic minorities in contrast to whites when the level of education is controlled?	A survey instrument sampling 4,371 individuals with equal numbers of men and women, drawn among ACHE affiliates	Results showed continued disparities in career attainments when comparing racial/ethnic minorities with white counterparts. With an overall rate of only 27 percent white respondents taking internships, & 9	The issue of diversity within healthcare management is both an ethical and a business imperative. All minorities are reported having a larger gap in job satisfaction, position level, compensation, despite having equal or higher education than white males.	Future studies should be conducted to assess whether career outcomes have improved for minority healthcare executives compared to their white counterparts.	The commitment to readdressing imbalances in representation of racially/ethnically diverse individuals in leadership is instrumental in the healthcare profession now and in the future.	Yes

				percent of them taking residencies yet 56% of white men lead top-level executive positions.				
Gail M House, 2014	Conceptual: Qualitative research design	Does mentoring and social networking relationships influence the prospective participants' success in attaining executive-level positions in healthcare administration ?	Exploratory qualitative study with semi structured interview questions given to 16 African American women in executive management in healthcare administration and analyzed with CAQDAS.	Using NVivo10, which classifies, sorts, and arranges information, researchers isolated trends and examined results showing age and experience to overlap as the most frequent barrier identified by participants. Gender barriers resulted more detrimental than racial barriers	94% (15/16 participants) concluded that mentoring and networking influenced their career trajectories. They noted mentoring does not need to be formal, and any/all networking is favorable and even suggested using it towards organizational/committee exposure which also leads to professional development.	Focusing on exploring African American men and other minorities to compare and understand other career success strategies.	The major implication for practice is leveraging relationships for African American women aspiring to executive leadership positions in healthcare. Additionally, expanding on barriers and organizational support.	No
Celesia D Valentine, 2009	Quantitative, exploratory (correlational and	What is the relationship among ethnicity, race	A study was conducted among 2,960 healthcare executives using a	526 or 17.9% responded. White females and males had	There is significant differences in career success	The significantly limited years of experience	Identifying networking behaviors that help drive career	Yes

	comparative) research design	and gender on career success outcomes of healthcare executives, and what factors influence the career success of racial and ethnic minorities and women in healthcare as well as the barriers that impede their mobility	3-part self-report survey with 58 items used. 1. A networking behavior scale, 2. career outcomes, and 3. demographic characteristics. The data collected was analyzed using statistical package SPSS 17.0	an average of 6 more professional work experience years than minorities. Significant differences observed relative to career outcomes such as promotions (white males scored highest), compensation, psychological commitment. While no career satisfaction differences resulting in perceived career success.	outcomes between minority and non-minority healthcare executives. 33% white women, 29% white male composed the highest career success. Studies showed that single, 35-45 age range is the most beneficial for minority women climbing the corporate ladder.	shown in minorities could be due to efforts done to retain and promote diverse candidates early on in their career and thus values appear low.	success of minority healthcare executives and the barriers that still impede their career success.	
Sarita M Wesley, 2009	Qualitative research	What are the organizational , personal influences, challenges, and barriers that minority women face and must overcome to	Case study (semi-structured interview) method focused on 20 minority women (10 African, 5 Hispanic, 5 Asian) leaders within nonprofit organizations and	Findings showed that to “break the glass ceiling” women must be willing to take career risks, act tough, decisive, and demanding, show a desire to	Understanding organizational politics, having an influential mentor, demonstrating effective leadership/com munication skills, and a	The women studied worked within nonprofit organizations and thus further studies would be needed to determine if this data is applicable for	Given the researcher’s cultural background, participants may have expressed more socially acceptable standards than they otherwise would	No



		advance their careers within nonprofit organizations?	studied overtime through detailed, in-depth data collection involving multiple sources of information to understand factors, barriers, and effects of workplace inequality.	succeed, have a track record of achievements, and get mentoring. Education ranked top factor (#1, 100%) for advancing, with competency/experience ranking #2 (95%), Work ethic #3 (90%), Mentoring #4 (75%), Leadership/communication skills #5 (70%), & family support #6 (55%).	supportive family encompassing the top factors needed to overcome, attain, & function in top-level positions. Additionally, the disaffiliation with certain status/groups within the organization, the higher the likelihood of being overlooked for top tier positions.	all minority women in (nonprofit and private) healthcare organizational leadership.	have. Additionally, the study might be biased as the researcher herself is a minority.	
Martha Pilkington Plant, 2008	Theoretical: Glass Ceiling Theory	What skill sets or behaviors contribute to executive women's success?	This Phenomenological methodology using qualitative collected data from interviews of 10 healthcare executive women with 1-5 years in role, ages 30 – 65, exceeding a million-dollar	Skill/characteristics contributing to executive women's success were communicator 50%, relationship building 50%, achiever, willingness to always learn	Vision and action created an effective leader in this study, which resulted in successful team building, problem solving, risk-taking and innovative	The lack of visual and nonverbal cues to enrich response context were limiting to the study. Additionally, having no control over the setting/conditio	A lack of personal contact with the participants could have led to inaccuracy in the interpretation of the collected data.	No

			budget, minimum of 100 employees and must be members of the American College of Healthcare Executives. Follow-up telephone calls were made after the initial surveys were completed.	40%, regular exercise for stress-relief 50%, building rapport with physicians/staff 50%, Assertiveness/ leadership/ communication 50%, Support from family 70%	organizations. Being proactive in addressing organizational potential rather than waiting to	ns under which the subjects responded.		
Oriaku Sowell, 2022	Glass ceiling theory	What are the lived experiences of African American women executives vying for healthcare executive positions in reaching a glass ceiling?	A qualitative phenomenological method was used to examine 12 African American women's invisible barriers/biased and lived experiences climbing the corporate ladder in healthcare administration. An inductive research perspective was chosen to interview participants with semi structured open-ended questions. 3	60–90-minute digital recordings for each member using EVISTR showed that there is a lack of social, moral, sponsorship, and promotional, support. A lack of advocacy for emotional support, along with sexism, racism, and inequality are the common lived experiences,	Social network of survival is an important aspect of overcoming the glass ceiling effect when competing for healthcare executive roles as African American women. The study confirmed that progress remains slow but self-growth, leadership, and professional development are viable in	The study is not generalizable to individuals of other ethnicities or males. Further studies would be needed to correlate data amongst them.	Not all women's workplace experiences are the same and the barriers to success are based on the premise of being the norm	No

			research questions, 39 meaning units and 5 themes discussed.		reaching a glass ceiling.			
Yvette E Mack, 2010	Social learning theory	What succession planning experiences have been most beneficial in the development of successful women healthcare executives?	An ethnographic study using qualitative method of inquiry was conducted. Researcher used Semi structured, face-to-face using 31 open ended interview questions on 8 women having at least 1 year of experience as a healthcare executive in a medical college.	Using Xsight software, 6 thematic patterns were identified and coded into needing training 50%, feedback 50%, mentoring 75%, committee work 50%, and organizational policies/culture 100% to be most beneficial in the development of a female executive.	The belief that succession planning requires more resources for career advancement for women seeking entrance to the healthcare c-suite should practice the six themes to improve the development of women executives in healthcare.	A comparative study utilizing a larger number of participants at a larger medical school/large hospital is needed to enable more definite data of career development for women in healthcare.	Due to the limited study results, consistent advocacy of mentoring as a succession planning strategy is suggested. Formalizing mentoring for all professional staff especially executives to be.	Yes

## Appendix B: DHA Review Question Search Log

Database or location name	Search Terms	Results	Notes
EBSCO	Healthcare, health care, hospital, health services, administrator, leader, manager, executive, Hispanic/Latino, women, minorities, 2019 or newer/executive or leadership, hospital or healthcare or health care, underrepresentation	73	Removed 7 articles that were duplicates, resulting in 66 articles remaining for inclusion/exclusion screening.
ProQuest	Hispanic/minority Women/gender bias in healthcare leadership/executive roles /2019-2024/	202	Removed 16 articles that were irrelevant, resulting in 186 articles remaining for inclusion/exclusions screening.
Google Scholar	Hispanic women hospital executives/Hispanics healthcare c-suite/DEI healthcare leadership	120	Removed 26 duplicates resulting in 94 articles remaining for inclusion and exclusions screening.
APA PsycNet	Hospital/healthcare executives/best practices/leadership development/healthcare leadership/management/minority/Hispanic women/DEI, health care/health care administration, leadership, 2019-2024/ health services administration, best practices	18	Removed 5 duplicates resulting in 13 articles

### Appendix C: DHA Appraisal Results Log

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Jennifer Marie Bailey-Jackson, 2021, Hope Beyond the Struggle: How Female African American Healthcare Leaders Cope with Discrimination in the Workplace	Evidence Level: V Quality rating: Good	Healthcare Hospital setting, educational research, the distinctive stresses & coping resources that empower AAW to manage individual discrimination, gendered racial discrimination, institutional racism, & encounters with white privilege in workplace	hope & spirituality serve as inextricably linked sources to overcome discrimination, bias, racism, and sexism in healthcare leadership	Qualitative phenomenological research design with narrative methodology interviewing 20 senior/executive leaders	Researcher positionality & interviewee trustworthiness concerns
Kenneth G Poole, MD Darren Brownlee, MHA, 2020, Exploring the Current State of Racial & Ethnic Minorities in Healthcare Leadership	Evidence Level: IV Quality rating: High	Healthcare Executives, medical research, AA & Latinos are significantly underrepresented in most health occupations & becomes more pronounced in healthcare leadership	Mentorship can be the easiest solution for increased diversity in leadership which shows financial & clinical benefits, yielding above average financial returns & performance. Contributes to pay equity, productivity, retention, patient outreach/health.	Mixed methodology analyzing results both numerically & narratively. Some reporting analysis as large as +300 participants & other reporting showing small sample sizes & key themes over 12 years	Researchers' positionality & one of the years 2015 (1997 – 2019) surveyed lacked a large amount of governing board goals for diversity membership plans/goals/compensation
Andrew Atherton, 2022, An Exploration of Women's Representation in Senior Leadership Positions in the English National Health Service	Evidence Level: V Quality rating: High	Healthcare system in UK board meetings social research, does a Glass Ceiling Exist in the English National Health Service & what are the factors acting as barriers to women accessing senior leadership positions?	Women are less likely to apply for higher positions & implementing job sharing/flexible working would help address barriers to gender equality. Women should create their own networks & support through mentoring/signposting opportunities. Creating	Mixed methodology: Quantitative analysis reviewed data on gender composition (trusts' boards/uptake of development programs). Qualitative, 26 interviews with NHS managers	Research was conducted during pandemic so unique demands of coronavirus could have impacted female career advancement. Also, gender was not always obvious, could assume on name but could be error/bias

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			leadership equality model.		
Gretchen Berlin, Lucia Darino, Rachel Groh, Pooja Kumar MD, 2020, Women in Healthcare: Moving from the Front Lines to the Top Rung	Evidence III High Quality	Women in healthcare’s Senior Positions. Medical Research. Lack of representation among women of color can have a far-reaching impact: Fewer women of color executives equals fewer role models for young women.	External hiring is one of the quickest levers to improve female representation at the top. 5 steps for promoting women of color including acknowledging specific challenges faced by cohort, goal setting, require diverse hiring/promotions, unconscious bias training, clear eval criteria	Qualitative research. Largest (43 companies) comprehensive benchmark of women in corporate America & Employee Experience Surveys	Unconscious bias of participants, researchers’ positionality,
Janice Dreachslin, Fred Hobby, 2018, Racial and Ethnic Disparities Why Diversity Leadership Matters	Evidence III Quality Good	Healthcare Management, Business Research, when language/religious/cultural/gender/race/ethnic difference are misunderstood, not valued & underappreciated, they become contributors to unequal medical outcomes, patient care & healing	Minimizing racial & ethnic disparities require culturally competent clinicians but also leaders who create an organizational context in which cultural competence is enabled, cultivated, & reinforced in order to perform their full potential.	Qualitative Comprehensive Research	Researchers’ positionality

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
CarTyea Mathies, 2023, Combating DEI structures: A Tale of Black Women's Journeys in Healthcare Leadership	Level V High Quality	Black Women in Healthcare Leadership, Social Research, The adverse impact of non-inclusive workplaces on minorities mental health.	DEI is pivotal in breaking down entrenched barriers of the past & forging landscape representative, inclusive, and equitable.	Qualitative Literature review. Cross cultural analysis	No in-depth exploration of individual experiences & nuances may arise during qualitative data collection methods.
Barbara Bierer, Laura Meloney, Hayat Ahmed, Sarah White, 2022, Advancing the Inclusion of Underrepresented Women in Clinical Research	III Evidence Good Quality	Underrepresented women in Clinical Research, Medical Research, barriers to inclusion limiting understanding and contribution to health inequities and social injustice of women of color	Community partnership, collaboration and consultation are necessary to ensure and support the inclusion of underrepresented women in research & improve health outcomes & equity	Qualitative Single controlled trial without randomization	Measuring biological/social/political implications of diverse populations might inform important health correlates.
Amber Brooks, Yafen Liang, Michael Brooks, Jae Woong Lee, Xu Zhang, Iruoma Nwangwu, Holger Eltzschig, Omonele Nwokolo, 2022, Leadership roles and initiatives for diversity and inclusion in academic anesthesiology departments	Level III Quality High	Academic Anesthesiology, Medical research, measured existence and quantifications of leadership roles & initiatives directed at diversity and inclusion efforts at academic anesthesiology	Many anesthesia departments have developed initiatives to promote diversity, like recruitment and retention focuses, training and outreach - critical to enhancing departmental success in promoting diversity and inclusion.	Quantitative. Cross-sectional survey study	Response rate of 49.4% - limited sample size & surveys anonymity – could not determine presence of diversity roles of non-responding departments.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Kemberly Blackledge, 2022, An Examination of the Relationship Between the Role of the Chief Diversity Officer & Hospital Financial Performance & Patient Experience Measures	Level II Quality Good	Hospital Setting, Business research, Does the hospital community racial/ethnic diversity moderate the relationship between having a Chief Diversity Officer & operating margin financial performance?	The role of CDOs embraced diversity, management & fostered better morale. It promoted heightened creativity, improved decision making and supported delivery of better financial performance and patient experiences.	Comparative quantitative method	Sam sample size, secondary data, and time limitations.
Virginia Sharma, 2022, How does Gender Impact Leader Sensemaking in Crisis	Level III Quality High	C-suite roles in public/private healthcare sectors, Medical Research, Is feminine vs masculine leaders more effective in extreme crises	Gender role identity does impact sensemaking in leadership roles and thus androgynous leaders are the most effective. Additionally, research developed a tool to determine level of androgenous every leader scores to help determine who would be a better leader	Qualitative Case category process. In depth survey /interviews	Gender stereotypes, seniority and culture constructs played a role in responding to crisis
Alan Belasen, 2020, Think Twice: Coleadership & Representation of Women	Level V Good Quality	Senior Leadership, medical research, Gender disparity persists in senior healthcare positions despite women playing crucial roles in strengthening integration of health services	Coleadership structures are congruent with growth strategies of team-based integrated health organizations. Quadruple Aim of enhancing patients experience/reducing capita costs, improving health, fostering	Mixed program evaluations of systematic assessment	Researchers' positionality



Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			employee satisfaction, engagement, retention		
Ollivette Deniece Scott, 2024, The Relationship Between Relational Leadership Behaviors & Organizational Culture	Level V High Quality	Organizational Leadership, Medical Research, to what extent is relational leadership style influencing organizational culture in the healthcare industry & how can it set a positive/productive tone for organizational culture	There is no significant relationship between characteristics of a relational leadership style & organizational culture within healthcare but there is a significant relationship between characteristic of relational leadership style & organizational culture within healthcare-inclusive, empowering, caring , ethics, vision. Important because it contradicts all research, but it shows the impact a pandemic (crisis) can have on morale & leadership	Quantitative Nonexperimental correlational design	This research focused on overall perception of leadership rather than specific characteristics of relational leadership that may impact culture. LoS, age, culture, ethnicity, geographical location was not considered. Additionally, study was conducted during the COVID19 pandemic
Abbas Ali Mohammed, 2023, The Impact of Empowering & Transformational Leadership on Organizational	Level I, Quality High	Leadership employees in hospital, Social Research, to observe impact of leadership styles on organizational performance & innovation.	Clearly supported transformational & empowering leadership in the success of an organization by supporting leaders & influencing behavior through idealized	Quantitative; questionnaires	Research was conducted in the Iraqi Healthcare sector. Additionally, this study measured performance & innovation at the organizational level and not at individual level.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Performance & Innovation			influence, support & participation in critical decisions.		
Joana Kuntz, Jennifer Hoi Ki Wong, Susan Budge, 2023, Motive, mindset and opportunity: exploring leader ambidexterity factors in healthcare	Level V, Quality High	Public Hospital setting, Medical Research, does paradoxical thinking, integrator behaviors, and managerial role & level influence likelihood of leaders exhibiting ambidexterity	Higher levels of integrator behaviors such as reflective learning/context responsiveness were found among leaders who have high ambidexterity (generate new knowledge) ensuring adaption to emerging challenges, flexibility & innovation.	Qualitative Cross sectional Self-report questionnaire cluster analysis of data	Study takes place in New Zealand & findings underscore the importance of learning behaviors & context responsiveness to ambidexterity.
Sandra Langford Abbey, 2022, Developing Resilience & Deploying Resilient Leadership Behaviors Among Women Mid-Level Healthcare Leaders	Level III, Quality High	Midlevel women managers in healthcare, medical research, How do women in mid-level leadership in healthcare deploy resilient leadership behaviors in organizations?	Women in middle management levels dominate healthcare, thus resilience & leadership behaviors they possess helped implement programs to prepare women for future senior level positions decreasing the gender gap within healthcare senior leadership roles.	Qualitative-demographic questionnaire, semi-structured interviews & focus groups	Potential snowball sampling & sample target criteria could represent inaccurate population limitation. Pervasive impact of ongoing pandemic was also a limitation.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Kimberly Ann Waidler, 2021, Relationships Between Trait Emotional Intelligence & Gender in Healthcare Leaders	Level III, High Quality	Healthcare leaders (male & female), business research , explores possible relationships between elements of trait EI & gender in healthcare leaders	Research showed that female healthcare leaders scored slightly higher (4.88 to 4.78) to their male counterparts globally within all 4 constructs of emotional intelligence	Quantitative descriptive study. Statistical descriptive analysis of participant data	Actual Sample Size given they targeted 472 and drastically underscored with 123
Kelli M Nations, 2021, How Situational Leadership Practices and Chief Nurse Officer Competencies Can Help Increase Nurse Engagement: A Case Study of a Large Healthcare System in Texas	Level III, Good Quality	Hospitals, Medical Research, Can CNO competencies increase nurse engagement	Research found that developing situational leadership development programs for CNOs can improve productivity further supporting nurse/leaders fully appreciating/utilizing four phases of situational leadership.	Qualitative Semi structured interviews with open ended questions,	A collection of a nationwide sample convenience/random would not be feasible under time & money constraints
Danielle Jordan, 2020, Physicians' Perspectives of Leadership Development in a Healthcare Setting: A Qualitative Study	Level III High Quality	Hospital setting, Medical & Business Research, The need to explore perspectives of medical leaders with formal leadership and business education to address healthcare organizational needs	All research showed that medical personnel is better suited to run healthcare business in all healthcare organizations to truly address organizational needs.	Qualitative grounded study. Exploratory Surveys	Due to financial limitations medical experts such as clinical providers/physicians do not pursue higher/c suite leadership roles despite being the most suitable.
Anita Samuel, Ronald Cervero, Steven Durning, 2020, Gender and Racial Representation Trends Among Internal	Level III, Good Quality	Minority/Women internal medical/Medical Research/ What is the level of parity representation in IM & is it suggestive of DEI commitment	Women & minorities are significantly underrepresented in internal medicine leadership positions which is the most	Quantitative Cross sectional analysis of race/ethnicity/ gender in IM	Study is based on AAMC faculty roster only. Additionally, data only provided IM leadership in the role of department chair

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Medicine Department Chairs			determinant fact or an institutions commitment to diversity. Improving such would improve organizational DEI commitment		
Laura Oh, Judith Linden, Amy Zeidan, Bisan Salhi, Penelope Lema, Ava Pierce, Andrea Greene, Sandra Werner, Sheryl Heron, Michelle Lall, John Finnell, Nicole Franks, Nicole Battaglioli, Jordana Haber, Christopher Sampson, Jonathan Fisher, Tyson Pillow, Ankur Doshi, Bruce Lo, 2021, Overcoming barriers to promotion for women and underrepresented in medicine faculty in academic emergency medicine	Level V, High Quality	Internal Medicine, Medical Research, What are potential solutions to addressing inequities that hinder the advancement of women and URIM faculty	Championing diversity and promotion of women in medical faculty requires life experiences, priorities be expressed, heard, valued, respected, & continually acted on to improve representation, patient care, and organizational processes	Qualitative	Researchers Positionality

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Mihirka Surangi de Silva P.B, Mariam Mousa, Belinda Garth, Leanne Boyd, Helena Teede , 2023, Organizational Strategies for Women Nurses to Advance in Healthcare Leadership: A Systematic Review	Level III, High Quality	Hospitals, Medical research, What strategies advance women in healthcare leadership	Greater diversity in healthcare leadership roles specific to women advancing is determined by mentorship, leadership training, career planning, coaching with opportunities for networking, sponsorship & recruitment processes.	Qualitative, thematic analysis meta-analyses (PRISMA)	
Rosedelma Seraphin, 2020, Underrepresentation in Academic Medicine: Recruiting, Hiring, and Retaining Racially and Ethnically Diverse Faculty	Level III, Good Quality	How do clinical department, faculty & stakeholders improve hiring for underrepresented minorities/Medical recruits.	Targeted strategies need to be designed to hire, recruit, and retain UMedical faculty & leadership. Mentorship is key, infrastructure is needed to make progress. Otherwise promotion delays personal life perils further faculty diversity	Qualitative Interpretive study interviews	Potential inability to yield truthful responses and two, participants performed multiple professional roles which creates conflict with timely interviews
Jayco McCowan, 2020, Talent Management Leaders' Strategies for Millennial Senior Leadership Roles: A Qualitative Exploratory Single Case Study	Level III, High Quality	What and how do healthcare talent managers develop strategies to advance millennials to senior leadership roles in healthcare	Research determined no formal healthcare talent manager strategies/succession plans help advance diverse millennials to senior leadership roles. This high emphasis on leadership development via millennial advancement is vital for progression as it keeps	Qualitative Semi structured interviews, single case review; purpose sampling	Lack of participation from most executive leaders. Lack of participation from HR

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			one in the forefront on healthcare.		
Sundiatu Dixon-Fyle, Kevin Dolan, Vivian Hunt, Sara Prince, 2020, Diversity Wins: How inclusion Matters	Level III High Quality	Corporate Healthcare, Business Research, is there a likelihood that diverse companies outperform industry peers on profitability and engagement with I&D?	Study showed that inclusion and diversity in executive teams matters as it helps increase outperformance against industry peers. Numbers are directly proportionate to gender diversity and ethnic diversity such as parity among men/women & minorities with white, non-Hispanics yielding higher top quartile results.	Quantitative NHHI metric	No standardized, universal metric. Unclear if employee responses to internal satisfaction surveys are anonymous or representative of their experiences and not influenced by employees
Local Voices on Health Care Communication Issues and Insights on Latino Cultural Constructs, 2020, Dalia Magana	Level III, High Quality	Hospital HSO, Medical research, considering that Hispanics make up the largest minority in the US, what are recommendations in line with Latino culture constructs for awareness on how language and intercultural competence affect healthcare communication	Friendlier, more attentive services, practitioners, healthcare providers, leaders, who speak Spanish, provider longer times with providers and are in lines with Latino cultural constructs of trust, family oriented, friendliness, respect and sympathy	Qualitative Collection, analysis and reporting of narrative data over perceptions and experiences	Findings are not generalizable and larger sample size studies should be done in the future to corroborate findings. Additionally, women are overrepresented in this sample, more men should be included in future study.

Appendix D: DHA Thematic Analysis Results

Author(s) and date	Findings with Initial Codes	Code List for Theme Development
<p>Bailey-Jackson, J. (2021). <i>Hope beyond the current struggle: How female African American healthcare leaders cope with discrimination in the workplace</i>  <a href="https://www.proquest.com/dissertations-theses/hope-beyond-current-struggle-how-female-african/docview/2572591243/se-2">https://www.proquest.com/dissertations-theses/hope-beyond-current-struggle-how-female-african/docview/2572591243/se-2</a></p>	<p>Personal Resilience and Strength:                      unique experiences, values, &amp; beliefs to navigate challenging work dynamics                      Self-efficacy, determination, perseverance key components in resilient leaders</p> <p>Support Systems:                      Mentorship relationships, peer network, allyship, are crucial in bolstering well-being/advancement opportunities                      Collaborative/inclusive environments prioritize belonging among marginalized leaders</p> <p>Professional Strategies:                      Networking, Skill-building, pursuing advanced education, to enhance professional growth/combat workplace discrimination</p> <p>Proactive career planning, visibility in leadership roles, advocacy for equitable opportunities are identified as professional strategies empowering women of color</p> <p>Coping Mechanisms:                      Mindfulness practices to assertiveness training help manage stress, navigate workplace conflicts, maintain emotional well-being amid discrimination</p>	<p>Perseverance, Self-Empowerment, Confidence Building, Positive Self-Concept</p> <p>Mentorship, Community Support, Family Support, Peer Networks</p> <p>Career Development, Skill Acquisition, Strategic Career Moves, Professional Training</p>

Author(s) and date	Findings with Initial Codes	Code List for Theme Development
	<p>Seeking social support, setting boundaries, practicing self-care contribute to resilience/mental health of healthcare leadership women</p> <p>Institutional Support:  Anti-discrimination policies, diversity training programs, inclusive leadership structures are essential for safe/equitable work environments</p> <p>Adequate resources, mentorship opportunities, professional development provided by healthcare institutions play vital role in promoting retention, career progression &amp; job satisfaction among minority leaders</p> <p>Cultural Competence &amp; Identity:  Culturally competent leadership practices, grounded in understanding diverse perspectives, values, experiences, enhance effectiveness of female African American healthcare leaders in promoting inclusivity, addressing disparities, fostering culturally responsive healthcare environment</p> <p>Embracing cultural identity/heritage strengthens sense of belong &amp; authenticity of minority women leaders, leveraging unique strengths/perspectives driving positive change</p> <p>Experiences of Discrimination:  First-hand experiences/narratives shed light on nuanced experiences of discrimination, highlighting systemic inequities,</p>	<p>Stress Management, Mental Health Practices, Meditation &amp; Mindfulness, Time management</p> <p>Organizational Policies, Discriminatory Practices, Diversity and Inclusion Programs, Advocacy and Activism</p> <p>Cultural Identity, Awareness of Racial Dynamics, Cultural Sensitivity, Intersectionality</p>



Author(s) and date	Findings with Initial Codes	Code List for Theme Development
	<p>microaggressions, implicit biases that impact professional trajectories/well-being</p> <p>Provide valuable insights into complex intersectional challenges faced by minorities, emphasizing importance of structural barriers/fostering inclusive/equitable workforce</p>	<p>Microaggressions, Overt Racism, Gender-Based Discrimination, Institutional Racism</p>
<p>Poole, Kenneth G, Jr, MD, MBA,C.P.E., F.A.C.P., &amp; Brownlee, D., M.H.A. (2020/Sep/Oct). Exploring the current state of racial and ethnic minorities in healthcare leadership. <i>Physician Leadership Journal</i>, 7(5), 40-43.  <a href="https://www.proquest.com/scholarly-journals/exploring-current-state-racial-ethnic-minorities/docview/2655177745/se-2">https://www.proquest.com/scholarly-journals/exploring-current-state-racial-ethnic-minorities/docview/2655177745/se-2</a></p>	<p>Representation &amp; Diversity in Leadership:            Significant underrepresentation of racial/ethnic minorities in healthcare leadership</p> <p>Diversity metrics used to measure minority groups; slow/uneven progress</p> <p>Barriers to Advancement:            Racial/ethnic minorities face advancement barriers (discriminatory practices)</p> <p>Structural racism/implicit biases hinder career progression &amp; opportunities for leadership roles.</p>	<p>Diversity Metrics, Representation Trends, Leadership Opportunities, Minority Recruitment</p> <p>Discriminatory Practices, Structural Racism, Networking Barriers, Educational Disparities</p>

Author(s) and date	Findings with Initial Codes	Code List for Theme Development
	<p>Networking barriers and limited access to mentorship further exacerbate these challenges.</p> <p>Strategies for Improvement: Mentorship programs provide guidance and support to minority healthcare professionals.</p> <p>Sponsorship is crucial. They advocate/facilitate career advancement of minority employees</p> <p>Implementing diversity training/organizational policies promote equity are recognized as essential measures.</p> <p>Impact on Healthcare Delivery: Diversity in healthcare leadership = improved patient care quality/cultural competence.</p> <p>Minority leaders enhance understanding/addressing health disparities.</p> <p>Trust within communities is more effective when leadership = patient population's diversity.</p> <p>Personal Experiences and Narratives: Personal success stories of minority leaders showcase resilience and persistence despite challenges.</p>	<p>Mentorship Programs, Sponsorship Initiatives, Diversity Training, Policy Changes</p> <p>Patient Care Quality, Cultural Competence, Health Disparities, Community Trust</p>

Author(s) and date	Findings with Initial Codes	Code List for Theme Development
	<p>Professional challenges related to discrimination/lack of support are commonly shared experiences.</p> <p>Resilience/reliance on support systems are frequently cited as key factors in overcoming barriers.</p> <p>Institutional Commitment: Institutions diversity commitment is critical, with many healthcare organizations releasing statements and implementing policies aiming to foster inclusion.</p> <p>Organizational policies = clear accountability mechanisms to ensure sustained efforts in diversity/equity initiatives.</p> <p>Leadership accountability is vital for the successful implementation/maintenance of diversity and equity programs.</p>	<p>Professional Challenges, Resilience, Personal Success Stories, Support Systems</p> <p>Diversity, Leadership Accountability, Equity Initiatives, Organizational Policies</p>
<p>Atherton, A. (2022). <i>An exploration of women's representation in senior leadership positions in the English National Health Service</i>  <a href="https://www.proquest.com/dissertations-theses/exploration-womens-representation-senior/docview/2796560882/se-2">https://www.proquest.com/dissertations-theses/exploration-womens-representation-senior/docview/2796560882/se-2</a></p>	<p>Representation &amp; Gender Diversity: Disparity in representation of women in senior leadership positions within the NHS.</p> <p>Statistical analyses show increasing trend, women remain underrepresented in higher leadership roles.</p>	<hr/> <p>Gender Diversity Metrics, Leadership Roles, Representation Statistics, Recruitment Trends</p>

Author(s) and date	Findings with Initial Codes	Code List for Theme Development
	<p><b>Barriers to Advancement:</b>  Women face gender bias/stereotypes that hinder progression to senior leadership roles.</p> <p style="padding-left: 40px;">Institutional structures and cultural norms within the NHS create challenging environment for women into career advancement.</p> <p><b>Work-Life Balance &amp; Career Progression:</b>  Balancing work/personal life challenges women aiming for leadership roles.  Career breaks (maternity leave/caregiving) impact career progression/advancement opportunities.</p> <p><b>Support Systems &amp; Mentorship:</b></p> <p style="padding-left: 40px;">Mentorship/support systems in fostering women's advancement is crucial.</p> <p style="padding-left: 40px;">Networks/mentorship programs provide necessary guidance/opportunities for women aspiring to reach senior roles.</p> <p><b>Organizational Policies &amp; Initiatives:</b>  Effective organizational policies/initiatives aimed at promoting gender equality are crucial.</p>	<p>Gender Bias, Stereotypes, Institutional Barriers, Cultural Norms</p> <p>Work-Life Balance, Maternity Leave, Caregiving Responsibilities, Career Breaks</p> <p>Mentorship Programs, Support Networks, Professional guidance, Career Development</p> <p>Gender Equality Policies, Diversity Initiatives, Flexible Working Arrangements, Leadership Training</p>

Author(s) and date	Findings with Initial Codes	Code List for Theme Development
	<p>Specific programs designed to support women's leadership (targeted training, flexible working arrangements, and diversity initiatives) are critical.</p> <p>Personal Experiences &amp; Narratives:  Personal narratives of women in senior leadership positions provide insights into their experiences and challenges.</p> <p>Stories of resilience, determination, and support highlight the personal journeys of women leaders in the NHS.</p> <p>Impact on Healthcare Delivery:  Increased representation of women in leadership positions positively impacts healthcare delivery by bringing diverse perspectives.</p> <p>Gender-balanced leadership teams better address patient needs, improve decision-making, and foster a more inclusive work environment.</p>	<p>Personal Stories, Experience Sharing, Resilience, Support Systems</p> <p>Patient Care Impact, Diverse Perspectives, Improved Decision-Making, Inclusive Work Environment.</p>
<p>Berlin, G., R.N., Darino, L., Groh, R., &amp; Kumar, P., M.D. (2020/08/25/, 2020 Aug 25). Women in healthcare: Moving from the front lines to the top rung. <i>McKinsey Insights</i>,</p>	<p>Representation &amp; Gender Diversity:  Noticeable gap in representation of women in senior leadership roles compared to their significant presence on the front lines of healthcare.</p>	

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<p><a href="https://www.proquest.com/magazines/women-healthcare-moving-front-lines-top-rung/docview/2437135281/se-2">https://www.proquest.com/magazines/women-healthcare-moving-front-lines-top-rung/docview/2437135281/se-2</a></p>	<p>Data/statistics indicate women make up large portion of healthcare workforce, they are underrepresented in executive positions.</p> <p>Barriers to Advancement:</p> <p>Women moving up career ladder lack mentorship, have gender bias, unequal access to leadership opportunities.</p> <p>Organizational culture/structural barriers within healthcare impede women's career progression</p> <p>Leadership &amp; Career Development:</p> <p>Career development programs/leadership training designed for women are crucial for bridging gap in representation</p> <p>Professional development access/career planning significantly influence women's career trajectories.</p> <p>Work-Life Balance &amp; Flexibility:</p> <p>Work-life balance is significant challenge for women in healthcare, affecting pursue of leadership roles.</p>	<p>Gender Diversity Metrics, Front Live vs. Leadership Representation, Workforce Composition, Role Disparities</p> <p>Gender Bias, Lack of Mentorship, Structural Barriers, Leadership Opportunities</p> <p>Leadership Training, Career Development Programs, Professional Development, Career Planning</p> <p>Work-Life Balance, Flexible Working Arrangements, Family Responsibilities, Supportive Policies</p>

Author(s) and date	Findings with Initial Codes	Code List for Theme Development
	<p>Work arrangements/policies support work-life balance are essential to help women in healthcare advance to higher positions</p> <p>Impact of Female Leadership:</p> <p>Female leadership – positive impact on healthcare, brining diverse perspectives/fostering inclusive environments</p> <p>Women leaders drive increased patient outcomes/enhance decision-making</p> <p>Institutional Policies &amp; Initiatives:</p> <p>Institutional policies/initiatives aimed at promoting gender equality</p> <p>Diversity training, gender equality policies, leadership initiatives support women’s advancement in healthcare</p> <p>Personal Experiences &amp; Narratives:</p> <p>Personal narratives from women in healthcare highlight challenges/successes of navigating careers</p> <p>Provide insight into resilience/determination required to advance in male-dominated field.</p>	<p>Diverse Perspectives, Inclusive Leadership, Patient Outcomes, Decision-Making</p> <p>Diversity Training, Gender Equality Policies, Leadership Initiatives, Institutional Support</p> <p>Personal Narratives, Challenges &amp; Triumphs, Resilience, Career Journeys</p>

Author(s) and date	Findings with Initial Codes	Code List for Theme Development
<p>Dreachslin, J. L., PhD., &amp; Hobby, F. (2018/Jan/Feb). Racial and ethnic disparities: Why diversity leadership matters. <i>Journal of Healthcare Management</i>, 53(1), 8-13.  <a href="https://www.proquest.com/scholarly-journals/racial-ethnic-disparities-why-diversity/docview/206725861/se-2">https://www.proquest.com/scholarly-journals/racial-ethnic-disparities-why-diversity/docview/206725861/se-2</a></p>	<p><b>Impact of Diversity Leadership on Healthcare Disparities:</b>  Diversity leadership plays crucial role in addressing/reducing racial/ethnic disparities in healthcare  Leaders who prioritize diversity implement policies/practices that directly address disparities in patient care outcomes.</p> <p><b>Benefits of Diverse Leadership Teams:</b>  DL teams bring perspective/experiences, enhancing decision making/problem-solving  DL organizations are better equipped to meet needs of diverse patient population.</p> <p><b>Challenges in Achieving Diversity in Leadership:</b>  Challenges in achieving racial/ethnic diversity in leadership positions, ingrained biases/institutional barriers.  Lack of effective strategies recruit, retain, &amp; promote minority leaders in healthcare organizations.</p> <p><b>Organizational Strategies for Promoting Diversity:</b>  Diversity training, mentorship programs, setting clear diversity goals/metrics  Fostering inclusive culture where diversity is encouraged/valued at all levels.</p> <p><b>Impact on Organizational Performance:</b></p>	<p>Disparity Reduction, Policy Implementation, Healthcare Outcomes, Patient Care Improvements</p> <p>Decision-Making Improvement, Problem-Solving Skills, Understanding Patient Needs, Leadership Team Composition</p> <p>Institutional Barriers, Ingrained Biases, Recruitment Challenges, Retention &amp; Promotion</p> <p>Diversity Training, Mentorship Programs, Diversity Goals, Inclusive Culture</p>



Author(s) and date	Findings with Initial Codes	Code List for Theme Development
	<p>Leadership diversity correlates with improved organizational performance, better financial outcomes/higher employee satisfaction.</p> <p>Better attract/retain top talent from various backgrounds</p> <p>Personal Stories &amp; Insights:            Minority leaders' stories highlight challenges faced/resilience exhibited in climbing leadership ladder            Insights from leaders underscore importance of support systems &amp; mentorships in career journeys</p>	<p>Organizational Performance, Financial Outcomes, Employee Satisfaction, Talent Attraction &amp; Retention</p> <p>Personal Experiences, Career Challenges, Resilience, Support Systems</p>
<p>Mathies, C. C. (2023). <i>Combating DEI structures: A tale of Black women's journeys in healthcare leadership</i> (Order No. 30820315). Available from ProQuest One Academic. (2908278782). <a href="https://www.proquest.com/dissertations-theses/combating-dei-structures-tale-black-women-s/docview/2908278782/se-2">https://www.proquest.com/dissertations-theses/combating-dei-structures-tale-black-women-s/docview/2908278782/se-2</a></p>	<p>Representation &amp; Visibility of Black Women in Leadership:            Underrepresentation/visibility of Black women in healthcare leadership positions.            Statistical data/personal accounts emphasize need for inclusive representation at senior levels.</p> <p>Barriers to Advancement:            Numerous barriers to advancement including systemic racism, gender bias, microaggressions            Institutional Hurdles (lack of mentorship/support, exclusionary practices, biased hiring/promotion practices) prevalent</p> <p>Coping Mechanisms &amp; Resilience:            Coping mechanisms &amp; strategies Black women use to navigate &amp; counteract barriers            Attributes (resilience, perseverance, solidarity among peers) frequently mentioned</p> <p>Institutional DEI Structures:            DEI structures reveal strengths/shortcomings in supporting Black women.</p>	<p>Leadership Underrepresentation, Visibility Issues, Statistical Data, Inclusivity Needs</p> <p>Systemic Racism, Gender Bias, Microaggressions, Institutional Hurdles, Lack of Mentorship, Exclusionary Practices</p> <p>Coping Strategies, Resilience, Perseverance, Solidarity, Peer Support</p>

Author(s) and date	Findings with Initial Codes	Code List for Theme Development
	<p>Effectiveness of DEI initiatives often fall short due to poor implementation/lack of genuine commitment from organizational leadership.</p> <p>Mentorship &amp; Sponsorship: Mentorship/sponsorship vital for career advancement of Black/minority women in healthcare leadership</p> <p>Policy Recommendations &amp; Best Practices: Best practices are suggested to improve retention, promotion, &amp; recruitment of Black/minority women</p> <p>Personal Narratives &amp; Success Stories: Rich, qualitative data illustrate journeys of Black women in healthcare leadership Inspirational models highlight importance of visibility &amp; representation</p>	<p>DEI Initiatives, Implementation Issues, organizational Commitment, Structural Analysis</p> <p>Effective Mentorship, Sponsorship, Importance, mentorship Success Stories, Organizational Champions</p> <p>Policy Recommendations, Best Practices, Inclusive Policies, Intersectional Approaches</p> <p>Personal Narratives, Qualitative Data, Success Stories, Inspirational Models</p>
<p>Bierer, B. E., Meloney, L. G., Ahmed, H. R., &amp; White, S. A. (2022, March 7). <i>Advancing the inclusion of underrepresented women in clinical research</i>. NIH. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9043984/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9043984/</a></p>	<p>Current State of Inclusion in Clinical Research: Underrepresentation of women, especially racial/ethnic minority groups in clinical research Statistical data demonstrates significant gaps in inclusion of diverse women participants in research studies</p> <p>Barriers to inclusion: Structural/systemic barriers prevent inclusion of underrepresented women in clinical research (socio-economic factors, cultural biases, logistical challenges) Mistrust in medical/research community among minority groups contributes to low participation rates</p>	<p>Underrepresentation Statistics, Diversity Gaps, Current Inclusion Rates, Participant Demographics</p>

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	<p>Impact of Inclusion on Research Outcomes:  Greater inclusion of underrepresented women = more comprehensive research outcomes  Inclusion enhances understanding of diverse health issues and ensures research findings applicable to broader population</p> <p>Strategies for Improving Inclusion:  Implementing targeted recruitment strategies, fostering community engagement, and building trust with underrepresented groups are essential for improving inclusion.</p> <p>Policy changes/funding incentives are effective measures to encourage inclusion of minority women in clinical research</p> <p>Role of Institutional Support &amp; Leadership:  Institutional commitment &amp; leadership are crucial in driving initiatives aimed at increasing diversity in clinical research. Leadership roles should prioritize diversity/inclusion to create research environment that values &amp; practices inclusivity</p> <p>Educational &amp; Training Programs:  Developing education/training programs for researchers about important of diversity/cultural competence is vital  Best practices for recruiting/retaining underrepresented women in clinical trials</p> <p>Personal Narratives &amp; Case Studies:  Provide insight into experiences/challenges faced by underrepresented women in clinical research</p>	<p>Socio-Economic Barriers, Cultural Biases, Logistical Challenges, Mistrust in Research, Historical Mistrust</p> <p>Generalizability of Research, Diverse Health Issues, Comprehensives Outcomes, Population Applicability</p> <p>Targeted Recruitment, Community Engagement, Trust Building, Policy Changes, Funding Incentives</p> <p>Institutional Commitment, Leadership Initiatives, Prioritizing Diversity, Inclusive Research Environment</p> <p>Educational Programs, Cultural Competence Training, Recruitment Best Practices, Retention Strategies</p> <p>Personal Experiences, Cases Studies, Challenges Faced, Success Stories</p>

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	Success stories highlight effective strategies/practices leading to increased inclusion	
<p>Brooks, A. K., Liang, Y., Brooks, M., Lee, J. W., Zhang, X., Nwangwu, I., Eltzschig, H. K., &amp; Nwokolo, O. O. (2022/04). Leadership roles and initiatives for diversity and inclusion in academic anesthesiology departments. <i>Journal of the National Medical Association</i>, 114(2), 147-155.  <a href="https://doi.org/10.1016/j.jnma.2021.12.014">https://doi.org/10.1016/j.jnma.2021.12.014</a></p>	<p>Current State of Diversity/Inclusion in Anesthesiology:  Diversity/Inclusion within Academic Anesthesiology departments remain inadequate  Minority representation in these departments is significantly lower than overall demographic distribution</p> <p>Challenges in Promoting Diversity:  Systemic biases, lack of diverse mentors, limited access to leadership opportunities for minority groups impede promotion of diversity  Cultural/institutional barriers further hinder progress in achieving inclusive environments</p> <p>Diversity &amp; Inclusion Initiatives:  Dedicated diversity officers, mentorship programs, workshops on cultural competence/implicit bias  Recruitment/retention strategies aimed at increasing diversity within faculty/leadership positions</p> <p>Impact of Leadership on Diversity Efforts:  Leadership commitment crucial for diversity/inclusion effort success  Leaders who promote/prioritize diversity set tone influencing entire department = more inclusive policies/practices</p> <p>Benefits of Diverse Leadership Teams:</p>	<hr/> <p>Diversity Metrics, Inclusion Gaps, Department Demographics, Representation Statistics</p> <p>Systemic Biases, Lack of Mentors, Access to Opportunities, Cultural Barriers, Institutional Barriers</p> <p>Diversity Officers, Mentorship Programs, Cultural Competence Workshops, Implicit Bias Training, Recruitment Strategies, Retention Strategies</p> <p>Leadership Commitment, Policy Implementation, Influence of Leaders, Inclusive Practices</p>

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	<p>Varied perspectives enhance innovation/improve decision-making within anesthesiology departments.</p> <p>Better educational experiences for trainees/improved patient career = increasing diversity leadership</p> <p>Educational Programs &amp; Training: Incorporating diversity-focused education/training within medical schools/residency program is essential for fostering inclusive environment</p> <p>Implicit bias, cultural competence, importance of diversity should be integral parts of medical education</p> <p>Personal Narratives &amp; Case Studies: Offers insights into experiences &amp; challenges faced in academic anesthesiology Case studies of successful diversity initiatives provide practical examples of other departments to emulate</p>	<p>Innovative Perspectives, Enhanced Decision-Making, Educational Benefits, Patient Care Improvement</p> <p>Diversity Education, Medical School Programs, Residency Training, Implicit Bias Training, Cultural Competence Education</p> <p>Personal Experiences, Faculty Narratives, Challenges Faced, Successful Initiatives, Practical Examples</p>
<p>Blackledge, K. L. (2022). <i>An Examination of the Relationship between the role of the chief diversity officer and hospital financial performance and patient experience measures</i> (Order No. 29997565). Available from ProQuest Dissertations &amp; Theses Global Closed Collection; ProQuest One Academic. (2758381538). <a href="https://www.proquest.com/dissertations-theses/examination-relationship-between-role-chief/docview/2758381538/se-2">https://www.proquest.com/dissertations-theses/examination-relationship-between-role-chief/docview/2758381538/se-2</a></p>	<p>Role &amp; Responsibilities of the Chief Diversity Officer (CDO): Responsibilities include policy development, staff training, and diversity initiatives CDO role is pivotal in shaping/promoting inclusive hospital environment</p> <p>Impact on Financial performance: Enhanced financial performance of hospitals by fostering an environment that attracts diverse talent/improves employee satisfaction</p>	<p>Policy Development, Staff Training, Diversity Initiatives, Inclusive Environment</p> <p>Financial Correlation, Talent Attraction, Employee Satisfaction, Cost Savings, Revenue Increase</p>

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	<p>Cost savings/increased revenue through better patient experiences/employee engagement</p> <p>Improvement in Patient Experience: Hospitals with active CDOs show improved patient experience measures, diversity initiatives lead to culturally competent care/better patient-provider relationships Cultural competence/diversity awareness training improves patient satisfaction/trust in healthcare system</p> <p>Barriers &amp; Challenges: Institutional resistance, inadequate resources, and lack of support from other leadership positions</p> <p>Strong leadership commitment &amp; sufficient resources dedicated to diversity initiatives</p> <p>Strategies for Effective Diversity Leadership: Embedding diversity goals into hospitals core mission, regular diversity training, continuous assessment/improvement diversity programs Collaboration with other departments/inclusive policy making are essential for the CDO to achieve significant impact</p> <p>Quantitative &amp; Qualitative Outcomes: Quantitative data from financial reports/patient satisfaction surveys shows positive outcomes when CDOs effectively implement diversity strategies Qualitative data from interviews &amp; case studies provide deeper insights into the successes and challenges faced by CDOs</p>	<p>Patient Satisfaction, Culturally Competent Care, Patient-Provider Relationships, Trust Building</p> <p>Institutional Resistance, Resource Allocation, Leadership Support, Implementation Challenges</p> <p>Diversity Goals, Regular Training, Continuous Assessment, Interdepartmental Collaboration, Inclusive Policy Making</p> <p>Financial Reports, Patient Satisfaction Surveys, Interviews, Case Studies, Outcome Measurement</p>

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	<p>Role Evolution &amp; Future Directions:            Increasing recognition of its importance healthcare leadership            Future directions include expanding scope of CDO responsibilities &amp; integrating diversity leadership into broader strategic goals of hospital.</p>	<p>Role Evolution, Healthcare Leadership, Scope Expansion, Strategic Integration</p>
<p>Sharma, V. (2022). <i>How does gender impact leader sensemaking in crisis?</i> (Order No. 30418070). Available from ProQuest Dissertations &amp; Theses Global Closed Collection; ProQuest One Academic. (2798585086).  <a href="https://www.proquest.com/dissertations-theses/how-does-gender-impact-leader-sensemaking-crisis/docview/2798585086/se-2">https://www.proquest.com/dissertations-theses/how-does-gender-impact-leader-sensemaking-crisis/docview/2798585086/se-2</a></p>	<p>Gender Differences in Sensemaking Processes:            Explores how male/female leaders perceive &amp; interpret crisis situations differently            Gender influences cognitive/emotional processes involved in sensemaking during crises</p> <p>Communication Style &amp; Strategies:            Different communication styles/strategies are employed depending on gender while still navigating crises            Women utilize more collaborative/empathetic communication, while men adopt more assertive/directive style.</p> <p>Decision-Making Approaches:            Gender impacts decision-making during crises, women leaders often focusing on inclusive decision-making &amp; consensus-building            Men may lean towards faster, hierarchical decision-making processes under pressure</p> <p>Impact of Gender Stereotypes:            Gender stereotypes affect the way leaders are perceived/judged during crises, influencing their sensemaking/decision-making abilities            Female leaders often face greater scrutiny &amp; bias, impacting ability to lead effectively during crises</p>	<p>Perception Differences, Cognitive Processes, Emotional Responses, Interpretation of Crisis</p> <p>Collaborative Communication, Empathy in Leadership, Assertive Communication, Directive Strategies</p> <p>Inclusive Decision-Making, Consensus Building, Hierarchical Decisions, Speed of Decisions</p> <p>Stereotype Influence, Bias &amp; Scrutiny, Perception of Leaders, Leadership Effectiveness</p>

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	<p><b>Emotional Intelligence &amp; Crisis Management:</b>  Crucial role in how leaders handle crises, with gender differences in the application of emotional intelligence skills  Women leaders utilize higher emotional intelligence, contributing to more effective crisis management through empathy/relationship-building.</p> <p><b>Leadership Styles &amp; Effectiveness:</b>  Different leadership emerges based on gender, affecting effectiveness of crisis management  Transformational leadership styles- mostly associated with female leaders, lead to more resilient &amp; adaptable crisis responses</p> <p><b>Organizational Culture &amp; Support Systems:</b>  Organizational culture/support plays significant role in how gender impacts leader sensemaking in crises  Supportive environments help mitigate negative effects of gender biases &amp; enhance leader effectiveness.</p>	<p>Emotional Intelligence, Crisis Management Skills, Empathy, Relationship-Building</p> <p>Transformational Leadership, Leadership Effectiveness, Resilience, Adaptability</p> <p>Organizational Culture, Support Systems, Mitigating Bias, Enhancing Effectiveness</p>
<p>Belasen, A. (2020/Sep-Oct). Think twice: Coleadership and representation of women. <i>Journal of Healthcare Management</i>, 65(5), 318-324. <a href="https://doi.org/10.1097/JHM-D-20-00178">https://doi.org/10.1097/JHM-D-20-00178</a></p>	<p><b>Co-leadership in Healthcare:</b>  Highlights potential benefits/challenges  Involves shared leadership responsibilities between two or more individuals, offering diverse perspective/skills</p> <p><b>Representation of Women in Co-Leadership Roles:</b>  Women are underrepresented in co-leadership despite evidence they excel in collaborative environments  Efforts to increase representation of women essential for achieving gender equity in leadership.</p>	<p>Co-leadership, Shared Responsibilities, Diverse Perspectives, Skill Synergy</p> <p>Underrepresentation, Gender Equity, Collaborative Strengths, Leadership Roles</p>



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	<p><b>Barriers to Female Co-leadership:</b>  Gender bias, organizational culture, lack of mentorship/sponsorship  Stereotypes/traditional views of leadership often exclude women from being considered for co-leadership roles</p> <p><b>Benefits of Female Co-leadership:</b>  Empathy, collaborative problem-solving, effective communication which enhances organizational performance  More inclusive decision-making &amp; better representation of diverse interests</p> <p><b>Strategies for Promoting Co-leadership &amp; Inclusion:</b>  Creating mentorship programs, fostering inclusive organizational cultures, implementing policies that support work-life balance  Gender quotas/leadership development programs can be effective in increasing representation of women in co-leadership positions</p> <p><b>Impact on Organizational Performance:</b>  Co-leadership models that include women often experience improved performance, innovation, employee satisfaction  Promotes a more balanced/holistic approach to leadership, leveraging strengths of diverse leadership styles.</p>	<p>Gender Bias, Organizational Culture, Lack of Mentorship, Stereotypes, Traditional Leadership Views</p> <p>Empathy, Collaborative Problem-Solving, Effective Communication, Inclusive Decision-Making, Diverse Interest Representation</p> <p>Mentorship Programs, Inclusive Cultures, Work-Life Balance Policies, Gender Quotas, Leadership Development Programs</p> <p>Improved Performance, Innovation, Employee Satisfaction, Balanced Leadership, Holistic Approach</p>
<p>Scott, O. D. (2024). <i>The relationship between relational leadership behaviors and organizational culture</i> (Order No. 31235223). Available from ProQuest One Academic. (3040189395). <a href="https://www.proquest.com/dissertations-">https://www.proquest.com/dissertations-</a></p>	<p><b>Relational Leadership:</b>  Leadership style that emphasizes relationships, collaboration, &amp; interpersonal connections  Key aspects of relational leadership include trust-building, empathy, &amp; active listening</p>	<p>Relationship Emphasis, Collaboration, Interpersonal Connections, Trust-Building, Empathy, Active Listening</p>

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theses/relationship-between-relational-leadership/docview/3040189395/se-2	<p><b>Impact on Organizational Culture:</b>            Relational leadership behaviors have a significant positive impact on the organizational culture by fostering a supportive &amp; inclusive environment            Organizations with leaders who practice relational leadership tend to have higher levels of employee satisfaction engagement</p> <p><b>Challenges &amp; Barriers:</b>            Resistance to change, entrenched hierarchical structures, lack of training in relational skills            Cultural resistance within organization &amp; personal limitations in adopting relational behaviors.</p> <p><b>Strategies for Implementing Relational Leadership:</b>            Training programs focused on developing interpersonal skills, empathy, effective communication            Encouraging feedback/continuous improvement helps sustain relational leadership behaviors in an organization.</p> <p><b>Case Studies &amp; Examples:</b>            Relational leadership positively transforming organizational culture            Practical application of relational leadership principles &amp; their impact on organizational outcomes</p> <p><b>Measuring Impact:</b>            Employee surveys, performance metrics &amp; cultural assessments were used for measuring impact of relational leadership on organizational culture            Regular assessments/feedback mechanisms are essential to gauge the effectiveness of relational leadership behaviors</p>	<p>Supportive Environment, Inclusivity, Employee Satisfaction, Employee Engagement, Culture Enhancement</p> <p>Resistance to Change, Hierarchical Structures, Relational Skills Training, Cultural Resistance, Personal Limitations</p> <p>Training Programs, Interpersonal Skills Development, Empathy Training, Effective Communication, Feedback Culture, Continuous Improvement</p> <p>Case Studies, Positive Transformation, Practical Application, Organizational Outcomes</p> <p>Employee Surveys, Performance Metrics, Cultural Assessments, Assessment Tools, Feedback Mechanisms</p>

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<p>Abbas, A. M., &amp; AL-Abrow, H. (2023). The impact of empowering and transformational leadership on organizational performance and innovation: the mediating role of shared leadership and moderating role of organizational culture in the Iraqi healthcare sector. <i>International Journal of Organizational Analysis</i>, 31(7), 3532-3552.  <a href="https://doi.org/10.1108/IJOA-08-2022-3380">https://doi.org/10.1108/IJOA-08-2022-3380</a></p>	<p><b>Empowering Leadership:</b>  Encouraging employees to take initiative, make decisions, &amp; develop skills  Fosters sense of ownership/responsibility among employees</p> <p><b>Transformational Leadership:</b>  Inspires/motivates employees to exceed their own expectations/achieve higher levels of performance  Vision, inspiration, intellectual stimulation, &amp; individualized consideration</p> <p><b>Impact on Organizational Performance:</b>  Empowering &amp; transformational leadership positively impact organizational performance  Leadership styles enhance employee morale, productivity, overall efficiency within healthcare</p> <p><b>Impact on Innovation:</b>  Fosters innovative culture, encouraging creativity/new ideas  Crucial for progression/improvement on healthcare services</p> <p><b>Shared Leadership as a Mediator:</b>  Mediates relationship between empowering/transformational leadership &amp; organizational outcomes  Collaboration/collective leadership approach amplify positive effects on performance/innovation</p>	<p>Employee Empowerment, Decision-Making, Skill Development, Sense of Ownership</p> <p>Inspiration, Motivation, Visionary Leadership, Intellectual Stimulation, Individualized Consideration</p> <p>Enhanced Morale, Productivity, Efficiency, Performance Improvement</p> <p>Innovative Culture, Creativity Encouragement, New Ideas, Healthcare Innovation</p> <p>Shared Leadership, Collaborative Approach, Collective Decision-Making, Mediation Role</p>

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	<p>Organizational Culture as a Moderator: Effectiveness of leadership styles influencing how empowering/transformational leadership are perceived/enacted Supportive flexible organizational culture enhances impact of leadership styles</p> <p>Challenges in the Iraqi Healthcare Sector: Resource limitations, political instability, cultural factors uniquely affect implementation of leadership styles Addressing challenges is critical for the success of leadership initiatives</p>	<p>Cultural Influence, Supportive Environment, Flexibility, Moderating Role</p> <p>Resource Limitations, Political Instability, Cultural Factors, Sector-Specific Challenges</p>
<p>Kuntz, J., Wong, J. H. K., &amp; Budge, S. (2023). Motive, mindset and opportunity: exploring leader ambidexterity factors in healthcare. <i>The Learning Organization</i>, 30(3), 355-374. <a href="https://doi.org/10.1108/TLO-12-2022-0153">https://doi.org/10.1108/TLO-12-2022-0153</a></p>	<p>Leader Ambidexterity: Ability of leaders to balance &amp; effectively manage exploration (innovation, change) &amp; exploitation (efficiency, refinement) activities Critical where there's constant demand for both innovation/operational excellence</p> <p>Motive for Ambidexterity: Clear motive/intrinsic motivation to pursue ambidextrous leadership, driven by personal values, commitment to patient care, desire to improve healthcare outcomes Regulatory demands/competitive pressures influence the motive for ambidexterity</p> <p>Mindset for Ambidexterity: Growth/adaptability mindsets are essential for leaders to navigate complexities of balancing innovation with efficiency Leaders need to foster a mindset that embraces change, encourages learning, supports continuous improvement</p>	<p>Balancing Act, Exploration Activities, Exploitation Activities, Operational Excellence</p> <p>Intrinsic Motivation, Commitment to Care, Healthcare Improvement, Regulatory Demands, Competitive Pressures</p> <p>Growth Mindset, Adaptability, Embracing Change, Continuous Improvement, Learning Orientation</p>

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	<p>Opportunity for Ambidexterity: Structures, resources, &amp; culture must provide opportunities for leaders to practice ambidexterity Supportive environments allow experimentation/access to resource/collaboration opportunities are critical</p> <p>Impact on Healthcare Outcomes: Ambidextrous leadership leads to improved healthcare outcomes through enhanced innovation, better resource utilization, &amp; increased organizational agility Balancing exploration &amp; exploitation ensures that healthcare organizations can adapt to changing demands while maintaining high operational standards</p> <p>Barriers to Ambidexterity: Resistance to change, lack of resources, rigid organizational structures, cultural challenges Leaders need to work strategically to overcome barriers through effective change management practices</p> <p>Case Studies &amp; Examples: Successful implementation of ambidextrous practices showcases tangible benefits/challenges faced Offer practical insights &amp; strategies other healthcare leaders can adopt</p>	<p>Organizational Structures, Resource Availability, Supportive Culture, Experimentation Opportunities, Collaborative Environment</p> <p>Improved Outcomes, Enhanced Innovation, Resource Utilization, Organizational Agility, Operational Standards</p> <p>Resistance to Change, Resource Constraints, Rigid Structures, Cultural Challenges, Change Management</p> <p>Successful Implementation, Tangible Benefits, Challenges Faced, Practical Insights, Adoptable Strategies</p>
<p>Abbey, S. L. (2022). <i>Developing resilience and deploying resilient leadership behaviors among women mid-level healthcare leaders</i></p>	<p>Resilience Building Strategies: Mid-level leaders who engage in self-care practices (mindfulness exercises/stress management) reported higher levels of resilience in navigating challenging work environments</p>	

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<p><a href="https://www.proquest.com/dissertations-theses/developing-resilience-deploying-resilient/docview/2766705242/se-2">https://www.proquest.com/dissertations-theses/developing-resilience-deploying-resilient/docview/2766705242/se-2</a></p>	<p>Attending leadership training/pursuing advanced degrees/mentoring/coaching programs provide valuable support/guidance in developing resilience/leadership among women leaders</p> <p>Challenges Faced by Women Healthcare Leaders: Gender bias &amp; discrimination were significant challenges faced by women mid-level healthcare leaders impacting ability to assert leadership/contribute effectively</p> <p>Work-life balance issues emerge among women leaders struggling to juggle professional responsibilities with personal obligations leading to heightened stress/burnout</p> <p>Resilient Leadership Behaviors: Emotional intelligence was highlighted as key trait associate with resilient leadership, empowering women leaders to navigate interpersonal dynamics, build strong relationships, foster positive work environment</p> <p>Ability to build &amp; lead diverse teams, leveraging strengths/perspectives of team members from varied backgrounds to drive innovation/collaboration in healthcare organizations</p> <p>Organizational Support: Remote work options/flexible scheduling found to positively impact well-being/job satisfaction of women leaders, enabling better management of personal/professional responsibilities</p> <p>Achievement recognition by leadership/peers played significant role in boosting morale/motivation among women</p> <p>Impact of Resilience on Leadership Effectiveness:</p>	<p>Self-Care Practices, Professional Development Opportunities, Mentoring &amp; Coaching Programs</p> <p>Gender Bias &amp; Discrimination, Work-Life Balance Issues, Lack of Advancement Opportunities</p> <p>Adaptive Decision-Making, Emotional Intelligence, Building &amp; Leading Diverse Teams</p> <p>Leadership Support for Career Development, Flexible Work Arrangements, Recognition of Achievements</p>

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	<p>High levels of resilience were associated with improved team performance, increased productivity, engagement, &amp; collaboration among team members</p> <p>Periods of change, crisis, uncertainty, promoting resilience at all levels of organization</p>	<p>Improved Team Performance, Enhanced Organizational Resilience, Increase Employee Engagement</p>
<p>Waidler, K. A. (2021). <i>Relationships between emotional intelligence and gender in healthcare leaders</i>  <a href="https://www.proquest.com/dissertations-theses/relationships-between-trait-emotional/docview/2546594058/se-2">https://www.proquest.com/dissertations-theses/relationships-between-trait-emotional/docview/2546594058/se-2</a></p>	<p>Emotional Intelligence (EI) Levels:  Female healthcare leaders exhibit higher levels of trait emotional intelligence compared to male leaders</p> <p>Gender Differences in EI Components:  Gender differences in specific components of emotional intelligence (empathy, self-awareness, social skills) observed among healthcare leaders</p> <p>Impact of EI on Leadership Effectiveness:  Emotional intelligence positively correlates with leadership effectiveness, higher EI levels associated with better communication/conflict resolution/team cohesion</p> <p>Gender Bias in EI Perception:  There may be a perception of gender bias in evaluation of emotional intelligence, stereotypes/expectations influencing how EI assessed based on gender</p> <p>Training &amp; Development Opportunities:  Both male/female healthcare leaders benefit from EI training &amp; development programs enhance emotional intelligence skills/leadership capabilities</p> <p>Organizational Awareness &amp; Support:</p>	<p>Higher Female EI, Lower Male EI</p> <p>Gender based Empathy Differences, Self-awareness Gender Differences, Social Skills Gender Difference</p> <p>Leadership Effectiveness, EI Positive Correlation, EI Communication Skills, EI Conflict Resolution, EI Team Cohesion</p> <p>Gender Bias Perception, EI Stereotyping, EI Gender based Expectations</p> <p>EI Training Opportunities, EI Program Development</p> <p>EI Organizational Awareness, EI Supportive Culture, EI Leadership Outcomes</p>

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	Organizations that promote emotional intelligence awareness & provide support for leaders to develop EI skills have more positive workplace culture/improved leadership outcomes	
<p>Nations, K. M. (2021). <i>How situational leadership practices and chief nurse officer competencies can help increase nurse engagement: A case study of a large healthcare system in Texas</i>  <a href="https://www.proquest.com/dissertations-theses/how-situational-leadership-practices-chief-nurse/docview/2508896390/se-2">https://www.proquest.com/dissertations-theses/how-situational-leadership-practices-chief-nurse/docview/2508896390/se-2</a></p>	<p><b>Situational Leadership Practices:</b>  Implementation practices tailored to individual nurse needs positively correlates with increased nurse engagement levels within healthcare system</p> <p><b>Chief Nurse Officer (CNO) Competencies:</b>  CNO specific competencies play a significant role in shaping organizational climate/fostering nurse engagement.</p> <p><b>Nurse Engagement Factors:</b>  Influenced by various factors such as communication, empowerment recognition, professional development opportunities facilitated by situational leadership practices and CNO competences</p> <p><b>Case Study Insights:</b>  Strategies, interventions, and leadership approaches effectively enhancing nurse engagement/promote positive work environment</p> <p><b>Organizational Culture &amp; Support:</b>  Alignment of situational leadership practices &amp; CNO Competencies with organizational culture/values contributes to creating supportive environment encouraging nurse engagements/professional growth</p> <p><b>Improvement &amp; Feedback:</b></p>	<p>Tailored Leadership Practices, Individualized Approach, Nurse Engagement, Positive Correlation</p> <p>CNO Competency Framework, CNO Leadership Impact, CNO Organizational Climate, CNO Nurse Engagement</p> <p>Communication Engagement, Empowerment, Recognition Engagement, Professional Development Engagement</p> <p>Case Study Insights, Effective Strategies, Positive Work Environment</p> <p>Cultural Alignment Leadership, Supportive Environment, Professional Growth Culture</p> <p>Improvement Initiatives, Feedback Mechanisms, Job Satisfaction, Nurse Development</p>



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	Integration of continuous improvement initiatives/feedback mechanisms based on situational leadership principles/CNO competencies foster ongoing nurse development, job satisfaction, & commitment to excellence	
<p>Jordan, D. (2020). <i>Physicians' perspectives of leadership development in a healthcare setting: A qualitative study</i>  <a href="https://www.proquest.com/dissertations-theses/physicians-perspectives-leadership-development/docview/2467859010/se-2">https://www.proquest.com/dissertations-theses/physicians-perspectives-leadership-development/docview/2467859010/se-2</a></p>	<p><b>Importance of Leadership Development:</b>  Physicians acknowledge significance of leadership development in healthcare for improving patient outcomes, fostering teamwork, diving organizational success</p> <p><b>Leadership Skill Sets:</b>  Physicians identify specific leadership skills sets (communication, decision-making, conflict resolution, strategic planning) essential for effective leadership</p> <p><b>Barriers to Leadership Development:</b>  Challenges/barriers to leadership development, including time constraints, limited resources, hierarchical structures, and lack of training opportunities within healthcare organizations</p> <p><b>Mentoring &amp; Coaching:</b>  Favorably by physicians as effective approaches for leadership development, providing mentorship, guidance, &amp; support in enhancing leadership capabilities</p> <p><b>Personal &amp; Professional growth:</b>  Physicians highlight dual benefits of leadership development in fostering personal growth (self-awareness, resilience) professional growth (career advancement, skills enhancement)</p> <p><b>Organizational Support:</b></p>	<p>Patient Outcomes, Teamwork, Organizational Success</p> <p>Communication Skills, Decision Making, Conflict Resolution, Strategic Planning</p> <p>Time Constraints, Limited Resources, Hierarchical Structures, Training Opportunities</p> <p>Mentoring Programs, Coaching, Leadership Capabilities</p> <p>Personal Growth, Professional Growth, Career Advancement</p>

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	<p>Leadership buy-in, dedicated resources, culture values leadership development, playing crucial role in fostering conducive environments for physician leadership growth</p> <p>Diversity &amp; Inclusion: Physicians acknowledge importance of diversity/inclusion in leadership development efforts emphasize the need for representation, equity, diverse perspectives in healthcare roles</p>	<p>Leadership Buy-In, Resource Allocation, Supportive Culture</p> <p>Diversity, Inclusion, Equity</p>
<p>Samuel, A., Cervero, R. M., &amp; Durning, S. J. (2023). Gender and racial representation trends among internal medicine department chairs from 2010–2020. <i>Journal of General Internal Medicine</i>, 38(4), 898-904. <a href="https://doi.org/10.1007/s11606-022-07783-z">https://doi.org/10.1007/s11606-022-07783-z</a></p>	<p>Gender Representation Trends: Shifts in gender representation among internal medicine department chair over the decade with increase/decrease in number of female chairs Female representation steadily increased/fluctuated inconsistently, reflecting progress/stagnation in gender equity at leadership level in internal medicine departments</p> <p>Racial Representation Trends: Research identifies trends in racial composition of internal medicine department chairs, indicating changes in representation of various racial/ethnic groups over specified period Data may show improvements, stagnation, disparities in representation of underrepresented minority groups in department chair positions within internal medicine</p> <p>Intersectionality of Gender &amp; Racial Representation: Intersectionality of gender/racial identities among internal medicine department chairs, highlighting experiences of individuals who navigate both gender/racial barriers in leadership roles</p>	<p>Gender Trends, Female Representation</p> <p>Racial Trends, Minority Representation</p>

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	<p>Unique challenges/opportunities faced by women of color in attaining leadership positions, shedding light on complexities of diversity in department chair appointments</p> <p>Factors Influencing Representation:            Institutional Policies, mentorship programs, leadership development initiatives, recruitment strategies play significant role in shaping gender/racial representation trends among internal medicine department chairs</p> <p>Successful efforts promoting diversity/inclusion at leadership level are associated with advancement of underrepresented groups</p> <p>Implications for Healthcare Leadership:            Organizational culture, workforce diversity, highlighting importance of fostering inclusive leadership environments reflect diverse patient populations served by internal medicine departments</p> <p>Gender/racial representation gaps among department chairs is crucial for enhancing healthcare equity, promoting culturally competent care, &amp; advancing excellence in internal medicine settings</p>	<p>Intersectionality, Gender Race Intersectionality</p> <p>Institutional Factors, Diversity Initiatives</p> <p>Leadership Implications, Equity Promotion</p>
<p>Oh, L., Linden, J. A., Zeidan, A., Salhi, B., Lema, P. C., Pierce, A. E., Greene, A. L., Werner, S. L., Heron, S. L., Michelle D. Lall, , Finnell, J. T., Franks, N., Battaglioli, N. J., Haber, J., Sampson, C., Fisher, J., Tyson Pillow, M., Doshi, A. A., &amp; Lo, B. (2021/12//). Overcoming barriers to promotion for women and underrepresented in medicine faculty in academic emergency medicine. <i>Journal of the</i></p>	<p>Gender Disparities in Promotion:            Female faculty face obstacles such as implicit bias and lack of representation in leadership roles impacting promotion prospects</p> <p>Challenges related to work-life balance/gender stereotypes further hinder women advancement in academic emergency medicine</p>	<p>Gender Disparities, Work-Life Balance, Gender Stereotypes</p>

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<p><i>American College of Emergency Physicians</i>  <i>Open</i>, 2(6) <a href="https://doi.org/10.1002/emp2.12552">https://doi.org/10.1002/emp2.12552</a></p>	<p>Racial &amp; Ethnic Disparities in Promotion:  Underrepresented minority faculty encounter barriers including microaggressions, tokenism, &amp; lack of cultural sensitivity in promotion processes  Limited resources, unequal career advancement opportunities, lack of diversity in decision-making structures affect promotion for underrepresented individuals</p> <p>Advocacy &amp; Mentorship:  Instrumental in providing support and enhancing career progression of women and underrepresented faculty  Relationships with mentors, sponsors, peer support groups play significant role in empowering individuals to overcome promotion barriers in academic emergency medicine</p> <p>Institutional Commitment to Diversity:  Essential in addressing promotion disparities/fostering inclusive environment for all faculty  Transparent promotion criteria, accountability measures, diversity training contribute to creating equitable promotion process &amp; supportive culture</p> <p>Career Advancement Strategies:  Tailored career development plans, leadership training opportunities, targeted support programs aid in overcoming promotion challenges/advancing careers underrepresented faculty  Enhancing visibility, amplifying diverse voices, advocating policy changes effective strategies for promoting inclusivity/addressing promotion barriers in academic emergency medicine</p>	<p>Racial Ethnic Disparities, Resource Constraints, Career Opportunities, Lack of Diversity Representation</p> <p>Mentorship Advocacy, Mentorship Support, Peer Networks</p> <p>Institutional Diversity Commitment, Promotional Transparency, Accountability Measures, Diversity Training</p> <p>Career Development Strategies, Visibility Enhancement, Diverse Voice Amplification, Policy Advocacy</p> <hr/>

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<p>Mihirika Surangi de Silva, Pincha Baduge, Mousa, M., Garth, B., Boyd, L., &amp; Teede, H. J. (2023). Organizational strategies for women nurses to advance in healthcare leadership: A systematic review. <i>Journal of Nursing Management</i>, 2023 <a href="https://doi.org/10.1155/2023/2678916">https://doi.org/10.1155/2023/2678916</a></p>	<p><b>Mentorship &amp; Sponsorship:</b>  Pairing women nurses with established leaders provide valuable guidance, support, &amp; networking opportunities  Influential leaders can help women healthcare provides advance in their career by providing advocacy, visibility, &amp; strategic career advice</p> <p><b>Leadership Development Programs:</b>  Tailored for women providers to enhance skills, confidence, and readiness for leadership roles  Targeted training on communication, conflict resolution, strategic decision-making is crucial for preparing women nurses for leadership positions</p> <p><b>Organizational Support Culture:</b>  Creating supportive/inclusive organizational culture where women nurses feel valued, respected, empowered is essential for their advancement  Transparent promotion processes, equal opportunities for advancement, recognition of achievements foster conducive environment for women nurses to progress in leadership</p> <p><b>Work-Life Balance &amp; Flexibility:</b>  Flexible work arrangements, childcare support, &amp; policies promoting work-life balance are critical factors enabling women nurses to pursue leadership roles  Addressing barriers related to family responsibilities and caregiving allows women nurses to dedicate time &amp; energy advancement</p> <p><b>Advocacy for Diversity &amp; Inclusion:</b></p>	<p>Mentorship Programs, Sponsorship</p> <p>Leadership Development, Skills Training</p> <p>Supportive Culture, Equal Opportunities</p> <p>Work-Life Balance, Family Support</p> <p>Diversity Advocacy, Inclusion Culture</p>

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	<p>Pivotal in breaking down barriers &amp; creating pathways for women nurses to advance in leadership Fostering diversity, equity, inclusion culture not only benefits women nurses but also enhances overall organizational performance/patient care outcomes.</p> <p>Professional Networking &amp; Visibility: Building professional networks, attending conferences, engaging in community involvement enhance visibility/influence of women nurses within healthcare leadership landscape Encouraging women nurses to seek leadership roles, speak at conferences, and publish research promotes their visibility/credibility in healthcare leadership circles</p>	Networking, Visibility Enhancement
<p>Seraphin, R. N. (2023). <i>Underrepresentation in academic medicine: Recruiting, hiring, and retaining racially and ethnically diverse faculty</i> <a href="https://www.proquest.com/dissertations-theses/underrepresentation-academic-medicine-recruiting/docview/2867989583/se-2">https://www.proquest.com/dissertations-theses/underrepresentation-academic-medicine-recruiting/docview/2867989583/se-2</a></p>	<p>Recruitment Strategies: Explores effective recruitment strategies to attract racially/ethnically diverse faculty members to academic medicine institutions. Outreach programs, targeted job advertisements, networking events are identified as key tactics for increasing diversity in recruitment efforts</p> <p>Hiring Practices: Equitable/inclusive hiring practices that mitigate bias and promote selection of diverse faculty candidates Implementing standardized recruitment processes, diverse search committees, unconscious bias training are indicated as strategies to enhance fair hiring practices</p> <p>Retention Strategies:</p>	<p>Recruitment Strategies, Outreach Programs, Job Advertisements, Networking Events</p> <p>Hiring Practices, Standardized Processes, Bias Training</p>

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	<p>Aimed at supporting professional growth/satisfaction of racially/ethnically diverse faculty members Mentorship programs, career development opportunities, inclusive policies contribute to retention/advancement of diverse faculty in academic medicine</p> <p><b>Institutional Support:</b> Importance of institutional support in creating diverse and inclusive environment conducive to recruiting, hiring, retaining diverse faculty members is highlighted</p> <p>Commitment to diversity, equity, inclusion resource allocation, and creating supportive culture are essential components of institutional support strategies</p> <p><b>Mentorship &amp; Sponsorship:</b> Play significant role in providing guidance, support, and opportunities for career advancement for racially/ethnically diverse faculty in academic medicine. Building strong networks, fostering leadership skills, and advocating for diverse faculty members are key aspects of effective mentorship/sponsorship initiatives</p> <p><b>Career Advancement:</b> Strategies for promoting career advancement opportunities, professional growth, leadership development for racially and ethnically diverse faculty contribute to enhancing diversity and representation in academic medicine Providing access to leadership roles, recognition of achievements, pathways for advancement are critical in supporting career trajectories of diverse faculty members</p>	<p>Retention Strategies, Mentorship Programs, Career Development, Inclusive Policies</p> <p>Institutional Support, DEI Commitment, Resource Allocation, Supportive Culture</p> <p>Mentorship Programs, Sponsorship Opportunities, Networking, Leadership Development, Advocacy Efforts</p> <p>Career Advancement, Leadership Roles, Recognition, Advancement Pathways</p>

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<p>McCowan, J. D. (2020). <i>Talent management leaders' strategies for millennial senior leadership roles: A qualitative exploratory single case study</i> <a href="https://www.proquest.com/dissertations-theses/talent-management-leaders-strategies-millennial/docview/2391985410/se-2">https://www.proquest.com/dissertations-theses/talent-management-leaders-strategies-millennial/docview/2391985410/se-2</a></p>	<p><b>Succession Planning for Millennial Leadership:</b> Organizations implement succession planning processes to identify &amp; develop millennial leaders for senior leadership roles Mentoring, shadowing opportunities, &amp; leadership development programs are key strategies used to groom millennial talent for future leadership positions</p> <p><b>Skills Development &amp; Training:</b> Talent management leaders focus on developing essential skills among millennials, such as communication, decision-making, &amp; strategic thinking, to prepare them for senior roles Continuous training workshops, feedback mechanisms are utilized to enhance leadership competencies of millennials in preparation for senior leadership positions</p> <p><b>Flexibility &amp; Work-Life Balance:</b> Offering flexible work arrangements, wellness programs, initiatives promoting work-life balance are important strategies to attract/retain millennial leaders in senior roles Creating supportive work environment prioritize employee well-being/values work-life balance helps in engaging retaining millennial talent in leadership positions</p> <p><b>Diversity &amp; Inclusion:</b> Promoting diversity &amp; inclusion is a key focus area for talent management leaders to ensure representation of diverse perspectives/backgrounds among millennial senior leadership teams</p>	<p>Succession Planning, Mentoring Programs, Leadership Development</p> <p>Skills Development, Continuous Training, Feedback Mechanisms</p> <p>Flexibility Initiatives, Supportive Environments, Well-being Programs</p> <p>Diversity Inclusion, Diversity Training, Inclusivity Initiatives</p>



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	<p>Implementing diversity training, equity initiatives, fostering culture of inclusivity are strategies employed to create diverse/inclusive senior leadership cohorts</p> <p>Technology Adoption &amp; Innovation: Embracing technology advancements, encouraging innovation, fostering digital-savvy culture are important aspects of talent management strategies for millennials in senior leadership roles</p> <p>Providing opportunities for upskilling in technology, encouraging creativity, and supporting digital transformation initiatives help in equipping millennial leaders for leadership in a technology-driven landscape</p> <p>Leadership Engagement &amp; Empowerment: Empowering millennial leaders through delegation of responsibilities, decision-making autonomy, and opportunities for project ownership enhances engagement/commitment to senior leadership roles</p> <p>Recognizing achievements, fostering collaborative leadership style, and promoting culture of trust /transparency contribute to the effectiveness of millennial leaders in senior positions.</p>	<p>Technology Adoption, Upskilling Technology, Innovation Culture</p> <p>Empowerment Strategies, Achievement Recognition, Trust Culture</p>
<p>Dixon-Fyle, S., Dolan, K., Hunt, D. V., &amp; Prince, S. (2020, May 19). <i>Diversity wins: How inclusion matters</i>. McKinsey &amp; Company. <a href="https://www.mckinsey.com/featured-insights/diversity-and-inclusion/diversity-wins-how-inclusion-matters">https://www.mckinsey.com/featured-insights/diversity-and-inclusion/diversity-wins-how-inclusion-matters</a></p>	<p>Importance of Diversity &amp; Inclusion: Embracing diversity/fostering inclusion in workplace leads to improved innovation, creativity, &amp; problem-solving capabilities</p> <p>Inclusive environments enhance employee engagement, satisfaction, and retention, contributing to overall organizational success</p> <p>Equity &amp; Fairness:</p>	<p>Innovation, Employee Engagement</p>

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	<p>Prioritizing equity &amp; fairness in organizational policies/practices helps create level of playing field for all employees, regardless of background or identity</p> <p>Fair treatment &amp; opportunities for growth/advancement for all individuals lead to more engaged/motivated workforce</p> <p><b>Business Impact of Inclusion:</b> Companies prioritize inclusion demonstrate higher financial performance, increased profitability, and stronger competitive advantage in market</p> <p>Inclusive organizations better represent/understand customer needs, leading to improved customer satisfaction/loyalty</p> <p><b>Leadership Commitment:</b> Executive leadership commitment to diversity/inclusion initiatives is crucial for driving cultural change, setting tone, &amp; ensuring accountability Leadership support for diversity/inclusion efforts strengthens organizational culture, employee morale, overall performance</p> <p><b>Employee Well-being &amp; Morale:</b> Diverse/inclusive work environment promotes employee well-being, mental health, and sense of belonging, leading to higher productivity and job satisfaction</p> <p>Inclusive workplaces value diversity boost employee morale, team collaboration, &amp; overall organizational culture</p> <p><b>Learning &amp; Growth:</b></p>	<p>Equity, Fair Treatment</p> <p>Financial Performance, Customer Satisfaction</p> <p>Leadership Commitment, Organizational Culture</p> <p>Employee Wellbeing, Team Collaboration</p>

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	<p>Diverse teams encourage continuous learning, different perspectives, and skill development, driving innovation/long-term growth within organizations</p> <p>Inclusive workplaces create opportunities for personal/professional growth, fostering culture of respect, openness, learning from differences</p>	<p>Continuous Learning, Professional Growth</p>
<p>Magaña, D. (2020). Local voices on health care communication issues and insights on Latino cultural constructs. <i>Hispanic Journal of Behavioral Sciences</i>, 42(3), 300–323.  <a href="https://doi.org/10.1177/0739986320927387">https://doi.org/10.1177/0739986320927387</a></p>	<p>Health Care Communication Issues:  Impact Latino patients such as language barriers, cultural misunderstandings, &amp; limited access to interpreters</p> <p>Health literacy, varying communication styles, lack of culturally competent care contribute to disparities in healthcare communication for Latino individuals</p> <p>Cultural Constructs in Latino Communities:  Influence healthcare decision-making, beliefs about illness, preferences for healthcare providers  Explores traditional healing practices, family dynamics, &amp; community support systems that shape perceptions of health/influence health seeking behaviors</p> <p>Language &amp; Communication Strategies:  Effective language services, bilingual staff, culturally tailored communication approaches are crucial for overcoming language barriers &amp; improving communication effectiveness with Latino Patients</p> <p>Utilizing visual aids, plain language materials, &amp; interactive tools can enhance health education &amp; promote better understanding of health information among Latino individuals.</p>	<p>Communication Challenges, Health Literacy, Cultural Competence Disparities</p> <hr/> <p>Cultural Beliefs, Traditional Healing, Community Support</p> <p>Language Services, Visual Aids, Health Education Tools</p>

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	<p>Trust &amp; Relationship Building:  Establish trust, building rapport, demonstrating respect for cultural norms are key factors in fostering positive patient-provider relationships &amp; enhancing communication outcomes in Latino communities</p> <p>Recognizing importance of interpersonal connections, shared decision-making, empathy in healthcare interactions can strengthen therapeutic alliance with Latino patients</p> <p>Access to Care &amp; Health Equity:  Barriers to healthcare access, affordability, insurance coverage disproportionately impact Latino populations, highlighting need for policies &amp; interventions addressing health disparities &amp; promote equity</p> <p>Addressing social determinants of health, improving access to preventive care &amp; increasing health literacy are critical components in advancing health equity for Latino communities</p> <p>Integration of Cultural Competence:  Training, diversity awareness, sensitivity towards Latino cultural norms into healthcare practices can enhance patient experiences, improve outcomes, &amp; reduce disparities</p> <p>Promoting cultural humility, self-awareness, open communication channels facilitate respectful &amp; effective interactions between healthcare providers &amp; Latino patients</p>	<p>Trust Building, Shared Decision Making, Empathy in Healthcare</p> <p>Healthcare Access, Health Equity Policies, Preventive Care Access</p> <p>Cultural Competence Training, Cultural Humility, Open Communication Channels</p>

Appendix E: Final Concept/Thematic Map

