

WITT / KIEFFER



# ADVANCING DIVERSITY LEADERSHIP IN HEALTH CARE

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A NATIONAL SURVEY OF HEALTHCARE EXECUTIVES



# ADVANCING DIVERSITY LEADERSHIP IN HEALTH CARE

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## Background

In 1998, Witt/Kieffer conducted a national survey on *Diversity in Healthcare Leadership* to determine advances in and barriers to recruiting and retaining women and minority leaders. The survey included racial and ethnic minorities. Then both majority and minority survey respondents agreed having a diverse senior management team is important to their organization's goals and objectives.

Yet there was considerable divergence of opinion about why few people of color had reached the executive suite. Majority respondents said at the time that minority leaders were hard to find. Minority respondents claimed the majority was not looking hard enough or in the right places. Another significant difference of opinion was whether organizational or even individual resistance to minority leadership was part of the problem.

To determine how far the healthcare industry has come — or yet to go — Witt/Kieffer conducted a follow-up survey on *Advancing Diversity Leadership in Health Care* in summer 2006. Diversity comprised ethnic and racial differences in this study as well. The survey was sent to 6,292 CEO, human resource (HR) and minority executives in hospitals and health systems nationwide; 697 or 11 percent responded. Seventy-one (71) percent of respondents are of the majority, 29 percent are minorities. The project also included phone interviews with 45 original survey respondents who were willing to share additional thoughts regarding diversity leadership.

This report includes two parts: the first summarizes the quantitative results of the survey; the second includes written comments from the survey as well as observations drawn from the phone interviews.

*“To really tackle diversity, let’s look at it from all perspectives. We are letting smart, success-driven people get away from us because they are different than us.”*

*—White male CEO,  
Midwest*

# ADVANCING DIVERSITY LEADERSHIP IN HEALTH CARE

## PART I

### The business case for diversity

To this day, survey respondents generally concur about the business case for diversity leadership. Both groups — 82 percent of the majority and 81 percent of minorities — agree or strongly agree\* with the statement “Internal diversity programs support the organization’s overall mission/vision.” And 79 percent of minority and 68 percent of majority respondents agree “Internal diversity programs are strategic to organizational success.”

Virtually all respondents — 87 percent, minority and 86 percent, majority — agree “Internal diversity programs demonstrate the value of cultural differences in an organization.” And by and large both groups — 77 percent, majority, and 61 percent, minority — share the belief that organizations commit to diversity recruiting because they want to achieve ‘cultural competence’ organization-wide.

Finally, 72 percent of minority and 63 percent of majority respondents agree that “Internal diversity programs provide diversity staffing that mirrors the diversity of the patient population.”

	Majority Agree	Minorities Agree
Internal diversity programs support the organization’s overall mission/vision.	82%	81%
Internal diversity programs are strategic to organizational success.	68%	79%
Internal diversity programs demonstrate the value of cultural differences in an organization.	86%	87%
Organizations commit to diversity recruiting because they want to achieve ‘cultural competence’ organization-wide.	77%	61%
Internal diversity programs provide diversity staffing that mirrors the diversity of the patient population.	63%	72%

*“Once we diversified the organization, we began to see a huge impact in our quality, results and creativity.”*

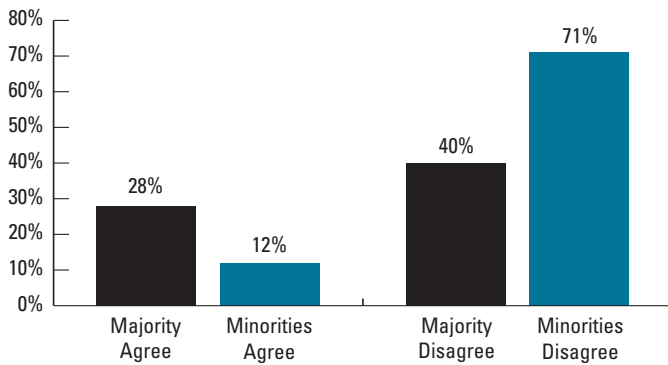
*—African American female  
SVP/VP, Southeast*

\* Respondents were asked to rate their agreement with statements based on strongly agree, agree, neutral, disagree and strongly disagree. ‘Agree’ in this document always includes both ‘agree’ and ‘strongly agree’ responses. ‘Disagree’ always includes both ‘disagree’ and ‘strongly disagree’ responses.

### Where does diversity leadership stand today?

Despite the business case, respondents lack confidence in the progress healthcare organizations have made in closing the diversity leadership gap. Only 28 percent of majority respondents and 12 percent of minority respondents agree that “Healthcare organizations have been effective in closing the diversity leadership gap over the past five years.” In fact, most minorities (71 percent) and 40 percent of majority respondents disagree.

**Healthcare organizations have been effective in closing the diversity leadership gap over the past five years.**



*“Many of the formal diversity programs in healthcare systems at the HR level have been high on exposure but low on substance. The most effective programs are those that have been adopted by the CEO and executive team.”*

—White male chief human resource officer, Southeast

There’s not much better news about their own organizations’ ability to close the diversity leadership gap. Only 38 percent of majority and 31 percent of minority respondents believe their organizations have been effective in closing the gap. Half or 52 percent of minorities and one-third (33 percent) of majority respondents disagree.

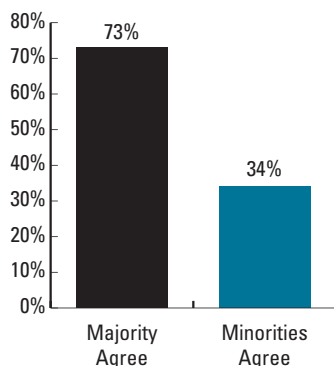
**Are there more opportunities for diversity leaders?**

Striking differences occur when asked about greater opportunities for minorities in the executive suite. Nearly three-quarters or 73 percent of Caucasian respondents personally believe opportunities for diversity leaders have improved over the past five years. Only 34 percent of minorities share that personal belief.

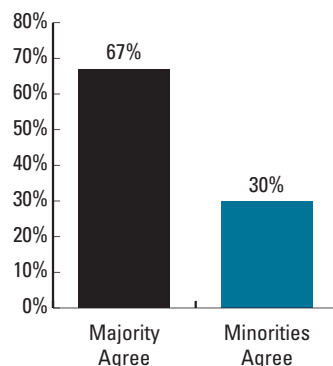
Similarly, most majority respondents (67 percent) agree that “The availability of diversity leadership positions in healthcare organizations has improved over the past five years,” yet only 30 percent of minorities agree.

Ironically, majority respondents are somewhat less likely and minority respondents are somewhat more likely to agree there is greater availability of roles for diversity leaders in their own organizations than in health care overall. Fifty-eight (58) percent of majority respondents believe “The availability of diversity leadership positions in my organization has improved over the past five years.” Forty-one (41) percent of minorities say the same.

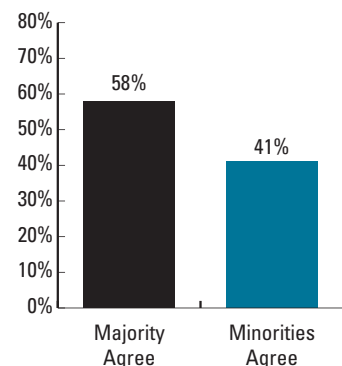
**Opportunities for diversity leaders have improved over the past five years.**



**The availability of diversity leadership positions in healthcare organizations has improved over the past five years.**



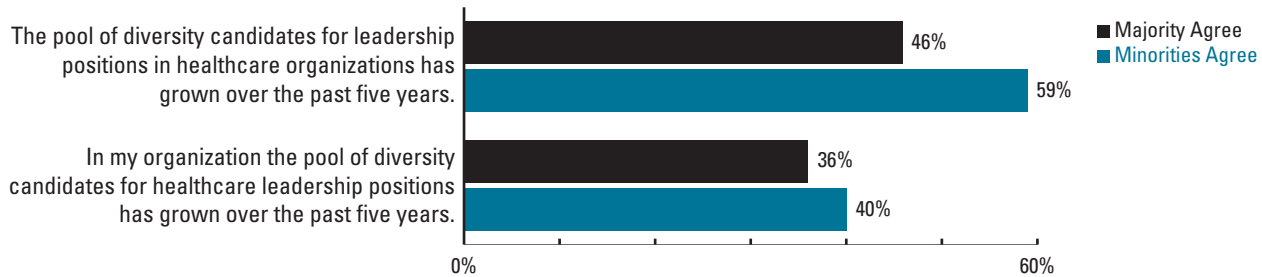
**The availability of diversity leadership positions in my organization has improved over the past five years.**



## Has the pool for candidates grown?

Both groups are more likely to agree that the pool of diversity candidates has grown in health care overall than in their own organizations. Fifty-nine (59) percent of minorities and 46 percent of Caucasians believe “The pool of diversity candidates for leadership positions in healthcare organizations has grown over the past five years.”

Minorities themselves are split on the minority candidate pool in their own organizations; 40 percent agree it has grown, another 39 percent disagree. And only 36 percent of majority respondents believe the pool is larger today in their own organizations.



*“I have found it hard to identify candidates from a diverse group of applicants. Given the opportunity, I seek out a minority in order to better have the leadership group reflect the population we serve.”*

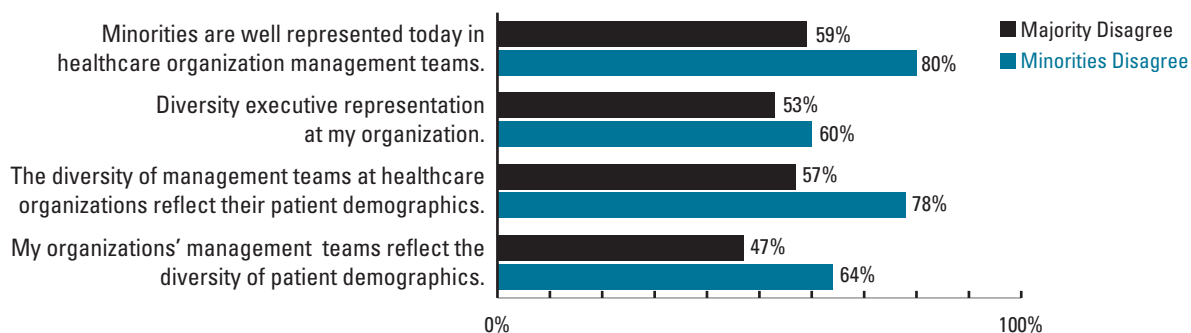
—White female CEO, Southeast

## Are minorities well represented?

Minorities remain unconvinced they are “well represented today in healthcare organization management teams;” 80 percent disagree with that statement. Though less so, most majority respondents (59 percent) share that belief.

Minority and majority opinions edge closer when asked about diversity executive representation at their own organizations — 60 percent of minorities and 53 percent of majority respondents do not believe minorities are well represented on their own management teams.

Similarly, healthcare organizations have a ways to go to ensure their management teams reflect patient demographics. Seventy-eight (78) percent of minority and 57 percent of majority respondents disagree that “The diversity of management teams at healthcare organizations reflects their patient demographics.” And two thirds (64 percent) of minorities and nearly half of the majority (47 percent) do not believe their own management teams reflect the diversity of patient demographics.



## Why commit to diversity recruiting?

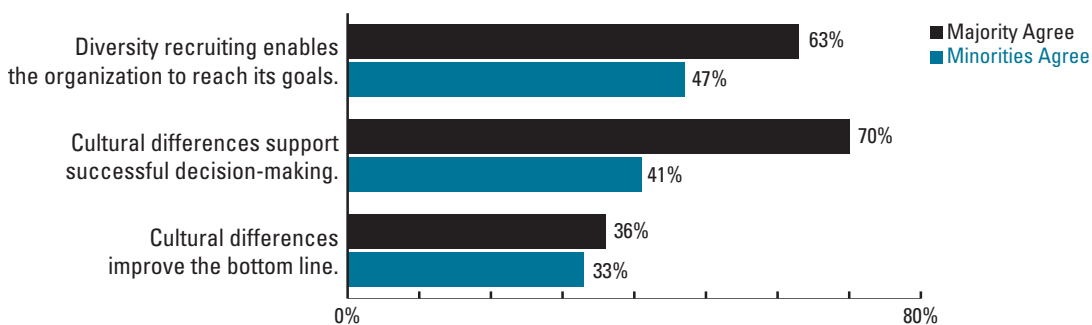
While both groups of survey respondents agree that internal diversity programs drive organizational success and cultural competence, skepticism persists, particularly among minorities, about whether hospitals and systems commit to diversity recruiting because those organizations believe diversity is good for business.

Sixty-three (63) percent of Caucasians agree “Healthcare organizations commit to diversity recruiting because they believe diversity recruiting enables the organization to reach its goals.” Yet among minorities, only 47 percent agree, and 31 percent are unconvinced.

There’s similar disparity among majority and minority respondents over whether organizations recognize that diversity supports effective decision making. Seventy (70) percent of majority respondents agree that “Healthcare organizations commit to diversity recruiting because they believe that cultural differences support successful decision-making.” Yet only 41 percent of minority respondents agree, and 31 percent disagree.

In spite of the business case for diversity, uncertainty is most pronounced over whether organizations recognize that cultural differences enhance financial performance. Only 36 percent of majority and 33 percent of minority respondents agree “Healthcare organizations commit to diversity recruiting because they believe that cultural differences improve the bottom line,” whereas 44 percent of minority and 27 percent of majority respondents disagree.

### Healthcare organizations commit to diversity recruiting because they believe:



## How effective is diversity recruiting and why?

Seventy-two (72) percent of Caucasians and 53 percent of minorities agree that healthcare organizations are effective in diversity recruiting because they have a genuine interest in it. And 73 percent of the majority and half the minorities believe healthcare organizations are effective at diversity recruiting because they take their responsibility to do so seriously.

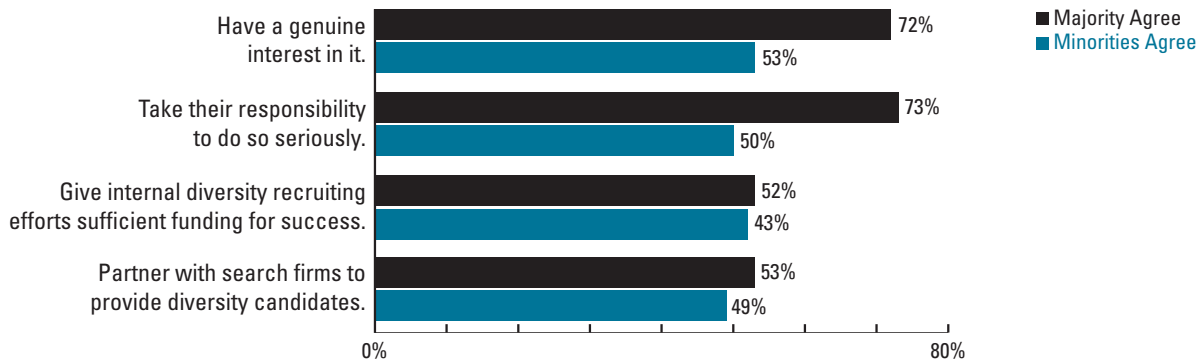
The two groups are less confident that organizations devote the necessary resources to diversity recruiting. Slightly more than half or 52 percent of the majority and 43 percent of minorities affirm that “Healthcare organizations are effective in diversity recruiting because they give internal diversity recruiting efforts sufficient funding for success.”

What about partnering with search firms? About half of both majority (53 percent) and minority (49 percent) respondents agree that “Healthcare organizations are effective in diversity recruiting because they partner with search firms to provide diversity candidates.” Twenty-four (24) percent of minorities disagree.

*“We have created an extensive training and educational program around cultural competency and diversity training to promote a work culture that is fair and respectful.”*

*—African American male  
SVP/VP, Southeast*

**Healthcare organizations are effective in diversity recruiting because they:**



**What barriers continue to exist?**

Respondents to the 2006 survey hold widely divergent views on the most important barriers to diversity recruitment, retention and leadership development, and at least some are reminiscent of those expressed in the 1998 survey. The only barrier for which there is some general agreement is “lack of commitment by top management.” After that, consensus drops off precipitously.

**The most important barriers to diversity recruitment/retention/leadership development are:**

	Minorities Agree
Lack of commitment by top management	89%
Lack of commitment by the board	80%
Lack of commitment by HR departments	73%
Organizational resistance to placing diversity candidates	69%
Individual resistance to placing diversity candidates	67%
	Majority Agree
Lack of diversity candidates to promote from within	81%
Lack of access to diversity candidates	77%
Lack of diversity candidates participating in the executive search process	67%
Lack of commitment by top management	63%

*“Our CEO has made it his personal objective to ensure diversity within all ranks of the health system.”*

*—African American female SVP/VP, Southeast*

**How to enhance diversity recruiting**

Healthcare organizations enhance diversity recruiting by:	Majority Agree	Minorities Agree
Being sensitive to cultural differences	89%	83%
Mentoring employees	81%	80%
Establishing a specific/targeted diversity recruiting program	68%	56%
Developing relationships with search firms committed to diversity	67%	55%

## Steps for success in diversity recruitment/retention

Healthcare organizations should take the following steps for successful diversity recruitment/retention:	Majority Agree	Minorities Agree
Communicate the value of cultural differences	94%	92%
Promote minorities from within	88%	91%
Hire minority executives for management jobs	85%	91%
Identify internal “champions” who value cultural differences	85%	89%
Seek regular employee input about the organization’s diversity initiatives	84%	88%
Seek out minority candidates from professional organizations	78%	86%

## Best practices in developing diversity leaders

Minorities and Caucasians also generally see eye-to-eye when asked about current best practices to develop diversity leaders, particularly related to mentoring programs.

**Among minority respondents, best practices cited most frequently are:**

- Create mentoring programs
- Create programs and/or expose young people to healthcare careers
- Seek ways to move individuals from college and/or healthcare jobs to hospital administration
- Communicate diversity initiatives to all employees

**Majority respondents most frequently cited the following best practices to develop diversity leaders:**

- Create programs and/or expose young people to healthcare careers
- Create mentoring programs
- Communicate diversity initiatives to all employees
- Seek ways to move individuals from college and/or healthcare jobs to hospital administration

## Best practices in diversity recruiting

Similarities also appear in majority and minority responses to questions regarding current best practices to recruit diversity leaders.

**Minority respondents most frequently cite:**

- Sensitize management to diversity needs
- Work with search firms committed to diversity recruiting
- Network with diversity leadership organizations
- Set diversity recruitment goals

**Majority respondents most frequently cite:**

- Sensitize management to diversity needs
- Network with diversity leadership organizations
- Develop cultural sensitivity initiatives and strategies
- Communicate diversity initiatives to all employees
- Work with search firms committed to diversity recruiting

*“Be prepared and willing to accept some criticism as you seek to establish a diverse culture.”*

—White male CEO,  
South Central

## Best practices in diversity leader retention

More consensus than not also occurs when majority and minority respondents are asked about best practices to retain diversity executive leaders.

### Minority respondents most frequently cite:

- Sensitize management to diversity needs
- Target diversity leadership as a strategic goal
- Develop cultural sensitivity initiatives and strategies
- Examine cultural disparities among leadership positions and medical staff
- Communicate diversity initiatives to all employees

### Majority respondents most frequently cite:

- Sensitize management to diversity needs
- Develop cultural sensitivity initiatives and strategies
- Communicate diversity initiatives to all employees
- Target diversity leadership as a strategic goal

*“The Catholic healthcare systems overall have done a much better job embracing diversity than other organizations. Organizations have to become comfortable working and socializing with people from different racial and ethnic backgrounds...”*

—African American female  
SVP/VP, Southeast

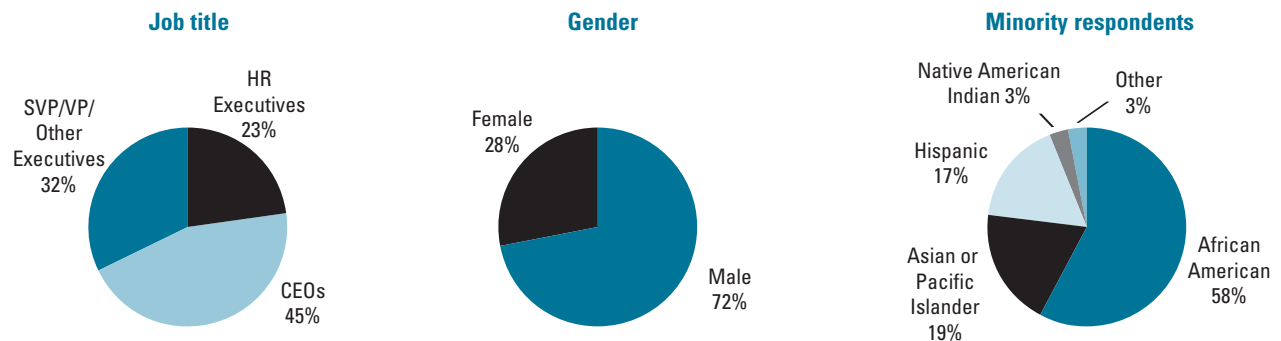
## Demographics

Nearly half or 45 percent of respondents to the Witt/Kieffer *Advancing Diversity Leadership in Health Care* survey are CEOs; followed by HR executives at 23 percent; the remaining 32 percent are senior vice presidents/vice presidents (SVP/VP) or hold other executive positions.

Seventy two (72) percent of respondents are male, 28 percent are female. Sixty (60) percent are over 50 years of age, another 31 percent are ages 41-50.

Of the minority respondents, 58 percent are African American; 19 percent are Asian or Pacific Islander; 17 percent are Hispanic; 3 percent are Native American Indian or Alaskan Native; and 3 percent are other.

Twenty nine (29) percent are from hospitals or systems with 101-300 beds, 22 percent have 701 plus beds and 20 percent have 301-500 beds.



When estimating their organizations’ percentage of diversity/minority employees, Caucasian respondents on average give ranges from 16-25 percent. Minority respondents on average estimate 26-35 percent of their organization’s employees are minority.

When asked to estimate their organizations’ percentage of diversity management compared to all employees, both majority and minority respondents on average estimate 5-10 percent.

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## PART II

### Why diversity leadership is critical

Written comments from the survey, as well as remarks from the 45 respondents interviewed by phone are rich with observations about diversity leadership. Many of those observations struck similar themes about why diversity leadership is critical to hospitals and systems, what stands in the way of cultivating a diverse senior management team and where to find and how to develop minority leaders. Among those insights are:

**Diversity in individual healthcare organizations — and our culture at large — is inevitable and necessary.** The nation’s changing face is such that diversifying organizations is no longer a choice, it’s a business requisite, particularly in health care which already suffers from a serious shortage of clinicians.

“As our country becomes more diverse because of immigration and demographic changes, health care must find a way to attract young minorities into the field. This will be the only way we can solve the coming shortage of nurses, technicians, physicians, etc. We will have no other choice but to embrace diversity. Otherwise, there will be no one to care for us in our golden years.”

*Male African American COO, Southwest*

“We must develop all staff equally as the need for leadership — with the tsunami of boomers that will retire in waves soon — leaves a significant gap. For who will tend the farm in 5-10 years if we do not develop those who will follow regardless of ethnicity or gender? Who will lead when our time comes?”

*Female Hispanic executive, South Central*

**Diverse leadership is a competitive advantage.** The most compelling business argument for diverse leadership teams lies in the cultural mix of the community. Patients and physicians are attracted to and feel comfortable with healthcare providers that reflect and value cultural differences. Diverse leadership teams provide a competitive advantage by representing the interests of a broad range of people, understanding their needs and providing services that appeal to those groups. Those efforts result in greater customer satisfaction, and ultimately benefit the bottom line.

“Once we diversified the organization and implemented programs and strategies, we began to see a huge impact in our quality, results and creativity to respond to the needs of our patients.”

*African American male SVP/VP, Southeast*

“How does a senior management team of all white individuals try to deal with Hispanic employee needs or in the community? How do you communicate with people you don’t know anything about? You want to have people that can help you reach the community. (Diversity) adds ability, strength and insight.”

*White male CEO, South Central*

**Organizations thrive on diversity of thought.** Respondents cite myriad distinguishing attributes that diverse leaders bring to their organizations. Among them are providing disparate points of view and ways to solve problems; creating more robust dialogue; making broader intellectual decisions; understanding culture and language; creating better awareness of community needs; enriching the internal environment where cultures learn from each other; thinking “outside the box;” expressing empathy, communicating openly and instilling trust among employees; and creating a strong marketing tool to illustrate diversity at all levels within the organization.

**It starts at the top.** Despite the best efforts of human resources executives, the board, CEOs and senior executives must be responsible for setting and advancing the diversity agenda in their organizations. Both written comments from the survey and observations expressed during the phone interviews emphasize the role trustees and senior executives play in leading diversity initiatives.

“Many of the formal diversity programs that have been developed in healthcare systems at the HR level have been high on exposure but low on substance. The most effective programs are those that have been adopted by the CEO and executive team committed to improving diversity leadership within the organization.”

*White male chief human resource officer, Southeast*

“Our organization has done an outstanding job in making diversity a priority. It’s part of every leader’s balanced scorecard and performance appraisal. Our CEO (a Southern white man) has made it his personal objective to ensure diversity within all ranks of the health system.”

*African American female SVP/VP, Southeast*

**Too many organizations do not walk the talk.** Observations from both majority and minority respondents suggest there’s often too much talk about diversity and not enough action.

“Over the past years, particularly in my state, I think the issue of diversity is given more lip service than anything. In organizations: provider organizations, managed care organizations, trade organizations, etc., the very senior leadership teams are not very diverse, if diverse at all. Even in some organizations with high minority patient and employee populations, the most senior leadership team is not diverse.”

*African American female SVP/VP, Southeast*

Some respondents express concern that even diversity programs or initiatives can conceal underlying reluctance to commit to the hard work of developing awareness and sensitivity.

“Having a department or diversity officer does not mean that you’ve embraced the philosophy. I believe it can mask an unwillingness to make a personal commitment to diversity.”

*White male CEO, Mid-Atlantic*

“I believe that healthcare organizations talk about diversity but don’t truly put time, effort and money into changing the organizational culture to one that really values diversity.”

*African American female SVP/VP, Mid-Atlantic*

**Hidden bias and the persistent “old boy network” can undermine the best efforts of organizations seeking diversity representation.** Some of the survey’s written comments and interview observations underscore concerns about continuing bias that hamstringing organizational efforts to establish diverse leadership teams. This concern is not limited to minorities.

“Creating diversity programs will not change the corporate landscape if those in middle and upper management positions simply do not feel comfortable around people who are not mirror images of themselves.”

*African American female, South Central*

“I find that most people are unaware of the institutional racism that exists in America today. Specific anti-racism education and efforts are necessary for people to understand the current biases in society today.”

*White male CEO, Midwest*

**Frustration remains among some majority executives over the emphasis on diversity, rather than job qualifications.**

“Hire the best qualified candidate and diversity will take care of itself. We spend so much time talking about targeting specific groups that we forget we should be hiring the most qualified candidate.”

*White male executive, Mid-Atlantic*

“Diversity is one element of a successful organization, but excelling at this aspect — if compromises need to be made regarding a prospective leader’s competency, teamwork, emotional intelligence or integrity — would be a prescription for failure.”

*White male CEO, Mid-Atlantic*

**Still, diversity is valued and should be considered in leadership hiring decisions.** Most all of those interviewed — both majority and minority respondents — believe that diversity should be factored into hiring decisions. In general, they think diversity is both the “right” thing to do and necessary to reflect the community at large.

“Our philosophy is if candidates present equal skills, education, background, then we will hire the culturally diverse candidate over the white...We do this to drive relationships with customers and the community.”

*White female chief human resources officer, Northeast*

“(Diversity) should be considered by scanning the market for the best candidate and if two equal candidates are at the table, then the minority should be heavily considered.”

*African American male COO, South Central*

There was virtually universal consensus among both majority and minority respondents that diversity should never be the sole basis for hiring, and people of color, like everyone else, want to be hired based on their skills, experience and on-the-job results.

## How to advance diversity leadership

Advancing diversity leadership is a multi-pronged effort, according to written comments and interview observations from survey respondents. There are consistent themes, once again, among the wide variety of recommended approaches which include:

### 1. Make diversity a strategic goal.

“Employees, the medical staff and management must see the strategic value of diversity, or it will go nowhere.”

*African American male executive, Mid-Atlantic*

“Think about diversity more as a way of doing business, rather than a program or initiative.”

*White female chief human resources officer, Southwest*

### 2. Establish organizational sensitivity.

“We have created an extensive training and educational program around cultural competency and diversity training including processes, awareness and procedures to promote a work culture that is fair and respectful. This will by nature change the way people think about issues.”

*African American male SVP/VP, Southeast*

**The business case for diversity, according to Fred Hobby, president and CEO of the Institute for Diversity in Health Management in Chicago, comprises the following:**

- **Employee perspective** — Diversity management creates an environment where every hospital or health system employee feels valued, appreciated and respected and who, in turn, talks about the organization within the community with pride. Diversity management allows 100 percent of employees, whatever their capabilities, to achieve 100 percent of their potential 100 percent of the time.
- **Patient focus** — Diversity management creates an environment where because all patients feel valued, they are highly satisfied and loyal. Diversity management means understanding the cultural and ethnic values within a community. As a result, community members choose the organization, which increases market share.
- **Inclusion** — Diversity management means sending a message to minorities that there are leaders within the organization to champion their medical needs. If a minority patient knows the COO shares his or her ethnicity, for example, then that patient likely assumes his or her best interests will be served.
- **Community perspective** — Diversity management means bringing the community into the organization, specifically at the governance level. Putting prominent minority leaders on the hospital or health system board forges a bond with the community, which in turn creates patient comfort with and loyalty to the organization.

*The Institute for Diversity in Health Management offers a 12-step diversity initiative to provide hospitals and health systems training and consulting services on diversity/cultural competency. For more information go to [www.diversityconnection.org](http://www.diversityconnection.org)*

“We have cultural work days which highlight and celebrate a particular culture every month through food, music, history, etc...Our strategy is to be an employer of choice and to be this you must be culturally diverse.”

*White male chief human resources officer, Northeast*

**3. Mentor minorities and provide opportunities for professional development including leadership training.** Many minorities surveyed appreciate their own responsibility to mentor and develop their peers.

“I think as leaders in health care, it is up to us to mentor and coach minority leaders.”

*African American SVP/VP, Mid-Atlantic*

“Development of opportunities for young people to have role models and mentoring (are) critical.”

*Female Asian, Southwest*

“Many culturally diverse physicians require support from other culturally diverse leaders in the medical community in order to achieve the education necessary to compete in the marketplace. This may mean facilitating and sponsoring physicians for MBA, MHA or MMM degrees so that they in turn can motivate other minority or culturally diverse employees to step up to the leadership ladder.”

*Male Hispanic physician, Northeast*

**4. Promote from within.**

“The key for diversity leadership is to cultivate candidates with leadership potential from all positions up through the ranks, allowing for risk at lower positions first, then mentoring into higher positions.”

*White male executive, Southwest*

“I would underscore the issue of getting minority candidates into the system, allowing them to grow and progress in the executive ranks.”

*White male CEO, Southwest*

“(It’s) important to identify diversity candidates and goals at the junior management and department director level since the top executive pool today is still heavily non-diverse.”

*White male SVP/VP, Southwest*

**5. Seek out young people graduating from high school and college to expose them to health care as a career.**

“As minorities we must help students understand what health administration really is. We must go to local universities and mentor, advise and expose the youth to executive leadership roles across the board.”

*Female minority, Southeast*

“I want to develop an internship program for health administration students...I want minority candidates to come in and do six months both in our facility in the urban community and in our more affluent community site...Minority candidates are hard to find and if we can grow our own, this will give us an advantage.”

*White male CEO, Midwest*

## 6. Train students in healthcare graduate program to be healthcare leaders, not just managers.

“University and professional programs need to focus on training effective ‘leaders’ for health care. Many young professionals know the ‘books’ but have no skills in communication, verbally and in writing...(And) basic communication skills and ‘walking the talk’ are important skills that must be developed. Appreciation for the wealth of perspectives from a diverse work force is a must...(as is) demonstrated respect for diverse backgrounds and opinions...in the creation of a diverse community of professionals committed to effective health care...”

*White female CEO, Southwest*

## 7. Provide internships/fellowships for graduate students in M.B.A/M.H.A. programs.

“We have incorporated diversity every year in our fellowship program with 10-12 candidates who are interviewed, and then we offer (fellowships to) the top choices. Diversity is incorporated into every aspect of the process.”

*African American male SVP/VP, Southeast*

“We focus on the pipeline and work with those that need to be developed to bring them into our organization young. We are looking for diverse MPH/MBA/MHA programs at the top universities to collaborate with in recruiting their students... We want to forge these relationships.”

*White female chief human resources officer,  
Southwest*

## 8. Find networking opportunities.

“Network among CEOs so that you are able to brainstorm together and share ideas. If you surround yourself with individuals that are where you aspire to be, then you learn from these individuals. Visualize yourself there, and begin to become that.”

*Male Hispanic CEO, Southwest*

**9. Commit to finding diversity leaders.** A recurring theme in the research is the perceived lack of minority candidates. To be sure, hospitals and systems must be convinced that finding minority leaders is a priority in their leadership recruitment and retention efforts, and they must work at it.

### Where to find minority candidates?

Respondents mention a wide range of sources including perhaps most importantly, minority executives already in their own organization. They also cite:

- The National Association of Health Services Executives ([nahse.org](http://nahse.org))
- Institute for Diversity in Health Management ([diversityconnection.org](http://diversityconnection.org))
- Colleges and universities, particularly Historically Black Colleges and Universities (HCBUs) with M.H.A./M.B.A. programs
- Minority Chambers of Commerce
- Black and Hispanic M.B.A. associations
- Minority Medical Associations
- Minority based conferences, events and seminars
- Executive search firms
- Diversity Inc. magazine ([diversityinc.com](http://diversityinc.com))

“I disagree when people say they can’t find minority candidates, because they are out there. I have found plenty. My executive team is at least 40 percent white and 60 percent minority.”

*White female CEO, Southwest*

“It’s time for large healthcare organizations to place minorities in very high and visible leadership positions. Quit talking about developing programs for young leaders, this is great, but there are plenty of seasoned leaders that can lead multi-systems NOW.”

*Male Hispanic CEO, South Central*

## What search firms can do

While the survey did not deal in depth with the role search firms play in advancing diversity, there were some observations from the interviews and written comments. Where there were comments, there was general agreement that search firms that focus on diversity are part of the solution.

“Search firms are great tools in helping to identify minority candidates.”

*Female Hispanic chief human resources officer, South Central*

“We have used search consultants with an emphasis on a diverse candidate pool. We search both within and outside the industry, which gives us a unique mix of not only candidates but also networks.”

*White male CEO, South Central*

At the same time, there were a few anecdotes about search firms fueling the problem by, at best, doing little to identify minority candidates and, at worse, ignoring or failing to respect minorities in the search process.

“Large executive search firms...don’t seriously consider or open opportunities to talented diverse executive candidates. I have applied for numerous (over 100) positions with... search firms over the past ten years but rarely received a reply from them.”

*Female Asian SVP/VP, Northwest*

Search firms have a moral and business obligation to identify persons of color as candidates for leadership positions, and to represent them fairly in the hiring process. However, from our perspective, search firms can go much farther. They may be able to bridge the divide between where hospitals and systems are today and where they strive to be in the future with respect to diversity leadership. Search firms that are sensitive to the value of cultural differences, stay connected with minority leaders through professional groups and are committed to developing diverse candidate pools can be an important resource to hospitals and systems intent on finding minority executives.

If and when search firms can prove they are serious about finding and placing diversity leaders, there are a variety of ways in which those firms can assist hospitals and health systems. Specifically, they can:

- Provide healthcare organizations a strategic perspective on the business value of diverse senior management teams.
- Consult with healthcare organizations on steps to take — including resources and training — to create a culture that embraces diversity and attracts minority leaders.

- Provide counsel to healthcare organizations on how cultural differences may affect the search process.
- Commit to diversity sensitivity training and diversity representation among search firm consultants and employees.
- Strive to present a diverse candidate slate — in each and every search assignment — by casting a wide net among professional minority networks and associations when developing candidate pools.
- Coach hospitals and systems on how cultural differences may affect interaction with candidates, such as interviews, on-site visits, negotiating compensation, etc.
- Coach minority candidates on how cultural differences may affect interaction with clients, such as interviews, on-site visits, negotiating compensation, etc.
- Provide resources such as the Institute for Diversity in Health Management and diversity specialists and consultants to support healthcare organizations' efforts.
- Conduct and/or sponsor research on the impact of diversity leadership on organizational success and related topics.

## About Witt/Kieffer

Witt/Kieffer is among the nation's top ten executive search firms and the single largest specializing in health care, education and managed care/insurance. Witt/Kieffer serves organizations committed to improving quality of life including leading hospitals, health systems, academic medical centers, physician group practices, managed care organizations and insurers, as well as colleges and universities and community service and cultural organizations. The firm's culture advances quality, diversity, dignity and lifetime career and personal development.

Witt/Kieffer consultants in 17 offices nationwide provide clients strategic consultation in searches for presidents/CEOs, COOs, CFOs, CIOs, physician executives, provosts, deans, chief development officers, chief enrollment officers and other senior executives. The firm is committed to providing educational information and research reports on healthcare and education leadership and governance, diversity, executive compensation and career management, among other topics.

### Project team

The Witt/Kieffer project team on the *Advancing Diversity Leadership in Health Care* survey comprised Judson Allen, project leader/2006 summer intern; Jeanne Farrell and Susan Nalepa, editors; and Sandy Williams, project supervisor, with survey development assistance from Jim Gauss, Howard Jessamy and the Witt/Kieffer Diversity Task Force. We also wish to express our appreciation to Fred Hobby and the Institute for Diversity in Health Management in Chicago for support of this project.

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