From Diversity to Inclusion: The Role of C-Suite Leadership

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Objectives

- Distinguish between diversity, inclusion, and cultural competence
- Describe the key findings of the NCHL diversity demonstration project
- Explain the systems approach to strategic diversity management
- Describe the role of executive leadership in driving sustainable organization change
- Identify the unique challenges of diversity and cultural competence change initiatives
Good Values or Good Business???
Poll Question 1

What do you want to take away from today’s presentation?

1. I want to compare my organization’s approach to the system’s approach to diversity management
2. I want to learn more about the evidence base for strategic diversity leadership
3. I want to learn more about developing culturally competent leaders
4. I want to learn more about developing my own diversity leadership skills
5. Other goals?

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Multiple Identities: Diversity

- Race
- Ethnicity
- Gender Roles
- Sexual Orientation
- Age/Generation
- Social Class
- Ability/Disability
- Family
- Spiritual
- Regional
- Career
- Role
Key Terms: Matching Challenge

1. Diversity
   - Systematic differences in the incidence, prevalence, mortality & burden of adverse health conditions population group

2. Disparities
   - All of the similarities and differences that make each individual unique

3. Inclusion
   - The capacity of organizations and individuals to provide high-quality, culturally sensitive care to patients from diverse populations

4. Cultural Competence
   - The outcome of effective diversity management; an organizational context that facilitates optimal performance and outcomes, for diverse customers and workforce

5. Strategic Diversity Management
   - A leadership-driven systems approach that promotes inclusion through organizational policies, practices, and the workforce

Key: 1/2; 2/1; 3/4; 4/3; 5/5

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• C-Suite’s Diversity Sensitive Orientation

Diversity Strategy

• Diversity Management
  • Workforce
  • Policies
  • Practices

Inclusion

• Organizational Commitment
• Enhanced Satisfaction
• Supportive culture/climate

Improved Organizational Performance

Systems Approach to Strategic Diversity Leadership

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NCHL Diversity Demonstration Project

- First to employ pre-post intervention assessment of system-wide diversity change initiatives
- Evaluated the impact of a planned series of diversity interventions on organizational performance
- Emphasized collaboration between researchers & professionals to build a stronger evidence base for best practices in strategic diversity management and the delivery of culturally competent care
- Involved two (2) major health care systems with 2 hospitals per system
- Funding provided by Sodexo, participating organizations, and NCHL unrestricted corporate sponsors
While **best practices in strategic diversity leadership and cultural competence in patient care** have been identified through evidence-based research, the linkages between best practices and organizational and patient outcomes have not.

This knowledge gap is consequential not only because of changing demographics, but because of the unique diversity imperatives in healthcare:

- Under-representation of women and minorities in leadership and professional positions
- Persistent racial disparities in health and healthcare
- Overall quality issues that increase the cost of healthcare and risk patients' lives
Intervention & Research Team

Judith Gail, MSOD, Diversity Coach
- 20+ years Diversity Leadership experience
- Health Industry & Corporate

Janice L. Dreachslin, PhD, Principal Investigator
- Professor of Health Policy & Administration, PSU
- Previous study for NCHL: Factors that Affect Career Advancement for Women & People of Color in Health Care Management

Rob Weech-Maldonado, PhD, Co-Principal Investigator
- Professor, L. R. Jordan Endowed Chair in Health Services Administration, Department of Health Services Administration, UAB
- Strategic Diversity Management; Cultural & Linguistic Competence
Demonstration Project Overview

- The NCHL Diversity Leadership Demonstration Project measured the impact of improved culturally competent healthcare leadership on patient safety and other balanced scorecard measures.

- The demonstration project used a formal, phased, comprehensive diversity competence leadership approach and focused management intervention to evaluate performance metrics at the individual, group, and organizational levels.
Diversity Demonstration Project Intervention Flow

**Pre-Assessments**
- Interviews
- Focus Groups
- Archival Data
- Organizational-Level Instruments
  - National Leadership Index
  - Organizational Climate Survey
  - Diversity Climate Assessment
  - NCHL Diversity Assessment
  - CCATH
- Individual-Level Instruments
  - Discovering Diversity Profile
  - Racial Identity Scales
  - Implicit Bias Assessments

**Feedback and Consultation**
- Diversity Coach
- CEO & Leadership Team

**Organizational Level Action Plan**
- Diversity Coach
- CEO & Leadership Team

**Post-Project Feedback & Planning for Sustainable Change & Continuous Improvement**
- Diversity Coach
- CEO & Leadership Team

**Post-Assessments**
- Individual
- Team
- Organization

**Interventions**
- Infrastructure Development
  - Human resource/talent management systems
  - Patient care delivery
  - Diversity leadership
- Executive Coaching
- Training
  - Standard Basic Awareness Training
  - Standard Advanced Training
  - Customized Advanced Training
- Staff Individual-Level Action Plans
- Other Individual Interventions
Demonstration Project Results

- Greater pre-post improvement at the intervention as compared to the control hospital in both hospital systems.
- Results support adoption of the systems approach to build sustainable change in diversity management practices and culturally and linguistically appropriate patient care delivery.
Pre-Post Intervention Change

Organization

- **NCHL Diversity Assessment**
  - Intervention Hospital X experienced greater positive change in their total scores across all dimensions compared to the control hospital. However, Intervention Hospital Y experienced a decline compared to their control hospital.

- **CCATH**
  - Intervention Hospitals pre-post improvement greater than their control hospitals

- **National Leadership Index**
  - Both Intervention Hospitals pre-post improvement was greater than their control hospitals

- **OCS**
  - The organizational climate deteriorated at Intervention Hospital X across all dimensions as evidenced by the gap scores between the actual and ideal.
  - However, the organizational climate improved at Intervention Hospital Y, except for the Rewards dimension.

- **Diversity Climate Assessment**
  - Intervention Hospital X experienced more positive change in Overall Diversity Climate, Organizational Fairness, and Organizational Inclusion than it’s control. However, Intervention Hospital X performed worse than its control on Personal Value of Diversity and Personal Comfort with Diversity.
  - In the case of System Y, both intervention and control hospitals had negative change scores, however, Intervention Hospital Y experienced lower negative scores than the control hospital.
Pre-Post Intervention Change

Individual

- Discovering Diversity Profile
  - Intervention hospitals at both systems experienced greater improvement in most dimensions compared to their respective control hospitals.
  - Exceptions: For Receptiveness, Intervention Hospital X had a smaller improvement compared to the control. Intervention Hospital Y had a smaller improvement for Respect compared to their control, and a negative change score for Empathy.

- Implicit Attitude Test
  - Differences were observed across the two systems for the IAT scores for age, gender, and race.
  - Compared to its control, Intervention Hospital X experienced greater reduction in the strong preference for both young and Whites. Intervention Hospital Y experienced improved scores for race relative to the control hospital with a shift from preference for Whites to the neutral and preference for Blacks.

- Racial Identity Status
  - Blacks at the intervention hospitals at both systems experienced improvements in their racial identity profile post-intervention, as evidenced by the shift in the BRIAS scores from the lower order to the higher order statuses, compared to their respective control hospitals.
  - Whites at the intervention hospitals at both systems experienced deterioration in their racial identify profile as evidenced by lower WRIAS scores in the higher order dimensions (Immersion/Emersion and Autonomy) compared to their respective control hospitals post-intervention.
High Level Outcomes

Did the Intervention Hospitals Outperform Their Controls?

Measures

HCAPS Scores:
- % Change in Always & Usually: Nurse Communication; Doctor Communication; Staff Responsiveness; Pain Management; Communication about Medicines; Cleanliness; Noise
- % Change in Hospital Recommendation: yes, definitely recommend; yes, probably recommend; no
- % Change in Hospital Rating: 9 or 10; 7 or 8; 6 or lower

Readmission & Mortality Rates for sentinel conditions
- Heart Attack; Heart Failure; Pneumonia
- One Health System Only

Workforce Demographics
- % Change By Level: Executive/Senior Management; First/Mid Management; Professionals; Technicians; Administrative Support; Service Workers; Others

Operating and Total Profit Margins
- One Health System Only

Results: NO CLEAR PATTERN
Performance is Leadership-Driven
Insights from The C-Suites

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<tr>
<th>Intervention Hospital X</th>
<th>Intervention Hospital Y</th>
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<tr>
<td>• The project opened the conversation on diversity, now, the awkward conversations, such as race and LBGT, are happening.</td>
<td>• The C-Suite is more aware of the diversity in the hospital’s community beyond race, gender, and age</td>
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<td>• The project was seen as frustrating at times. It reaffirmed that a project like this needs strong corporate leadership.</td>
<td>• The project was a humbling experience: “You believe you’re unbiased but this project has made me understand I am biased.”</td>
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<td>• Turnover in the intervention unit resulted in more diversity</td>
<td>• Project participation was the genesis for a comprehensive patient satisfaction initiative</td>
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<td>• Patient complaint percentages have gone down since the project, to almost zero.</td>
<td>• We’ve gained the trust of the community, attract more diverse patients, and our staff are more receptive to change</td>
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<td>• The project has given the C-Suite a voice to speak up as diversity advocates in the hospital and in the health system</td>
<td>• It is important to “engrain” diversity into the culture</td>
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Diversity Leadership: Impact on Patient Satisfaction


- Adherence to the CLAS standards resulted in significant increases in satisfaction for all patients, irrespective of race, ethnicity or primary language
- Diversity leadership can result in across the board improvement in patient perceptions of high quality health care.