SPECIAL  SECTION

LEADERSHIP IN DIVERSITY

Healthcare Leaders Must Become Competent In Managing Their Facilities' Diversity Issues

BY PORTIA L. HUNT, PhD

In the face of changing demographics and an evolving social climate that are profoundly influencing employee needs and consumer demand, healthcare leaders must be competent in handling diversity issues. Institutions need to appropriately assess the healthcare needs and utilization patterns of the communities they serve so they can both optimize their services to the community and remain competitive.

In addition, as the labor pool changes, employers who wish to attract and retain the best employees will need skills in managing the tangle of issues raised as diverse constituencies come together in new ways. Finally, the successful evolution into partnerships and networks will call for healthcare leaders to understand the opportunities and barriers created by the merging of organizational cultures.

The healing ministry faces some new challenges: managing provider networks; attracting and keeping an increasingly diverse staff; and designing effective, relevant services for the changing client community. As principal change agents, healthcare leaders are well positioned to integrate diversity into their institutions' organizational structure. Research done by the Catholic Health Association (CHA) has determined that executives who show proficiency in change leadership experience greater success in transforming their organizations.[1] Those who enhance that competency with a deep understanding of diversity will be even better equipped to navigate the waters of change.

Fully integrating diversity into leadership competency is not a simple proposition. In fact, it is a multifaceted process that goes far beyond gaining

Summary As principal change agents, healthcare leaders are well positioned to integrate diversity into their institutions' organizational structure. Thus healthcare leaders must be competent in handling diversity issues.

Diversity refers to any characteristic that helps shape a person's attitudes, behaviors, perspective, and interpretation of what is "normal." In the healthcare ministry, diversity encompasses the cultural differences that can be found across functions or among organizations when they merge or partner.

Managers and supervisors will have to be familiar with the nuances of diversity if they are to be effective. Those managers who are not adept at incorporating diversity into human resource management may incorrectly evaluate subordinates' capabilities and provide inappropriate training or supervision. As a result, some employees may be underutilized. Others may resist needed direction, overlook instructions, or hide problems such as a language barrier.

If executives, marketers, and strategic planners are to develop relevant healthcare services that take into account the needs of their constituencies, they will need to determine how different groups understand and access healthcare. Healthcare leaders who know how to uncover cultural dynamics and challenge cultural assumptions will go far in enabling their staff and managers to confront personal attitudes about community residents. Ultimately, quality of service delivery will be improved.

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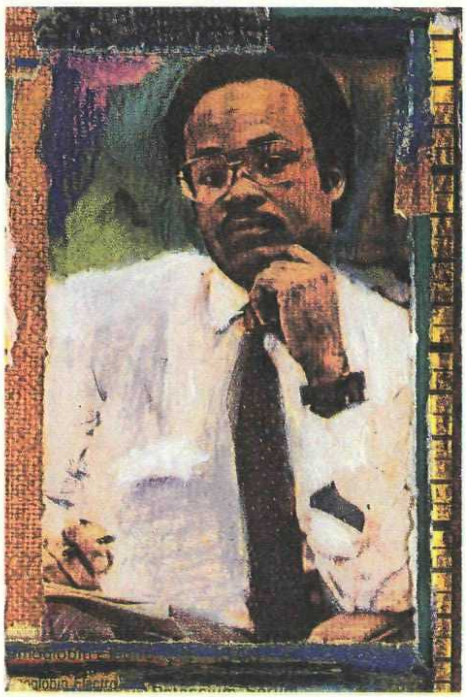
new skills. Diversity leadership calls on Catholic healthcare executives to fully participate in and commit to a personal journey toward awareness. Diversity leadership is in harmony with CHA's research findings that identify outstanding Catholic healthcare leaders' competencies, such as genuineness, integrity, service to the poor, firmness and compassion in the face of failure, and moral wisdom.[2] Leaders who direct their organizations to "do diversity" without involving all senior staff will be unsuccessful in instilling new values in internal and external practices.



Diversity Defined

Although race and gender are often the centerpieces of cultural identity, diversity also encompasses age, socioeconomic class, physical differences, educational background, ethnicity, family structure, religion, sexual orientation, and national origin. Ultimately, diversity refers to any characteristic that helps shape a person's attitudes, behaviors, perspective, and interpretation of what is "normal." In the healthcare ministry, diversity encompasses the cultural differences that can be found across functions or among organizations when they merge or partner.

Age difference is an increasingly pervasive diversity issue that can affect leaders' effectiveness in developing new systems and reconfiguring work relationships. Companies' efforts to consolidate often include incentives for early retirement and the reduction of the aging work force. Despite the justifications for this, such practices can result in the loss of extraordinarily valuable human resources. Because young people may have more experience with computer technology, younger managers may be positioned to displace or supervise much older employees. Because of stereotyping, disparities in workplace experience and expectations, and values about work, the matter of age can have strong implications for workplace dynamics. Leaders competent in handling diversity will encourage employee team building, training, and retraining in a way that is sensitive to the strengths and barriers that come with age difference.

The Demands of Diversity

Recognizing the myriad ways diversity affects employee functioning can help resolve a variety of complex human resource issues. For instance, healthcare institutions have been successfully recruiting new immigrants to fill many semiprofessional and professional jobs. Under the stress of ongoing industry change and threats of job loss, hostility and competition sometimes develop among groups. Commonly, the targets of antagonism are an organization's newest employees.

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Tensions can be further exacerbated by differences in language or values about healthcare practice. For example, persons who come from a culture that stresses extended family involvement in patient care or who value group accountability over individual responsibility may perceive common American medical practices as isolating, individualistic, or elitist. When managers and staff are not aware of these varying beliefs, miscommunication, frustration, and conflict can erupt. It is easy to see how this would lower morale among staff and negatively affect the quality and effectiveness of service delivery.

With healthcare data systems becoming more complex, the ministry is going to require a more sophisticated work force that can meet informational and technical needs. This is occurring at a time when Americans' literacy rate is declining and a substantial percentage of work force entrants lack traditional educational preparation. Educated immigrants who are not proficient in English will also be filling many healthcare posts. The job training needs of these populations present another diversity challenge.

Managers and supervisors will have to be familiar with the nuances of diversity if they are to be effective. Those managers who are not adept at incorporating diversity into human resource management may incorrectly evaluate subordinates' capabilities and provide inappropriate training or supervision. As a result, some employees may be underutilized. Others may resist needed direction, overlook instruction, or hide problems such as a language barrier out of mistrust, embarrassment, fear or frustration.

By completing an organizational analysis on workplace diversity dynamics, healthcare strategists and human resource managers will be better equipped to organize and influence institutional change. As they examine and structure human resource policies, executives need to understand how diversity influences employee performance, turnover, and adherence to general practices. Managers also need to be able to determine when obstacles to employees' learning and communication are rooted in individual attitudes and perceptions or when such difficulties stem from systemic prejudices or cultural barriers within the organization.

The Community Link

A healthcare institution's community is important: It provides patients who look to healthcare organizations to serve their healthcare needs, and it is a potential labor resource. Employee recruiting strategies that tap surrounding neighborhoods are a good way to support local development and economic health. Community members such as local churches can be appropriate partners in such recruiting strategies. But recruitment must be matched with at least equal attention to comprehensive training, retention, and development strategies that prepare current and new employees to succeed in their job and to work well in a diverse enviornment.

Local churches can be appropriate partners in recruiting.

Healthcare institutions should invest in community partnerships that may feed the future labor pool. Donald Snook, chief executive officer (CEO) of Presbyterian Hospital, West Philadelphia, did this when he developed "Career Ladders," a program designed to help employees secure better jobs. Snook established an educational partnership with a local university that helps orderlies, nurse's aides, and other lower-waged, semiprofessional employees to earn nursing degrees, with the hospital providing direct financial assistance. The program has helped out of poverty many hospital employees who live in the neighborhood and has bolstered community pride.

MERCY HEALTHCARE SACRAMENTO'S COMMITMENT TO DIVERSITY

In Sacramento, CA—as elsewhere in the country—racial and ethnic diversity is growing. To deal with the issues this raises, in August 1994 the Mercy Healthcare Sacramento (MHS) Diversity Committee met for the first time. The committee's purpose is:

- To increase awareness of and sensitivity to the diversity within Mercy and its communities
- To foster an environment within Mercy that facilitates understanding and appreciation of patients and employees of diverse backgrounds
- To advocate that Mercy more closely mirror the diversity of its community through its employees

The diversity effort is an integral part of the mission and philosophy of Mercy Healthcare Sacramento, which sponsors five acute care facilities serving the greater Sacramento area. The organization is actively working toward becoming a fully integrated regional health system that provides a continuum of care, including preventive care, ambulatory care, rehabilitative care, home health and hospice, mental health, and chronic and long-term care.

The Group's Formation

The MHS Diversity Committee was formed after several years of informal meetings involving interested persons across the Mercy region. In March 1993 these various groups came together formally as the MHS Diversity Working Group to develop a diversity plan. The working group addressed such areas as Diversity Committee structure and function, data gathering, networking with existing programs and other industries, storytelling to raise consciousness, staff education and development, special events, and community outreach.

After MHS senior management approved the working group's plan, all of the more than 5,000 MHS employees received a form to apply for membership on the Diversity Committee. More than 50 committed, enthusiastic, and qualified persons applied, and 15 were chosen.

Consciousness Raising First

The Diversity Committee decided that some consciousness raising efforts were needed before MHS launched into large, public education and training forums. Diversity has many dimensions, and the committee wants to be certain not to limit its activities to "token" efforts, such as a cultural food day once a month or subscriptions to various ethnic publications.

The committee's first steps will include storytelling to raise consciousness and to begin education in a nonthreatening manner. Each month, anecdotal stories, will be inserted into existing newsletters—like a "diversity corner." The Diversity Committee will examine the maturation of this approach to determine whether a publication solely dedicated to diversity issues is needed.

The committee will also start gathering a solid baseline of employee and patient data. The MHS Diversity Committee will examine existing documentation and other sources to support the work of the diversity efforts; develop strategies such as patient and employee surveys; measure the level of diversity awareness within the Mercy community; assess what information can be pulled from admitting records and employee applications; determine what information can be extracted from or added to the current nursing data base; and develop methods of tracking demographic information.

The committee hopes to disband in five years or so, confident that sensitivity to diversity is integrated into the organization's communications and marketing efforts, human resources policies and activities, education, leadership development programs, and orientation processes. Until that time, this newly formed committee is committed to taking the incremental steps necessary to address the profound effect of the demographic shifts in California, as both the healthcare staff and the patients they serve become increasingly diverse.

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Healthcare Utilization Patterns

If executives, marketers, and strategic planners are to develop relevant healthcare services that take into account the needs of their constituencies, they will need to determine how different groups understand and access healthcare. Certainly this will mean studying the belief systems and behavioral patterns of different consumer groups. Questioning preexisting notions about working with the poor will lend further insight to the analysis. (See p. 38 for Edward Morgan and Deborah Sampsel's description of a needs assessment of elderly Hispanics and African Americans who live in inner-city Toledo.)

Ultimately, executives will need to question their organizations' conceptions about a variety of urban consumers. Healthcare leaders who know how to uncover cultural dynamics and challenge cultural assumptions will go far in enabling their staff and managers to confront personal attitudes about community residents. Ultimately, quality of service delivery will be improved.

Cultural values also often influence healthcare consumers' behavior. Many cultures have strong spiritual beliefs and folk methods for treating disease. This can dramatically influence their use of healthcare services. Some ethnic groups believe that physical symptoms are not a problem until pain becomes unmanageable. Consequently, these groups may not seek care until an illness is so advanced that treatment is useless. Healthcare professionals who are knowledgeable about the attitudes, beliefs, and customs of various ethnic groups will be better able to establish trust. Ultimately, this allows for better patient assessment and more effective medical intervention.

The healthcare executive who understands the external community will be able to alter internal conditions to improve service. When evaluating the operating environment of healthcare facilities, it is important to analyze how various patient groups navigate through a facility's bureaucracy. For example, new immigrants may first experience healthcare through the emergency room. In many cases, they may already be wary of large, impersonal institutional settings. Bureaucratic mazes in patient processing can easily become a source of resentment and fear and may profoundly influence a patient's willingness to return for follow-up treatment. Although thorough intake procedures are important for ensuring good care, relatively simple procedures such as explaining processes, providing translators, and welcoming extended family members can go a long way in developing patient trust and cooperation.

Healthcare institutions can engage in creative problem solving to construct services that meet their business needs and the community's needs.

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For example, Patrick Madden, CEO of St. Mary's Hospital, Rochester, NY, developed a unique system of serving ethnically diverse community patients (primarily African Americans and Hispanics).[3]

St. Mary's started by analyzing hospital trends and assessing utilization patterns. The hospital found that many people in the community went to the emergency room (ER) for health problems that primary care physicians could have handled. Hospital staff also discovered that many of their patients used the ER because they did not have easy access to primary care services, or would only seek medical assistance when they believed they were in an emergency situation.

To solve this, St. Mary's designed a system where patients who turn to the ER for nonemergency care are referred to clinics sponsored by the hospital. Because the clinics are staffed by St. Mary's primary care physicians, hospital staff are able to ensure that the service quality is good and that patients follow up with the doctors. Rather than criticizing their consumers for incorrectly navigating the healthcare system, St. Mary's developed an adaptive, creative solution to its community's needs.

Embracing Diversity

To fulfill the mission to meet patients' healthcare needs, healthcare leaders will have to develop visionary thinking that embraces diversity and change. If leaders are committed to working with the community and to mastering diversity-driven change in their organization's culture, they will find value in developing strategic plans for integrating diversity into corporate goals. Diversity leadership competency will enrich and strengthen the new and changing relationships between healthcare organizations and professionals. Such leadership will also fortify alliances with the people they serve. □

For additional information on the assessment of organizational culture and climate, strategic planning and implementation of diversity issues, and the development of diversity leadership competency, contact Eclipse Consultant Group, 215-248-5777.

NOTES

1. John Larrere and David McClelland, "Leadership for the Catholic Healing Ministry," *Health Progress*, June 1994, pp. 28-33, 50.
2. Larrere and McClelland.
3. Phil Rheinecker, "Critical Relationships in Integrated Delivery: Relationships with Community: St. Mary's Hospital, Rochester, NY," *Health Progress*, December 1993, pp. 44-45.