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The Reality for Minorities Exploring Nurse Executive Leadership Roles: An Integrated Review

Abstract

While nurses in direct patient care are serving a growing minority population, nurse executives are not racially representative of the patient population. This integrated review sought to understand the benefits of formal mentorship. Results included 2 themes: increasing diversity and self-efficacy through formal mentorship. The themes are explored in the literature. Implications for organizations and leaders will be discussed.

Problem Description

Practices to increase diversity in nursing have had very little to no effect at the executive leadership level. While nurses in direct patient care are serving a growing minority population, nurse executives are not racially or ethnically representative of the patient populations. The limited presence of minorities in nurse executive leadership roles is demonstrative of a complex set of practices and behaviors in the United States. Flores and Matkin (2014) attributed the slow growth of minority leaders in nurse executive roles to a lack of support, discrimination, racism, and stereotyping. Caucasian leaders do not experience the same barriers to career growth and opportunities in the workplace. (1) Failure to identify minorities as a valuable resource in executive leadership roles as well as a failure to provide them with formal mentorship has also contributed to a lack of representation. (2)

An alarming call to action was issued by The Institute of Medicine to increase diversity in nursing. (3) A lack of diversity threatens to dampen efforts to improve patient care and health disparities. A more diverse nurse workforce fosters improved interaction and communication with patients of a variety of backgrounds. Despite this call to action in 2011, the majority of the nursing workforce continues to be predominately Caucasian. In nursing leadership, the statistics are even worse. Only 14% of leaders identify as minority despite the United States expecting a population of greater than 50% minority by 2043. (2)

Minorities receive a lower quality of care when compared to Caucasian patients regardless of insurance and socioeconomic status. (4) This was found to be true even when considering comorbidities, stage of presentation, and other confounders. Furthermore, Black and Hispanic patients experience delays in care and access to care. (5) The disparities among minority patients are large and persistent, leading to higher costs and larger gaps in health

outcomes. (4) Expanding diversity in nurse executive leadership reduces health disparities, improves patient satisfaction, and improves health outcomes for minority populations. (6)

Improving the delivery of care for diverse populations in America is so important it has become a national priority for healthcare leaders and regulatory agencies. (7) The integration of practices to improve care has remained challenging despite the development of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) more than ten years ago by the Department of Health and Human Services' Office of Minority Health. The CLAS standards were developed to advance health equity, improve quality, and help eliminate health care disparities. CLAS standard 01 calls for providing quality care and services that are responsive to diverse health beliefs and practices. (8) CLAS standard 02 speaks to the need to advance and sustain governance and leadership that promotes health equity through policy. Nurse leaders are well-positioned to ensure the incorporation of CLAS into the delivery of quality care for diverse patients. Furthermore, nurse executives set organizational goals that incorporate cultural competence that can be achieved by hiring a diverse group of leaders. (7)

The Thomas C. Dolan Executive Diversity Program of the American College of Healthcare Executives has established a one-year mentorship program with a focus on expanding diversity in executive leadership. (2) Their program is evidence-based and specifically designed to offer minority leaders training opportunities with an expected outcome of increased diversity in executive leadership to improve health outcomes for all communities. In addition to increasing diversity, minority mentorship programs increase the self-efficacy of nurse leaders, thereby positively influencing their ability to lead. (9) It has become apparent that the status quo is not sufficient to address the healthcare needs of a growing minority population in the United States.

Available Knowledge

A PICOT question was developed to guide the literature search and inform the project design. The PICOT question is: For minority nurse leaders (P), does participation in a nurse executive leadership mentor program (I) compared to traditional pathways (C) increase leadership self-efficacy (O) within four months of intervention (T)?

A systematic search of the literature on diversity in nurse executive leadership was conducted. The databases used were PubMed, CINAHL, Joanna Briggs, Cochrane, and DynaMed using the search terms: *diversity, mentor, nursing*

leadership, executive leadership, and self-efficacy. The search was limited to full-text articles published in English between 2010 and 2020. Filters were used to return only systematic reviews, meta-analyses, or critically appraised research studies. The search returned 100 articles. Abstracts were reviewed to select only those articles that specifically addressed lack of diversity, increasing diversity through mentorship, the impact of diversity on quality of care, and self-efficacy. Only peer-reviewed qualitative, quantitative, and mixed-methods research studies and systematic reviews of the literature were selected. Non-research opinion pieces and position pieces from commercial entities were excluded. Six articles met the selection criteria and were relevant to the PICOT question. These studies were evaluated using John's Hopkins Research Evidence Appraisal Tool and Non-Research Appraisal Tool (10) for inclusion in this review. Of the six articles, one was rated II for evidence and A for quality, one was rated II for evidence and B for quality and the remaining four articles were rated III for evidence and B for quality.

Review of Studies

Increasing Diversity Through Mentorship

Developing minority leaders for the future is critical to the nursing profession. Dreaschlin et al (11) conducted a quasi-experimental study to determine the best approach for building a sustainable infrastructure to create diversity in leadership. The study assessed the outcomes of diversity leadership programs in the hospitals of two health systems. The two hospitals selected within each health system were selected based on comparability in size, demographics, service lines, and the workforce. One hospital within each health system was identified as the intervention hospital and the other as the control. Both the intervention hospital and the control hospital completed a pre- and post-assessment of the organization and the individual participants' diversity practices, skills, knowledge, and abilities. The intervention hospital enlisted the help of a diversity coach and the control hospital had no coach and received no feedback from the preassessment. Furthermore, the intervention hospitals focused on 5 competencies inclusive of leadership diversity, strategic human resource management, organizational climate, diversity climate, and patient cultural competence. The hospital leadership and project manager at each intervention hospital worked with a diversity coach to design and implement an organizational action plan to improve diversity and competent cultural practices based on the competencies.

Pre and post quantitative and qualitative assessment data were used to evaluate the outcome of the project. (11) Both intervention hospitals demonstrated improvement in the assessment scores post-program compared to the control hospital. The increased focus was given to strategic diversity management and the infrastructure to support it as well as diversity in leadership. The intervention hospitals also found success in establishing diverse candidate pools before interviewing. The findings support structured interventions to increase diversity and the need for systematic action in healthcare to reduce racial disparities in access to care and health outcomes.

Murrell et al (12) explored the need for diversity in executive leadership. The lack of diversity was attributed to systemic barriers. Formal mentorship was strongly supported as the answer for addressing barriers to career advancement and increasing diversity in executive leadership. Individuals who participate in mentor programs consistently reaped the benefits as demonstrated by higher salaries, increased promotions, increased career satisfaction, and increased organizational commitment. The impetus was to validate the effectiveness of an interorganizational formal mentorship program in the professional development of minorities. Interorganizational formal mentorship is defined as structured guidance and support in activities, programs, or experiences that cross organizational boundaries and target the unique developmental needs of a specific population, such as minorities. (12)

The study (12) examined the participation in a formal mentoring program of 30 minority managers from private, public, and nonprofit organizations. Mentees were paired with senior-level African American leaders as their mentors. The matching of mentees to mentors was based on information obtained during the application process. The three categories used for matching were career factors, personal considerations, and geographic region. Also of importance for matching was an alignment of the mentor's expertise or experience with the professional goals of the mentee. A multimethod, longitudinal design was selected to analyze the data over three phases of the study. Data were collected via telephone interviews, web-based surveys, and in-person focus groups over 8 months. The outcomes were based on feedback from the mentee as it relates to their satisfaction with their mentor. Questions were rated on a 1 to 5 scale (disagree to agree). The emerging themes from the study centered on validation as it relates to trust, honesty, and shared experience. The strength of the interorganizational formal

mentorship program was the accessibility of the mentees to their mentors. The study also demonstrated the opportunity to examine the effects of formalizing the mentoring process.

Additional support for the development of a mentorship program to increase diversity in nurse executive leadership was found in a study conducted by Matza et al. (13) Mentoring was defined as a relationship with specific activities that focus on the career development and growth of individuals. Mentoring was found to be significantly important for minority nurse leaders to support the growing diverse population and the health disparities of that population. A qualitative approach with conventional content analysis was used for the study. Fifteen study participants from ethnic nursing organizations were selected with varying ages, ethnicities, and years of experience. The participants were interviewed using a structured interview guide either in person or over the telephone. The interviews were recorded and transcribed for analysis using an affinity diagram. A review of the data showed a pattern of racism, isolation, sources of motivation, community, education, leadership, mentoring, diversity of mentors, connection, and initiation into other organizations. Subthemes that emerged were mentoring for leadership, mentorship by leaders unlike themselves, leadership possibilities, and scholarship and educational opportunities. The results of the study supported the benefits of mentorship programs to increase diversity in nurse executive leadership. Ethnic nursing organizations also played a role in career development, providing support and a comfortable setting to practice leadership skill development.

Leadership Development and Self-Efficacy

Self- efficacy is a belief that an individual has the skill to achieve a specific goal. (14) Individuals with high self- efficacy exert more effort in approaching and accomplishing difficult tasks. Providing a platform for the development of minority leaders as seen in formal mentorship programs results in the desired increased self- efficacy needed to be successful in these roles. Graham and Jack (15) evaluated how executive nurses developed leadership characteristics and the impact it had on their new role as leaders. The results supported the growth in leadership awareness after participating in a leadership development program. Participants in the program demonstrated the acquisition of leadership skills such as personal integrity, strategic vision, and action orientation in line with an organizational mission. Vitello-Cicciu et al (16) conducted a study premised on leadership development as integral to strong nurse-led organizations and healthcare quality outcomes. The study focused on

changes in behaviors following the implementation of a leadership development program based on concepts similar to those of the American Organization for Nursing Leadership Nurse Manager Leadership Partnership Learning Domain Framework. The assertion examined in the study was that leadership development is integral to strong nurse-led organizations and quality outcomes in healthcare. Participants were selected from two cohorts of 34 nursing leaders who attended the leadership development program. Participants were contacted via email invitations to take part in a focus group study five and nine months after participating in the leadership development program. 13 participants agreed to complete the study. Qualitative data was collected from the groups about the knowledge gained. Responses were coded and categorized for emerging themes. The themes that emerged based on participant's responses were changes in their behaviors after participating in the leadership development programs, including self-awareness, actively listening, improved ability to have crucial conversations, and seeking feedback to improve relationships and leadership skills.

Implications for Nursing Practice

Only when nursing truly embraces and understands the need and value of diversity in nurse executive leadership will healthcare organizations begin to make a difference in the lives of the minority patient population. Addressing the call to action by The Institute of Medicine (3) requires understanding the cultural and ethnic needs of minority populations, improving access to care, and improving the quality of care provided that can only be achieved by increasing diversity in nurse executive leadership roles. The answer to increasing diversity is through the formal mentorship of minority frontline nurse leaders. Excellent examples of formal mentorship programs that currently are in existence are those established by the American Organization for Nursing Leadership and the American College of Healthcare Executives. Their mentorship programs are evidence-based and directed at the development of leadership skills inclusive of communication and relationship management; professionalism; knowledge of the health care environment; and business skills and principles. The alternative is for healthcare organizations to establish their own formal mentorship programs geared towards the growth and development of their frontline minority nurse leaders based on previously established guidelines for successful programs.

If nursing is to meet the needs of an increasingly diverse population in the United States, with a “majority-minority” demographic projected before mid-century, professional practices must focus on increasing diversity in executive leadership roles by implementing structured mentorship programs. Formal mentorship increases self-efficacy in nurse leaders by developing their leadership skills and self-confidence. This intervention has the potential to increase diversity within nurse executive leadership roles. This shift could address the health care needs of minority populations, reduce health disparities, and improve clinical outcomes in these underserved populations. Nursing has a responsibility to underserved communities that cannot be ignored without compromising professional ethics. The health disparity of minorities requires the attention of nurse executives across the country.

Reflection

Many of us eagerly enter into leadership and give wholeheartedly of ourselves to positively impact the quality of care provided to the communities we serve. We hire frontline staff to provide excellent care, develop policies and drive initiatives that improve the health outcomes of our patient populations. Through our journeys, we unknowingly inspire our direct reports and colleagues. Our healthcare organizations recognize our talents and invest in us through leadership programs that require nomination to participate. You are told by senior leadership that you possess the knowledge, skills, and qualities that embody the mission, vision, and values of the organization. When pursuing nurse executive-level roles, the narrative abruptly changes. Your non- African American colleagues with less experience begin to receive promotions and leave you and your African American colleagues behind. These practices leave one feeling unsupported, devalued, and wondering how or why this has occurred. For many minority nurse leaders, the path to leadership will likely not follow a traditional linear career ladder. Changing the landscape and narrative to increase diversity in nurse executive leadership can be achieved. Implementation of formal mentorship programs is integral to reaching that goal. When diversity is increased in nurse executive leadership roles, a better quality of care for minority patients will be realized.

Conclusion

Diversity in nurse executive leadership correlates with improved patient satisfaction and outcomes in minority populations. Formal mentorship programs have proven successful in addressing the lack of diversity in nurse executive leadership roles and the increased self-efficacy of those leaders. Nursing has a responsibility to ensure

that minorities receive equitable and quality care and thus support initiatives that are proven successful in achieving diversity in nurse executive leadership.

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