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# Strategies to Improve Diversity in Leadership and the Representation of Black Women Within an Integrated Nonprofit Health Care System

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# Walden University

College of Management and Human Potential

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Dominique Clark

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

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Walden University  
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Strategies to Improve Diversity in Leadership and the Representation of Black Women

Within an Integrated Nonprofit Health Care System

by

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MPH, Azusa Pacific University, 2020

BS, National University, 2017

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## Abstract

Black women have been underrepresented in health care leadership, specifically at the senior level. The purpose of this integrative review was to identify strategies that could be implemented to increase representation for Black women in health care leadership, with emphasis on senior leadership. The review question centered on sustainable strategies and best practices that support an increased representation of Black women in health care leadership. Relational leadership theory (RLT) served as the theoretical framework, demonstrating that leadership advancement is influenced by relational networks. A comprehensive literature review identified 50 articles that were critically appraised using the John Hopkins evidence tools, and 23 peer-reviewed articles met the criteria and quality for thematic analysis, published between 2020 and 2025. Six main themes included cultivate equity-centered leadership, foster inclusive culture, create mentorship pathways, support transparent advancement, develop network development, and encourage leadership accountability. Twelve subthemes were identified, with key examples including: to promote inclusive leadership practices, implement belonging strategies, strengthen transparency, and implement accountability measures. Four recommendations emerged from the analysis: (a) implement structured mentorship and executive sponsorship programs, (b) establish transparent and equitable advancement systems, (c) develop an inclusive organizational culture that promotes psychological safety and belonging, and (d) develop systems for accountability to monitor and support equitable leadership outcomes. The findings indicated that adoption of the targeted strategies along with RLT can support stronger workforce engagement and contribute to positive social change for patients, their families, and health care organizations.

## Part 1: Practice-Based Problem

### **Problem of Interest**

The identified problem of interest was the low representation of Black women (BW) in health care administration/leadership. Although BW are well represented in health care, it is generally in entry- and middle-level management; there have been significant challenges with their achievement and access to executive or senior leadership positions (Camp-Fry, 2021). Addressing this issue is important to ensure that health care leadership is diverse and inclusive and can relate with the served population (Vera, 2020). A study by Vera (2020) showed that many health care professionals agreed that diverse leadership can bring great benefits to their organization; however, only 15% of health care organizations are making intentional efforts to close the diversity gap. BW have historically faced challenges with health disparities, and fostering a diverse workforce in health care is an important step in addressing health disparities and inequities (Macias-Konstantopoulos et al., 2023).

### **Health Care Administration Problem**

Historically BW have been undervalued and passed over in certain spaces, including leadership roles. BW have been found to occupy the most physically demanding direct care jobs in health care such as nursing aide, licensed practice nurse, and home health aide, along with cleaning and food prep in hospitals and nursing homes (Dill & Duffy, 2022). Evidence suggested that women experience a glass ceiling when aspiring as leaders; however, BW experience a phenomenon referred to as a concrete ceiling, with multiple barriers when aspiring for upward mobility in leadership (Robotham, 2024).

McKinsey and Company (2023) shared in the 2023 Women in the Workplace report that women of color comprise approximately 18% of entry-level positions in corporate America, but their representation drops significantly at higher leadership levels. They hold only 6% of senior manager/director roles, 4% of vice president positions, and less than 1% of C-suite executive roles, including CEO positions (McKinsey & Company, 2023). Contributing factors to achieving higher leadership levels for BW can include stereotypes, exclusion, implicit bias, and a lack of mentoring or coaching opportunities that create the phenomenon of the concrete ceiling.

### **Operational Problem**

Although there have been remarkable improvements and an increase in awareness of diversity and inclusion in the health care workforce, there remains an opportunity to be intentional in the approach toward increasing representation in upper leadership including at the executive level (Camp-Fry, 2021). There is a disparity of women in health care executive leadership especially for BW, which results in a lack of positive examples demonstrating to staff the importance of diversity related to BW (Pittman et al., 2021). Executive leaders have a profound impact on the workforce and the served communities, which highlights the importance of increasing leadership that represents the community. The goal is not symbolic representation; the aim is to address the operational problem and raise the floor for BW and other women offers the opportunity for BW to feel valued in the workplace (Dill & Duffy 2022).

### **Ideal State of Operations**

Currently, women represent one fourth of CEO positions, and less than 3% are BW, and even fewer BW are represented in executive roles in health care (Camp-Fry,

2021). The goals of the current study were to demonstrate ways to enhance the health care workforce by fostering diversity within the system and addressing structural barriers that may otherwise contribute to the sense of experienced BW being undervalued.

According to Dill and Duffy (2022), BW are disproportionately represented in the lowest paid sectors of the health care workforce.

Additionally, as Vera (2020) stated, unless the organizational leadership develops specific goals for developing diverse leadership in the organization including at the C-suite level, the chances of BW achieving C-suite level positions are limited. The ideal state is to hire BW throughout all levels of the health organization and to develop goal setting to have them thrive and achieve high levels with no glass ceiling. Therefore, metrics pertaining to retention, promotion, and satisfaction, especially among BW and other marginalized groups, are essential for ensuring that leadership at all levels within the system is informed of and committed to addressing existing disparities (Rotenstein et al., 2021). According to Vera (2020), as health care organizations transition from fee-for-service models to population health approaches, effective talent management and diversity become increasingly vital. This shift presents an opportunity to enhance understanding and engagement with the populations served.

UC Davis School of Medicine is an example of an organization that is committed to improving its diversity, equity, and inclusion efforts (Ton et al., 2020). They are focused on diversifying their admissions committees and staff in efforts to limit bias in the admissions process in hopes of improving patient experiences by having the opportunity to be treated by health care professionals that they relate to (Ton et al., 2020). The objective is to enhance equity and accessibility not only in patient care but also

within the workplace culture of health care organizations.

### **Professional Practice Gap Statement**

The gap in practice was represented by the following information pertaining to metrics related to the leadership role of BW in senior leadership, including C-suite levels. Despite women making up approximately 80% of the U.S. health care workforce, they hold only 20% of hospital leadership roles (Alobaid et al., 2020), and BW hold only 5% of senior leadership positions (Adesina et al., 2025). Prior research indicated that achieving a critical mass of least 30% representation of an underrepresented group is essential to move beyond tokenism and make a meaningful difference leading to improved organizational performance (De Masi et al., 2021). In the context of health care leadership, reaching this threshold for BW would foster meaningful progress toward inclusion and a sense of belonging. Adesina et al. (2025) shared that the current state for BW and other racially and ethnically minoritized women is 14% of senior management and 4% of C-suite executive roles in health care. In contrast, White women hold 48% and 28% of those same roles. The goal is to increase the percentage of BW in leadership roles so that their representation matches that of their colleagues, aiming for the 30% threshold in senior leadership positions. Closing the gap is essential for promoting representation and fostering inclusive decision making. The aim of this integrative review was to provide recommendations that may increase the role of BW in senior leadership.

### **Summary of Evidence**

Many BW serve as health care professionals in hospital settings; however, there is limited representation of BW in leadership roles, particularly at the executive level within health care organizations. The American College of Healthcare Executives (2021) found

that only 11% of health care executives were Black, Hispanic, Asian, or from other racial minority groups, even though these populations make up a much larger share of the public. In addition, over 23% of BW working are employed in health care. They are especially prevalent in long-term care roles, making up 37% of workers in those positions and 42% of licensed practical nurse or aide jobs (Dill & Duffy, 2022). This suggests that within the health care industry, BW are disproportionately represented in lower paying and riskier jobs. Studies showed that women frequently hit a glass ceiling that limits their advancement into leadership roles; for BW, these obstacles are often referred to as a concrete ceiling, underscoring how numerous and deeply rooted the barriers are, which makes attaining leadership positions even more difficult (Camp-Fry, 2021).

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

The purpose of this integrative review was to seek strategies that could be implemented to increase representation for BW in senior health care leadership throughout all levels of the leadership team. The division of BW in the health care workforce has an impact on the organization's culture and health care recipients.

### **Integrative Review Question**

What are the best strategies to increase the representation of BW in health care senior leadership? The review question directly addressed a possible solution by aiming to identify sustainable strategies that support an increased representation of BW in health care leadership at all levels and to support positive social change.

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

The relational leadership theory (RLT) served as the foundational framework for this integrative review, with emphasis on the importance of social interactions and

relationships in shaping effective leadership. Uhl-Bien (2006) completed extensive work in this area with the goal to offer the RLT as an overarching framework for the study of leadership as a social influence process that can evolve and change the culture and dynamics with individuals in the workplace. RLT provides approaches to strengthen leaders in efforts to improve the health system's performance and inclusivity. There are five key constructs of the RLT: inclusivity, empowerment, purpose, ethics, and process oriented (Cleary et al., 2018). This aligned with the current study and efforts to address diversity and representation at all levels of the health care system, including executive leadership. Working to achieve the optimal level of diversity offers an opportunity to improve inclusivity, empowerment, purpose, and ethics to strengthen the culture of the health care organization (see Figure 1).

**Figure 1**

*Relational Leadership Theory*



The RLT emphasizes the importance of relationships and social processes in leadership, focusing on how leaders and followers interact to achieve mutual goals

(Maritsa et al., 2022). By addressing the five constructs of RLT, there is an opportunity to enhance overall decision making and strengthen communication between leaders and decision makers. RLT provides an opportunity to cultivate an organizational culture that enhances cultural competence among leadership. This development has the potential to positively influence the implementation of more culturally responsive health care practices and policies, contributing to sustainable improvements (Maritsa et al., 2022).

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

### Literature Search Strategy

This study was conducted to determine how health care leaders and organizations can strengthen policies, mentorship, and organizational practices to improve leadership advancement for BW. Research suggested that increasing access to mentorship, sponsorship, and supportive organizational cultures can enhance leadership advancement opportunities for BW in health care and strengthen equity within leadership structures (Iheduru-Anderson, 2020). The strategies reviewed focused on mentorship and sponsorship pathways, relational and inclusive leadership practices, transparent promotion processes, and organizational accountability mechanisms.

An integrative review of literature published between 2020 and 2025 was conducted. The databases included Google Scholar, PubMed, ProQuest, JAMA Network, ScienceDirect, and ScholarWorks in the Walden University Library. Manual searching, combined with forward and backward reference list searches, produced positive results in Google Scholar. Key terms search included *Black women, healthcare leadership, diversity, equity, inclusion, African American women, healthcare administration, C-Suite, underrepresentation, women of color, executive leadership, career advancement, promotion, DEI, and academic leadership*. Keywords were linked by AND/OR across the databases.

Table 1 provides the list of inclusion and exclusion criteria applied during the search process. There was limited research regarding the issue of BW in health care leadership, which prompted the search to include women of color and review BW in academic leadership as well. The target population consists of BW working in health care

leadership or leadership-track roles, including administrative, academic, nursing, and executive positions within health care organizations.

**Table 1**

*Inclusion and Exclusion Search Criteria*

Inclusion search criteria	Exclusion search criteria
<ul style="list-style-type: none"> <li>• Black women</li> <li>• African American women</li> <li>• Women of color</li> <li>• Healthcare leadership</li> <li>• Healthcare administration</li> <li>• Academic health leadership</li> <li>• Nursing leadership</li> <li>• Executive roles</li> <li>• Barriers</li> <li>• Career advancement</li> <li>• Mentorship</li> <li>• DEI structures</li> <li>• Published between 2020 and 2025</li> <li>• Healthcare systems</li> <li>• Hospitals</li> <li>• Academic medical centers</li> </ul>	<ul style="list-style-type: none"> <li>• Nonempirical literature</li> <li>• Editorials</li> <li>• Commentaries</li> <li>• Studies not focused on healthcare leadership</li> <li>• Women broadly without addressing leadership advancement</li> <li>• Studies published before 2020</li> <li>• Non-healthcare sectors</li> </ul>

A total of 312 articles were identified through database searches. After 74 duplicate records were removed, 238 unique articles remained. An additional 12 articles were identified through hand searching of reference lists, resulting in 250 articles screened by title and abstract. Following the application of the inclusion and exclusion criteria, 180 articles were excluded. The remaining 70 full-text articles were assessed for eligibility, and 20 articles were excluded due to lack of empirical data or insufficient focus on health care leadership. This process resulted in 50 articles included for the final integrative review. See Appendix B for the full selection process. To ensure rigor and relevance to the themes of the 50 articles, I retained 23 articles for final synthesis and

thematic analysis. The 23 chosen articles matched the research question and recommendations for practice.

### **Quality Appraisal**

A total of 23 articles were critically analyzed and evaluated for quality using the John Hopkins Nursing Evidence-Based Practice Model and the Research and Non-Research Evidence Appraisal Tools. Based on this appraisal, 17 were level III, 2 were level IV, and 4 were level V. Among these, 13 were high quality, with the remaining 12 being classified as good quality. Collectively, the appraised articles demonstrated consistent findings related to leadership barriers, organizational culture, and advancement strategies for BW in healthcare leadership, supported clear conclusions, and offered well-grounding implications for practice. A detailed summary of the quality appraisal results is provided in Appendix C.

### **Thematic Analysis of Literature**

The included literature primarily consisted of qualitative, quantitative, and mixed-methods nonexperimental studies, frequently utilizing interviews, surveys or secondary data analysis with healthcare professionals. Themes and subthemes were coded from 23 articles, with detailed coding results presented in Appendix D. Table 2 outlines the themes.

**Table 2***All Themes from Appendix D*

Theme	Subtheme
Equity-centered	Inclusive leadership practices
Supportive organizational cultures	Foster belonging among staff
Staff mentorship	Sponsor employee activities
Network development pathways	Improve communication
Supportive organizational cultures	Foster employees belonging
Stress leadership transparency	Equitable advancement systems
Leadership accountability	Equitable organizational infrastructure

The selected articles for this review played an intricate role in informing recommendations related to the review question. Evidence across the review consistently demonstrated that equitable leadership practices, along with intentional access to mentorship, sponsorship, and professional networks, support leadership advancement for Black women in healthcare (Iheduru-Anderson, 2020; Mousa et al., 2023, Nelson et al., 2023). These findings emphasize the importance of organizational strategies that address structural inequities through intentional leadership action, transparent advancement processes, and supportive workplace environments (Banister et al., 2024; Hogan et al., 2023).

The analysis conducted in this integrative review identified five central themes and corresponding subthemes, which were summarized in Table 3. Collectively, these findings provide actionable insight into how healthcare organizations can strengthen leadership pathways, improve retention, and promote equitable advancement for BW in healthcare leadership roles through relational, inclusive, and accountable leadership practices. The literature highlighted that equity-centered leadership behaviors and psychologically safe environments promote inclusion and belonging (Mousa et al., 2022).

While supportive organizational cultures reduce isolation and strengthen retention among BW leaders (Iheduru-Anderson et al., 2022; Morris, 2024).

Additionally, grass-root mentorship and executive sponsorship programs were consistently associated with increased visibility, career navigation support, and leadership preparedness (Holt, 2025; Nelson et al., 2023). Leadership development, and data driven monitoring helped improve fairness and equity in the advancement process (Ko et al., 2023; Meadows et al., 2023). These findings provide actionable strategies for healthcare organizations to strengthen leadership pathways, improve retention, and promote equitable advancement.

**Table 3**

*Integrative Review Themes and Subthemes*

Theme and subtheme	Relationship to relational leadership theory
Cultivate equity-centered and inclusive leadership <ul style="list-style-type: none"> <li>• Increase bias awareness</li> <li>• Promote shared decision making</li> </ul>	The RLT core component addresses inclusivity to enhance team cohesion and morale.
Foster supportive culture development <ul style="list-style-type: none"> <li>• Implement belonging strategies</li> <li>• Strengthen leadership support</li> </ul>	The theory provides foundational skills to foster empowerment and increase employee engagement and satisfaction.
Create mentorship pathways <ul style="list-style-type: none"> <li>• Establish mentorship programs</li> <li>• Expand advancement sponsorship</li> </ul>	The RLT core component builds on purposefulness and process orientation to improve collaboration.
Support transparent advancement systems <ul style="list-style-type: none"> <li>• Enhance promotion transparency</li> <li>• Strengthen leadership pipelines</li> </ul>	The RLT approach emphasizes the importance of ethical behaviors leading to stronger organizational culture.
Develop network development pathways <ul style="list-style-type: none"> <li>• Expand network access</li> <li>• Strengthen communication support</li> </ul>	The theories emphasis on process orientation provides skills to build on collaboration, which improves communication and adaptability.
Encourage leadership accountability <ul style="list-style-type: none"> <li>• Promote equity infrastructure</li> <li>• Implement accountability measures</li> </ul>	RLT emphasizes the importance of ethical behaviors and process orientation that leads to strong relationships that create a support network building resilience and fostering trust.

## **Conclusion**

This integrative review demonstrates that leadership advancement for BW in healthcare is strengthened through intentional, actionable organizational strategies grounded in equity-centered leadership, supportive cultures, and transparent advancement systems (Iheduru-Anderson, 2020; Nelson et al., 2023). By reframing the literature into positive and solution-focused themes, this review highlights how healthcare organizations can move beyond identifying barriers to implementing sustainable leadership practices that promote inclusion, retention, and advancement (Hogan et al., 2023; Mousa et al., 2023). Collectively, these findings provide a foundation for future research and offer practical guidance for healthcare leaders seeking to build more equitable and representative leadership structures that align organizational accountability with long-term equity outcomes (Banister et al., 2024).

### Part 3: Presentation of Results

This integrative review explored how health care leaders and organizations can strengthen policies, mentorship, and organizational practices to improve leadership advancement for BW in health care. Persistent underrepresentation of BW in administrative, academic, nursing, and executive leadership roles necessitates the identification of evidence-based, actionable strategies that foster equitable advancement (Iheduru-Anderson, 2020). Informed by RLT, this section presents and clarifies the interconnected themes and subthemes identified in Part 2, as illustrated in the thematic concept map. The review demonstrates that equity-centered leadership practices, inclusive organizational cultures, mentorship and sponsorship pathways, network development pathways, transparent advancement systems, and leadership accountability are not isolated strategies; rather, they function as a cohesive framework. Collectively, these strategies operate synergistically to promote retention and equitable representation of BW in health care leadership roles (Mousa et al., 2023).

#### **Thematic Concept Map**

Thematic analysis of the 23 selected articles yielded six major themes, each with corresponding subthemes, that together outline actionable organizational strategies for advancing BW in health care leadership. These themes (equity-centered leadership practices, inclusive organizational culture, mentorship and sponsorship pathways, network development pathways, transparent advancement systems, and leadership accountability) are deeply interrelated. For instance, mentorship and sponsorship pathways thrive within inclusive organizational cultures that value diversity and psychological safety. When organizations intentionally cultivate environments where BW

feel supported and valued, mentorship relationships are more effective, and sponsorship opportunities become more accessible. In turn, these pathways facilitate access to influential networks and leadership opportunities, which are further reinforced by transparent promotion criteria and accountable leadership structures. Over time, these efforts result in increased representation of BW in managerial and executive roles, demonstrating the practical impact of aligned organizational strategies.

### **Relational Leadership Theory**

RLT provides an in-depth framework for viewing leadership as a social and collaborative activity formed through relationships, interactions, and shared understanding, rather than just individual authority or position (Uhl-Bien, 2006). The key idea behind RLT is that leadership develops from ongoing relational dynamics among people within an organization, highlighting mutual influence, trust, inclusivity, and ethical practices (Cunliffe & Erickson, 2011; Uhl-Bien, 2006). RLT emphasizes how communication, collaboration, and social networks affect leadership and organizational results, focusing on relational processes such as mentorship, sponsorship, and inclusive decision making. The theory involves building connections, a shared purpose, empowerment, and psychological safety to support participation and growth (Carsten et al., 2010; Uhl-Bien, 2006). Mentorship programs in hospitals that focus on relationships can enhance leadership opportunities for BW. Relational factors in health care organizations play a key role in providing access to leadership and career advancement, especially for underrepresented groups.

RLT highlights the value of connection, collaboration, and shared responsibility in fostering inclusive and effective leadership. Applying RLT to this integrative review

clarifies how equity-focused practices, mentorship, organizational culture, and leadership opportunities for BW in healthcare are linked. The theory's emphasis on inclusive decision-making supports the review's focus on equitable advancement and shows that strong relational systems help create environments where leadership can thrive (Carsten et al., 2010; Uhl-Bien, 2006).

## **Presentation of Results**

### **Cultivate Equity-Centered Leadership Practices**

Equity-centered leadership requires leaders to recognize and actively address the impact of biases through inclusive-decision making and culturally responsive leadership behaviors that promote fair advancement opportunities (Iheduru-Anderson, 2020; Morris, 2024).

### ***Increase Bias-Aware Decision Making***

Implementing bias-aware hiring, evaluation, and promotion processes helps reduce disparities and supports equitable leadership pathways for BW (Banister et al., 2024).

### ***Promote Shared Decision Making***

Leaders who model inclusivity, psychological safety, and intentional support foster environments that strengthen engagement, belonging, and leadership readiness (Hogan et al., 2023; Morrison et al., 2021).

### **Foster Supportive Culture Development**

Healthcare organizations that intentionally cultivate inclusive cultures improve retention, engagement, and leadership progression for BW (Iheduru-Anderson et al., 2022; Nelson et al., 2023).

### ***Psychological Safety***

Creating psychologically safe environments allows BW leaders to contribute authentically and participate fully in decision-making processes (Holt, 2025; Morris, 2024).

### ***Strengthen Belonging and Support***

Organizational initiatives that promote belonging and reduce isolation strengthen leadership confidence and long-term career commitment (Adesina et al., 2025; Okoro et al., 2024).

### **Create Mentorship and Sponsorship Pathways**

Structured mentorship and executive sponsorship programs are consistently identified as critical mechanisms for leadership development and career advancement for BW in healthcare (Iheduru-Anderson, 2020; Nelson et al., 2023).

### ***Establish Structured Mentorship Programs***

Formal mentoring relationships provide career guidance, skills development, and professional visibility needed for leadership progression (McAfee, 2021; Williams, 2024).

### ***Expand Executive Sponsorship***

Active sponsorship from senior leaders increases access to high-visibility opportunities and accelerates advancement into senior leadership roles (Bijou, 2023; Hodges, 2024).

### **Support Transparent Advancement Systems**

Transparent promotion criteria and equitable evaluation processes increase trust and reduce barriers to leadership advancement for BW (Banister et al., 2024).

***Enhance Promotion Transparency***

Clearly defined leadership pathways and performance expectations support equitable access to advancement opportunities (Hodges, 2024).

***Strengthen Equitable Advancement Processes***

Standardized and monitored promotion systems help limit bias and improve representation in senior leadership roles (Meadows et al., 2023; Mousa et al., 2023).

***Develop Network Development Pathways***

Access to professional networks enhances social capital, leadership exposure, and career mobility for BW in healthcare organizations (Adesina et al., 2025).

***Expand Professional Network Access***

Intentional inclusion in formal and informal networks improves information sharing, mentorship access, and advancement opportunities (Nelson et al., 2023; Okoro et al., 2024).

***Strengthen Strategic Communication Support***

Leadership development that strengthens visibility, advocacy skills, and strategic communication supports career progression and leadership influence (McLarin, 2023; Sowell, 2022).

***Encourage Leadership Accountability***

Organizational accountability is essential to sustain diversity and inclusion efforts and ensuring measurable outcomes in leadership representation (Hogan et al., 2023; Wade, 2024).

***Promote Equity Infrastructure***

Dedicated diversity and inclusion leadership roles, data tracking, and strategic

planning support long-term organizational structural change (Ko et al., 2023; Pincha Baduge et al., 2025).

### ***Implement Accountability Measures***

Regular reporting, leadership performance metrics, and executive responsibility for equity outcomes strengthen organizational commitment to inclusive leadership advancement (Hogan et al. 2023).

## **Interpretation of the Findings**

### **Cultivate Equity-Centered Leadership Practices**

From an RLT perspective, equity-centered leadership practice reinforces leadership advancement by emphasizing ethical engagement, shared responsibility, and intentional relational influence within healthcare organizations (Uhl-Bien, 2006). Equity-centered leadership practice involves prioritizing fairness and inclusion in decision-making, ensuring that all voices are heard and valued. Ethical engagement means leaders act with integrity and uphold principles of justice, while intentional relational influence refers to leaders consciously shaping organizational relationships to foster trust and accountability. The findings confirm existing literature demonstrating that when leaders actively address bias through inclusive decision-making, advancement opportunities for BW increase through strengthened trust and relational accountability (Banister et al., 2024; Iheduru-Anderson, 2020). For example, leaders who implement mentorship programs and transparent promotion criteria create environments where BW feel supported and are more likely to advance within healthcare organizations.

### ***Increase Bias-Aware Decision Making***

Research shows that when hiring, evaluation, and promotion processes are

unstructured, implicit bias can influence leadership outcomes, leading to inequitable advancement opportunities (Meadows et al., 2023). RLT emphasizes the importance of relationships and mutual responsibility in leadership contexts, highlighting how leaders' actions shape organizational cultures and opportunities. Intentional relational responsibility refers to consciously fostering equitable and inclusive leadership practices that ensure fairness and access for all. The findings expand previous knowledge by demonstrating that using structured criteria - such as implementing standardized interview questions, applying scoring rubrics for performance evaluations, and requiring bias-awareness training for all hiring managers - helps improve fairness and consistency in advancement decisions (Banister et al., 2024). Within the framework of RLT, bias-aware decision making is a deliberate practice that supports equitable access to leadership roles by ensuring organizational processes are transparent, consistent, and inclusive.

### ***Promote Inclusive Leadership Behaviors***

Consistent with prior research, inclusive leadership behaviors such as active listening, shared decision making, and intentional support were associated with greater engagement and leadership sustainability among Black women (Morris, 2024). The RLT perspective emphasizes the importance of relationships in leadership, while relational inclusion refers to practices that foster belonging and trust within professional settings. These findings reinforce existing knowledge that relational inclusion strengthens trust and professional commitment. From an RLT perspective, inclusive leadership behaviors create the relational conditions necessary for individuals to participate fully and influence organizational outcomes. Organizations can foster greater engagement by training leaders in active listening techniques and establishing collaborative decision-making processes

that intentionally include diverse voices.

### **Foster Supportive Culture Development**

The findings support existing scholarship indicating that organizational culture significantly influences leadership retention and advancement for BW (Iheduru-Anderson et al., 2022; Nelson et al., 2023). RLT posits that leadership effectiveness is shaped by the quality of relationships within organizations, emphasizing trust and mutual respect as foundational elements. Additionally, the concept of a modifiable organizational system refers to the idea that organizational culture is not static; it can be intentionally changed and designed to better support inclusion, engagement, and leadership sustainability. Earlier research described experiences of isolation and disproportionate diversity-related responsibilities. This review extends prior work by reframing culture as a system that organizations can actively shape. For example, organizations can foster inclusive cultures by implementing mentorship programs, revising evaluation criteria to recognize diversity work, and creating safe spaces for dialogue about race and leadership experiences (Iheduru-Anderson et al., 2022; Nelson et al., 2023). These results align with RLT, which underscores that leadership effectiveness emerges within relational environments characterized by trust and mutual respect.

### ***Strengthen Psychological Safety***

The literature confirms that psychologically safe environments enable BW leaders to express ideas, take risks, and engage authentically without fear of marginalization (Holt, 2025; Morris, 2024). Findings extend previous research by linking psychological safety directly to leadership advancement and retention rather than solely workplace satisfaction. For instance, BW leaders who feel psychologically safe are more likely to

pursue challenging assignments and seek promotions, which directly contributes to their advancement and retention within organizations. Within RLT, psychological safety represents a foundational relational approach that supports collaboration and shared experiences (Holt, 2025). Specific relational leadership behaviors, such as inclusive decision-making, active listening, and intentional support, foster psychological safety by ensuring that all voices are valued and creating a sense of belonging. These practices help build trust and mutual respect, encouraging BW leaders to fully participate and thrive in their professional environments (Morris, 2024).

### ***Strengthen Belonging and Support***

A sense of belonging is linked to greater leadership confidence and organizational commitment (Adesina et al., 2025; Okoro et al., 2024). This review highlights belonging as an organizational outcome influenced by leadership and inclusive practices. Inclusive practices, such as open communication and equitable access to resources, directly contribute to employees' sense of belonging by ensuring all voices are valued and heard. Relational leadership promotes belonging by encouraging mentorship, collaborative decision-making, and building trust among team members, which helps individuals feel integrated into leadership networks and supports their participation in organizational decision-making (Adesina et al., 2025; Okoro et al., 2024). Beyond these foundational elements, belonging acts as both a psychological and social anchor for BW in healthcare leadership. When leaders intentionally cultivate environments where employees feel respected, understood, and supported, individuals are more comfortable expressing their authentic selves, taking initiative, and contributing innovative ideas. This, in turn,

enhances self-assurance in leadership capabilities and strengthens loyalty to the organization (Okoro et al., 2024).

Organizations that incorporate inclusive practices into their daily operations tend to foster perceptions of fairness and support among employees. This perception reduces feelings of isolation and marginalization, which have historically hindered the advancement of Black women in leadership roles (Adesina et al., 2025; Okoro et al., 2024). Furthermore, the RLT framework underscores the importance of intentional actions by leaders - such as actively seeking input from diverse team members, acknowledging unique perspectives, and fostering a climate of psychological safety. These practices not only boost individual confidence but also create a culture in which collective success is prioritized over individual achievement. As a result, a strong sense of belonging becomes a catalyst for leadership development, engagement, and long-term organizational commitment, particularly for BW who may otherwise face systemic barriers to inclusion and advancement (Okoro et al., 2024).

### **Create Mentorship Pathways**

Consistent with previous research, mentorship and sponsorship emerged as central mechanisms for leadership development and advancement (Iheduru-Anderson, 2020; Nelson et al., 2023). The findings further clarify that mentorship primarily involves guidance, support, and sharing of professional knowledge, whereas sponsorship is characterized by active advocacy and the leveraging of relational influence to open doors to high-visibility opportunities (Bijou, 2023; Hodges, 2024). In practice, these distinctions significantly impact leadership development: while mentorship may provide career advice and skill-building, sponsorship can result in direct recommendations for

high-profile projects or promotions, thereby accelerating career advancement. This highlights the unique power of sponsorship to not only facilitate access but also to amplify visibility and influence within organizational hierarchies (Hodges, 2024). These distinctions align closely with RLT's emphasis on relational influence within leadership systems. Integrating this theoretical perspective reinforces the importance of intentional relational strategies in promoting equitable leadership advancement.

### ***Establish Structured Mentorship Programs***

The findings confirm that structured mentorship provides essential career guidance and leadership socialization (McAfee, 2021; Williams, 2024). This review extends prior work by demonstrating that mentorship is most effective when embedded within organizational leadership strategies rather than informal or ad hoc arrangements. Unlike informal or ad hoc mentorship, structured programs ensure consistent support, accountability, and alignment with organizational goals, leading to more sustained professional development.

### ***Expand Executive Sponsorship***

Executive sponsorship was consistently linked to accelerated advancement and increased leadership visibility (Bijou, 2023; Hodges, 2024). These findings reinforce relational leadership principles by illustrating how sponsors leverage positional influence to create relational access and opportunities. For example, sponsors may introduce mentees to key decision-makers or advocate for their inclusion in high-visibility projects, thereby expanding their professional networks and career prospects (Bijou, 2023). This practical application of relational leadership not only facilitates greater organizational visibility for BW leaders but also underscores how intentional sponsorship can directly

impact advancement by breaking down traditional barriers and opening pathways to leadership roles.

### **Support Transparent Advancement Systems**

The findings reinforce prior quantitative evidence demonstrating disparities in promotion and leadership attainment for Black women (Meadows et al., 2023). This review extends existing knowledge by identifying transparency and equity in advancement systems as actionable organizational interventions. For example, implementing clear criteria for promotion and conducting regular audits of advancement processes can help ensure both transparency and equity. These interventions have the potential to directly improve promotion rates and leadership representation for Black women, fostering more equitable outcomes across organizations.

### ***Enhance Promotion Transparency***

The literature confirmed that clearly defined criteria and expectations for advancement improve perceptions of fairness and organizational credibility (Hodges, 2024). Findings extend prior knowledge by demonstrating that transparency also supports leadership self-efficacy and career planning. More specifically, when organizations communicate promotion requirements, performance benchmarks, and pathways to leadership roles in a clear and accessible manner, employees gain a better understanding of what is required to advance. This clarity not only helps reduce ambiguity and perceived bias in promotion decisions but also empowers individuals, especially BW, to take proactive steps in their professional development (Banister et al., 2024; Mousa et al., 2023). Transparent advancement systems encourage employees to set realistic goals, seek relevant opportunities, and build the competencies necessary for leadership positions.

Additionally, regular audits and feedback mechanisms reinforce trust in the process, ensuring that advancement is based on merit and not influenced by subjective factors (Hogan et al., 2023). Ultimately, these practices foster an environment where all employees feel valued and motivated to pursue leadership, contributing to greater diversity and equity within organizational hierarchies.

### ***Strengthen Leadership Pipelines***

Standardized evaluation and monitoring systems were associated with reduced bias and improved representation in leadership pipelines (Banister et al., 2024; Mousa et al., 2023). These findings reinforce RLT by highlighting how equitable structures support consistent and ethical relational decision-making (Uhl-Bien, 2006). Specifically, when organizations implement clear, standardized processes for evaluating performance and monitoring advancement, they minimize the influence of subjective judgments and unconscious biases that can disadvantage underrepresented groups, such as BW, during promotion and selection processes. These systems often include the use of objective metrics, regular reviews, and transparent documentation, which collectively help ensure that all candidates are assessed fairly and according to the same criteria (Hodges, 2024). Furthermore, ongoing monitoring allows organizations to track progress, identify gaps, and make necessary adjustments to their leadership development strategies. This proactive approach not only supports greater equity in leadership outcomes but also fosters organizational trust, as employees are more likely to perceive advancement decisions as legitimate and just (Hogan et al., 2023, Wade, 2024). Ultimately, standardized evaluation and monitoring systems operationalize the principles of relational

leadership theory by embedding fairness, accountability, and transparency into the fabric of leadership development and succession planning.

### **Network Development Pathways**

The findings reinforce prior research demonstrating that professional networks play an intricate role in leadership mobility and access to opportunity (Adesina et al., 2025). This review extends the existing body of knowledge by reframing network development from being solely an individual's responsibility to an organizational mandate. In other words, rather than expecting employees, particularly those from underrepresented groups such as BW, to independently navigate and build the connections necessary for advancement, organizations are encouraged to proactively create and support structured avenues for network development. This might include formal networking programs, affinity groups, cross-departmental mentorship initiatives, and opportunities for employees to participate in leadership and industry events.

This shift is significant because it acknowledges the barriers that can impede equitable access to influential networks. Prior research has shown that exclusion from informal leadership networks limit access to information, sponsorship, and advancement opportunities for BW and other underrepresented leaders (Adesina et al., 2025; Nelson et al., 2023). By institutionalizing network-building pathways, organizations help level the playing field, ensuring that all employees have equal access to relationships, information, and sponsorship crucial for career growth (Okoro et al., 2024). These practices are not only aligned with the principles of RLT, which highlights the importance of social capital and relational structures in shaping leadership outcomes (Uhl-Bien, 2006), and they contribute to greater diversity and inclusion within leadership pipelines.

Furthermore, when organizations take responsibility for network development, it signals a commitment to equity and intentionality in leadership development (Adesina et al., 2025; Nelson et al., 2023). Studies have emphasized that structured leadership development initiatives, networking opportunities, and organizational sponsorship can significantly expand professional visibility and leadership readiness among underrepresented groups (McLarin, 2023; Sowell, 2022). Regularly evaluating the effectiveness and accessibility of these programs, providing resources for ongoing engagement, and incentivizing participation across all levels of the organization can further enhance the impact. Ultimately, embedding network development as a core organizational strategy not only benefits individual leaders by expanding their access to opportunities but also strengthens the overall talent pool, fosters innovation, and drives sustainable organizational leadership outcomes (Nelson et al., 2023).

### ***Expand Professional Network Access***

The literature confirms that inclusion in formal and informal networks increases access to information, mentorship, and advancement opportunities (Nelson et al., 2023; Okoro et al., 2024). Findings extend prior research by demonstrating that intentional inclusion practices reduce relational isolation and improve leadership visibility. These relationships provide critical channels for sharing knowledge, receiving career guidance, and being considered for high-profile assignments or promotions (Iheduru-Anderson, 2020; Williams, 2024). Within the framework of RLT, access to these networks is not just about individual advancement; it strengthens relational connectivity and influence by fostering a sense of belonging, collaboration, and mutual support across the organization (Uhl-Bien, 2006). Moreover, by prioritizing network access through intentional

strategies, such as regular network-building events, sponsorship initiatives, and transparent communication about available resources, organizations help dismantle barriers to leadership mobility and ensure that all employees have equitable opportunities to thrive. This approach not only benefits individuals but also enhances organizational performance by cultivating a more diverse and interconnected leadership pipeline, ultimately contributing to development of inclusive, innovative, and resilient workplaces (Adesina et al., 2025; Nelson et al., 2023).

### ***Strengthen Strategic Communication Support***

Studies indicated that leadership communication skills enhance professional visibility, credibility, and influence within organizational settings (McLarin, 2023; Sowell, 2022). The review extends existing knowledge by identifying communication development as an organizational strategy that supports relational leadership presence. Relational leadership presence refers to a leader's ability to foster meaningful connections and engagement within their team, creating an environment of trust and collaboration. RLT, which emphasizes the importance of relationships, ethical decision-making, and inclusive practices in leadership. From this perspective, effective communication strengthens relational engagement and shared understanding. For instance, leaders who regularly solicit feedback and actively listen to team members often build stronger trust and collaboration within their organizations.

### **Encourage Leadership Accountability**

In practice, embedding accountability means that leaders at every level are not only expected to support diversity and equity initiatives but are also held responsible for measurable outcomes related to these efforts (Hogan et al., 2023). Accountability

mechanisms should be transparent and consistently enforced, such as regular reporting on diversity metrics, publicizing progress toward stated goals, and implementing corrective actions when targets are not met (Morrison et al., 2021; Mousa et al., 2022). By linking accountability to governance structures and strategic planning, organizations signal that equity is a core value rather than a peripheral or symbolic gesture. This approach not only strengthens trust among stakeholders but also ensures that diversity and equity efforts are sustainable and integrated into the organizational culture.

Within the framework of RLT, accountability is a shared, ongoing process that involves collaboration, open communication, and ethical decision-making. When leaders model accountability and invite others to participate in the process, they reinforce a culture of fairness, transparency, and mutual respect. Ultimately, this comprehensive approach to accountability drives meaningful progress toward diversity and equity, enhances leadership credibility, and contributes to a more just and effective organization.

### ***Promote Equity Infrastructure***

Studies indicated that strategic plans and data monitoring systems support long-term organizational change (Pincha Baduge et al., 2025; Wade, 2024). These findings extend prior work by demonstrating that infrastructure institutionalizes relational commitment to equity. By implementing robust strategic plans, organizations set clear goals for diversity, equity, and inclusion (DEI) and outline actionable steps to achieve them. Data monitoring systems provide ongoing assessment and accountability, allowing leaders to track progress, identify gaps, and make evidence-based adjustments. This infrastructure ensures that equity initiatives are not just temporary projects but are embedded into the fabric of organizational operations. For example, regular reporting on

diversity and equity metrics, transparent communication of results, and integration of equity targets into performance evaluations reinforce the message that equitable practices are a priority. Furthermore, institutionalizing these systems cultivates a culture of continuous improvement and shared responsibility, aligning with RLT by fostering collaboration, ethical decision-making, and mutual support. Ultimately, this approach enhances organizational resilience, drives innovation, and sustains meaningful progress toward equity, making it an essential component of effective leadership and organizational success.

### ***Implement Accountability Measures***

Regular reporting, leadership performance metrics, and outcome monitoring have consistently been associated with sustained progress in leadership diversity (Hogan et al., 2023). This relationship is further supported by research emphasizing that ongoing accountability practices, such as transparent goal setting and routine evaluation, lead to measurable improvements in equity outcomes (Roberson, 2021). From an RLT perspective, accountability strengthens relational trust, transparency, and organizational credibility by embedding these principles into everyday interactions and decision-making. For example, implementing quarterly diversity scorecards and publicizing leadership demographics can visibly demonstrate accountability and foster trust among stakeholders. These practices not only reinforce the organization's commitment to diversity and equity but also create clear benchmarks for progress, ensuring that accountability is both actionable and impactful.

## Conclusion

The findings of the integrative review demonstrate that leadership advancement for Black women in healthcare is strengthened through intentional organizational strategies grounded in relational, inclusive, and accountable leadership practices. Integrated through the lens of the RLT, the themes highlight that advancement is shaped by the quality of relationships, inclusive organizational climates, transparent advancement systems, access to networks and sponsorship, and leadership accountability structures rather than individual effort alone (Uhl-Bien, 2006). Relational mechanisms refer to organizational practices that foster trust, collaboration, and mutual support among staff and leaders. Leadership accountability structures include transparent evaluation processes and regular progress reviews to ensure equitable advancement opportunities.

Collectively, the evidence confirms and extends existing literature by emphasizing equity-centered leadership, mentorship and sponsorship pathways, professional network development, and organizational transparency function as interconnected relational mechanisms that support leadership progression (Hogan et al., 2023; Iheduru-Anderson, 2020; Mousa et al., 2023; Nelson et al., 2023;). Equity-centered leadership involves prioritizing fairness, inclusion, and justice in decision-making and organizational policies. For example, establishing formal mentorship programs that pair emerging BW leaders with senior executives can facilitate access to advancement opportunities. These findings provide practical guidance for healthcare organizations seeking to strengthen leadership pipelines, improve retention, and increase representation of BW in leadership roles. Implementing clear criteria for promotion decisions can help reduce bias and increase trust in advancement systems. By focusing on relational systems

that promote trust, belonging, and shared responsibility, healthcare leaders can move beyond identifying disparities to implementing sustainable strategies that advance equity and strengthen organizational leadership capacity.

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

Leadership advancement for BW in health care continues to be shaped by organizational practices, relational dynamics, and structural leadership systems within health care institutions. The strategies identified in this review directly address these barriers by fostering mentorship opportunities, increasing transparency in advancement systems, and promoting accountability among leaders (see Banister et al., 2024; Mousa et al., 2023). The purpose of this integrative review was to identify evidence-based strategies that health care leaders and organizations can implement to strengthen leadership advancement pathways for BW. Inclusive organizational culture emphasizes creating environments in which all employees feel valued and supported, which is essential for retaining and advancing BW leaders (Iheduru-Anderson et al., 2022; Okoro et al., 2024).

#### **Thematic Map and Framework**

The RLT, introduced by Uhl-Bien (2006), conceptualizes leadership as a social and relational process that emerges through interactions, collaboration, and shared influence among individuals within organizations. Rather than viewing leadership solely as a function of positional authority, RLT emphasizes the importance of relationships, trust, communication, and mutual engagement in shaping leadership success (Cunliffe & Eriksen, 2011; Uhl-Bien, 2006). Within organizational contexts, leadership effectiveness is influenced by relational systems that connect individuals, networks, and organizational structures. These relational processes create the conditions that enable individuals to gain access to opportunities, mentorship, influence, and leadership development.

The themes identified in this integrative review closely align with the principles of RLT by emphasizing the interconnected nature of relationships, organizational culture, and leadership systems. Equity-centered leadership practices and inclusive organizational cultures foster relational environments in which individuals feel valued and empowered to participate in leadership processes (Hogan et al., 2023). Mentorship, sponsorship, and network development pathways reflect the relational structures that facilitate leadership visibility, professional development, and access to advancement opportunities (Nelson et al., 2023; Williams, 2024). Transparent advancement systems and leadership accountability help reinforce relational leadership by establishing trust, fairness, and shared responsibility.

In this review, the thematic concept map illustrates how these themes and subthemes function as interconnected strategies that shape leadership advancement for BW in health care. Consistent with RLT, the map demonstrates that leadership development occurs through relational practices that link leadership behaviors and organizational culture (Uhl-Bien, 2006). When health care organizations are intentional, they can strengthen workforce engagement and support sustainable leadership development (Adesina et al., 2025; Nelson et al., 2023). (see Figure 2)

### **Recommendations for Professional Practice**

Based on the findings of this integrative review and the themes identified in the final thematic concept map, several progressive practice recommendations emerged for health care organizations seeking to strengthen leadership pathways for BW. These recommendations align with the principles of RLT and emphasize relational systems, inclusive leadership practices, and organizational accountability structures to support

equitable advancement (Cunliffe & Eriksen, 2011; Uhl-Bien, 2006). The recommendations are aligned with the themes identified in this study, including equity-centered leadership practices, inclusive organizational culture, mentorship and sponsorship pathways, transparent advancement systems, network development pathways, and leadership accountability (Banister et al., 2024; Hogan et al., 2023; Iheduru-Anderson, 2020; Mousa et al., 2023; Nelson et al., 2023; Okoro et al., 2024; Williams, 2024). Implementing these recommendations can help healthcare organizations create more equitable leadership environments, strengthen leadership pipelines, and boost workplace satisfaction (Adesina et al., 2025; Iheduru-Anderson et al., 2022; Meadows et al., 2023).

**Recommendation 1: Create a Process to Implement Structured Mentorship and Executive Programs to Establish Formal Leadership Development Cohorts That Will Support Leadership Advancement for Black Women**

Healthcare organizations should implement structured mentorship and executive sponsorship programs, such as pairing emerging leaders with senior executives or establishing formal leadership development cohorts, to support leadership advancement for Black women and other underrepresented groups. These initiatives are effective because they help increase retention, provide access to professional networks, and create clear pathways to senior roles. For instance, successful programs have demonstrated that intentional mentorship and sponsorship boost visibility, foster professional growth, and ensure equitable access to advancement opportunities for participants. Adopting these best practices can make leadership development more inclusive and actionable for

healthcare organizations seeking to strengthen their leadership pipelines (Adesina et al., 2025).

Mentorship and sponsorship pathways emerged as critical themes in the thematic analysis and final matrix. The literature demonstrates that access to mentorship and sponsorship plays a vital role in leadership development, professional visibility, and advancement opportunities for Black women in healthcare (Iheduru-Anderson, 2020; Nelson et al., 2023; Williams, 2024). For instance, mentorship might involve a senior leader offering guidance on career planning, helping a mentee navigate organizational culture, or providing feedback on skill development. In contrast, sponsorship could entail an executive actively recommending a mentee for a leadership position or nominating them for a high-visibility project, thereby directly facilitating access to advancement opportunities. According to Nelson et al. (2023), BW who participated in formal sponsorship programs were 30% more likely to be promoted to leadership roles within 3 years than those without such support. These examples highlight that while mentorship supports ongoing growth and professional navigation, sponsorship is crucial for advocacy and opening doors to leadership. Without these relational supports, many BW experience limited exposure and access to high-level decision-making environments and leadership pipelines.

As outlined by Uhl-Bien (2006) in RLT, it is a framework that views leadership as a dynamic process built on relationships, shared influence, and collaborative engagement, rather than rooted solely in individual effort. This recommendation aligns closely with RLT by highlighting how mentorship and sponsorship serve as relational pathways, providing emerging leaders with access to leadership opportunities and essential social

networks for advancement. These kinds of relational supports are integral to fostering leadership development within organizations. Implementation steps include the following:

- Establish formal mentorship programs pairing emerging leaders with experienced healthcare executives.
- Develop an executive sponsorship initiative that connects senior leaders with high-potential talent.
- Provide leadership development workshops focused on career navigation and professional growth.
- Track participation and outcomes through leadership development metrics
- Evaluate program effectiveness annually and adjust as needed. Nelson et al., 2023

**Recommendation 2: Cultivate and Create an Infrastructure That Establishes Transparency and Equitable Advancement Systems That Distinctly Articulate Leadership Pathways and Promotion Criteria**

Healthcare organizations should establish transparent and equitable advancement systems that clearly communicate leadership pathways and promotion criteria.

Transparent and equitable systems help build trust among employees, reduce bias, and ensure talented individuals are recognized and promoted fairly (Adesina et al., 2025).

Transparent advancement systems emerged as a key theme influencing leadership mobility and organizational trust. Studies in this review found that unclear promotion processes and subjective evaluation criteria can contribute to inequitable advancement outcomes (Chand, 2023; Hodges, 2024). For example, organizations can publish detailed

promotion guidelines, conduct regular training on leadership competencies, and use standardized evaluation rubrics to ensure consistency and clarity in advancement decisions. Establishing transparent promotion criteria, leadership competencies, and evaluation processes can improve perceptions of fairness and help employees better understand the steps required to advance into their respective leadership roles. A recent survey by Hodges (2024) found that 68% of employees in organizations with transparent advancement systems reported higher trust in leadership than 35% in organizations with unclear processes. These data points highlight the positive impact of transparency on organizational trust and leadership mobility.

RLT supports this recommendation by emphasizing that ethical leadership and relational trust are foundational to effective leadership systems (Uhl-Bien, 2006). By applying ethical leadership principles, organizations can design advancement systems that foster openness and fairness, thereby enhancing relational trust among team members. Transparent advancement processes, such as publishing clear promotion criteria and providing regular feedback, strengthen trust between leaders and employees. When organizations openly communicate promotion pathways and evaluation criteria, employees are more likely to perceive the process as fair and unbiased, which in turn builds greater confidence and trust in leadership. Implementation steps include the following:

- Publish clear promotion criteria and leadership competency expectations.
- Implement standardized leadership evaluation frameworks.
- Conduct annual audits of promotion and advancement data.
- Develop leadership pipeline programs to prepare emerging leaders.

- Provide feedback and career planning sessions for leadership candidates.  
(Hodges, 2024)

**Recommendation 3: Develop and Emphasize an Inclusive Organizational Culture With Implementing Regular Diversity Training, Designing Mentorship Programs, and Promoting Psychological Safety**

Healthcare organizations should foster inclusive organizational cultures by implementing regular diversity training and creating mentorship programs. These actions help promote psychological safety (where staff feel safe to speak up), a sense of belonging (where everyone feels valued), and leadership participation (encouraging diverse voices in decision-making) (Adesina et al., 2025; Iheduru-Anderson et al., 2022; Okoro et al., 2024).

Inclusive organizational culture emerged as a central theme influencing leadership engagement and retention. Research demonstrates that organizational cultures characterized by belonging, support, and psychological safety contribute to stronger leadership outcomes for underrepresented leaders (Adesina et al., 2025; Iheduru-Anderson et al., 2022; Okoro et al., 2024). When leaders intentionally cultivate inclusive environments, employees are more likely to feel empowered to contribute ideas, participate in decision-making, and pursue leadership opportunities.

This recommendation aligns with RLT by emphasizing relational environments that support collaboration, shared influence, and mutual respect (Uhl-Bien, 2006). Inclusive cultures strengthen relational trust and create leadership environments where individuals feel valued and supported. Implementation steps include the following:

- Conduct organizational climate assessments to measure inclusion and

belonging.

- Provide leadership training on inclusive leadership behaviors.
- Establish employee resource groups and leadership affinity networks.
- Encourage participatory leadership practices and shared decision-making.
- Monitor cultural indicators such as engagement and retention. (Iheduru-Anderson et al., 2022)

**Recommendation 4: Develop Systems for Accountability to Monitor and Support Equitable Leadership Outcomes by Establishing Regular Equity Audits and Transparent Reporting Mechanisms**

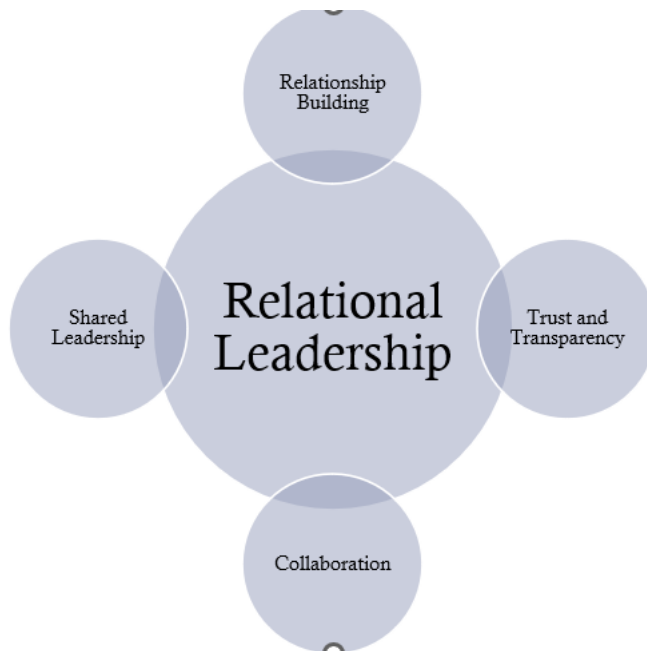
Healthcare organizations should strengthen leadership accountability structures by implementing regular equity audits and establishing transparent reporting mechanisms. These measures help monitor and support equitable leadership outcomes, such as ensuring diverse representation in executive roles and promoting fair advancement practices for all staff members (Adesina et al., 2025; Iheduru-Anderson et al., 2022; Okoro et al., 2024).

Leadership accountability emerged as a critical theme in the review and final thematic map. Research indicates that diversity and equity initiatives are most effective when leadership is accountable for measurable outcomes and progress (Alegria et al., 2024; Hogan et al., 2023). Accountability systems such as leadership performance metrics, diversity reporting, and governance oversight can support sustainable progress toward equitable leadership representation. For example, organizations might implement quarterly diversity scorecards or tie executive bonuses to progress on equity goals to operationalize accountability. RLT supports this recommendation by emphasizing shared

responsibility and ethical leadership practices within organizational systems (Uhl-Bien, 2006). Accountability reinforces relational trust by ensuring leaders actively support and measure progress toward equitable leadership outcomes. Implementation steps include the following:

- Establish leadership accountability metrics related to diversity and advancement.
- Require regular reporting on leadership representation and pipeline development.
- Integrate equity goals into organizational strategic plans.
- Conduct periodic leadership performance evaluations related to equity initiatives.
- Provide leadership coaching to support equity-centered leadership practices.

(Adesina et al., 2025)

**Figure 2***Recommendations for Practice***Implications for Social Change**

Advancing BW in healthcare leadership has important implications for social change, particularly in addressing health inequities and strengthening the healthcare system's ability to respond to the social determinants of health. Increasing representation in leadership positions enables organizations to incorporate more diverse perspectives into decision-making, thereby improving policies and practices that affect underserved groups. Research has shown that diverse leadership teams are associated with strong organizational innovation and improved problem-solving abilities (Okoro et al., 2024). Despite these strengths, BW remain underrepresented in senior leadership roles within healthcare organizations due to barriers such as limited access to mentorship,

sponsorship, leadership networks, and transparent advancement pathways (Iheduru-Anderson, 2020; Nelson et al., 2023). Addressing these barriers is vital not only for promoting leadership equity but also for strengthening healthcare organizations' capacity to address health disparities and the broader social determinants that affect patient outcomes.

Leadership diversity is vital to enhancing a healthcare system's ability to understand and effectively address the social determinants of health, including economic stability, education, access to healthcare, neighborhood environments, and social support networks. By bringing together leaders from varied backgrounds, organizations gain valuable insights and firsthand perspectives that emphasize structural inequities and inform the development of targeted interventions for underserved communities. For instance, when BW are promoted to senior leadership roles, their unique experiences can drive the creation of outreach programs that better engage marginalized communities. Research by Alegria et al. (2024) demonstrated that healthcare organizations with diverse leadership teams not only exhibit stronger cultural competence and improved communication with patients from different backgrounds but also achieve higher levels of patient satisfaction. Similarly, Nelson et al. (2023) found that diverse leadership enhances organizational awareness of systemic barriers, resulting in more effective strategies to reduce health disparities. Moreover, when healthcare organizations intentionally support the advancement of BW leaders, they are better equipped to integrate community-centered perspectives into policy development, patient engagement, and population health initiatives, as evidenced by successful case studies in organizations that have implemented these practices.

This integrative review underscores the significance of relational leadership practices: approaches that prioritize collaboration, mutual respect, and shared decision-making among leaders and team members, in advancing equitable leadership development and improving health equity outcomes. Equitable leadership development refers to creating fair and accessible pathways for advancement, while health equity outcomes are measurable improvements in health status and access for underserved groups. Strategies such as mentorship and sponsorship programs, opportunities to build professional networks, and transparent advancement systems are effective in reducing structural barriers that limit leadership opportunities for BW. These relational strategies are closely aligned with RLT, which emphasizes collaboration, trust, and shared influence in achieving leadership outcomes (Uhl-Bien, 2006). Trust-building activities within mentorship programs, such as regular feedback sessions, goal-setting workshops, and peer support groups, not only foster inclusive organizational cultures but also exemplify RLT principles by empowering diverse leaders to participate in strategic decision-making and drive organizational transformation.

### **Limitations**

This integrative review has several limitations that should be considered when interpreting its findings. The decision to focus exclusively on peer-reviewed English-language studies published between 2020 and 2025 may have inadvertently excluded seminal or foundational research, thereby limiting the historical context of leadership advancement for Black women in healthcare. Additionally, reliance on secondary data sources meant that the review did not directly engage with Black women leaders, missing the opportunity to capture deeper, firsthand insights into their lived experiences and

leadership journeys. Most of the literature examined centered on U.S. healthcare settings, which may not adequately reflect the realities of Black women leaders in global contexts or other healthcare sectors. Furthermore, the limited number of research specifically targeting Black women sometimes requires broadening the population to include women of color, potentially diluting the unique experiences and challenges faced by BW in healthcare leadership.

The review also synthesized findings from studies employing a wide range of research designs, which introduced variability in methodological quality and approaches. This diversity in study designs may have affected the consistency and comparability of the evidence presented. Despite these methodological constraints, the review delivers a comprehensive synthesis of the current literature and highlights actionable strategies to strengthen leadership advancement for BW. By openly acknowledging these limitations, the review enhances transparency and credibility of its conclusions, emphasizing the need for future research that incorporates direct engagement with BW leaders, considers global perspectives, and uses rigorous, consistent methodologies to build a more robust evidence base.

### **Conclusion**

Healthcare leadership plays an intricate role in molding organizational cultures, workforce engagement, and equitable healthcare delivery. It is more evident that leadership structures correlate with the impact of policy development, resource allocation, and how organizations respond to the needs of diverse groups. The importance of diversity within healthcare leadership is further emphasized by research demonstrating that inclusive work environments improve organizational effectiveness, strengthen

decision-making, and address persistent health disparities. For example, a 2022 survey found that only 4% of C-suite positions in major U.S healthcare systems are held by BW, underscoring the significant gap in representation and the need for change. Diverse leadership teams have been found to contribute to perspectives and lived experiences that enhance problem-solving, drive innovation, and promote cultural competence within healthcare systems (Alegria et al., 2024).

The findings of this integrative review highlight several actionable strategies that healthcare organizations can implement to strengthen leadership advancement pathways for BW. Key themes identified in the literature include equity-centered leadership practices, inclusive organizational cultures, mentorship and sponsorship pathways, transparent advancement systems, opportunities for network development, and leadership accountability. Collectively, these strategies emphasize the importance of intentionally cultivating supportive leadership environments that provide equitable access to advancement, foster relational connections, and promote transparency within promotion and leadership development processes. When organizations prioritize mentorship, sponsorship, and professional networking opportunities, they strengthen leadership pipelines and improve workforce retention among underrepresented professionals (Mousa et al., 2023; Pincha Baduge et al., 2025).

RLT provides an important framework for understanding how leadership advancement occurs through relational systems within organizations. This theory emphasizes that leadership is not solely based on positional authority but emerges through relationships, collaboration, and shared influence among individuals within organizational networks (Uhl-Bien, 2006). The strategies identified in this review align

with the principles of relational leadership by emphasizing trust, mentorship, collaboration, and accountability in leadership development. These strategies can be operationalized through regular interdisciplinary team meetings, leadership training workshops focused on collaboration, and transparent feedback systems that reinforce accountability. When healthcare organizations intentionally cultivate relational leadership practices, they create environments where individuals can access opportunities, build professional relationships, and develop leadership competencies that support long-term organizational success.

Looking ahead, advancing leadership opportunities for BW in healthcare requires sustained organizational commitment and deliberate, evidence-based actions. By embedding relational leadership principles and equity-centered practices into these strategies, healthcare systems can enhance workforce engagement, improve organizational performance, and achieve more equitable healthcare outcomes for diverse communities.

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Appendix A: DHA Practice-Based Problem Literature Review Matrix (APA Level 0 Heading)

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)
Camp- Fry, Z. (2021).	Theoretical: intersectional ity, Upper Echelon (UET), and Stereotype Threat	Which social obstacles or challenges hinder Black women’s efforts to secure executive and senior positions?	Qualitative Phenomenologica l	Some studies suggest the representation of BW in executive leadership is correlated to negative perceptions and historical stereotypes.	The research findings concluded that the participants did not perform down to others’ expectations, but rather tended to perform better and exceeded the expectations of others when afforded the opportunity.	Research to understand the root causes of Black women lacking representation in healthcare leadership executive positions.	Strategies to make executive advancement accessible i.e. mentorship programs, sponsorship, and grassroots leadership programs.	Yes
Dill, J., & Duffy, M. (2022).	Conceptual, logit model	Structural racism in the labor market, linked to historical legacies of slavery and domestic service, has had a strong impact on shaping the healthcare workforce.	Qualitative	Black women are overrepresented in health care, however, are heavily concentrated in low-wage jobs in the long-term care sector and hospitals.	Care work is critical for Black women in healthcare as it’s at the intersection of racism and sexism. Black women through an intentional approach will overturn some of the current constructs and structural	Measure structural racism and individual characteristic s to make causal relationships.	Policy implications to address the wages of current direct care jobs as workers are currently underpaid, building career ladders, and addressing structural racism.	Yes

					barriers that have devalued BW otherwise.			
Vera, P. (2020)	Theoretical framework	What do leaders perceive are the factors that contribute to the diversity gap in the C-Suite? (2) How do C-suite leaders perceive the organization's policies and practices to promote or deter equity in the C-suite?	Qualitative	Perception of leaders on factors that contribute to the diversity gap in the C-suite: lack of diversity in the organization and the need to establish policies and procedures that address the problem.	The study found the lack of organizational culture is the major cause of the C-suite diversity gap in the United States healthcare system.	Quantitative studies and empirical research.	The development of diversity affirmative action regarding the C-suite for public health institutions.	No
Pittman et al. (2021)	Theoretical framework	Are Black, Hispanic, and Native American populations underrepresented in the healthcare professions in the US, and does the educational pipeline show greater representation	Mixed method, cross-sectional.	The findings of this study showed the extent to which racial/ ethnic minority groups are underrepresented in healthcare professions in the current and future workforce. Compared with the	Although there has been some improvement in diversity among graduates of healthcare professional programs compared with the current workforce, this study's findings suggest a need for additional policies to	Reviewed the education pipeline and the data of those who transition from grads to practitioners to have more accurate research.	Additional policies to support a healthcare workforce that is representative of the diversity of the current population. Measuring, tracking, and regularly reporting on	Yes

		of these groups in the future healthcare workforce?		representation of Black individuals in the current healthcare workforce, the representation of recent Black graduates was lower for 5 of the 10 occupations included.	support a healthcare workforce that is representative of the diversity of the current population.		the extent of representation of Black, Hispanic, and Native American health workers can encourage healthcare professional organizations, states, and individual institutions to make greater efforts to increase representation.	
Habib, N., et al. (2022)	Conceptual framework	Health equity rooted in restorative justice could emerge from the required critical engagement with systems of medical education. Ways to confront long-standing and current racial injustices in medicine.	Qualitative	A 2021 study of racial and ethnic representation in the US healthcare workforce estimated that in 2019, 12.1% of the US workforce was Black. Meanwhile, Black female staff are over-represented in the US healthcare	Organizations must tackle the inequalities and inequities urgently. Diversity is not a precursor to progressive, compassionate, and inclusive workplace cultures.	Review and address ethnicity pay gaps.	Strategic and long-term approaches to create a culture of equity and inclusion. Effective leadership with accountability.	Yes

				workforce but are heavily concentrated in low-wage jobs in the long-term care sector and hospitals as a result of enduring sexism and racism.				
Zambrano, R. (2020)	Conceptual framework	The current paradigm of healthcare leadership is homogenous in gender, race, and experiences even though the populations served are changing.	Qualitative	From 2011 to 2013 hospitals saw the percentage of minority patients grow from 21% to 31% while racial and ethnic diversity in C-suite positions remained flat at 14%. By 2043, more than half of the U.S. population will consist of racial and ethnic minorities (Henkel, 2016). Diversity needs to be leveraged as a resource to continue to	Given the burdens of cost increases, regulation complexities, labor shortages, comorbidities of elderly patients, inefficient delivery, and deep political divisions, our current healthcare system isn't sustainable. Diversity of people and thoughts may provide a sustainable solution.	How a diverse healthcare workforce impacts the overall healthcare system.	Executive diversity program. Diversity integrated into healthcare leadership.	Yes

				advance in healthcare.				
Bush, J. (2019)	Theoretical framework	(1) How do African Americans believe mentoring can reduce the perceived barriers in African Americans seeking roles in healthcare administration?	Qualitative study	The participants perceived barriers to advancement in healthcare leadership. Research suggests that few African Americans make it to the C-suites in healthcare (Livingston, 2015). Collectively, the study participants experienced a range of repressive structures such as microaggressions. Disparities, and stereotypes in their perspective healthcare careers.	The percentage of African Americans who hold executive leadership positions in healthcare is substantially low despite many organizations having diversity and inclusion programs. Mentoring was found to be positively related to sponsorship and connected to outcome expectations of African American healthcare professionals.	Addressing issues of diversity and inclusion specifically the void of African Americans' inclusion at the executive level is recommended. Further research on advanced forms of mentorship, such as sponsorship, would prove how sponsorships influence the career progression of African Americans seeking executive leadership roles.	Addressing microaggressions in the healthcare workforce. Cultural sensitivity training. Advanced executive sponsorship programs.	Yes
Corbie, G. et al. (2022)	Conceptual framework	The a need to center both leader and	Mixed method	Eight domains are needed to address the	Leadership development will be critical	Specific EDI-related impacts in	EDI skill development across	Yes

		leadership development on equity, diversity, and inclusion curriculum to make real change in the US healthcare system.		current healthcare organizations' complexities: systems thinking, change management, persuasive communication, data analytics, problem-solving, diversity and inclusion, resource management, and policy engagement. Leadership development is needed to achieve a higher goal of advancing health equity.	to health-related organizations that seek to go beyond pledges of support for equity, diversity, and inclusion (EDI).	hopes of having richer and more compelling insight that shows a correlation for the impact program participants are having in their health care systems.	personal, interpersonal, organizational, and systems domains demonstrates the potential to develop leaders who can cultivate environments that advance health equity.	
Goode, C. & Landefeld, T. (2019)	Conceptual framework	The current numbers both in the health professional programs and in practice must be viewed as inadequate, despite efforts	Mixed method	Factors negatively affecting diversity: educational barriers, psychological barriers including imposter	There are a significant number of changes that need to be made to address the underrepresentation problem, and as such, the diversity in the	Data collection strategies that review race and ethnicity that are disaggregated by specific subpopulations.	The review of standardized testing i.e. with the MCAT. Advocacy as well as transparency is needed.	Yes

		over many years designed to address this underrepresentation.		syndrome, microaggressions, PTSD, and racial discrimination.	health professions. Academic and community involvement is needed as well to address the issue and keep up with the changing demographics.			
Rotenstein, L. et al. (2021)	Conceptual/Quality improvement framework	Workforce diversity in medicine, specifically at the highest levels of healthcare leadership, remains an elusive goal.	Mixed method	In the US, 3.6% of medical school faculty are Black. Lack of workforce diversity has detrimental effects on patient outcomes, access to care, and patient trust, as well as on workplace experiences and employee retention.			Workforce diversity data should be publicly reported. Individual contributions to diversity-related work should be compensated and valued.	Yes
Bradley, E. (2020)	Theoretical Framework	Diversity itself doesn't predict performance; rather how diversity is engaged is central to	Qualitative	Evidence-based actions; the way we work together affects clinical experience and patient outcomes.	With extreme polarization and division globally and locally, health policy and management research have	More research and insight to assess the impact of other diversity as well besides	Attracting diverse people to the work, engaging the pluralism of ideas and perspectives to foster new	Yes

		whether diversity will improve or inhibit group performance.			an opportunity to share evidence that could help navigate an increasingly diverse environment. Based on this literature, adequately engaging diversity of viewpoints, experience, and staff roles can have a marked impact on health outcomes.	racial/ ethnic diversity.	ways of seeing things and creatively problem-solving.	
Stanford, F. (2020)	Conceptual framework	It is important to have a healthcare workforce that represents the tapestry of our communities as it relates to race/ ethnicity, gender, sexual orientation, immigration status, physical	Qualitative	There is often malalignment with the perceptions and experiences of persons from racial and ethnic minority groups in academic medicine compared to majority groups regarding their health system and its	It isn't enough for organizations to just add a person to oversee diversity efforts- the organization as a whole must value diversity and inclusion as central to their mission and consistently assess these	Further research is needed to elucidate the reasons underlying the persistent underrepresentation of racial and ethnic minorities in specific medical programs.	Tangible strategies: ensure that diversity and inclusion are ingrained within the culture, integrate stakeholders from all levels of the organization, share successes and failures with	Yes

		disability status, and socioeconomic level to render the best possible care to our diverse patient populations.		performance surrounding cultural competency. A group of health professionals were surveyed and they found that minorities and women are less likely to rank their organization as culturally competent, and they concluded that organizational efforts to achieve cultural competency would benefit from measuring this factor to target their efforts.	diverse groups of their perception of progress.		similar organizations, and start at a young age to engage with the local communities.	
Allen, P. & Mickel, N. (2023)	Conceptual framework	Structural racism has in turn led to health disparities in black and brown communities.	Qualitative	There is evidence that white privilege continues to exist.	Historical views, theories, and scientific findings regarding race bring to light longstanding injustices and structures that support and	Any genetic evidence that supports the concept of race.	US healthcare laws and policies to address structural racism.	Yes

					perpetuate racism. Structural racism is the root cause of social determinants of health leading to health inequities that determine life expectancy.			
Pitts, K. (2022)	Theoretical framework	What is the relationship, if any, between a lack of advancement opportunities and African American female nurses/ reason for leaving the nursing profession? What is the relationship, if any, between African American female nurses' reason for leaving the nursing profession and lack of	Quantitative	A relationship was found between the lack of advancement opportunities and the African American female nurses' reason for leaving the nursing profession. A relationship was found between lack of good leadership and the African American female nurses' reason for leaving the nursing profession. A	Positive leader-member relationships can have a positive effect on the retention of African American women in the nursing profession.	Focus on the employment settings for African American female nurses employed and the association between the type of employment setting and reasons for leaving the nursing profession when the lack of advancement or lack of good leadership is the reason for	The development of mentor programs and improved advancement pathways for African American female nurses is necessary to correct the deficit in the representation of African American female nurses in leadership roles and to provide more diversity in nursing leadership.	Yes

		good leadership?		relationship was found between the African American female nurses' reasons for leaving the nursing profession the lack of advancement opportunities and the lack of good leadership.			Mentorship opportunities	
Brown, A. et al. (2015)	Theoretical framework	What factors, if any have contributed to the lack of advancement up the ranks to senior health care leadership posts? What are the lived experiences, if any, described, in terms of race/ethnicity encountered in career progression? What experiences, if	Qualitative	Barriers related to the issue contributing to the lack of advancement were color classification, age, stereotyping, education, and the lack of succession planning.	Barriers to advancement that were cited included lack of mentorship, limited networking, lack of role models, being invisible, and balancing work and family life. Ultimately the barriers stem from society, government, and organizational standpoints. Although there are legislations	The influence of gender-based prejudices and failure to appropriately assess and consider credentials, worthiness, and prospective candidates solely based on merit. More research is needed to identify proven strategies that	It is recommended that healthcare organizations expand their knowledge of the benefits of having minorities and women in executive leadership roles. Black women should increase their knowledge regarding hiring practices that may adversely impact their	Yes

		any, are perceived as instrumental, unequal, or deterrents to leadership advancement in health care?			in place the barriers to equality and Black women in healthcare leadership still exist.	may help guide Black women's career paths in successfully achieving executive healthcare leadership positions.	advancement. Mentorship programming is recommended as well.	
Banister et al. (2020)	Theoretical framework	The underrepresentation of minorities in nursing is a longstanding problem, resulting in missed opportunities for culturally sensitive care, that can foster positive patient outcomes.	Qualitative	It's important to develop leadership qualities and skills as one seeks leadership opportunities.	Opportunities exist to recognize and promote diverse nurses in leadership roles and professional activities. Ultimately, effective leadership experiences will enhance their leadership development to support the quality of patient care.	Further research is needed to explore how programs influence Black nurse's aspirations and access to leadership roles, decisions that influence the pursuit of advanced degrees and implicit and explicit racial bias, and the impact on healthcare disparities.	Leadership development. Academic and service partnerships could enhance leadership development and the retention of diverse nurses.	Yes
Florence, B. (2020)	Conceptual framework	What are the stakeholders' perceptions of	Qualitative	All 19 participants agreed that the	All participants agreed that promotion	Further research to determine	Providing AA middle managers with	Yes

		<p>the various knowledge and motivational influences related to the lack of advancement of African American females in healthcare leadership? What are the perceived barriers that have contributed to the lack of advancement of African-American females into the ranks of healthcare executive leadership?</p>		<p>lack of advancement of AA women into leadership positions needed attention. All participants emphasized the necessity of academic preparation for career success. Some of the women stated that they received attention because of their degree, without which an employer might not have considered them for various opportunities. There is a need for AA female managers to not only identify barriers that impact their career advancement but also</p>	<p>required education, continued professional development, mentoring, networking, recruitment, and exceptional performance; however, these did not guarantee promotion.</p>	<p>how mentoring programs for AA women in healthcare leadership affect the development of senior executives. Additional research specific to the recruitment strategies of healthcare organizations would provide a better understanding of the possibilities available to external candidates.</p>	<p>a job training guide tailored to their organizational personal and professional goals. Improving the African American middle manager's ability to identify barriers preventing African American women from advancing into senior healthcare leadership roles.</p>	
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				determine a strategy or process to overcome the barriers. Although AA women hold more advanced degrees than their male counterparts, AA women still lack representation at the executive level in healthcare organizations.				
Jones, M. (2023)	Theoretical Framework	Is there an association, if any, between a lack of advancement opportunities and a lack of good management of leadership and Black female nurses' decision to leave their primary nursing positions? Is	Quantitative	A lack of career advancement or promotion opportunities was a significant predictor of leaving one's primary nursing position.	The findings suggest that Black female nurses face difficulties in advancing their careers. The only significant predictor was when Black female nurses indicated a lack of career advancement or promotion opportunities as their rationale	Further research must promote diversity among those holding leadership positions.	Recommendations for healthcare organizations based on the findings of the study include: recognizing and valuing diversity, developing policies, developing strategies, encouraging the development of	Yes

		there an association, if any, between interpersonal differences with colleagues or supervisors and career advancement or promotion opportunities, and Black female nurses' decision to leave their primary position?			for leaving their positions.		relationships with management and colleagues, educating and addressing a perceived lack of commitment with top management, providing leadership development and training for Black female nurses in healthcare settings, and develop structured mentoring programs.	
Beall-Davis, S. (2017)	Conceptual framework	In what ways did race and gender identities inform AAW's leadership development experiences? How have race and gender shaped	Qualitative	The major findings of the study validated that no matter what sector women in America worked in, the pursuit of high-ranking roles still presented	Opportunities for AAW have increased, yet countless AAW still experience covert discrimination and subtle prejudices due to race and gender. Although a	Further studies that focus on the intersections of race and religion and the implications for leadership development of AAW in high-ranking	Opportunities for leadership training and development offered by organizations in classroom settings through training conducted via electronic	Yes

		<p>the development of AAW as leaders? How has gender influenced or affected the careers of AAW? How has race influenced or affected the careers of AAW?</p>		<p>significant barriers.</p>	<p>small few are successful at attaining the elite status of executive, an underlying fear of never being truly accepted or good enough consistently haunts AAW in high-ranking positions. Women still get promoted into leadership roles less often than men and are perceived as less competent, whereas women of color face more challenges than White women and men, especially AAW.</p>	<p>leadership roles could further increase the sparse body of knowledge centered on intersectionality within the discipline of management</p>	<p>media. It is recommended that those AAW with the desire to become leaders engage in and invest in professional development seminars, training courses, and women's leadership conventions crafted specifically for leadership development.</p>	
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## Appendix B: DHA Review Question(s) Search Log

Database or location name	Search Terms	Results	Notes
Google scholar	“Black women” “healthcare leadership” diversity or equity or inclusion 2020-2025	<b>18</b>	Applied inclusion criteria: 2020-2025, peer-reviewed, qualitative, quantitative, or mixed methods.
PubMed	Black women OR African American women AND healthcare leadership OR administration OR executive OR “C- suite” AND diversity OR equity OR inclusion OR underrepresentation AND 2020-2025	<b>10</b>	Applied inclusion/ exclusion criteria; peer-reviewed studies only.
ProQuest	“Black women” OR “African American women” OR “women of color” AND “healthcare leadership” OR “health administration” OR “executive leadership” OR “C-suite” OR “academic leadership” AND (diversity OR equity OR inclusion OR “underrepresentation” OR barriers or advancement OR promotion AND (2020-2025)	<b>12</b>	Applied inclusion/exclusion criteria. Peer- reviewed.
JAMA Network	“diversity” OR “equity” OR “inclusion” OR “DEI” AND “healthcare	4	Applied inclusion criteria: 2020-2025, peer-reviewed, empirical

Database or location name	Search Terms	Results	Notes
	leadership” OR “academic leadership” OR “medical leadership” AND “women OR women of color” OR “Black women” AND (2020- 2025)		(qualitative, quantitative, or mixed methods). Excluded commentary and non-healthcare focused articles.
ScienceDirect	“Clack women” or “African American women” OR “women of color” AND “healthcare leadership” OR “hospital leadership” or “management” OR “administration” AND (diversity OR equity OR inclusion OR barriers OR “career advancement” OR promotion) AND (2020-2025	6	Applied inclusion criteria: 2020-2025, peer reviewed.

Appendix C: DHA Appraisal Results Log

Author, date, and title	<b>HOPKINS</b> 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
Iheduru-Anderson, K. (2020). Barriers to career advancement in the nursing profession: Perceptions of Black nurses in the United States. <i>Nurse Forum</i> , 55(4), 664–677.	Level III, Quality high	HSO: Hospitals/ health systems U.S. Domain: Workforce/ leadership equity. Problem: Barriers preventing Black nurses’ advancement into leadership/ faculty roles.	Black nurses described racism and discrimination, lack of mentorship/ sponsorship, exclusion from networks, inequitable opportunities despite qualification, and organizational cultures that limit advancement.	Semi-structures interviews; thematic analysis (themes).	Qualitative perceptions; limited states/ sample.; not generalizable; self-selection bias.
Iheduru-Anderson, K., Okoro, F. O., & Moore, S. S. (2022). Diversity and Inclusion or Token? A Qualitative Study of Black Women Academic Nurse Leaders in the United States. ( <i>Nursing Research and Practice</i> /related journal; DOI:10.1177/23333936211073116).	Level III, Quality high	HSO: Academic nursing programs (U.S.). Domain Academic leadership/ DEO. Problem: Tokenism and inequitable inclusion of Black women in academic nurse leadership.	Participants reported tokenism, isolation (only one’), paying personal costs for authenticity, constrained authority, and burdens of leading DEI work without adequate institutional power/support.	Narrative inquiry; interviews (n=34); thematic analysis (themes/subthemes).	Qualitative; academic nursing- specific; potential recall/ social desirability bias.
Nelson, Y. M., Bundy, J., Harmon, E., et al. (2023). Factors affecting the advancement of Black nurses into leadership roles: A scoping review. <i>Nursing Outlook</i> , 71(4), 102000.	Level V, Quality high	HSO: Nursing leadership (U.S.). Domain: Evidence synthesis. Problem: Limited consolidated evidence on barriers/ facilitators for Black nurses’ leadership advancement.	Across included studies, common barriers were racism, discrimination, lack of mentorship/sponsorship, and biased promotion/hiring practices; facilitators included mentorship, leadership development, and supportive organizational culture.	Scoping review; database search and screening (including studies n=12).	Depends on available literature; heterogeneity; scoping reviews do not assess effect size.

Author, date, and title	<b>HOPKINS</b> 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
Hogan, T. H., O'Rourke, B. P., Weeks, E., et al. (2023). Top-level leaders and implementation strategies to support organizational DEIB interventions: A qualitative study of top-level DEIB leaders in healthcare organizations. <i>Implementation Science</i> , 18, 59.	Level III, Quality high	HSO: Healthcare organizations (U.S.). Domain: DEIB implementation. Problem: Gap between DEIB commitments and sustained implementation; unclear executive DEIB leader strategies.	Identified domains and activities used by DEIB leaders to implement DEIB (i.e. operational planning, monitoring/feedback, people strategies, health equity integration), highlighting need for executive authority and infrastructure.	Semi-structured interviews (n=31); qualitative coding; strategy domains/activities.	Leaders perspectives only; may not reflect frontline experiences.
Okoro, O., Umaru, O., & Ray, M. (2024). Women of Color in the Health Professions: A Scoping Review of the Literature. <i>Pharmacy (Basel)</i> , 12(1), 29.	Level V, Quality high	HSO: Multiple health professions. Domain: intersectionality/ workforce advancement. Problem: Fragmented evidence on WoC advancement/leadership barriers across professions.	Synthesizes evidence on discrimination, underrepresentation in leadership, limited mentorship/support, and structural inequities; highlights needs for intersectional approaches to retention and advancement.	Scoping review; included articles n=31.	Broad scope; varied professions; limited leadership-specific studies for some fields.
Adesina, I., Joham, A. E., Hamad, N., et al. (2025). Intersectionality in healthcare leadership: a scoping review on the career experiences of racially and ethnically minoritised women health professionals. <i>Int J Equity Health</i> , 24(1), 245.	Level V, Quality high	HSO: Health professions (multiple settings). Domain: intersectionality/leadership. Problem: Lack of intersectional evidence on career experiences of racially/ethnically minoritized women leaders.	Reports systemic and organizational barriers (racism, gender bias, exclusion from networks, inequitable promotion) and facilitators (mentorship, sponsorship, and inclusive cultures), and identifies gaps in disaggregated reporting/	Scoping review; PRISMA-ScR approach; screened thousands; included studies (n=57).	Dependent on published literature; limited causal inference.

Author, date, and title	<b>HOPKINS</b> 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
Pincha Baduge, M. S. S., Garth, B., Mousa, M., et al. (2025). Systemic and organizational barriers and facilitators to the advancement of ethnic minority women nurses in healthcare leadership: A meta-synthesis. <i>Int J Nurs Stud</i> , 166, 105052.	Level V, Quality high	HSO: Nursing leadership (international). Domain: Qualitative evidence synthesis. Problem: Persistent barriers/facilitators for ethnic minority women nurses' leadership advancement.	Synthesizes across qualitative studies: barriers include racism/discrimination, tokenism, lack of sponsorship, cultural exclusion; facilitators include mentorship, allyship. Transparent promotion systems, and inclusive leadership climates.	Meta-synthesis/ meta-aggregation of qualitative studies; thematic synthesis.	Varied contexts/countries; publication bias; may not isolate Black women specifically.
Banister, G., Harris, A., Masson, P., et al. (2024). Racism and Nursing Leadership in Massachusetts: A Mixed-Methods Study. <i>J Nurs Adm</i> , 54(3), 167–171.	Level III, Quality good	HSO: Nursing leadership (Mass., US). Domain: Racism/ leadership outcomes. Problem: Limited empirical evidence on racism's impact in nursing leadership context.	Quantitative and qualitative findings racism experiences and leadership climate concerns, informing organizational needs for anti-racism leadership practices and accountability.	Mixed methods (survey + qualitative component); descriptive statistics and thematic insights.	Single state; brief report format; measures and sampling may limit generalizability.
Meadows, A. M., Skinner, M. M., Hazime, A. A., et al. (2023). Racial, Ethnic, and Sex Diversity in Academic Medical Leadership. <i>JAMA Network Open</i> , 6(9), e2335529.	Level III, Quality high	HSO: Academic medical centers (U.S.). Domain: Representation/leadership demographics. Problem: Underrepresentation of women and racial/ethnic minorities in senior academic medical leadership.	Quantifies diversity gaps in leadership compared to workforce benchmarks, supporting claims of persistent inequity in senior academic roles.	Cross-sectional analysis; proportions by race/ethnicity/set; comparative benchmarks.	Administrative/roster data accuracy; cross-sectionals; cannot identify causal mechanisms.

Author, date, and title	<b>HOPKINS</b> 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
Ko, M., Henderson, M. C., Fancher, T. L., et al. (2023). US Medical School Admissions Leaders' Experiences With Barriers to and Advancements in Diversity, Equity, and Inclusion. <i>JAMA Network Open</i> , 6(2), e2254928.	Level III, Quality high	HSO: Medical schools (U.S.). Domain: implementation/pipeline. Problem: Barriers and facilitators to DEI progress in admissions leadership and institutional structures.	Admissions leaders described barriers such as inconsistent leadership commitment, resource constraints, resistance, and structural inequities; facilitators included structural inequities; facilitators included mission-aligned leadership, holistic review, and accountability.	Qualitative interviews; thematic analysis.	Admissions focus (pipeline) rather than C-suite; self-reported perspectives.
Mousa, M., Garth, B., Boyle, J. A., et al. (2023). Experiences of Organizational Practices That Advance Women in Health Care Leadership. <i>JAMA Network Open</i> , 6(3), e2333532.	Level III, Quality high	Healthcare organizations. Domain: Organizational practices/ leadership advancement. Problem: Underrepresentation of women in senior healthcare leadership; unclear which practices are effective.	Identifies organization practices (mentorship/sponsorship, leadership development, transparent promotion, culture change, bias mitigation) that support women's advancement into leadership.	Qualitative grounded theory; interviews; thematic model of practices.	Women broadly (race often underexplored); context variability; transferability limits.
Mousa, M., et al. (2022). Factors that Influence the Implementation of Organizational Interventions for Advancing Women in Healthcare Leadership: A Meta-Ethnographic Study. <i>eClinicalMedicine</i> , 51, 101514.	Level V, Quality high	HSO: Healthcare organizations. Domain: Implementation science/gender equity. Problem: Variable success of interventions intended to advance women in leadership.	Shows implementation depends on leadership buy-in, organizational culture, resourcing, and alignment with women's needs, highlights.	Meta-ethnography of qualitative studies; interpretive synthesis.	Depends on included studies; may not isolate Black women; context heterogeneity.

Author, date, and title	<b>HOPKINS</b> 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
Mousa, M., et al. (2024). A Rapid Realist Review on Leadership and Career Advancement Interventions for Women in Healthcare. BMC Health Services Research, 24, 856.	Level V, Quality high	HSO: Healthcare organizations. Domain: Intervention effectiveness/CMO. Problem: Need to understand what leadership advancement interventions work for women and under what context.	Develops context-mechanism- outcome explanation for leadership and advancement interventions (e.g., sponsorship, leadership programs, flexible pathways) to guide organizational implementation.	CMO configurations; evidence mapping.	Rapid methods may miss some studies; women broadly; limited race-specific conclusions.
Morrison, V., Hauch, R. R., Perez, E., et al. (2021). Diversity, Equity, and Inclusion in Nursing: The Pathway to Excellence Framework Alignment. Nurs Adm Q, 45(4), 311–323.	Level IV, Quality good	HSO: Nursing organizations. Domain: Framework/policy alignment. Problem: Need structures frameworks to operationalize DEI in nursing practice environments.	Maps DEI principles onto Pathway to Excellence standards, offering a structured approach organizations can use to put concrete DEI efforts into practice for improvements.	Framework/document analysis.	Not empirical outcomes study; no measured impact, applicability depends on implementation.
Wade, J. M. (2024). Toward a new conceptual framework: Employing a Black feminist approach to the recruitment and retention of Black women faculty in health and medical degree programs. Women’s Health (Lond), 20, 17455057241307091.	Level IV, Quality good	HSO: Academic health/ medical programs. Domain: Recruitment/retention policy. Problem: Underrepresentation of Black women faculty; need intersectional framework to guide recruitment/ retention.	Proposes Black feminist framework emphasizing intersectionality, power, and structural change to improve recruitment/retention; supports need for targeted mentorship and policy reform.	Conceptual paper/ literature- informed framework (no empirical metrics).	No primary data; framework requires future testing.

Author, date, and title	<b>HOPKINS</b> 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
Holt, N. C. (2025). A Qualitative Study of Gender, Race & Intersectionality in African American Women Executives in Healthcare. (Doctoral dissertation, ProQuest).	Level III, Quality good	HSO: Healthcare organizations/ Domain: Executive leadership/ intersectionality. Problem: How race and gender shape experiences and advancement of African American women executive.	Explores intersectional barriers (bias, isolation, limited sponsorship) and strategies (mentorship, resilience, advocacy) used by African American women executives to navigate leadership.	Qualitative interviews thematic analysis (dissertation).	Single dissertation; sample size/ location may be limited; access/ peer-review differs from journals.
McAfee, P. A. (2021). Leadership Achievement in Healthcare: An Interpretative Phenomenological Analysis of the Voices and Experiences of Black Women Leaders. (Doctoral dissertation).	Level III, Quality good	HSO: Healthcare leadership. Domain: Lived experiences/advancement. Problem: Underrepresentation and barriers shaping Black women's leadership achievement.	Describes experiences of racism/ sexism, leadership identity, and success strategies (mentorship, support networks) among Black women leaders in healthcare.	IPA qualitative methodology; interviews.	Dissertation; small sample; self-report.
Williams, C. B. (2024). Intersectionality of Black Female Nurses in Executive Healthcare Leadership Roles: A Qualitative Phenomenological Study. (Doctoral dissertation, ProQuest).	Level III, Quality good	HSO: Nursing executive leadership. Domain: Intersectionality. Problem: How Black female nurse executives experience leadership and barriers/facilitators.	Explores intersectional barriers (micro-aggressions, tokenism, lack of sponsorship) and support (mentorship, advocacy) influencing executive leadership trajectories.	Phenomenology; interview; thematic findings.	Dissertation; potential limited geographic scope; self-report.
Sowell, O. (2022). Lived Experiences of African American Women Climbing the Corporate Ladder for Executive Positions in Healthcare Administration. (Doctoral dissertation, Walden University/ProQuest).	Level III, Quality good	HSO: Healthcare administration. Domain: Executive pipeline. Problem: Underrepresentation of African American women in executive healthcare	Documents organizational barriers and career navigation strategies (mentorship, sponsorship, networking) affecting progression to executive roles.	Qualitative lived-experience approach; interviews/ themes.	Dissertation; context-specific; may not generalize.

Author, date, and title	<b>HOPKINS</b> 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
		administration and advancement barriers.			
Hodges, A. M. (2024). The Lack of African American Women in Upper Management Positions in Health Care. (Doctoral dissertation, ProQuest).	Level III, Quality good	HSO: Healthcare management. Domain: Upper management representation. Problem: Low representation of African American women leaders' empowerment and advancement.	Identifies system bias, lack of sponsorship, and organizational culture factors limiting advancement; suggests policy and leadership development supports.	Qualitative (dissertation) methods; interviews analysis.	Dissertation; sampling/ setting constraints; self-report.
Morris, N. Z. (2024). A Qualitative Study Examining the Empowerment of African-American Women and the Microaggressive Experiences Faced in Managerial Leadership Roles. (Doctoral dissertation, ProQuest).	Level III, Quality good	HSO: Healthcare/ organizational management. Domain: Microaggressions and their impact on African American women leaders' empowerment and advancement.	Highlights how microaggressions and bias undermine empowerment and retention; identifies copying and empowerment strategies and organizational supports needed.	Qualitative interviews; thematic analysis.	Dissertation; context-specific; subjectivity/ recall bias.
McLarin, B. (2023). Perceptions of Women of Color Improving Patient Outcomes through Hospital Leadership Advancement. (Doctoral dissertation, ProQuest/Walden).	Level III, Quality good	HSO: Hospitals. Domain: Leadership advancement and outcomes. Problem: Underrepresentation of women of color in hospital leadership and perceived links to patient outcomes.	Explores perceived relationship between leadership diversity and patient/organizational outcomes; identifies advancement barriers and facilitators for women of color.	Qualitative (dissertation) design; interviews/themes.	Perception-based outcomes; no causal measurement; dissertation constraints.

Author, date, and title	<b>HOPKINS</b> 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
Bijou, B. (2023). The Underrepresentation of African American Females in Healthcare CEO Positions in the Greater Denver Area. (Doctoral dissertation, ProQuest).	Level III, Quality good	HSO: Healthcare CEOs (Denver area). Domain: Executive representation. Problem: Underrepresentation of African American women in CEO roles and local/systemic barriers.	Identifies barriers to CEO attainment (network exclusion, bias, limited sponsorship) and recommendations (mentorship, pipeline development, equitable hiring).	Qualitative dissertation methods; interviews and themes.	Regional focus; small sample dissertation.

Appendix D: DHA Thematic Analysis Results

Author(s) and date	Data (General Information) Extracted	Preliminary Problem-Solving Themes
Iheduru-Anderson (2020)	Black nurses described racism and discrimination, exclusion from informal networks, and limited access to mentorship/sponsorship as persistent barriers to advancement. [equity-centered] [inclusive leadership practices]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> </ul>
Iheduru-Anderson, Okoro, & Moore (2022)	Black women academic nurse leaders reported tokenism (“only one”), isolation, and constrained authority, often carrying disproportionate DEI labor without institutional power or support. [supportive organizational cultures that foster belonging]	<ul style="list-style-type: none"> <li>-Supportive organizational cultures that foster belonging</li> </ul>
Nelson et al. (2023)- Scoping Review	Across the leadership literature, common barriers biased hiring/promotion, and limited mentorship/sponsorship; facilitators included leadership development opportunities and supportive organizational culture. [equity-centered] [inclusive leadership practices]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> </ul>
Hogan et al. (2023)	Top-level DEIB leaders described barriers such as limited authority/resources and organizational resistance, and highlighted implementation strategies (accountability structures, people practices, data monitoring) needed to sustain DEIB efforts. [leadership accountability] [organizational infrastructure for equity]	<ul style="list-style-type: none"> <li>- Leadership accountability</li> <li>- Organizational infrastructure for equity</li> </ul>
Okoro, Umaru, & Ray (2024)	Evidence across health professions shows women of color face underrepresentation in leadership, and limited access to mentorship and advancement pathways; the review calls for intersectional supports and retention/advancement strategies. [supportive organizational cultures that foster belonging] [mentorship & sponsorship] [inclusive culture]	<ul style="list-style-type: none"> <li>- Supportive organizational cultures that foster belonging</li> <li>- Mentorship &amp; sponsorship</li> <li>- Inclusive culture</li> </ul>

Author(s) and date	Data (General Information) Extracted	Preliminary Problem-Solving Themes
Adesina et al. (2025)	The intersectional career experiences of racially/ethnically minoritized women exclusion from networks, and inequitable promotion; facilitators include mentorship, sponsorship, and inclusive cultures with transparent processes. [Supportive organizational cultures that foster belonging] [Mentorship & sponsorship] [Inclusive culture]	<ul style="list-style-type: none"> <li>- Supportive organizational cultures that foster belonging</li> <li>- Mentorship &amp; sponsorship</li> <li>- Inclusive culture</li> </ul>
Pincha Baduge et al. (2025)	Synthesis of qualitative studies shows a lack of sponsorship limit ethnic minority women nurses' advancement; inclusive climates, allyships, mentorship, transparent pathways for leadership progression. [equity-centered] [inclusive leadership practices]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> </ul>
Banister et al. (2024)	Findings indicate racism within nursing leadership environments shapes leadership climate and trust and creates inequitable advancement opportunities; results support organizational practices and accountability. [equity-centered] [leadership practices]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> </ul>
Meadows et al. (2023)	Leadership rosters in academic medicine showed persistent underrepresentation of women and racially/ethnically minoritized physicians in senior leadership compared with goals/benchmarks. [equity-centered] [inclusive leadership practices]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> </ul>
Ko et al. (2023)	Admissions leaders described barriers to DEI progress including inconsistent leadership commitment, limited resources, and resistance to change; facilitators included mission alignment, and accountability mechanisms. [leadership accountability] [organizational infrastructure for equity]	<ul style="list-style-type: none"> <li>- Leadership accountability</li> <li>- Organizational infrastructure for equity</li> </ul>

Author(s) and date	Data (General Information) Extracted	Preliminary Problem-Solving Themes
Mousa et al. (2023)	Women leaders identified organizational practices that advance leadership, including sponsorship and mentorship, leadership development, transparent promotion, flexibility, and culture change to address bias. [mentorship] [leadership development] [supportive organizational cultures that foster belonging]	<ul style="list-style-type: none"> <li>- Mentorship</li> <li>- Leadership development</li> <li>- Supportive organizational cultures that foster belonging</li> </ul>
Mousa et al. (2022)	Implementation of interventions to advance women depends on context: leadership buy-in, resourcing, psychological safety, and alignment with women’s needs; weak implementation undermines outcomes. [equity-centered] [inclusive leadership practices] [psychological safety]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> <li>- Psychological safety</li> </ul>
Mousa et al. (2024)	The review explains what works for women’s advancement via context- mechanism- outcome patterns; interventions succeed when organizational culture, leadership commitment, and structural supports activate mechanisms like opportunity, belonging, and empowerment. [equity-centered] [inclusive leadership practices] [belonging] [empowerment]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> <li>- Belonging</li> <li>- Empowerment</li> </ul>
Morrison et al. (2021)	The article aligns DEI principles with the Pathway to Excellence framework, outlining organizational standards that can operationalize equitable cultures and inclusive leadership practices in nursing environments. [supportive organizational cultures that foster belonging]	<ul style="list-style-type: none"> <li>- Supportive organizational cultures that foster belonging</li> </ul>
Wade (2024)	This article highlights structural power dynamics that impact recruitment/retention of Black women faculty and proposes an intersectional framework emphasizing agency, relational support, and institutional accountability. [equity-centered] [inclusive leadership practices]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> </ul>

Author(s) and date	Data (General Information) Extracted	Preliminary Problem-Solving Themes
Holt (2025)	African American women executives described intersectional barriers (bias, isolation, limited sponsorship) and the importance of mentoring, networking, and organizational support for progression and retention. [mentorship] [sponsorship] [network development pathways]	<ul style="list-style-type: none"> <li>- Mentorship</li> <li>- Sponsorship</li> <li>- Network development pathways</li> </ul>
McAfee (2021)	Black women leaders described navigating and leveraging mentorship, faith/community, and professional networks to achieve leadership success and resilience. [equity-centered] [inclusive leadership practices] [mentorship]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> <li>- Mentorship</li> </ul>
Williams (2024)	Black female nurse executives report biased evaluation/promotion processes; sponsorship, advocacy, and inclusive cultures were viewed as critical to retention and advancement. [supportive organizational cultures that foster belonging]	<ul style="list-style-type: none"> <li>- Supportive organizational cultures that foster belonging.</li> </ul>
Sowell (2022)	African American women pursuing executive administration roles reported structural barriers, limited sponsorship, and the need to strategically build networks and credentials to advance. [equity-centered] [inclusive leadership practices]	<ul style="list-style-type: none"> <li>- Equity-centered</li> <li>- Inclusive leadership practices</li> </ul>
Hodges (2024)	Underrepresentation of African American women in upper management was linked to biased hiring/promotion, limited mentorship/sponsorship, and organizational cultures that restrict access to decision-making networks. [supportive organizational cultures that foster belonging] [mentorship] [sponsorship]	<ul style="list-style-type: none"> <li>- Supportive organizational cultures that foster belonging</li> <li>- Mentorship</li> <li>- Sponsorship</li> </ul>

Author(s) and date	Data (General Information) Extracted	Preliminary Problem-Solving Themes
Morris (2024)	African American women in managerial roles reported frequent microaggressions that undermined empowerment and psychological safety; supportive supervisors, peer networks, and organizational accountability were identified as needed changes [empowerment] [psychological safety] [leadership accountability] [organizational infrastructure for equity]	<ul style="list-style-type: none"> <li>- Empowerment</li> <li>- Psychological safety</li> <li>- Leadership accountability</li> <li>- Organizational infrastructure for equity</li> </ul>
McLarin (2023)	Women of color described advancement barriers in hospital leadership and perceived that diverse leadership can improve patient and organizational outcomes; mentorship and equitable pathways were emphasized. [mentorship] [sponsorship] [network development pathways]	<ul style="list-style-type: none"> <li>- Mentorship</li> <li>- Sponsorship</li> <li>- Network development pathways</li> </ul>
Bijou (2023)	Underrepresentation of African American women in CEO roles was attributed to gatekeeping, limited networks/sponsorship, and biased selection practices; recommendations included pipeline development, mentorship, and equitable recruitment. [mentorship] [sponsorship] [network development pathways]	<ul style="list-style-type: none"> <li>- Mentorship</li> <li>- Sponsorship</li> <li>- Network development pathways</li> </ul>

