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Creating and Validating a New Survey Instrument to Understand the Effect of Positive Deviance on Minority Leadership in Healthcare Organizations

Jorge C. Hechavarria
Seton Hall University, jhech68@gmail.com

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Dissertation Committee:

Dr. Deborah A. DeLuca, M.S., JD (Chair)

Dr. Terrance F. Cahill, Ed. D., FACHE

Dr. Fortunato Battaglia PhD

Submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy in Health Sciences

Seton Hall University

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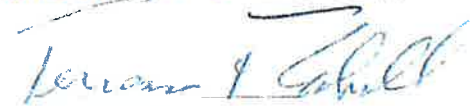Dissertation Committee:

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DEDICATION

This dissertation research is dedicated to my daughters Zoe Peyton and Maeve Lynn.

I can only hope you read this body of work someday and it gives you pause. Not to say

you liked it or not but rather because it inspires you to contribute your body of work to

the world. I always want you both you know you can do anything, be anything, create

anything so long as you believe in it. Know that I love you very much now and forever.

You are my world.

Our ability to reach unity in diversity
will be the perfect present
for the test of our civilization.

Mahatma Gandhi

Diversity: the art of thinking
independently together.

Malcolm Forbes

To be one, to be united
is a great thing.
But
To respect the right to be different
is maybe even greater.

Bono

It is time for parents to teach
young people early on
that in diversity there is beauty
and there is strength.

Maya Angelou

If we cannot now end our differences,
at least we can help make
the world safe for diversity.

John F. Kennedy

The beauty of the world,
lies in the diversity
of its people.

Unknown Author

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ABSTRACT

CREATING AND VALIDATING A NEW SURVEY INSTRUMENT TO

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POSITIVE DEVIANCE ON MINORITY LEADERSHIP

IN HEALTHCARE ORGANIZATIONS

Jorge C. Hechavarria

Seton Hall University, 2017

Dissertation Chair: Dr. Deborah DeLuca, M.S., J.D

Background and Purpose of the Study: Over the last few decades, the United States has experienced an overwhelming amount of change in the diversity of its populations (Kilian, Hukai, & McCarty, 2005). Although it was expected that this diversity would also become evident in senior leadership positions across organizations, this has not yet happened (Kilian et al., 2005). "For years men have dominated Corporate America as women have traditionally chosen to become stay at home mothers' and 'housewives. In an effort to rise to the level of their male counterparts, many women have been moving out of the home and into the boardrooms, through educating themselves" (Dean, Mills-Strachan, Roberts, Carraher, & Cash, 2009, p. 2). This statement begins to lay the groundwork needed to address the issues found by Kilian et al.

Methods: This study utilized a non-experimental quantitative methodology with a survey driven, exploratory, descriptive, correlative and cross-sectional research design to understand the effect of positive deviance on minority leadership in healthcare

organizations under the framework of positive deviance implementing two sub-constructs of managing diversity and cultural competence.

Results: Reliability on the PoDeMLA with both independent variables of Managing Diversity and Cultural Competence was very good (Cronbach's alpha α = .83). Individually, for each construct of the PoDeMLA, the reliability ranged from acceptable to good: Managing Diversity (α = .80), Cultural Competence (α = .74).

Similarities noted for senior leaders and middle managers were found in the family influence and advancements sub-constructs of managing diversity. Similarities noted for senior leaders and middle managers were found in the acculturation and cultural sensitivity sub-constructs of cultural competence. Differences noted between senior leaders and middle managers were noted in the socioeconomics, educational considerations and mentor relationships sub-constructs of managing diversity. Differences noted between senior leaders and middle managers were noted in the cultural imposition, discrimination and stereotyping sub-constructs of cultural competence. Results of the Multivariate Analysis of Variance (MANOVA) across both constructs resulted in cultural competence demonstrating significance (p= .032) and managing diversity demonstrating non-significance (p= .543) both at an alpha level of .05.

Conclusion: Implementation of Bandura's social cognitive theory across the managing diversity construct of positive deviance could re-balance the non-significance of the construct on it's own. Cultural competence demonstrated significance across both leadership types and continuation of study should be considered.

Keywords: Positive Deviance, cultural competence, managing diversity, PoDeMLA, family influence, socioeconomic, educational considerations, mentor relationships, advancement, acculturation, cultural imposition, cultural sensitivity, discrimination, stereotyping, diversity.

Chapter I

INTRODUCTION

Background of the problem

Kilian et al. (2005) argue that interventions are key if we are to address the disenfranchisement that some individuals have experienced in the workplace. "Organizations that are recognized for successful diversity efforts (listed in Fortune's 50 Best Companies for Minorities) exhibit strikingly similar tactics and goals" (p. 158). The researchers also suggest that successful interventions fall into two separate categorical programs; they either change organizational culture to support cultural differences, or they integrate a system that focuses on supporting individuals at all levels.

In 2008, Nealy, Pluviose, and Roach published an article highlighting ten champion organizations that displayed continued efforts to bring about a more diverse workplace. The authors mentioned how one of these organizations, the American Indian Science and Engineering Society (AISES), has been working diligently to bring forth excellence in the American Indian and Alaskan community members by providing cultural and financial support. They have diversified into over 160 national chapters where they feel they can reach their prospective targets most effectively.

A second organization mentioned by Nealy et al., the CUNY Black Male Initiative, began in an effort to support the graduation of black male students. This effort has mainly focused on academic performance projects in grades from kindergarten through and including the twelfth grade. It was believed that this focus would have the greatest impact on college enrollment and issues such as decreasing incarceration. The

Gates Millennium Scholars Program is another organization noted by Nealy et al. 2008 that was conceived to reach potential scholars with the aim of giving high-achieving minority students a vehicle to attend college where they otherwise might not have had the opportunity. Initially funded by a one billion dollar grant from Microsoft founder Bill Gates and his wife in 1999, it offers to assist less fortunate groups over a 20 year span. The purpose of this organization is to increase diversity representation in the areas of engineering, math and sciences as well as other specialties. The Civil Rights Project, a research think tank specializing in areas of diversity and desegregation continues its inquiries in this field (and as a result has produced over 400 studies). One such study dating from 2003 posited that affirmative action should be sustained in the college admissions process.

Nealy et al. also pointed out the presence of global efforts in these diversity initiatives. The Latin American School of Medical Sciences made it possible for eight American minorities to graduate medical school in Cuba. These students represented eight out of over two thousand students that the Latin American School of Medical Sciences enrolls from all over the world. On a federal agency level, NASA has implemented programs to serve student populations representative of primarily minorities. Via an arrangement with several schools and organizations, they have provided a means of promoting areas of study such as math and engineering, in order to focus students on the importance of these areas.

Finally, Neal et al. (2008) mentioned The Thomas Rivera Policy Institute which provides research for issues impacting Hispanic communities such as political impetus, education, access to information technology and health care access. As recently as 2003,

the Institute was able to provide research results to policy makers in an effort to close gaps in college education for the Hispanic student and their families.

In summary, the issue of population disparities has been recognized as a growing concern in the United States and with predictions of increasing minority populations' growth, such as the Latino community, there have been increasing attempts to intervene and address these concerns. This paper will explore this topic with specific focus on disparities related to minorities in senior leadership roles in organizations. It begins by considering the general topic of diversity in organizations.

Statement of the problem

There is an observed disparity in minority employment at leadership levels in healthcare organizations in general. The projected numbers of minority employees, which are eligible to enter the executive ranks, are projected to triple by the year 2050. There is then, an imperative need for healthcare organization senior management to recognize, develop and implement processes and procedures that embrace the elements and approaches defined by positive deviance.

Purpose of the Study

The purpose of this application is twofold. First, the purpose is to determine the reliability and the newly created survey tool that was validated using a Delphi panel of experts entitled "Positive Deviance Management Leadership Assessment" (PoDeMLA). Secondly, this validated and reliable survey tool addresses five (5) sub-constructs in two different theoretical frameworks. The first is Managing Diversity which has (family influence, socioeconomic, educational considerations, mentor relationships and advancement). The second is Cultural Competence which has (acculturation, cultural

imposition, cultural sensitivity, discrimination, stereotyping). The PI has identified these two sets of sub-constructs as common variables during the review of the literature that surround the practice of diversity and inclusion management in the healthcare sector.

Variables

The first independent variable **Managing Diversity** has five dependent variables; family influence, socioeconomic, educational considerations, mentor relationships and advancement. The second independent variable **Cultural Competence** also has five dependent variables; acculturation, cultural imposition, cultural sensitivity, discrimination, stereotyping.

Research Questions

There are four overarching research questions. The questions were constructed this way in order to landscape each construct on its own. The Positive Deviance framework is composed of two lenses (DeLuca/Hechavarria): a) **MANAGING DIVERSITY (MD)** which is comprised of five sub-constructs for analysis: **family influence, socioeconomic, educational considerations, mentor relationships and advancement** and b) **CULTURAL COMPETENCE (CC)**, which is process driven around culture and recognizes the needs of members while incorporating procedures and processes. The CC sub-constructs being analyzed are: **acculturation, cultural imposition, cultural sensitivity, discrimination, stereotyping.**

From the MANAGING DIVERSITY LENS of PD:

<u>**Overarching Research Question 1 (ORQ1):**</u> Considering the positive deviance framework **as viewed from the** perspective of <u>Managing Diversity,</u> what are the perspectives of <u>**senior leaders (EC+1)** and **mid-level managers**</u> (Directors up to but not including EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, **as measured by the five sub-constructs of MD (family influence, socioeconomic, educational considerations, mentor relationships and advancement)** through the managing diversity lens?

From the senior managers' and mid-level managers' perspective (MD lens) comes RQ1-1 to RQ1-10 (understanding that all constructs are worded into their own question. **The first five (5) questions examine the issue from the perspective of the** <u>**senior manager**</u> **as follows:**

> **ORQ1-1:** Considering the managing diversity construct, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **family influence** within MD.

> **ORQ1-2:** Considering the managing diversity construct, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare

organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **socioeconomic within PD?**

ORQ1-3: Considering the managing diversity construct, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **educational considerations within PD**?

ORQ1-4: Considering the managing diversity construct, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **mentor relationships within PD?**

ORQ1-5: Considering the managing diversity construct, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **advancement within PD?**

The second set of questions examined the same issue from the perspective of the mid-level managers, as follows:

ORQ1-6: Considering the managing diversity construct, what is the perspective of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **family influence** within MD.

ORQ1-7: Considering the managing diversity construct, what is the perspective of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **socioeconomic within PD**?

ORQ1-8: Considering the managing diversity construct, what is the perspective of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **educational considerations within PD**?

ORQ1-9: Considering the managing diversity construct, what is the perspective of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **mentor relationships within PD**?

ORQ1-10: Considering the managing diversity construct, what is the perspective of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **advancement within PD**?

There are no hypotheses for the first 10 questions because the questions are descriptive in scope and are only about what each manager understands about each of the domains identified.

The next set of questions look at the Differences between the levels of understanding each manager type has about each of the identified domains to better understand the disparity in employment of minorities in HC organizations. These hypotheses confirm the understanding in the literature (Kilian, Hukai, McCarty, 2005) that if disparities are understood and addressed among domains identified as unique to the minority experience in corporate America, it is likely that the "playing field" for advancement will become more level and equitable as compared to the majority stakeholders in the higher organizational positions currently.

<u>**Overarching Research Question 2 (ORQ2)**</u>**:** Considering the positive deviance framework as viewed from the <u>perspective of Managing Diversity</u>, what is the **difference between the senior leaders' understanding and the mid-level manager's** understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, <u>as</u>

<u>measured by the five factors of MD</u> (**family influence, socioeconomics, educational considerations, mentor relationships and advancement**) through the managing diversity lens?

ORQ2-1. Considering the managing diversity construct, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **family influence sub-construct** of managing diversity?

   H.2-1. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Family Influence** sub-construct of Managing Diversity.

ORQ2-2. Considering the managing diversity construct, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **socioeconomic construct of positive deviance**?

   H.2-2. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly

affecting Hispanics, as measured by the **Socioeconomic** sub-construct of Managing Diversity.

ORQ2-3. Considering the managing diversity construct, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **educational considerations construct of positive deviance**?

 H.2-3. **There is a difference** between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Educational Considerations** sub-construct of Managing Diversity.

ORQ2-4. Considering the managing diversity construct, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **mentor relationships construct of positive deviance**?

 H.2-4. **There is a difference** between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly

affecting Hispanics, as measured by the **Mentor Relationships** sub-construct of Managing Diversity.

ORQ2-5. Considering the managing diversity construct, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **advancement construct of positive deviance**?

        H.2-5. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Advancement** sub-construct of Managing Diversity.

Overarching Research Question 3 (ORQ3): Considering the Positive Deviance Framework as viewed from the perspective of cultural competence, what are the perspectives of senior leaders(EC+1) and mid-level managers (Directors up to but not including EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the five sub-constructs of CC(acculturation, cultural imposition, cultural sensitivity, discrimination, stereotyping)?

        Since CC is process focused these second 15 questions will be focusing on the third construct from the managing diversity lens, where cultural competence

**in the healthcare organization from a process management perspective is most likely
to reside.**

ORQ3-1: Considering the cultural competence framework, what is the perspective of the
senior leaders(EC+1) about the disparity in employment of minorities eligible for senior
management and leadership positions in healthcare organizations, particularly affecting
Hispanics, as measured by the **Acculturation sub-construct of cultural competence?**

ORQ3-2: Considering the cultural competence framework, what is the perspective of the
senior leaders(EC+1) about the disparity in employment of minorities eligible for senior
management and leadership positions in healthcare organizations, particularly affecting
Hispanics, as measured by the **Cultural Imposition sub-construct of cultural
competence?**

ORQ3-3: Considering the cultural competence framework, what is the perspective of the
senior leaders(EC+1) about the disparity in employment of minorities eligible for senior
management and leadership positions in healthcare organizations, particularly affecting
Hispanics, as measured by the **Cultural Sensitivity sub-construct of cultural
competence?**

ORQ3-4: Considering the cultural competence framework, what is the perspective of the
senior leaders(EC+1) about the disparity in employment of minorities eligible for senior
management and leadership positions in healthcare organizations, particularly affecting
Hispanics, as measured by the **Discrimination sub-construct of cultural competence?**

ORQ3-5: Considering the cultural competence framework, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Stereotyping sub-construct of cultural competence?**

The second set of questions examines the same issue from the perspective of the mid-level managers, as follows:

ORQ3-6: Considering the cultural competence framework, what is the **perspective** of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Acculturation sub-construct of cultural competence?**

ORQ3-7: Considering the cultural competence framework, what is the **perspective** of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Cultural Imposition sub-construct of cultural competence?**

ORQ3-8: Considering the cultural competence framework, what is the **perspective** of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting

Hispanics, as measured by the **Cultural Sensitivity sub-construct of cultural competence?**

ORQ3-9: Considering the cultural competence framework, what is the **perspective** of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Discrimination sub-construct of cultural competence?**

ORQ3-10: Considering the cultural competence framework, what is the **perspective** of the **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Stereotyping sub-construct of cultural competence?**

There are no hypotheses for these 10 questions because the questions are descriptive in scope and are only about what each manager understands about each of the domains identified.

Overarching Research Question 4 (ORQ4): Considering the positive deviance framework as viewed from the perspective of cultural competence, what is the difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly

affecting Hispanics, as measured by the five sub-constructs of CC (acculturation, cultural imposition, cultural sensitivity, discrimination, stereotyping)?

ORQ4-1. Considering the cultural competence construct, what is the **difference** between the **senior leaders' understanding and the mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **acculturation sub-construct of cultural competence?**

    H.4-1. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Acculturation sub-construct of cultural competence.**

ORQ4-2. Considering the cultural competence construct, what is the **difference** between the **senior leaders' understanding and the mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Cultural Imposition sub-construct of cultural competence?**

    H.4-2. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly

affecting Hispanics, as measured by the **Cultural Imposition sub-construct of cultural competence**.

ORQ4-3. Considering the cultural competence construct, what is the **difference** between the **senior leaders' understanding and the mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Cultural Sensitivity sub-construct of cultural competence**?

    H.4-3. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Cultural Sensitivity sub-construct of cultural competence**.

ORQ4-4. Considering the cultural competence construct, what is the **difference** between the **senior leaders' understanding and the mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Discrimination sub-construct of cultural competence**?

    H.4-4. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly

affecting Hispanics, as measured by the **Discrimination sub-construct of cultural competence**.

ORQ4-5. Considering the cultural competence construct, what is the **difference** between the **senior leaders' understanding and the mid-level manager's understanding** of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Stereotyping sub-construct of cultural competence**?

      H.4-5. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Stereotyping sub-construct of cultural competence**.

Significance of the Study

      Several theoretical frameworks and strategies have been identified in order to better understand the needs of minority populations in the workplace. Some of these include positive deviance, cultural competencies, as well as the task of managing diversity in employee resource groups within an organization. Positive deviance is defined as "intentional behaviors that significantly depart from the norms of a referent group in honorable ways" (DeGroat, 2004, para. 3). Employee resource groups "are used for diversity recruitment, retention, diversity in management, talent development, and to reach customers and clients in the community, as well as supplier diversity" (Casey, 2010).

Marsh, Schroeder, Dearden, J. Sternin, and M. Sternin (2004) state that, "Positive deviance is the observation that in most settings a few at risk individuals follow uncommon, beneficial practices and consequently experience better outcomes than their neighbors who share similar risks" (p. 3). Cultural competencies are defined by Jirwe, Gerrish, Keeney, and Emami (2008) as "a set of congruent behaviors, knowledge, attitudes, that come together among professionals that enables affective work in cross-cultural situations" (p. 2). Culture can be defined as patterns of human behavior that include elements such as language beliefs or religious groups (Jirwe et al., 2008). "Competence implies having the capacity to function effectively as an individual within the context of the cultural, beliefs, practices and needs presented by patients and their communities."(Jirwe et al., 2008, p. 2)

Operational Definitions
- EC+1 – Executive Committee and 1st level down reports

- CC/Cultural Competence: Describes how the use of cultural competence in health care is a means for the system to allow for provisioning of services that meet several diverse values in their delivery so as to meet a patient's complete needs; including language as well as cultural considerations. (Betancourt, Green, Emilio Carrillo, and Ananeh-Firempong, 2003)

- PD/Positive Deviance: Intentional behaviors that significantly depart from the norms of a referent group in honorable ways" (DeGroat, 2004, para. 3).

- PoDeMLA: Positive Deviance Minority Leadership Assessment
  - Assessing 2 Domains with 5 Sub-constructs each

<u>**Managing Diversity**</u>	<u>**Cultural Competence**</u>
Family influence	**Acculturation**
Socioeconomic	**Cultural Imposition**
Educational considerations	**Cultural Sensitivity**
Mentor relationships	**Discrimination**
Advancement	**Stereotyping**

- **Diversity**: differences incorporating sexual differences, age, position, or for individuals that stem from a different geographic region. (Dobbs, 1996)

- SNR: Senior Leader/EC+1 member

- Mid/Mid Level Manager: Mid level management of an organization

Theoretical Framework

The **Positive Deviance Framework** is composed of two lenses (Figure 1) **managing diversity (MD)** which is comprised of five (5) sub-constructs for analysis defined by: **family influence, socioeconomic, educational considerations, mentor relationships and advancement.** Managing Diversity is a construct term created by the PI to understand various aspects related to the field of Diversity and Inclusion when considering staff management. (Hechavarria, 2014) **Family Influence is a complex multiple factors can contribute to a professional's career development and work family interface. (Perrone-McGovern, Wright, Howell, Barnum, 20114)**

Socio Economic was designated as a sub-construct because of the statement "Little doubt exists that age/grade, gender and ethnicity are important moderating variables in college students' career development." (Patton, Creed, Watson, 2003, p. 74)

Educational Considerations: An author of studies in Affluence and Admission stated that "although he wasn't surprised to find that affluent students, who presumably have more educational resources, are more likely to be admitted to college, he was surprised by how strong the association is." (National On Campus Report, 2004, p. 5)

Mentor Relationships: "although researchers have found associations between natural mentoring relationships and a variety of positive outcomes, few researchers have empirically tested a connection between mentoring and racial identity." (Hurd,Sanchez, Zimmerman, Caldwell, 2003, p. 74)

Advancement/Same Organization/Other Organization: "In the United States, women have attained near gender equity at the entry stages in academic medicine; however, progress has been much slower at senior leadership levels. The paucity of women leaders inhibits the ability of academic medicine to adequately meet the needs of an increasingly diverse body of students, faculty, staff, and patients. Research indicates that until a critical mass of women with sustained success as leaders is achieved, it is unlikely that this deficit will be corrected." (Morahan, Rosen, Richman, Gleason, 2004, p. 387)

Cultural competence (CC), which is process driven around culture and recognizes the needs of members while incorporating procedures and processes and is defined by five (5) corresponding interests for analysis defined by: **Acculturation, Cultural Imposition, Cultural Sensitivity, Discrimination and Stereotyping.**

CC/Cultural Competence: Describes how the use of cultural competence in health care is a means for the system to allow for provisioning of services that meet several diverse values in their delivery so as to meet a patient's complete needs; including language as

well as cultural considerations. (Betancourt, Green, Emilio Carrillo, and Ananeh-Firempong, 2003)

Acculturation considers the psychological aspects of inter-cultural contact between two or more groups that may lead to cultural variations and innovative processes. (Chun, Organista, & Marín, 2003; Sam & Berry, 2006).

Cultural Imposition is defined as invasively imparting the central or primary cultural view to individuals and groups. Healthcare providers must be cautious in how they share their cultural views until the patients' are better understood. (Giger et al., 2007).

Cultural Sensitivity is experienced when neutral language expressed as verbal and nonverbal communication reflect sensitivity and politeness towards the diversity of others. (Giger et al., 2007).

Discrimination results when those who are different from one's own background are disrespected of rights and privileges. This may be evident in different forms such as ageism, sexism, racism, etc. (Purnell, 2008; Andrews & Boyle, 2008).

Stereotyping can be defined as a prejudiced attitude, conception, opinion, or belief often associated with an unjustified negative attitude toward a person's cultural membership. (Giger et al., 2007).

Figure 2 is a diagram the was created by the PI to demonstrate the perspective was an assumed balance of the Managing Diversity and Cultural Competence constructs.

"The Lens of Positive Deviance"

Positive Deviance Positive Deviance Positive Deviance

Managing Diversity

Cultural Competence

Positive Deviance = PROCESS BASED
FOCALITY that captures both
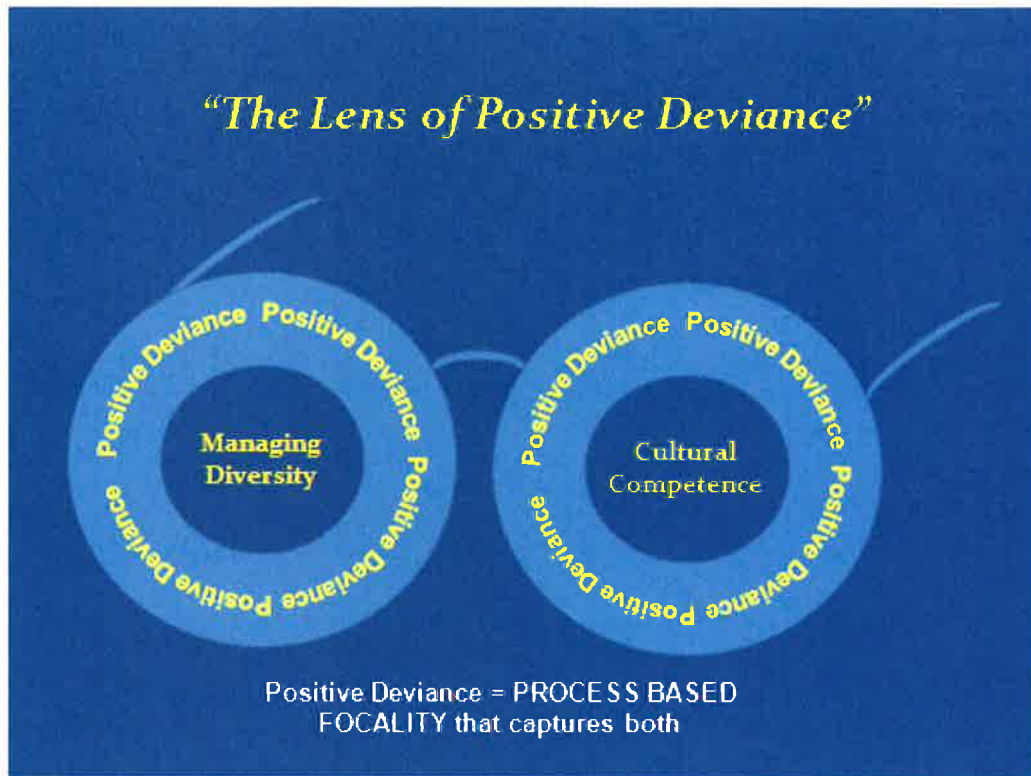
© 2013 Deluca/Hechavarria

Figure 1. Principal Investigator Self-Developed Conceptual Framework of positive deviance, the idea of diversity and inclusion is to align management's processes and procedures so that their management of diversity initiatives within the organization and recognition and appropriate acceptance, modeling and implementation of culturally competent practice measures are synchronized to one cohesive and succinctly operative unit. (Baldridge, 2013, p. 187)
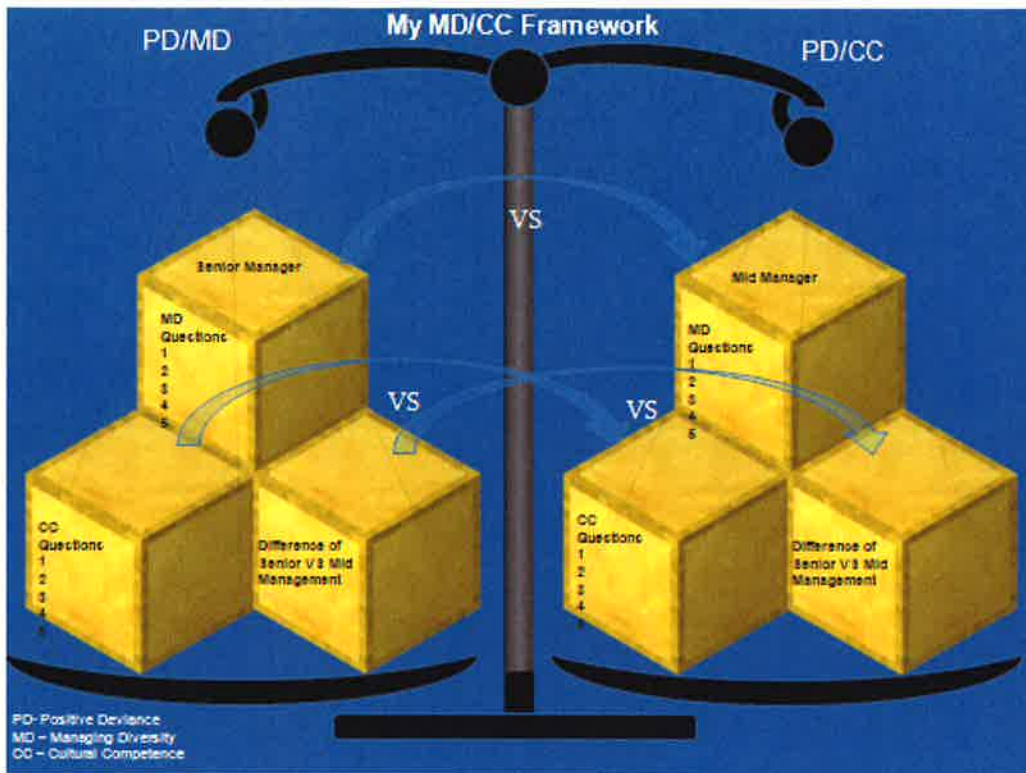
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Figure 2. Principal Investigator created this diagram as a means of visually demonstrating how the 5 MD and CC variables/sub-constructs were configured. The scale is meant to demonstrate that the perspective is equally weighted according to Positive Deviance framework according to the constructs of MD and CC.

Chapter II

REVIEW OF RELEVANT LITERATURE

Diversity and Inclusion

Managing Diversity

The term 'diversity' has a variety of meanings. Dobbs (1996) contends that diversity is more than gender difference. He argues that it includes differences incorporating sexual differences, age, position, or for individuals that stem from a different geographic region. There are many organizations that are attempting to build a solid foundation of diversity and inclusion by initiating diversity programs (Gilbert, Stead, & Ivancevich, 1999) According to Sessa (as cited in Gilbert et al., 1999), "To manage diversity effectively, a corporation must value diversity; it must have diversity, and it must change the organization to accommodate diversity and make it an integral part of the organization" (p. 37).

Dobbs (1996) stated that every year there are more and more professionals entering organizations from other countries and it is essential that we understand them at all levels. Managers in these organizations need to appreciate the differences in their workforce and employ strategies that will maximize each of these individuals' capabilities. In some instances there are, however, negative connotations that go along with the notion of diversity and inclusion. For example, some managers may feel they are being forced to accept a varying culture in their business hierarchy under the affirmative action policies that organizations had adopted (Gilbert et al., 1999). This reaction is common when organizations address diversity through the use of a quota

system. Gilbert et al. state that quota is "an assigned share, a proportional result, a fixed division of numbers, must remit, precise (no variation below or above), rigid, permanent. This rigidity and misperception of what affirmative action was supposed to have done for organizations had resulted in negative perceptions" (p. 62).

In a study conducted by Dobbs (1996) that analyzed five companies, managers were asked to provide an outline of their diversity processes. The analysis revealed a variety of similarities between the organizations and showed that managerial perception impacted the rate of success. Dobbs described these managers as "transformational leaders" that "create and articulate a corporate mission and vision that excites workers and gains their support. A part of that vision is the recognition that managing diversity is not a quick fix. It is a process of planned change that requires total culture involvement and long term change management processes" (p. 357).

Gilbert et al. (1999) proposed that organizational changes stem from strategic diversity imperatives (see Figure 3 below).
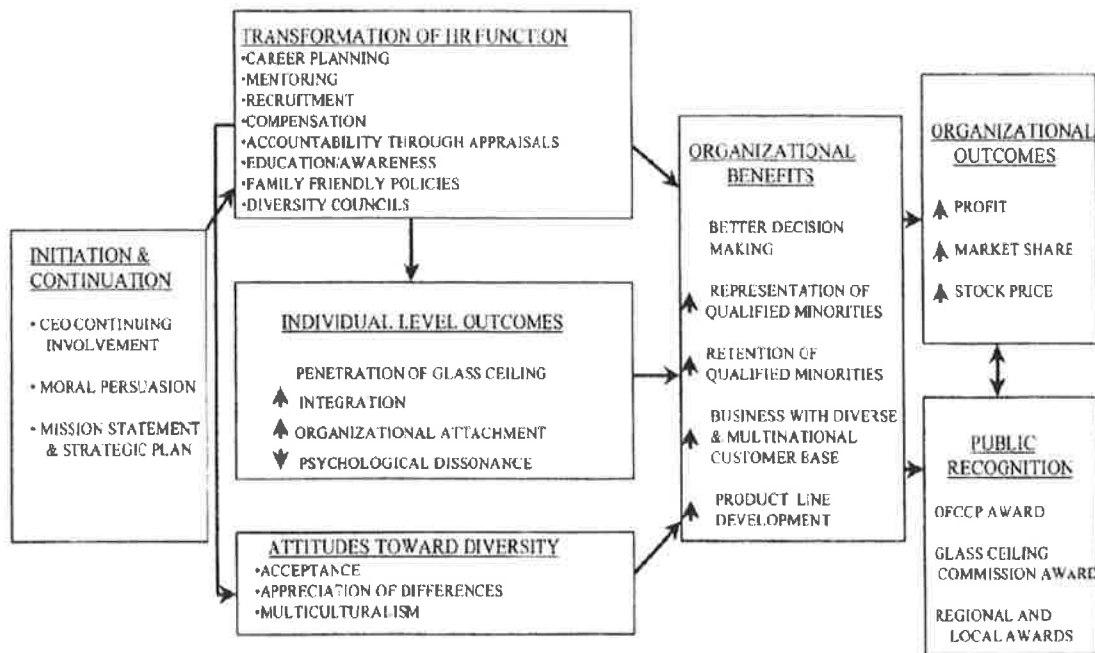
Figure 3. A model of Effective Diversity Management. Reprinted from "Diversity Management: A New Organizational Paradigm" by J. A. Gilbert, B. A. Stead, & J. M. Ivancevich, 1999, Journal of Business Ethics, 21(1), p. 67

Figure 3 demonstrates the flow of these diversity imperatives. The initiation and continuation of a CEO message or mission statement leads to transformational change within human resources. HR than becomes a fulcrum where diversity initiatives can be championed and perhaps begin a change of attitude. The benefits for the organization include the decision making process that represents a diverse talent pool, that can be retained to lower the employee turnover, which in turn leads to lowered cost of retraining new personnel which leads to where the monetary benefits are demonstrated. Depending on the level of profit or interpretation of those savings, this information can be leveraged towards shareholders in the form of a communication demonstrating those savings. (Gilbert et al., 1999)

In order to evaluate how well an organization is performing in their diversity and inclusion efforts they must assess the process via evaluation and feedback (Dobbs, 1996). Dobbs argues that personnel managers are the key change agents for diversity issues. He proposes that organizational diversity should involve the following steps, "Collecting information to set priorities, strengthen the commitment at the senior management level, choosing the proper solutions for a balanced strategy, demanding results and revisiting goals, and finally building successes to maintain momentum" (Dobbs, 1996, p. 362). Dobbs maintains that in order to include diverse candidates at the more senior levels, personnel managers need to take a few things into consideration. "Keep in mind that human resource systems such as policies, selection and promotions, performance appraisal, and compensation are targets of opportunity to institutionalize diversity practices" (Dobbs, 1996, p. 364).

Syed and Kramar (2009) state that "The business case for diversity is aimed at capitalizing on the strengths of each individual or subgroup to ensure that the whole is greater than the sum of the parts with the result that organizational outcomes are improved" (p. 641). Furthermore, echoing the findings in Syed and Kramar's article, Richard (2000) and Williams and O'Reilly (1989) state that when diversity is framed around an individual's unique talents, this can multiply an organization's productivity. Yet there is evidence that organizations are not succeeding with their efforts to create more successful diverse workplace environments. For example Syed and Kramar (2009) note, "Despite its popularity in the corporate sector, diversity management has been unable to alleviate the ongoing under-representation of ethnic minorities, women, and other disadvantaged groups in positions of power in organizations" (p. 644). They

propose that in order for the benefits of diversity to be realized, each level needs to be reviewed such as, at the organizational level, the business vertical level and ultimately the individual level.

Positive Deviance

The term "deviance" in society, usually has a negative connotation. In regards to organizational structure, deviance often refers to a behavior that impacts an organization in a negative way (such as corporate theft, discrimination, etc.) (DeGroat, 2004). Marsh, Schroeder, Dearden, Sternin, & Sternin (2004), define the term 'positive deviance' as "the observation that in most settings a few at risk individuals follow uncommon, beneficial practices and consequently experience better outcomes than their neighbors who share similar risks"(p. 1177).

An article by Lewis (2007) discusses nutritionist Dr. Marion Zeitlin who in the 1980s discovered that certain families in Vietnam were able to feed their children better than other families when faced with the same limited resources and food supplies. Upon closer observation, Zeitlin identified the "positive deviants in this case, people whose children were well nourished, but who had access to exactly the same resources as everyone else" (p. 41). These positive deviants were then analyzed in how they fed their children and what steps they took to care for their families, so other families could benefit from their experience. Jerry and Monique Sternin from Feed the Children foundation were then able to use the Positive Deviance techniques in order to address other global issues such as female genital mutilation, human trafficking and other such dilemmas. (Lewis, 2007)

These Positive Deviance techniques have since been used by managers in corporate business (Lewis, 2007). Lewis states that the Sternin team was awarded a grant from the Ford foundation to spread positive deviance practices all over the world. In one example, a team from the Veterans Health Administration Hospital Group utilized positive deviance techniques to reduce MRSA rates in the United States by 20 to 50 percent. Lewis further states that facilitation of the positive deviance process was dependent upon the change manager being able to change the behaviors of consultants and doctors. Lewis identifies the four stages in the application of positive deviance (coupled with inclusionary practices and diversity) as follows;

1) Defining the problem and the desired outcome. It is essential to identify a cross section of subject matter within the organization as the problem may be more widespread than in just one business vertical.

2) Determining if there are any positive deviants within stated business hierarchies, by interviewing many of the members within those business units. The interview questions should consist of six questions that ask specifics on how each member conducts a sales call for example.

3) Discovering what the positive deviants do in their business verticals. The specifics of the individual should not be captured moreover what the positive deviant does is what is critical.

4) Ultimately, designing a way of sharing the positive deviance practices within the organization to the affected individuals. At the most basic level of consideration, a simplistic method of copying the positive deviants practice and developing a method of sharing this data to give the individual immediate feedback.

Lewis, 2007 also highlights four key factors that enable positive deviance to be successful:

- Defining synergies with stakeholders from their perspectives or lenses and stating behavioral changes.

- Clearly defining the problem

- People must own the processes in order to effect change successfully.

- Positive deviance projects must possess substantial amounts of data in order to be effective. The measurements allow for sharper focus and progression of the project.

Other authors have also noted the advantages of positive deviance as a tactic. For example, DeGroat (2004) states, "To illustrate positive deviance in action, researchers Spreitzer and Sonenshein recount how Merck & Co. decided in 1978 to manufacture at its own expense and distribute for free a drug that helped to eradicate river blindness in developing countries"(p. 2). Marsh et al. (2004) state how important it is to recognize that positive deviance is not a very common practice and therefore may result in initial change resistance in the process of implementation. Yet the authors also note that many individuals upon first being introduced to positive deviance take a sense of pride when they recognize a solution to their issue already may exist within their community. This is described by Marsh et al. (2004) as "social mobilization". The authors go on to suggest that the behavior change can also be experienced when the effected community realizes the change involved is economical and accessible.

While the use of positive deviance techniques has received favorable recognition, there are noted disadvantages also identified. For instance, it is difficult to recognize

examples that represent positive deviance. It is projected that the discovery rate of positive examples is limited to one-to-ten percent (Marsh et al., 2004). Additionally, even when positive examples are found, they may not receive support as the way to do things better. As a result, while positive deviance provides one approach to affecting change with respect to diversity issues globally and across organizations, its limitation must also be recognized (Marsh et al., 2004).

Cultural Competence

Another concept in the literature that is recognized as contributing to efforts regarding population diversity issues is cultural competence. Jirwe cites Cross et al. (1989) describing "Culture" as certain behaviors and perceptions that allow thoughts and actions related to cultural beliefs. He also outlined "Competence" as the ability for an individual to function within those beliefs that are present within certain communities. Betancourt, Green, Emilio Carrillo, and Ananeh-Firempong (2003) describe how the use of cultural competence in health care is a means for the system to allow for provisioning of services that meet several diverse values in their delivery so as to meet a patient's complete needs; including language as well as cultural considerations. This is an important analysis of how cultural competence is achieved for all organizations including healthcare driven organizations. For example, the Sunset Park Family Health Center Network of Lutheran Medical Center has put cultural competence training on its front line deliverables. They have trained their staff on a regular basis on the importance of cultural competence. Services are offered to the surrounding community, thereby creating a diverse environment where they can partake in religious holidays and other efforts such as supporting their local artisans.

Betancourt et al., (2003) performed a research study based on identifying components and implementation approaches to addressing, and possibly reducing, ethnic differences in the provision of health care. The study consisted of the authors collecting various government publications that focused on sociocultural barriers, the level of care received and cultural competence initiatives that focused on these barriers. Results of the study found socio-cultural barriers at the leadership, processing and patient level. Betancourt et al. also note that in 1970 the Physician Population Parity Model of the Association of American Medical Colleges was started to address minority representation in medical schools. Cultural competence interventions were utilized to address diversity and minority recruitment issues. The conclusion of the research illustrated the significant impact that demographic changes will play in addressing racial disparities in health care. This project demonstrates how critical it is for organizations to address in ongoing efforts, their commitment to cultural competence in business settings. The Betancourt et al. field model demonstrates the growing projections of the growing diversity in the country. This growing projection in the population speaks to the need of senior management to become more aware of how they can translate the needs of their internal stakeholders.

Zhanna Soldan (2009) from the Curtin University of Technology, Perth, Australia conducted a study on whether or not management walks the talk when it comes to diversity. A questionnaire with 34 questions was given to 391 participants approximately 62 percent of which were female. The study analyzed employees' perceptions of their managers' reception to diversity management. The results show no significant difference between gender, ethnic and age of participants. It was shown that that those who were

employed for one year or less perceived their management's diversity acceptance greater than those who were employed for six years or more.

Dean et al. (2009), studied women and minorities in executive positions in American corporations. Their research suggests that, "hierarchy is gendered in organizations - that is, women are devalued in organizational contexts while men maintain their dominant positions" (p. 2) and that, "Minority women hold less than 2 percent of corporate board seats at Fortune 500 companies, though minority women managers make up 974,000 of the 5.3 million women who are managers" (p. 3).

One of the increasingly important diversity issues in the United States is the influx of large numbers of Hispanic immigrants. In the following figure (Figure 4.) Huntington (2004) demonstrates the impact of Hispanic influx into the United States from 1960 to 2000.

1960

In 1960, the foreign-born population in the United States (from the five principal countries of origin) was relatively diverse:

748,000 Poland, 833,000 U.K., 553,000 Canada, 990,000 Germany, 1,257,000 Italy

2000

In 2000, the foreign-born population from the top five countries was distributed very differently:

952,000 Cuba, 1,007,000 India, 1,222,000 Philippines, 1,391,000 China, 7,841,000 Mexico
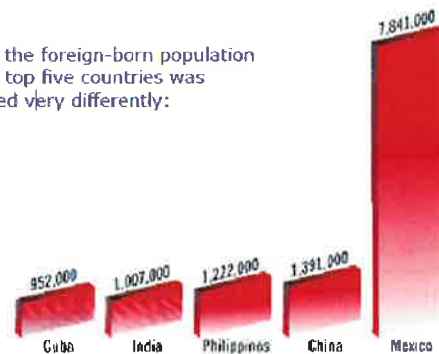
Source: Campbell J. Gibson and Emily Lennon's "Historical Census Statistics on the Foreign-Born Population of the United States 1850-1990" (Population Division Working Paper No. 29, U.S. Census Bureau, February 1999); and "Profile of the Foreign-Born Population in the United States: 2000" (Washington: U.S. Census Bureau, Current Population Reports, Series p23-206, 2001).

(2004, Huntington)

Figure 4. From Diversity to Dominance. Reprinted from "The Hispanic Challenge" by S. P. Huntington, 2004, Foreign Policy.

Equally important to Dean et al.'s (2009) discussion of hierarchy and gender within organizations, is the subject of mentoring and its role in an individuals' advancement in the business environment. The authors state, "if you are a minority female...mentoring is increasingly important. In the African American community many say that the failure of women to advance to the highest office is the 'lack of connection' to 'influential others', despite having the same percentage of mentors" (p. 3) American Express has specific compensation programs for managers to mentor minority women and assist them in their advance (Dean et al., 2009).

Eric J. Romero (2004), examined the role that ethnicity and culture play in "influencing work experiences for Hispanics" (p. 62) Romero states that "some researchers (Ely & Thomas, 2001; Lam, 1995; Thomas, 1993; Greenhaus, Parasuraman, & Wormley, 1990) have found that diversity contributes to organizational effectiveness by effectively integrating and utilizing employees from different ethnic backgrounds and that it will provide a positive contribution" (p. 67). Other researchers felt the potential for increased conflict exists in more diverse organizations. Romero asserts that if organizations want to include Hispanics in their culture, management must address possible cultural conflicts that may arise; specifically, when attachments to ethnic identity conflict with long established roles of ethnic culture.

The study performed by Kilian et al. (2005) addresses how to build diversity into the corporate leadership pipeline for minority career development. Based on research by Catalyst (2001), Kilian et al. (2005) emphasized the following as significant barriers to advancement of non-white leaders:

- "lack of mentors and role models" (p. 156)

- "exclusion from informal networks of communication" (p. 156)

- "stereotyping and preconceptions of roles and abilities" (p. 156)

- "lack of significant line experience, visible and/or challenging assignments" (p. 156)

- "commitment to personal and family responsibilities (primarily for women)" (p. 156)

Kilian et al. posited that in order to create organizational acceptance of advancement of minorities and women, the commitment must be made from senior leadership within the organization. Senior management within an organization must realize that supporting minorities and women in organization works by holding all of their managers and leaders accountable regardless of gender or ethnicity of the employees.

Knight, Pearce, C. Smith, Olian, Sims, K. Smith, and Flood (1999) state that, "Diversity in groups and teams is often portrayed as a positive force leading to effective functioning of the team. Diversity supposedly leads to greater variance in ideas, creativity, and innovation, thus generating better group performance" (p. 4445). An interesting inquiry/comparison of business ethnics between Hispanics and non-Hispanics was conducted by Spero C. Peppas in 2006 via the Stetson School of Business and Economics at Mercer University in Atlanta, Georgia. The purpose of the study was to analyze why or if colleagues working in the same organization do not view business ethics the same. Peppas maintains that:

Since ethical perceptions are developed in childhood, the cultural and subcultural environments in which individuals are raised influence subsequent behavior in the workplace. That is to say, business practices considered ethical by one subculture

may not be viewed as such by another so that with greater diversity there is a greater likelihood that individuals working side by side may not see eye-to-eye when it comes to business ethics. (p. 93)

An example of this type of variance between subcultures can be found in a study performed by Landry, Moyes, and Cortes (2004) that examined accounting students' responses to eight ethical cases. Hispanic female participants were found to be more ethically sophisticated than Hispanic male participants (as cited in Peppas, 2006). Peppas asserts that, "As diversity within organizations increases, it is important for business leaders, government officials, and scholars to recognize and understand the ethics values of subcultures within nations and identify where similarities and differences exist." (p. 102)

McKay, Derek, Tonidandel, Morris, Hernandez, and Hebl (2007) state "the organizational literature suggests that minorities encounter less favorable racial conditions in firms than their white counterparts" (p. 6) The argument then exists, white counterparts, specifically males, may view an organizational effort to provide a fair and inclusive work environment for minorities as unfair to them. Statements such as these made by McKay et al, may support similar views by senior managers across organizations in the United States as is argued by Steven Greenhouse (2010) when he wrote that, "Even though women represent about half of the U.S. work force, most companies in the S & P, 100 have no female or minority representation in their highest-paid executive positions" (p. 12) Greenhouse's statement speaks to the greater systemic problem of racial and gender inequality within the executive class. As seen in figure 5

from data from the PEW Hispanic Center potential work force changes, specifically

Latinos in this figure, massive demographic changes are already under-way.

LATINOS IN THE U.S. ARE...

50.5 MILLION PEOPLE

16.3% OF THE POPULATION

1 IN EVERY 6 INDIVIDUALS

1 IN EVERY 4 CHILDREN

56% OF THE POPULATION GROWTH FROM 2000 TO 2010

$1 TRILLION IN BUYING POWER

65.5% MEXICAN
9.1% PUERTO RICAN
3.6% SALVADORAN
3.5% CUBAN
2.8% DOMINICAN
2.2% GUATEMALAN
1.9% COLOMBIAN
...AND MORE

LATINO BRANDINGPOWER

SOURCES: U.S. CENSUS BUREAU, PEW HISPANIC CENTER, SELIG CENTER FOR ECONOMIC GROWTH | VISIT: WWW.LATINOBRANDINGPOWER.COM

(2011, PEW Hispanic Center)

Figure 5. Latinos workforce changes are under-way as demonstrated that Latino's alone
represent 50.5 million people in the U.S..

Gaps in the Literature

There are a number of gaps in the literature today however, there are a few that

stand out the most in reference to the interest in contributing to the Diversity and

Inclusion space. Positive deviance has been reviewed and discussed as it is in the current

literature however, applying it more broadly is desperately needed if a true difference is

to be made. The questions of why did that Hispanic professional succeed when others did

not when they all came from the same socioeconomic and educational backgrounds? The

application of all diversity measures is also critical. A simple choosing of one or another

based on preference has shown to be unsuccessful. Diversity and Inclusion professionals

will need to examine any current theoretical frameworks and see what has not worked in their organizations and begin to further their efforts. This analysis of what has not worked is where the interest for the intended study comes to fruition. Addressing the continued disparity of Hispanic leaders in more senior positions when the Hispanic population is consistently growing deserves close attention.

Chapter III

METHODOLOGY

Introduction

This dissertation involved several steps to complete. First, the creation and validation of a new survey instrument through three rounds of implementing the Delphi Technique (referred to as the "Delphi") involving a panel of five experts in their respective fields. Participants were recruited through social media utilizing a professional contact list where the PI was able to draw from experts in specifically required fields. Participation into the Delphi who fit the necessary skill set or inclusion criteria allowed for the survey instrument to result in yielding reliability. The process of data collection led to the data analysis process, which is to be described herein.

Research Design

The dissertation study was created using a newly created validated instrument was non-experimental as it was survey based. The study was also exploratory, descriptive, correlative, and cross-sectional as the outcomes were derived from a sample population, employed a variety of techniques, examined relationships between variables and data was collected by examining subjects without regard to differences in time.

Instrument Development: DELPHI Expert Panel Technique

The Delphi is a group facilitation technique, which seeks to obtain consensus through expert opinions from a series of structured questionnaires that are completed anonymously by the panelists. (Hasson, 2000) This is process is necessary in order to establish validity. The Delphi technique collects feedback by conducting a series or

rounds interspersed by controlled feedback that seek to gain the most reliable consensus of a group of experts. The PI received approval by the research committee members of this research study to create and validate a new survey instrument and can be found in the Agreement for Delphi Process form in **Appendix A** and approvals from the Seton Hall University Institutional Review Board (IRB) can be found in **Appendix B**.

This dissertation study involved five experts. Using five or more experts is a reasonable number of Delphi panelists according to Armstrong (1985). The DELPHI technique is based upon the assumption that several professionals in their given fields are less likely to arrive at a wrong decision than will an individual. The 5 individuals were targeted based on the inclusion criteria for DELPHI panel participation in the study as expert reviewers of the new survey tool. The selection of experts required purposive non-probability sampling techniques. In using purposive sampling, participants are selectively chosen to apply their core set of knowledge and expertise and this avoids anyone being selected randomly. These individuals were selected based on their expertise in the areas of diversity and inclusion, executive coaches, human resource and recruitment experts as well as expertise in survey design. The selected experts were contacted via a Delphi Expert Panelist Letter of Solicitation (**Appendix C**) who met the Delphi inclusion criteria for participation as expert reviewers of the PoDeMLA survey instrument (**Appendix D)** and demographic survey (**Appendix E).**

Assessing Validity

The DELPHI expert panel review process is meant to establish validity of the instrument, specifically face and content validity. Construct validity was assessed as part of the Cronbach's alpha Factor analysis process.

Cronbach's alpha is a measure of internal consistency, in other words how closely related a set of items are as a group and it is considered a measure of scale reliability. Face Validity is described as the measure appearing to be assessing the intended construct being studied (Alreck & Settle, 2004). Content Validity is when the measurement is actually measuring what it is intending to measure (Alreck & Settle, 2004). Construct Validity is the appropriateness of inferences made on the basis of observations or measurements as to whether a test measures the intended construct (Alreck & Settle, 2004). As a result the Delphi experts analyzed the validity of the instrument questions at face value by reviewing the questionnaire and whether it *appeared* to measure the target variable. Each round of review and feedback was conducted by implementing a Delphi Worksheet. Each expert reviewer was asked if each question measured the concept if it was clear, if it was double barreled or asked multiple concepts in the same question, was biased and to also provide any additional comments they felt were related to the specific element in the instrument. The Survey Worksheet for Round one was distributed and completed by each of the Delphi panel of experts for review by the PI (**Appendix F**).

Once the Delphi panelists completed their responses, edits were received by the PI to create a consolidated version of the Survey Worksheet for Delphi Panelists to review the consolidated version containing only recommendations affecting questions from Round one (**Appendix G**). Once completion of Round II was processed by the PI, 80% consensus was reached by the Delphi panelists. The PI created a Round III worksheet to confirm changes with the Delphi panelists requesting feedback prior to closing the process with the expert panelists. As stated earlier, Construct Validity is the appropriateness of inferences made on the basis of observations or measurements as to

whether a test measures the intended construct (Alreck & Settle, 2004) and construct validity was established through the Cronbach's Alpha Factor Analysis.

Principal Investigator Created Tool

The Principal Investigator created tool was entitled, "The Positive Deviance Minority Leadership Assessment (PoDeMLA)" [pronunciation: poh-dem-luh]. This instrument addresses two constructs under positive deviance. The first is Managing Diversity lens of positive deviance with 5 sub-constructs: family influence, socioeconomics, educational considerations, mentor relationships and advancement. The second lens of positive deviance was the construct of Cultural Competence containing 5 sub-constructs: acculturation, cultural imposition, cultural sensitivity, discrimination, and stereotyping.

Family Influence refers to a complex multiple factors can contribute to a professional's career development and work family interface. (Perrone-McGovern, Wright, Howell, Barnum, 2014). Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "My parents suggested my career path."

- "My family's experience and upbringing was a positive one."

- "I was raised in a conservative household."

Socio Economic is explained, as "Little doubt exists that age/grade, gender and ethnicity are important moderating variables in college students' career development." (Patton, Creed, Watson, 2003, p. 74) Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "I was raised in an adoptive/foster home."

- "My mother/female guardian was a minority."

- "I self-identify as a minority."

Educational Considerations was described by an author of studies in Affluence and Admission as, "Although he wasn't surprised to find that affluent students, who presumably have more educational resources, are more likely to be admitted to college, he was surprised by how strong the association is." (National On Campus Report, 2004, p. 5) Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "My family received public assistance during my childhood."

- "Indicate highest level of education of each parent/guardian who raised you and their respective gender."

- "At least one older sibling attended or graduated from a college/university."

Mentor Relationships is described by authors with the statement, "although researchers have found associations between natural mentoring relationships and a variety of positive outcomes, few researchers have empirically tested a connection between mentoring and racial identity." (Hurd, Sanchez, Zimmerman, Caldwell, 2003, p. 74) Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "I support mentorship programs at work."

- "My organization supported my mentorship early in my career."

- "My mentor early in my career was racially/ethnically similar to myself."

Advancement/Same Organization/Other Organization was described by Morahan, Rosen, Richman and Gleason as, "In the United States, women have attained near gender equity at the entry stages in academic medicine; however, progress has been much slower at senior leadership levels. The paucity of women leaders inhibits the ability of academic medicine to adequately meet the needs of an increasingly diverse body of students, faculty, staff, and patients. Research indicates that until a critical mass of women with sustained success as leaders is achieved, it is unlikely that this deficit will be corrected." (Morahan, Rosen, Richman, Gleason, 2004, p. 387) Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "I was given opportunities early in my career for advancement."

- "I believe my gender may have played a role in my advancement to a senior position in my current/former organization."

- "I believe my gender may have played a role in my lack of advancement to a senior position in my current/former organization."

The second construct lens of positive deviance was cultural competence with it's five sub-constructs of acculturation, cultural imposition, cultural sensitivity, discrimination, and stereotyping.

Acculturation considers the psychological aspects of inter-cultural contact between two or more groups that may lead to cultural variations and innovative processes. (Chun, Organista, & Marín, 2003; Sam & Berry, 2006) Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "An employer has provided with me cross-cultural training to work in a multi-cultural environment."
- "I have experience in managing cross-culturally diverse teams."
- "I have witnessed cultural shifts from ex U.S. expatriates that I have managed once they have spent considerable time living in the United States."

Cultural Imposition invasively imparts the central or primary cultural view to individuals and groups. Healthcare providers must be cautious in how they share their cultural views until the patients' are better understood. (Giger et al., 2007) Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "I personally hold myself accountable for embracing the organizations' beliefs and values toward diversity."
- "My current organization holds me accountable for embracing the organizations' beliefs."
- "I recognize the importance of diversity and inclusion in my business vertical of the organization."

Cultural sensitivity is experienced when neutral language expressed as verbal and nonverbal communication reflect sensitivity and politeness towards the diversity of others. (Giger et al., 2007) Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "I have inadvertently insulted an individual or a group of individuals that were culturally diverse."

- "I feel creativity and innovation have been hindered in my work environment due to political correctness."
- "I as a manager speak my mind openly if I feel I am correct without fear of public misinterpretation."

Discrimination results when those who are different from one's own background are disrespected of rights and privileges. This may be evident in different forms such as ageism, sexism, racism, etc. (Purnell, 2008; Andrews & Boyle, 2008) Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "As a hiring manager, I have placed male and female candidates in specific roles that would be best suited for them specifically based on their gender."
- "I have witnessed others who stereotype skilled immigrant workers based on their specific skill-set and country of origin."
- "I have found less discrimination in departments where recruitment for positions were more difficult to fill."

Stereotyping can be defined as a prejudiced attitude, conception, opinion, or belief often associated with an unjustified negative attitude toward a person's cultural membership. (Giger et al., 2007) Examples of the PoDeMLA likert statements that addressed this variable included the following:

- "I have made assumptions about contemporaries or employees based on stereotypes I felt were "true"."

- "As an experienced manager I feel I am knowledgeable in the area of stereotyping to avoid legal issues for myself as a hiring manager and for my organization."

The PoDeMLA had 51 survey statements based on a 5 point likert scale ranging from Strongly Disagree to Disagree to Neither Agree nor Disagree to Agree to Strongly Agree as well as a 3 point likert scale ranging from Yes to No to Not Sure.

Twelve (12) demographic questions were included which ask the participants questions related to area of expertise, management role in their industry as well as ethnicity, gender and age related questions. An example of the PoDeMLA survey instrument and sample demographic questions can be found in **Appendix D and E,** (Figure 6, Figure 7). The survey averaged a 15 minute completion time.

PoDeMLA

*1. My parents suggested my career path

- ○ Yes
- ○ No
- ○ Not Sure

1a. If Yes to 1., please answer:
My parents advised me as to what type of schooling to attend post-secondary education.

- ○ Yes
- ○ No
- ○ Not Sure

*2. My parents' guardian(s)' career influenced my career choice.

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

*3. My family's experience and upbringing was a positive one.

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

*4. I was raised in a two-parent (2 guardian) household.

- ○ Yes
- ○ No
- ○ Not sure

*5. I was raised in a conservative household.

- ○ Yes
- ○ No
- ○ Not sure

Figure 6. PoDeMLA survey question sample.

- Freedom
- VP
- Executive Director
- Director
- Associate Director
- Senior Manager
- Manager
- Lead
- Other

*Demographic Question 9. Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)
- Yes
- No

*Demographic Question 10. Which of the following race/ethnicity do you most closely identify with?
- Hispanic Latino
- American Indian Native Alaskan
- Asian
- Black African American
- Native Hawaiian Pacific Islander
- Caucasian non-Hispanic

Demographic Question 11. Please indicate your age range:
- 18-30
- 31-40
- 41-50
- 51-60
- 61-70
- 70-

*Demographic Question 12. Please indicate your gender.
- Male
- Female

Thank you very much for your participation, it is greatly appreciated.

Figure 7. PoDeMLA demographic question sample.

Inclusion/Exclusion Criteria

In order to participate in the PI's research study, participants were required to qualify into the inclusion criteria.

Inclusion:

- English speaking/reading individuals

- Adults above 18 years of age

- Must have previously worked in healthcare related fields at the level of Associate Director or above

- Must currently be working in healthcare related fields at the level of Associate Director or above

Conversely participants not fitting the inclusion criteria could not be considered suitable for the research study.

Exclusion:

- Non-English speaking/reading individuals

- Individuals below the age of 18

- Individuals that have never worked in healthcare related fields at the level of Associate Director or above

- Individuals that work in healthcare related fields below the level of Associate Director

Participant Recruitment

Upon approval received by the Seton Hall University Institutional Review Board (IRB) (**Appendix B**), research study participants meeting the inclusion criteria were recruited via LinkedIn Social Media using the PI's contact list with qualified participants, posting on the PI's LinkedIn public profile page. (**Appendix H**)

Study participants were recruited through snowball sampling as well via other participants. According to Hek and Moule, (2006), Snowball sampling is based on the assumption that people with like characteristics, behaviors or interests, form associations, and it is this approach which the PI used to select a sample. LinkedIn's social media

forum was an excellent means of implementing snowball sampling as the PI already had an established base with others of similar interests and backgrounds to reach out to. The privacy rule was shared with the IRB in the application to ensure participants were aware of any risks as well as risk of hacking notification to study participants was included in the letter of solicitation.

Data Coding & Analysis

PI data were exported from SurveyMonkey® into Microsoft Excel. Once data were secured in Microsoft Excel PI exported data from Excel into SPSS version 24 (IBM, 2016) (Figure 8). The PI created column variables and cased in the appropriate columns once data transformation was completed (Figure 9). PI automatically recoded case data prior to coding string variables. PI coded the data from string variables into numeric variables. Each column variable were labeled by the PI based on the survey item name for ease of viewing (Figure 10). These labels were assigned the first few words of the survey item statement by the PI. The likert scale elements were coded as ordinal measures and the remaining items were coded as nominal measures based on the Likert scale entry statement. Using SPSS v.24 the senior leader (2) and middle manager (1) values were coded as 1 or 2. This allowed the PI to perform a group value analysis. All of the MD sub-constructs were added together as a total sum score as well as the CC. This analysis was to contribute to the data required to answer the research questions (Figure 11.)

Figure 8. Coding of Data: Main Database Spreadsheet. Data were transformed prior to coding by the PI to allow for error free processing by SPSS V. 24

IfYesto1   ParentsInfluencedCareer   PositiveFamilyUpbringing   RaisedIn2ParentHome
Not Sure   Disagree   Agree   Yes

Compute Variable   ✕   Yes

Not Sure

Target Variable: Numeric Expression: Yes

MDMentorRelationships_r =   FamilyWasOnPublicAssistance + AtLeast1OlderSiblingAttendedUniversity + IAttendedIvyL   Not Sure
                              eague
Type & Label...   Not Sure

Are you currently ...   Yes
My parents sugg...   Yes
If Yes to 1., plea...   Function group: Yes
My parents' guar...   All   Yes
My family's experi...   **Arithmetic**   Yes
I was raised in a t...   +   <   >   7 8 9   CDF & Noncentral CDF   Yes
I was raised in a ...   Conversion
I was raised in a ...   -   <=   >=   4 5 6   Current Date/Time   Yes
I was raised in a...   Date Arithmetic   Yes
I grew up with mu...   *   =   ~=   1 2 3   Date Creation   Not Sure
How many siblin...   Yes
I was raised in a: ...   /   & | 0   .   Functions and Special Variables: Yes
My mother/femal...   Abs   Yes
My father/male gu...   **   ~   ()   Delete   ↑   Arsin   Yes
I self-identify as a...   Artan   Yes
I have personally ...   Cos   Yes
I grew up in a sin...   Exp   Yes
My family receive...   Lg10   Yes
Indicate highest I...   Ln   Yes
                                                            Lngamma   Yes
                                                            Mod   Yes
If... (optional case selection condition)   Rnd(1)   Yes
                                                                                           Yes
        OK   Paste   Reset   Cancel   Help   Not Sure

No   Disagree   Agree   Yes

Figure 9. Coding of Data: Main Database Spreadsheet. Target variables were renamed using the compute function of SPSS v.24.

Figure 10. Coding of Data: Main Database Spreadsheet. Demonstration of renamed variable labels to match new String variable naming convention post data transformation.

Figure 11. Coding of Data: Main Database Spreadsheet. Using SPSS the PI coded the senior leader (2) and middle manager (1) values as 1 or 2.

Reliability Assessment of the Tool

To satisfy the reliability assessment, a factor analysis using Cronbach's alpha was implemented. For the demographic characteristics, the following statistics were gathered: means, standard deviations and frequencies. For the purposes of the dissertation study, a Multivariate Analyses of Variance (MANOVA) was implemented. Univariate Analyses of Variance were used as follow-up tests. The goal of the PI was to have the new tool be considered valid (through the Delphi Panel of experts) and then accurate and precise = reliable (by using it in a sample of the population). Therefore, it is important that the tool is measuring what it is intended to measure and consistent each time it is used. Confirmatory factor analysis using a Cronbach's alpha was used for construct validity as well as for reliability purposes. The fourth illustration is the goal in which the tool is both valid and reliable (Mindsonar, 2015) (Figure 12).

Reliable   Valid Not   Not Reliable   Reliable
Not Valid   Reliable   Not Valid   Valid
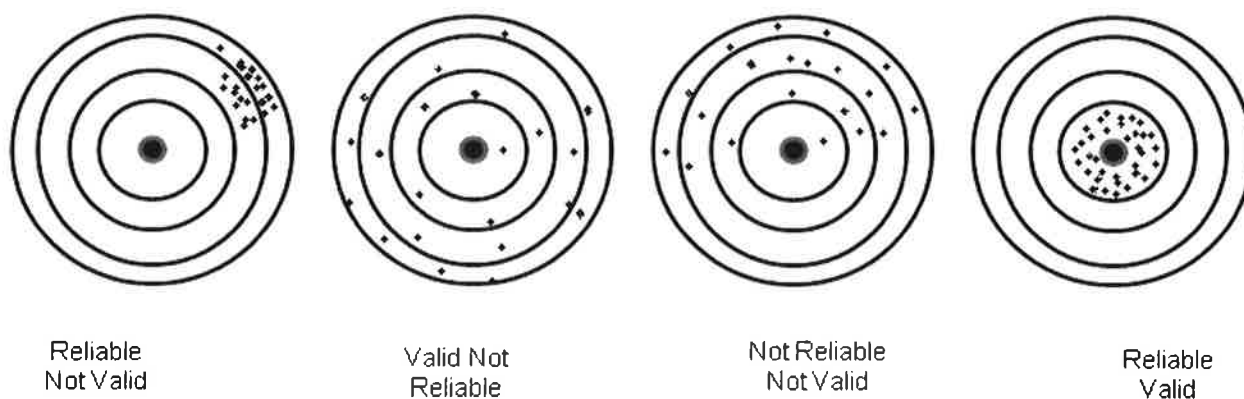
Figure 12. The various options demonstrate how reliability and validity vary separately. All of the combinations of reliability and validity are possible outcomes however the fourth illustration demonstrates how it is both reliable and valid.

Reliability of The PoDeMLA: All Constructs

The Cronbach's Alpha for the PoDeMLA survey instrument with both the

Managing Diversity and Cultural Competence sub-constructs for each combined is α =

.831 (Table I) which is considered good by George and Mallory (2011).

For the PoDeMLA

Table I
Cronbach's Alpha Reliability Statistics for the PoDeMLA: Both Managing Diversity and
Cultural Competence Constructs.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.831	.790	54

For the PoDeMLA: Inclusion of both Managing Diversity and Cultural competence and

each of their five sub-constructs there are no real changes in any of the survey statements

if they were to be deleted (Table II). If any single survey statement was to be deleted

from the combined Managing Diversity and Cultural Competence overall survey, the

Cronbach's Alpha in the highlighted column would not demonstrate a real change. If the

Cronbach's Alpha were to change, it would be indicating the weight for that specific

survey statement to be higher than the others and would then demonstrate inconsistencies

in the survey instrument statements.

Table II
Item Total Statistics for the PoDeMLA: Both Managing Diversity and Cultural
Competence Constructs.

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	126.32	375.643	.147	.	.830
My parents suggested my career path	126.39	375.646	.082	.	.831
My parents' guardian(s)' career influenced my career choice.	125.08	367.569	.165	.	.831
My family's experience and upbringing was a positive one.	125.04	369.397	.137	.	.832
I was raised in a two-parent (2 guardian) household.	125.18	378.723	-.019	.	.833
I was raised in a conservative household.	125.58	376.873	.027	.	.833
I was raised in a house with both a mother and father present.	125.99	378.568	.002	.	.831
I was raised in an adoptive/foster home.	126.78	378.799	-.012	.	.831
My mother/female guardian was a minority.	124.61	350.087	.494	.	.822
My father/male guardian was a minority.	124.49	346.998	.565	.	.820
I self-identify as a minority.	124.57	348.501	.512	.	.821

Note: This chart demonstrates a snapshot of only a portion of the statements.

Reliability of the PoDeMLA: Managing Diversity

For the PoDeMLA Managing Diversity Cronbach's Alpha, (Table III)

demonstrates the reliability for the Managing Diversity (MD) construct. As you can see,

this construct also had a good alpha value of .8 as per George and Mallory. In Table IV

the Managing Diversity Total Statistics Cronbach's Alpha if deleted, also demonstrates

if any single survey statement was to be deleted, the Cronbach's Alpha in the highlighted

column would not demonstrate a real change.

Table III
Cronbach's Alpha Reliability Statistics for the PoDeMLA: Managing Diversity Construct
Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.799	.760	26

Table IV
Item Total Statistics for the PoDeMLA: Managing Diversity Construct

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	126.32	375.643	.147	.	.830
My parents suggested my career path	126.39	375.646	.082	.	.831
My parents' guardian(s)' career influenced my career choice.	125.08	367.569	.165	.	.831
My family's experience and upbringing was a positive one.	125.04	369.397	.137	.	.832
I was raised in a two-parent (2 guardian) household.	125.18	378.723	-.019	.	.833
I was raised in a conservative household.	125.58	376.873	.027	.	.833
I was raised in a house with both a mother and father present.	125.99	378.568	.002	.	.831
I was raised in an adoptive/foster home.	126.78	378.799	-.012	.	.831
My mother/female guardian was a minority.	124.61	350.087	.494	.	.822
My father/male guardian was a minority.	124.49	346.998	.565	.	.820
I self-identify as a minority.	124.57	348.501	.512	.	.821

Note: This chart demonstrates a snapshot of only a portion of the statements.

Reliability of the PoDeMLA: Cultural Competence

For the PoDeMLA Cultural Competence Cronbach's Alpha, (Table V) demonstrates the reliability for the Cultural Competence (CC) construct. As table V demonstrates, this construct had an acceptable alpha value of .736 as per George and Mallory. In Table VI the Managing Diversity Total Statistics Cronbach's Alpha if deleted, also demonstrates

if any single survey statement was to be deleted, the Cronbach's Alpha in the highlighted

column would not demonstrate a real change.

Table V
Cronbach's Alpha Reliability Statistics for the PoDeMLA: Cultural Competence
Construct

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.736	.705	28

Table VI
Item Total Statistics for the PoDeMLA: Cultural Competence Construct

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
An employer has provided me with cross-cultural training to work in a multi-cultural environment.	59.79	98.235	.122	.251	.742
I have experience in managing cross-culturally diverse teams.	59.59	90.549	.393	.507	.719
(Assuming you do not work remotely) - I have experienced innovative outcomes as a direct result from having managed various multicultural groups with whom I have had continuous contact in my part of the organization.	59.35	91.874	.413	.392	.717
I have created/promoted communications skills for my team to add to their knowledge base of awareness of diversity.	59.57	91.349	.408	.467	.718
I have witnessed cultural shifts from ex U.S. expatriates that I have managed once they have spent considerable time living in the United States.	59.27	96.130	.291	.346	.727

Note: This chart demonstrates a snapshot of only a portion of the statements.

A Priori G*Power Analysis

An A Priori G*Power Analysis for F Test MANOVA Global Effects was

performed by the PI to determine the sample size (Faul et al, 2009) (Figure 13). PI used

2 groups on the a priori for MD and CC. Based on MANOVA an A Priori Analysis was

calculated to determine the sample size. This study required a total sample size of 118

subjects. The effect size was .085 (large effect size) which according to Cohen (1990) is

acceptable for a MANOVA. The alpha is .05 – the level of significance – the probability

of detecting a true relationship or group difference.
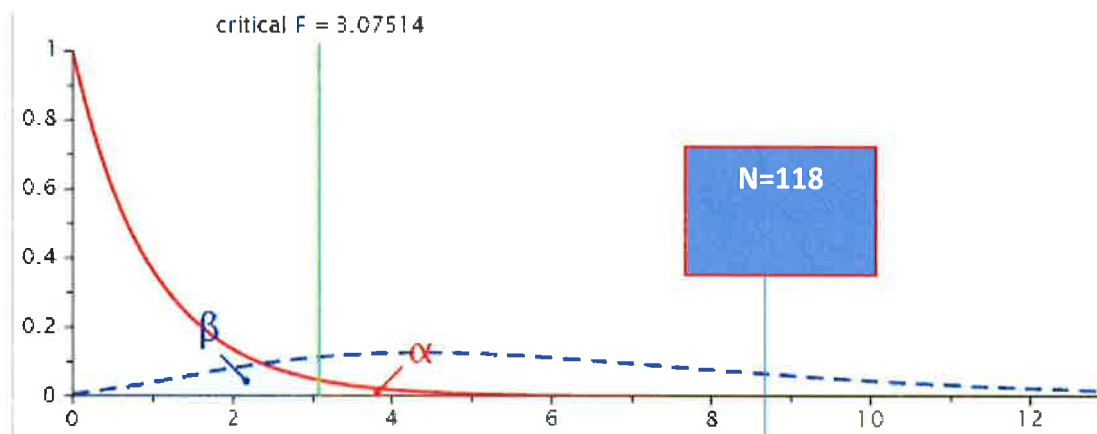
Analysis:	A priori: Compute required sample size		
Input:	Effect size $f^2(V)$	=	0.085
	α err prob	=	0.05
	Power (1 –β err prob)	=	0.80
	Number of groups	=	2
	Response variables	=	2
Output:	Noncentrality parameter λ	=	10.0300000
	Critical F	=	3.0751437
	Numerator df	=	2.0000000
	Denominator df	=	115
	Total sample size	=	118
	Actual power	=	0.8058711

Figure 13. Based on MANOVA an A Priori Analysis was calculated to determine the
sample size. This study required a total sample size of 118 subjects.
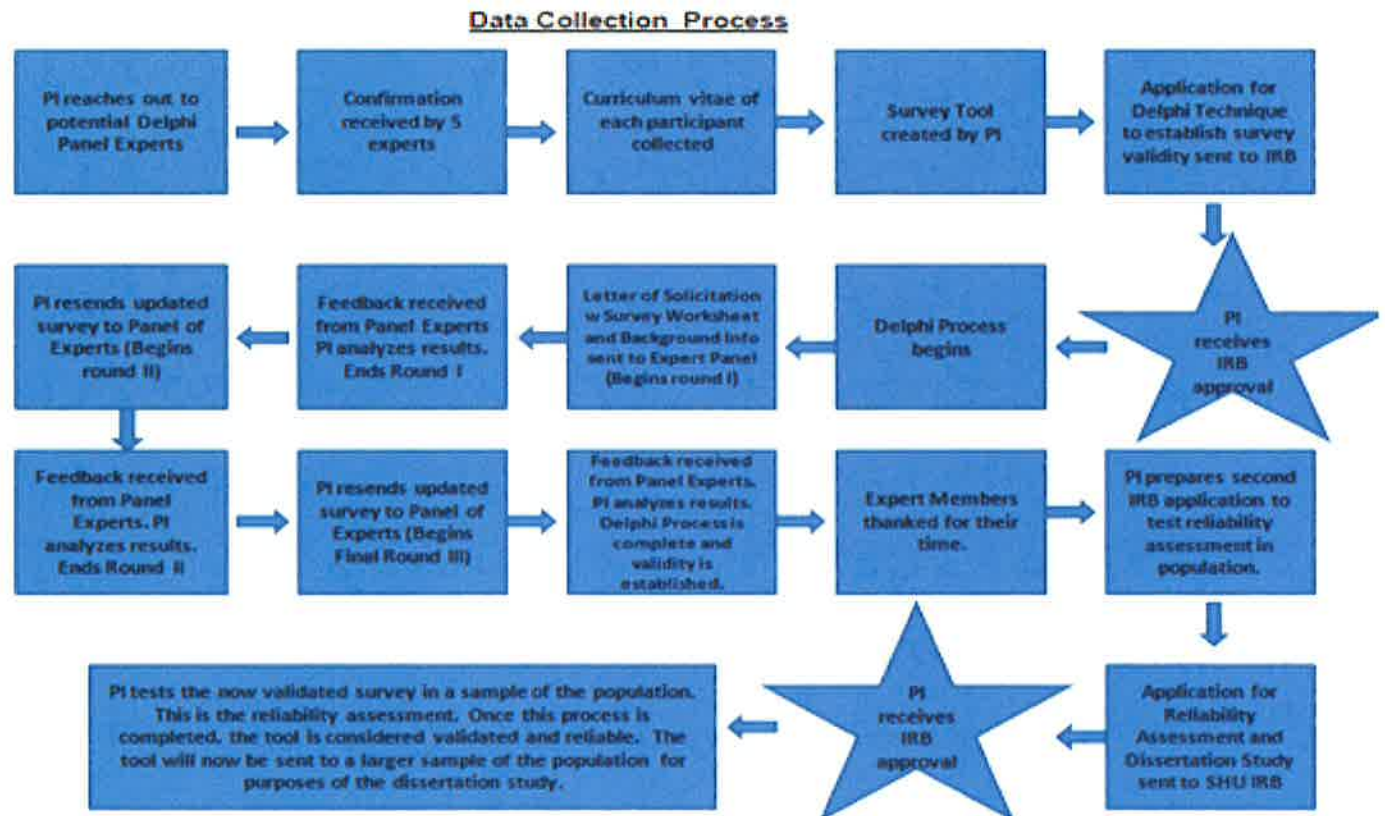
Figure 14 Flowchart summary of methodology up to and including the reliability assessment post-IRB approval from Seton Hall University.

Chapter IV

RESULTS

Introduction

This chapter will focus on the results of the statistical tests of the dissertation study.

Characteristics of the Sample

The sample was consisting of both senior leaders EC+1 and mid-level managers defined as being at or above the level of Associate Director. One hundred nineteen respondents completed the survey (both senior leaders and mid-level managers) of which fifty seven (57) were senior leaders and sixty two (62) were mid-level managers.

Frequencies of Respondents

According to Stevens (1999), the rule of thumb is groups are considered approximately equal provided that the larger group is not 1.5 times greater than the smallest group. For this study, the groups were relatively close in number as the only difference was five participants therefore the groups are generally considered equal.

As previously mentioned, the a priori analysis required 118 respondents. The study achieved 119 respondents Table VII

Table VII
Frequencies and Percent of the Total of the Two Independent Group Variables

Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	62	52.1	52.1	52.1
	Yes	57	47.9	47.9	100.0
	Total	119	100.0	100.0	

Age of Respondents

The majority of the respondents were in the 41-50 age range (Figure 15). As demonstrated in the 18-30 age range there were no senior leaders in this group. This is expected as most senior leaders would have had years of experience to hold such a position and this age range could not accommodate equivalent years of experience.
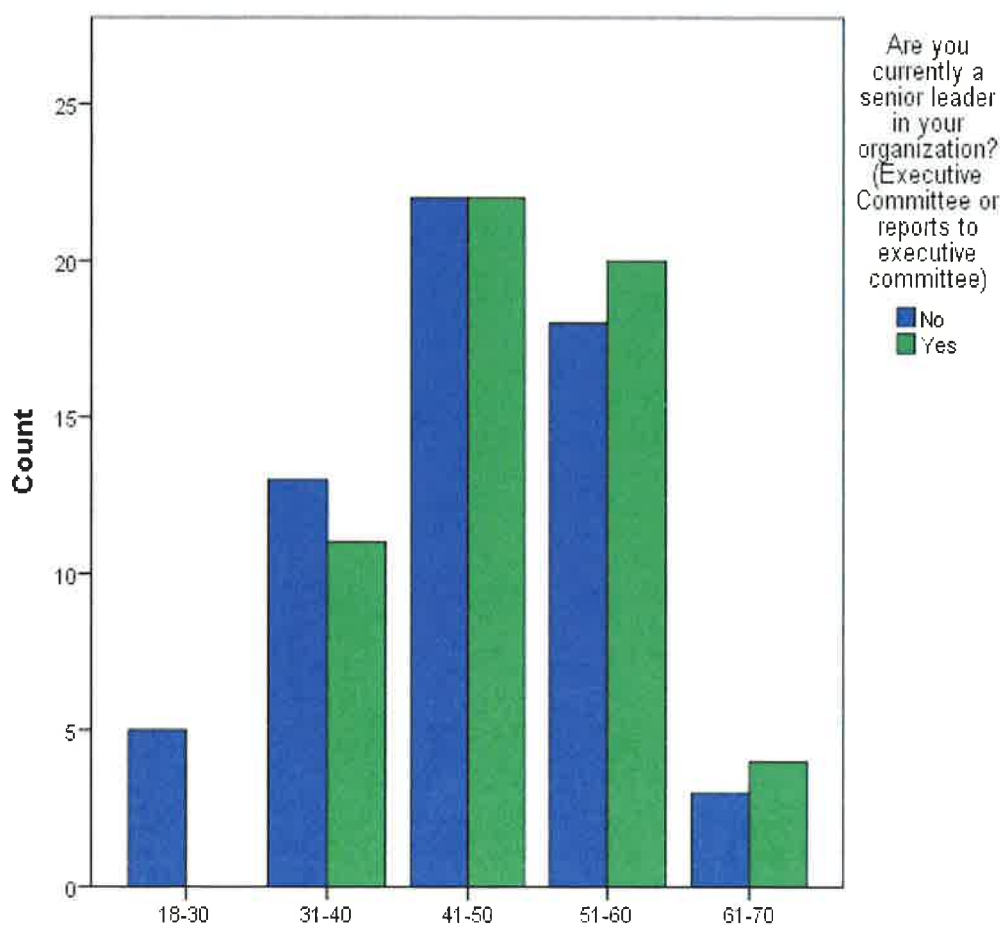
Figure 15. Bar graph demonstrates the majority of respondents including both senior

leaders and mid-level managers were in the 41-50 age range whereas there was no representation of senior leaders in the 18-30 age range.

Gender of Respondents

There was a much smaller representation of female (41) as compared to male (78) respondents in the study. Specifically, 35% of respondents were female and 66% were male (Figure 16).
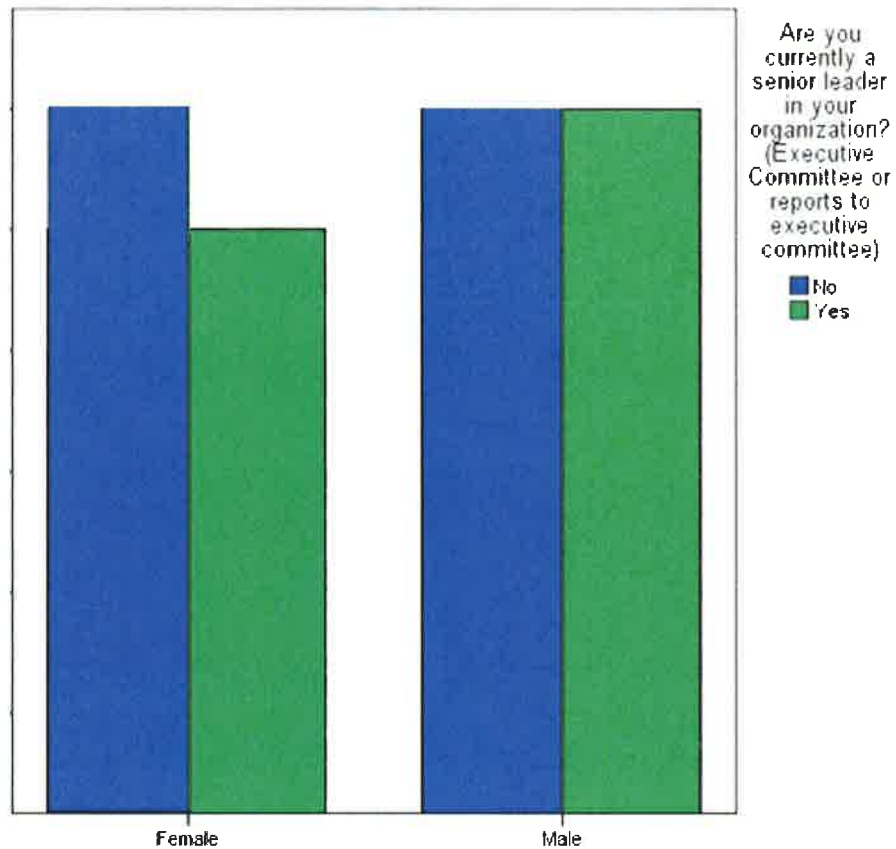
Figure 16. Bar graph demonstrates the majority of respondents being male at 66% (78) and female 35% at 41.

Field of Specialty

With both groups combined the diversity in specialty areas was quite vast.

Although there was a spike in the general management category, the PI did not assume to

combine specialty areas. As such, the areas of expertise were left unadulterated.
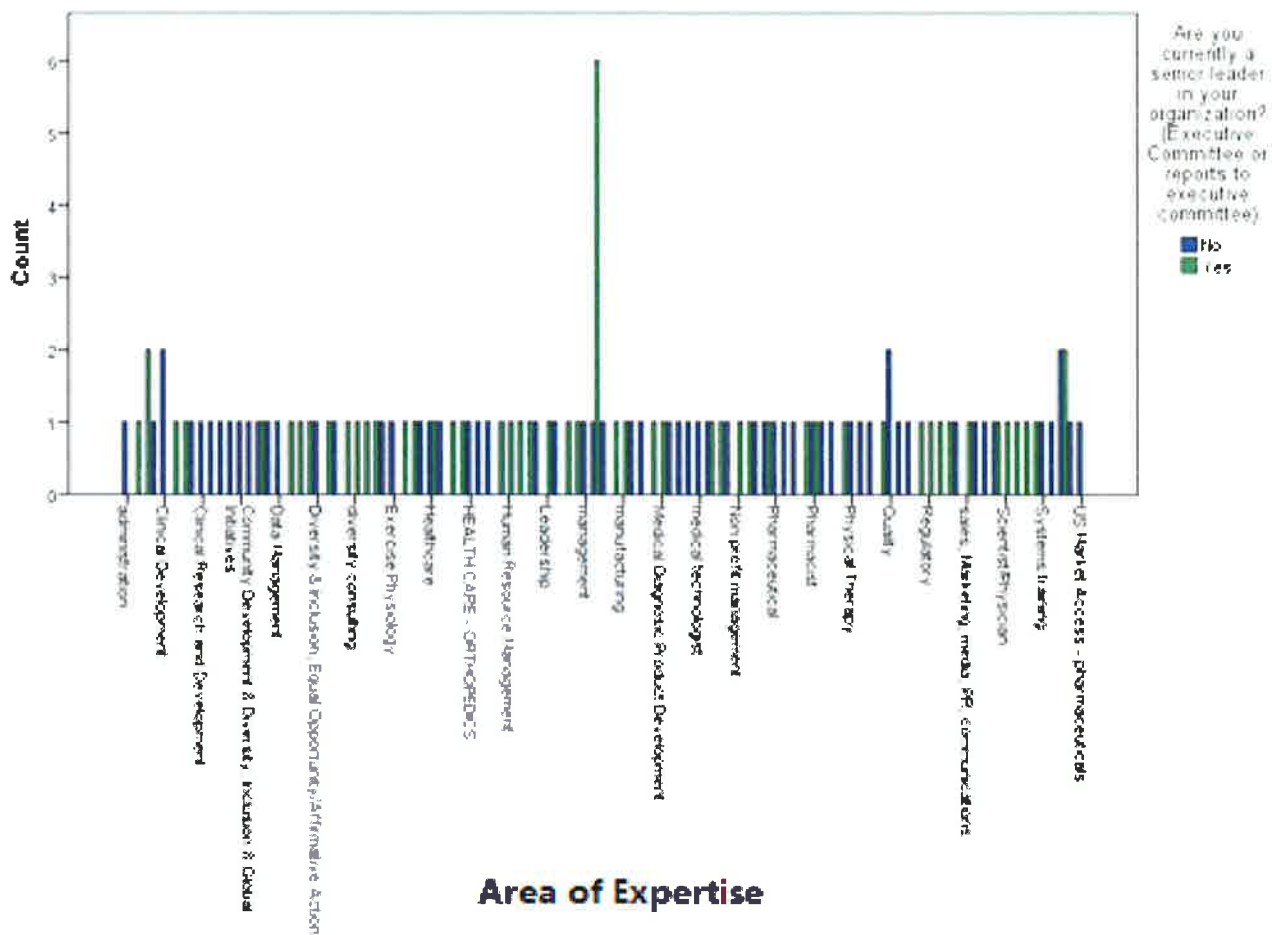
Figure 17. Bar graph demonstrates the various types of specialty areas from respondents.

Years in Diversity and Inclusion

As demonstrated in Figure 18, the majority of experience for both the senior

leaders and mid-level managers was in the 1-5 year range followed by 11-20 year range

experience. This demonstrates that although these two leadership groups have a wide

range of experience in their role, their diversity and inclusion exposure is quite low.
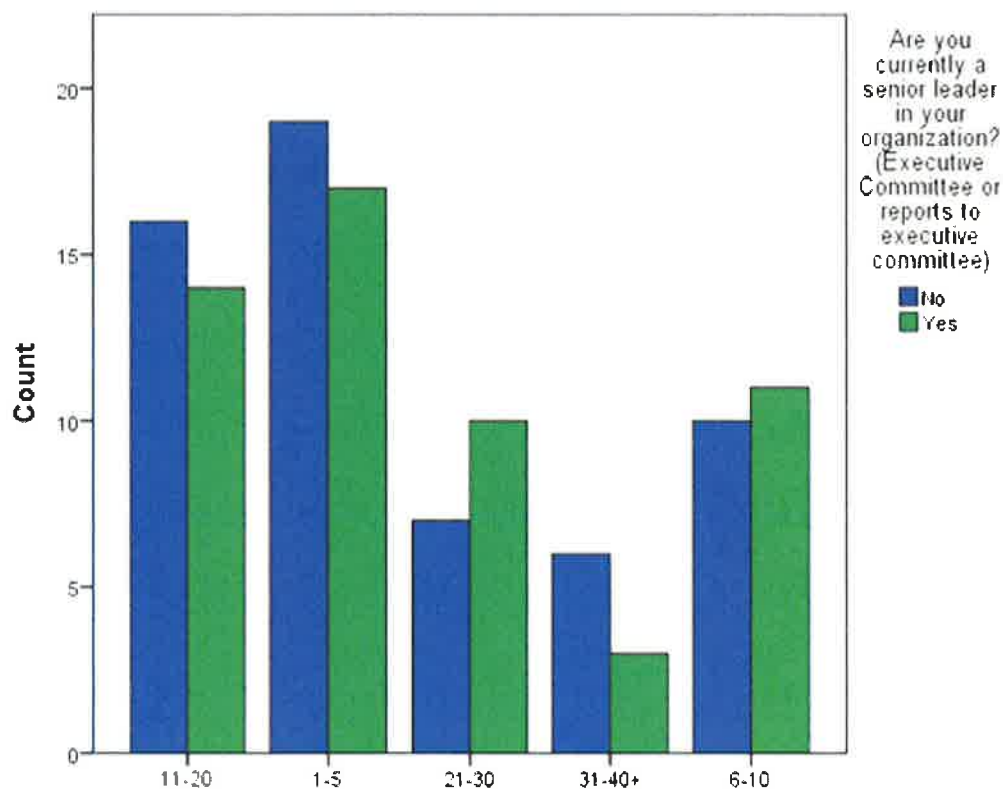
Figure 18. Bar graph demonstrates the alternating years of diversity and inclusion experience from senior leaders and mid-level managers.

Race/Ethnicity
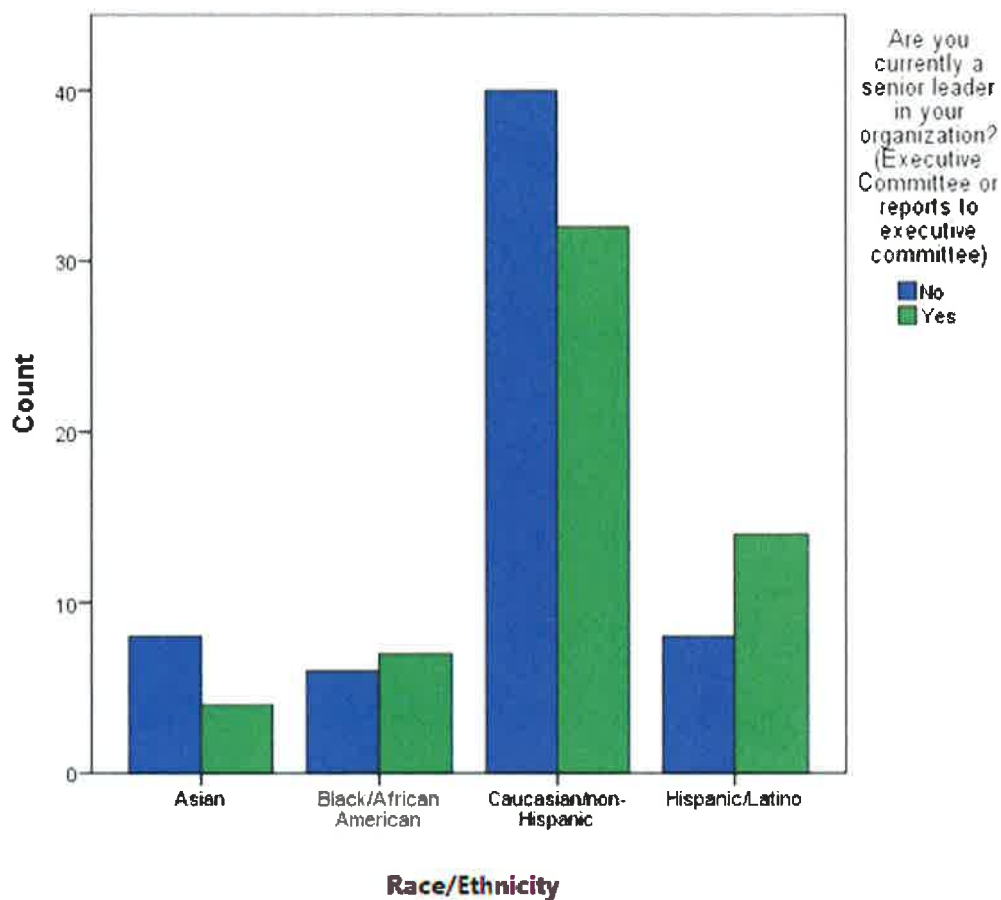
Figure 19. Bar graph demonstrates the majority of both leadership types is vastly present in the Caucasian/non-Hispanic Race/Ethnicity group. As this study was evaluating the creation and use of the tool in this disparate group, it is apparent what race categorization the majority of both leadership groups reside.

Research Questions

As discussed earlier the PI research questions are arranged in a series of descriptive and research questions where the first half analyze the perspectives of senior leaders and middle managers against both constructs/sub-constructs of Managing Diversity (MD)and Cultural Competence (CC).

Descriptive Research Questions

The following results of the overarching research interest framing this dissertation study is comprised of various levels as there are 5 sub-parts from overarching research question (ORQ)1 -1 through ORQ 1-5 in Managing Diversity. Please note there are no corresponding hypothesis for ORQ1-1 through ORQ1-10 because the questions are exploratory and descriptive in scope and are only about what each manager understands about each of the domains identified.

Descriptive Research Questions 1 and 6

ORQ1-1: Considering the managing diversity construct, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **family influence** within MD.

Based on the results demonstrated (Figure 20), the majority of senior leaders disagree which means the perspective of senior leaders are less apt to agree with family influence being of high value.

ORQ1-6: Considering the managing diversity construct, what is the perspective **of mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly

affecting Hispanics, as measured by the **managing diversity sub-construct** of **family influence** within MD.

Based on the results demonstrated (Figure 20), the majority of mid-level managers disagree which means the perspective of senior leaders are less apt to agree with family influence being of high value but higher than the senior leaders.

MD Family Influence
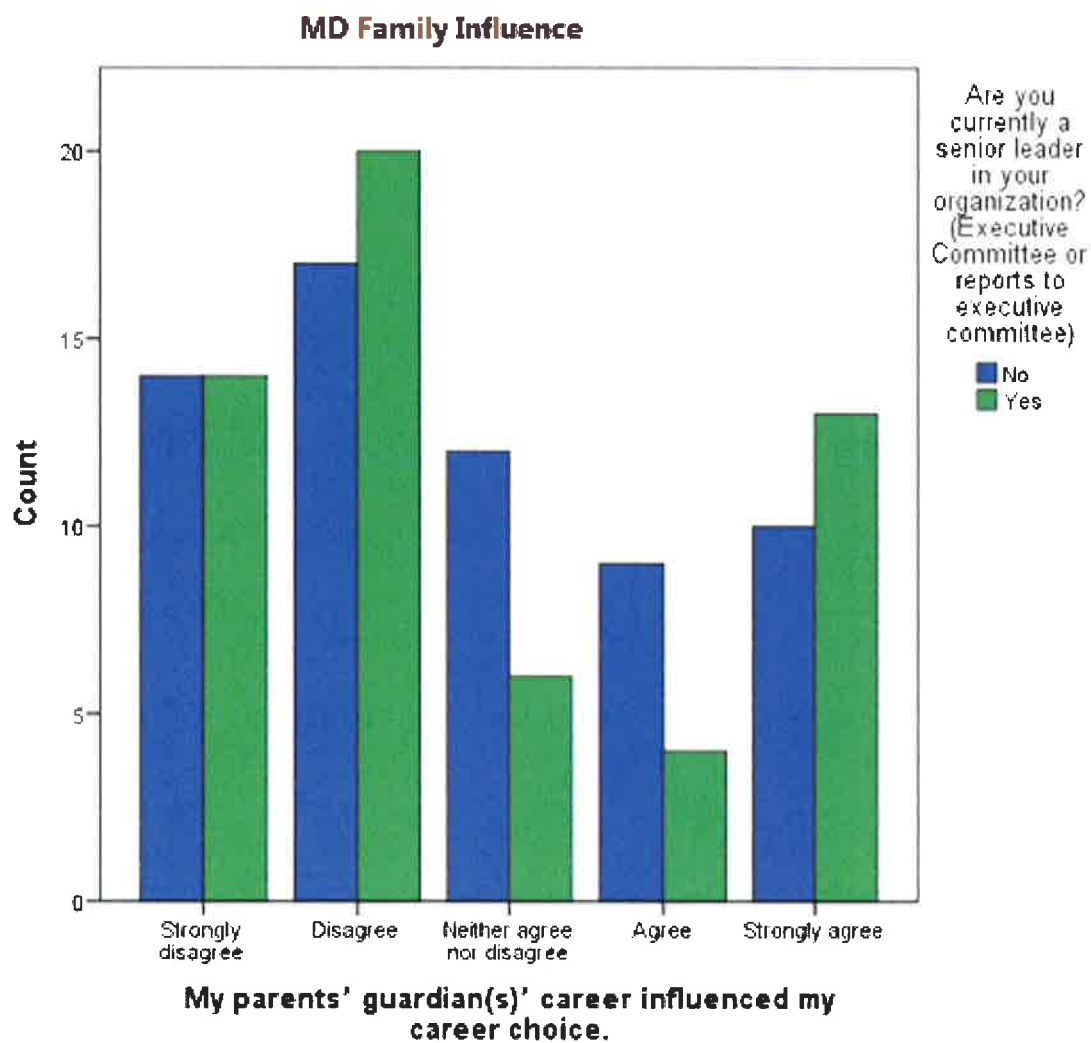
Figure 20. Bar graph demonstrates majority of senior leaders disagreed and majority of mid-level managers disagree which means the perspective of senior leaders are less apt to agree with family influence being of high value but higher than the senior leaders.

Descriptive Research Questions 2 and 7

ORQ1-2: What is the perspective of the senior leaders(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **SocioEconomics** within MD.

Based on the results demonstrated (Figure 21), the majority of senior leaders agree with socioeconomic factors being of importance but less than mid-level managers which means their perspective is less apt to agree that socioeconomic factors are of high value.

ORQ1-7: Considering the managing diversity construct, what is the perspective of mid-level managers about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **SocioEconomics** within MD.

Based on the results demonstrated (Figure 21), the majority of mid-level managers strongly agreed with the socioeconomic sub-construct but more so than the senior leaders which means their perspective is more apt to agree with socioeconomic factors being of high value.
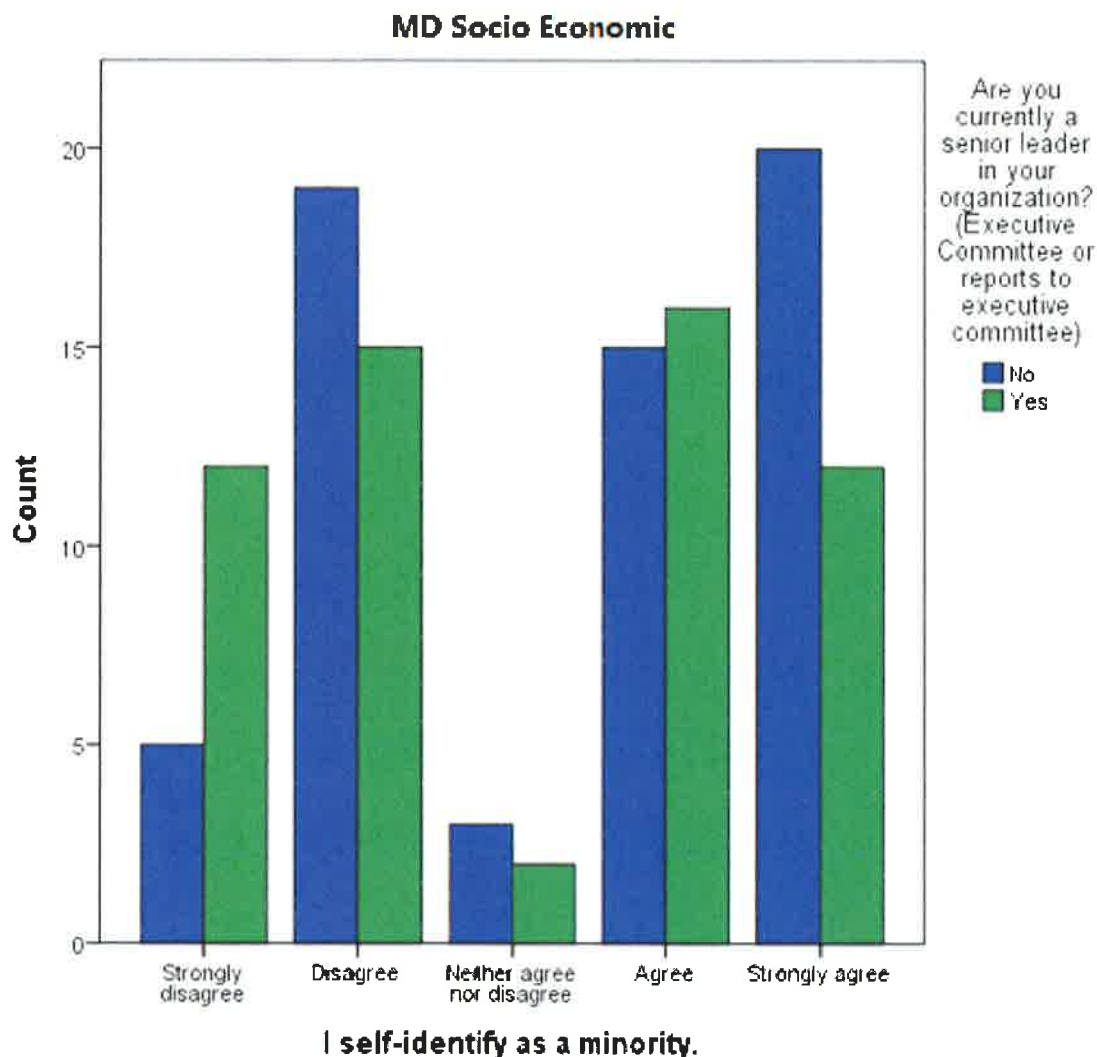
MD Socio Economic

Figure 21. Bar graph demonstrates majority of senior leaders agree with socioeconomic factors being of importance but less than mid-level managers, the majority of mid-level managers strongly agreed with the socioeconomic sub-construct but more so than the senior leaders which means their perspective is more apt to agree with socioeconomic factors being of high value.

ORQ1-3: Considering the managing diversity construct, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **Educational Considerations** within MD.

Based on the results demonstrated (Figure 22), the majority of senior leaders strongly agreed with the educational considerations which means their perspective is more apt to agree with educational consideration factors in MD being of high value.

ORQ1-8: Considering the managing diversity construct, what is the perspective of **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **Educational Considerations** within MD.

Based on the results demonstrated (Figure 22), the majority of mid-level managers disagreed which means their perspective is less apt to agree with educational consideration factors in MD being of high value.

MD Educational Considerations
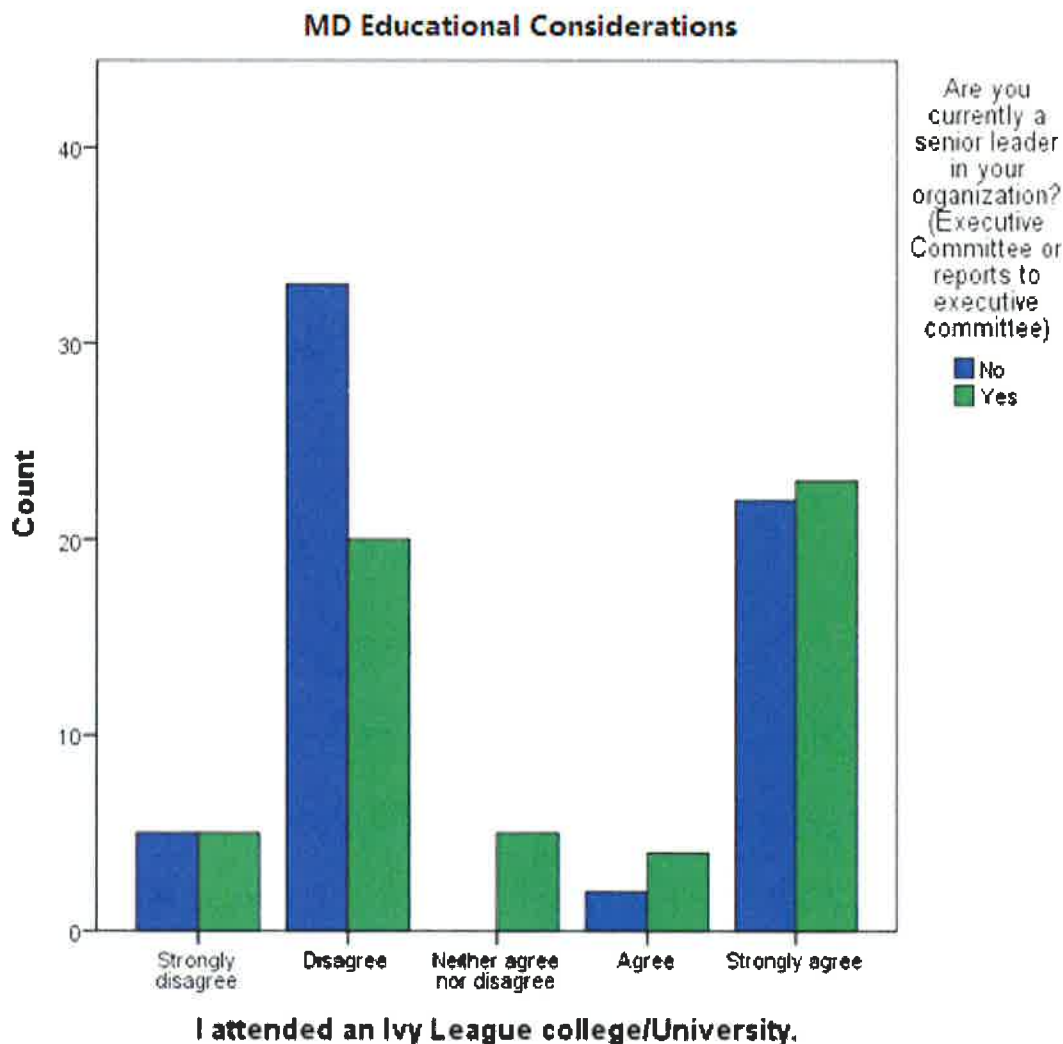
Figure 22. Bar graph demonstrates the majority of senior leaders strongly agreed with the educational considerations and the majority of mid-level managers disagreed which means their perspective is less apt to agree with educational consideration factors in MD being of high value. NOTE: There were no responses from middle managers in the neither agree nor disagree category.

ORQ1-4: Considering the managing diversity construct, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **Mentor Relationships** within MD.

Based on the results demonstrated (Figure 23), the majority of senior leaders agreed which means their perspective is more apt to agree with mentor relationships being of higher value.

ORQ1-9: Considering the managing diversity construct, what is the perspective **of mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **Mentor Relationships** within MD.

Based on the results demonstrated (Figure 23), the majority of mid-level managers strongly disagreed which means their perspective is less apt to agree with mentor relationships being of high value.

MD Mentor Relationships
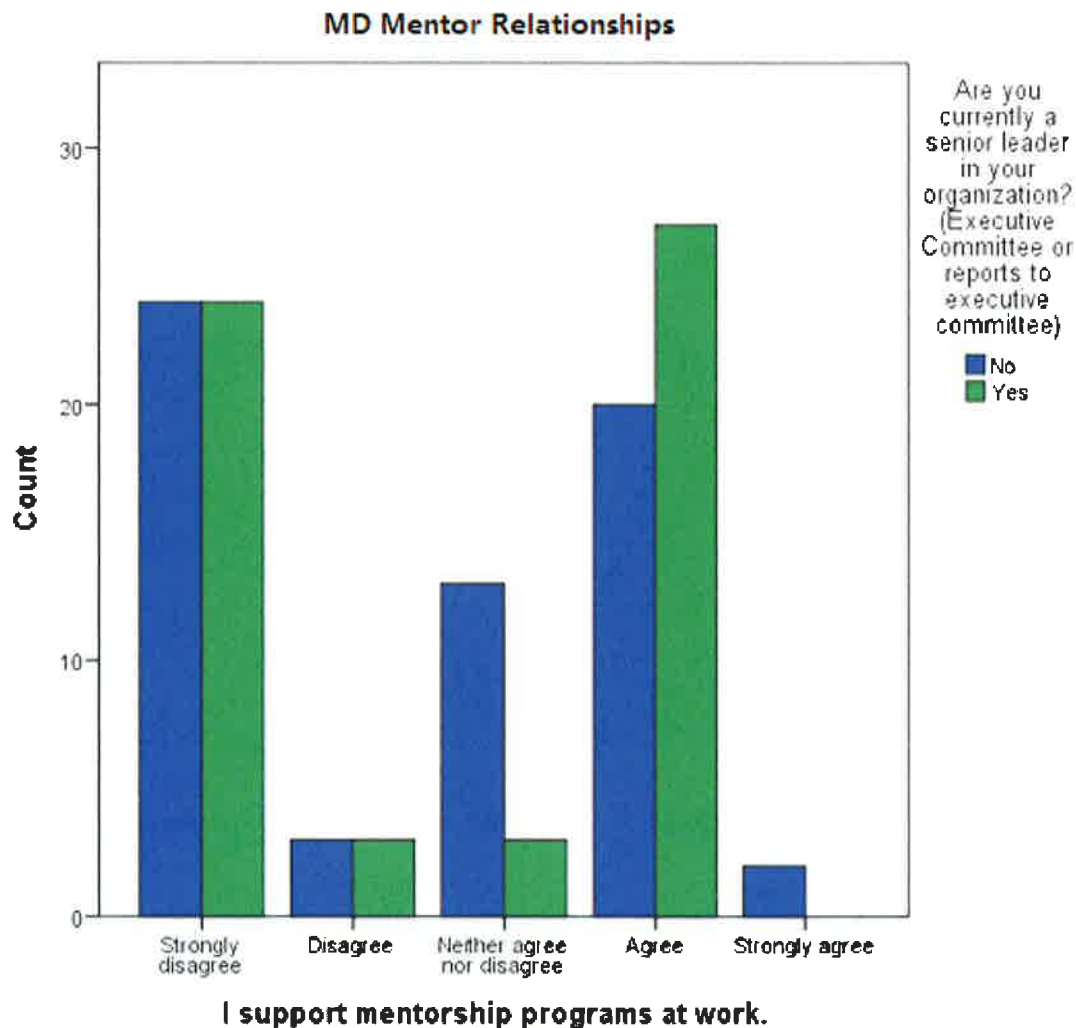
Figure 23. Bar graph demonstrates the majority of senior leaders agreed and), the majority of mid-level managers strongly disagreed which means their perspective is less apt to agree with mentor relationships being of high value.

ORQ1-5: Considering the managing diversity construct, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **Advancement** within MD.

Based on the results demonstrated (Figure 24), the majority of senior leaders strongly disagreed which means their perspective is less apt to be find the sub-construct of advancement of high value but higher than mid-level managers.

ORQ1-10: Considering the managing diversity construct, what is the perspective **of mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **managing diversity sub-construct** of **Advancement** within MD.

Based on the results demonstrated (Figure 24), the majority of mid-level managers also strongly disagreed which means their perspective is less apt to find the sub-construct of advancement of high value.
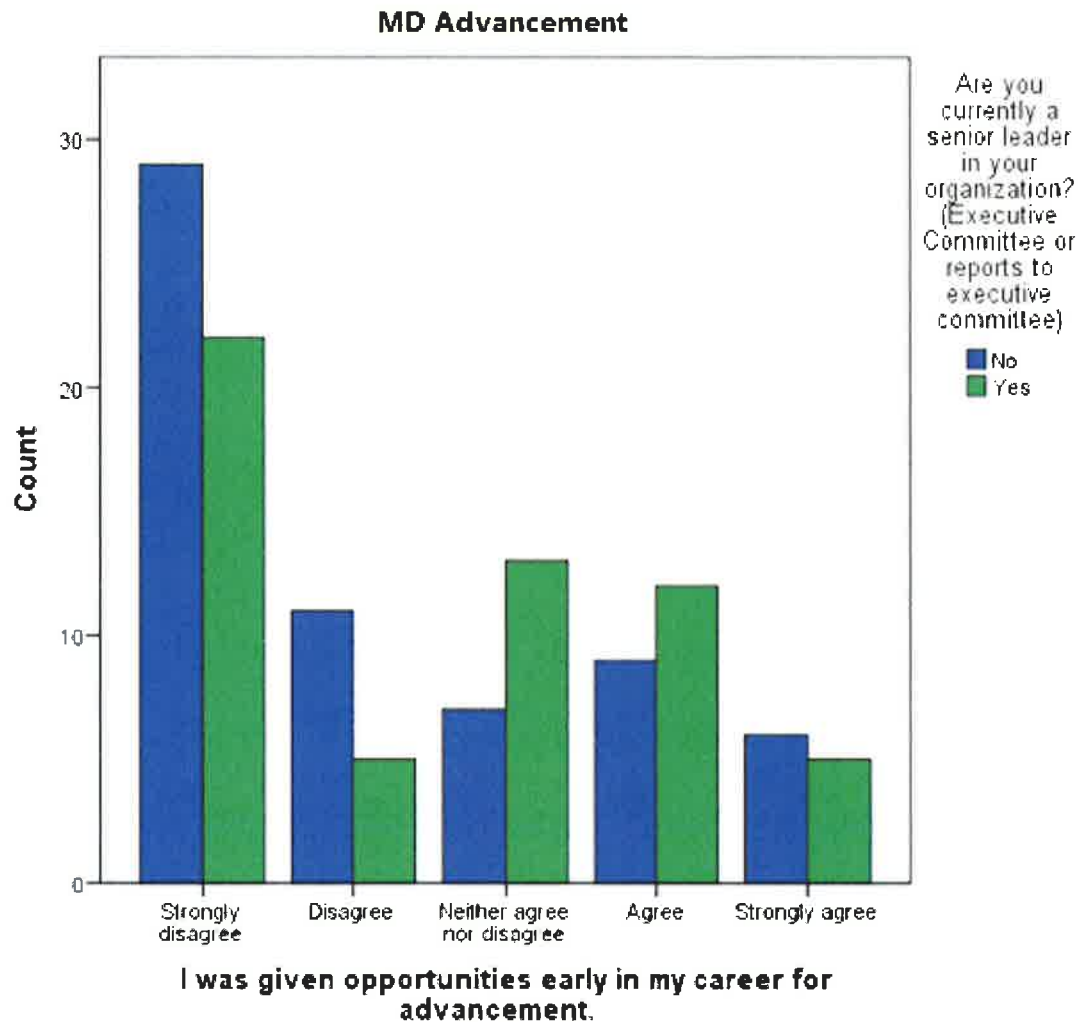
MD Advancement

Figure 24. Bar graph demonstrates the majority of senior leaders strongly disagreed and the majority of mid-level managers also strongly disagreed which means their perspective is less apt to find the sub-construct of advancement of high value.

As demonstrated for Managing Diversity the following results of the overarching research interest framing this dissertation study is comprised of various levels as there are 5 sub-parts from overarching research question (ORQ)3 -1 through ORQ 3-5 in Cultural Competence. Please note there are no corresponding hypothesis for ORQ3-1 through ORQ3-10 because the questions are exploratory and descriptive in scope and are only about what each manager understands about each of the domains identified.

ORQ3-1: Considering the cultural competence framework, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **acculturation sub-construct of cultural competence?**

Based on the results demonstrated (Figure 25), the majority of senior leaders neither agreed or disagreed which means their perspective is less apt to be find the sub-construct of acculturation of high value but higher than mid-level managers.

ORQ3-6: Considering the cultural competence framework, what is the perspective of the of **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **acculturation sub-construct of cultural competence?**

Based on the results demonstrated (Figure 25), the majority of middle managers had a neutral position of neither agree or disagree which means their perspective is less apt to be find the sub-construct of acculturation of high value.

CC Acculturation

Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)

■ No
■ Yes

I have witnessed cultural shifts from ex U.S. expatriates that I have managed once they have spent considerable time living in the United States.
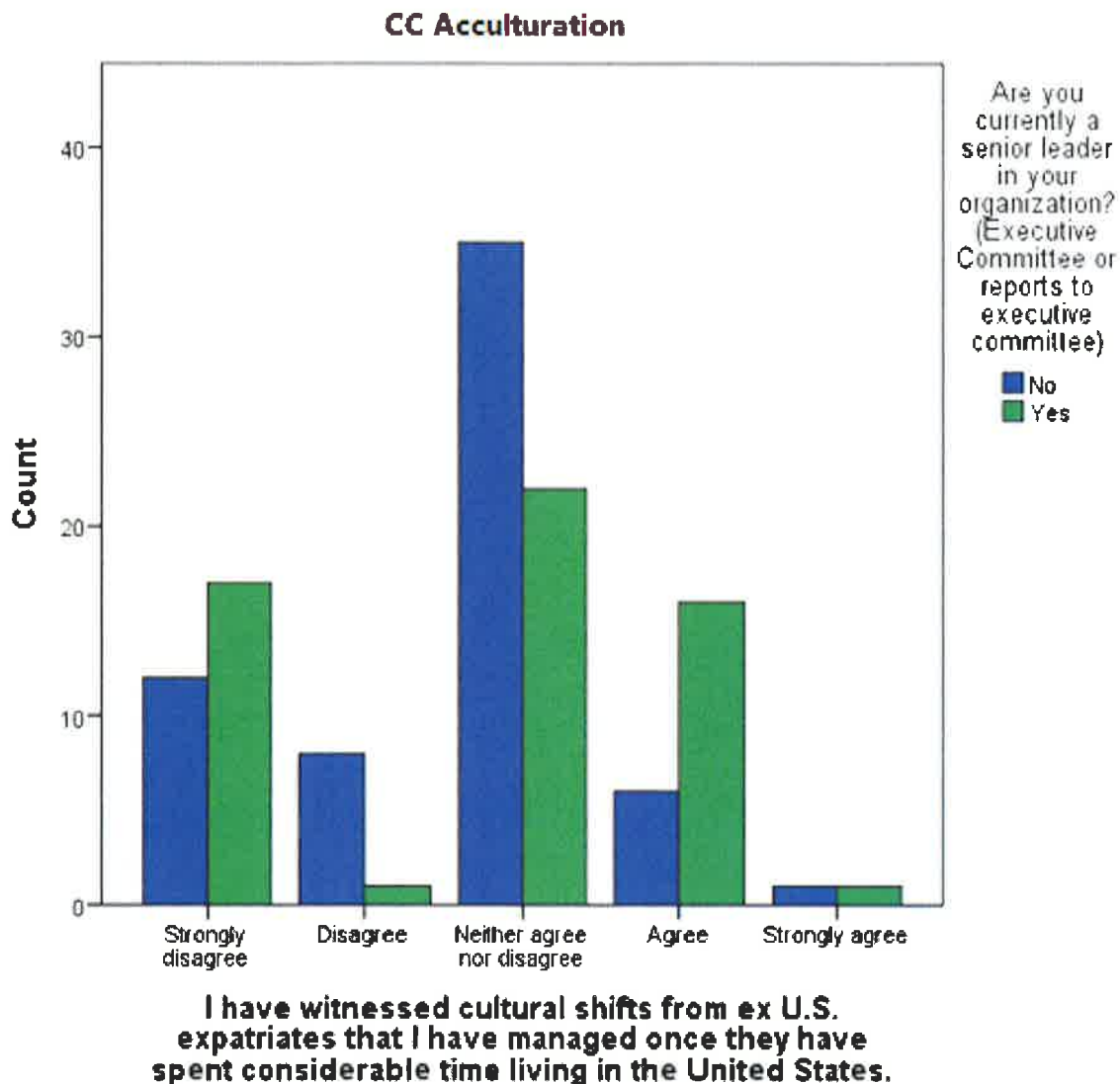
Figure 25. Bar graph demonstrates the majority of senior leaders neither agreed or disagreed which means their perspective is less apt to be find the sub-construct of acculturation of high value but higher than mid-level managers and the majority of middle managers had a neutral position of neither agree or disagree.

ORQ3-2 Considering the cultural competence framework, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly

affecting Hispanics, as measured by the **Cultural Imposition sub-construct of cultural competence?**

Based on the results demonstrated (Figure 26), the majority of senior leaders neither agreed or disagreed which means their perspective is more apt to have a neutral position with cultural imposition.

ORQ3-7: Considering the cultural competence framework, what is the perspective of the of **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Cultural Imposition sub-construct of cultural competence?**

Based on the results demonstrated (Figure 26), the majority of middle managers strongly disagreed which means their perspective is less apt to agree with cultural imposition being of high value.

CC Cultural Imposition

Figure 26. Bar graph demonstrates the majority of senior leaders had a neutral position and the majority of middle managers strongly disagreed which means their perspective is less apt to agree with cultural imposition being of high value.

ORQ3-3 Considering the cultural competence framework, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Cultural Sensitivity sub-construct of cultural competence?**

Based on the results demonstrated (Figure 27), the majority of senior leaders strongly had a position of not sure and yes which means their perspective is more apt to agree with cultural sensitivity to be of high value.

ORQ3-8: Considering the cultural competence framework, what is the perspective of the of **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Cultural Sensitivity sub-construct of cultural competence?**

Based on the results demonstrated (Figure 27), the majority of middle managers had a position of not sure and no which means their perspective is less apt to agree with cultural sensitivity to be of high value.

Cultural Sensitivity
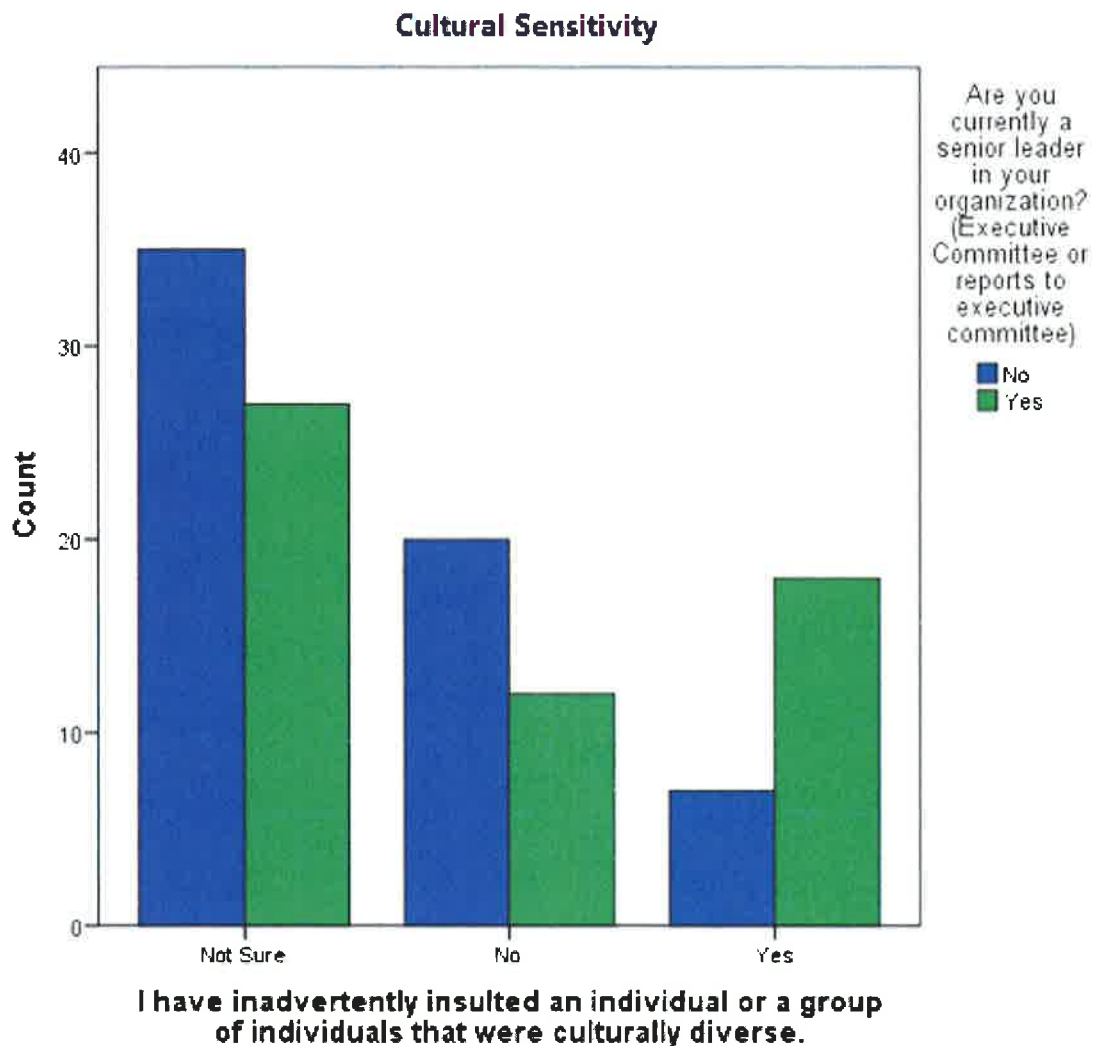
Figure 27. Bar graph demonstrates the majority of senior leaders strongly had a position of not sure and yes which means their perspective is more apt to agree with cultural sensitivity to be of high value and the majority of middle managers had a position of not sure and no which means their perspective is less apt to agree with cultural sensitivity to be of high value.

RQ3-4 Considering the cultural competence framework, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Discrimination sub-construct of cultural competence?**

Based on the results demonstrated (Figure 28), the majority of senior leaders had a position of not sure which means their perspective is more of a neutral position with regards to discrimination.

ORQ3-9: Considering the cultural competence framework, what is the perspective of the **of mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Discrimination sub-construct of cultural competence?**

Based on the results demonstrated (Figure 28), the majority of middle managers had a position of yes which means their perspective is more apt to agree with discrimination to be of a high value concern.
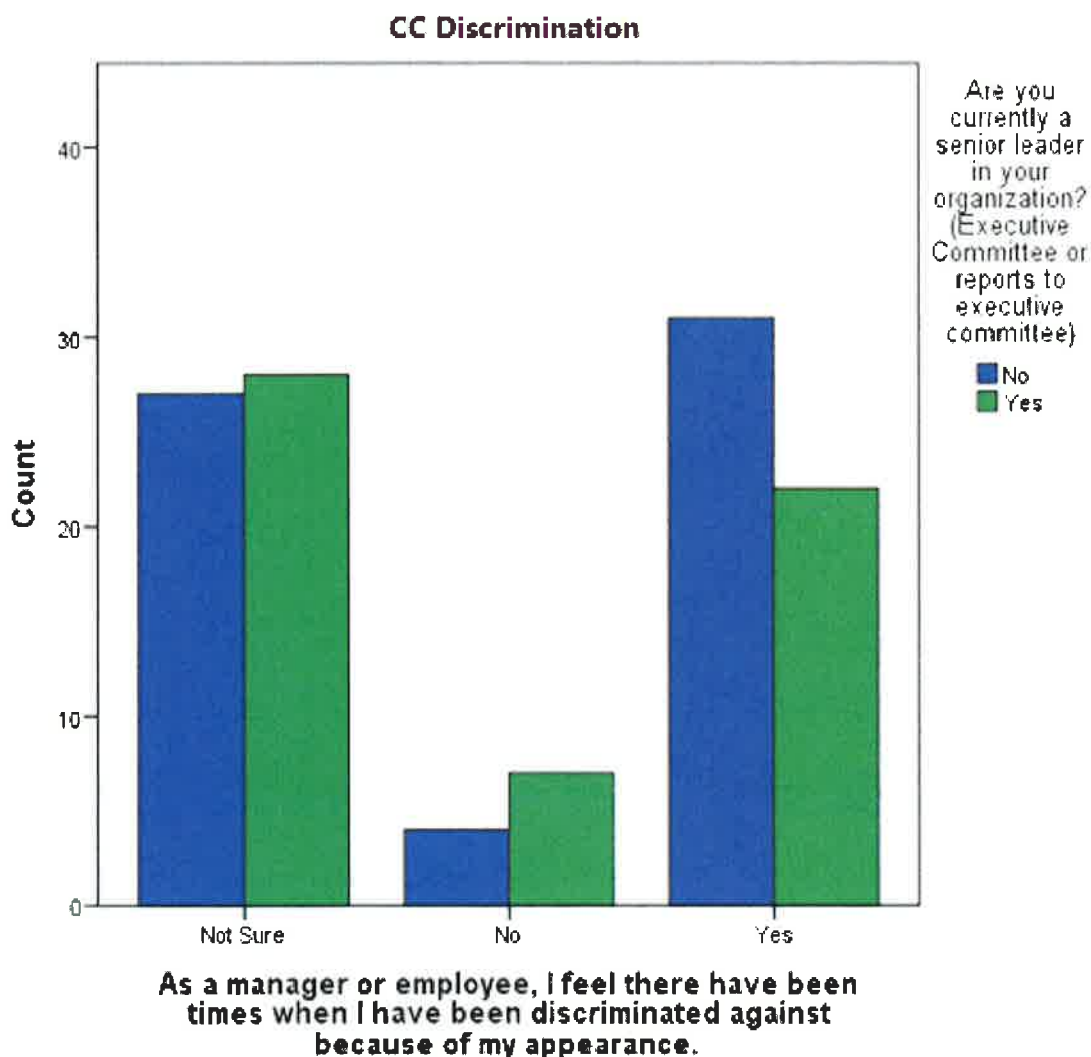
CC Discrimination

Figure 28. Bar graph demonstrates the majority of senior leaders had a neutral position and the majority of middle managers had a position of yes which means their perspective is more apt to agree with discrimination to be of a high value concern.

ORQ3-5 Considering the cultural competence framework, what is the perspective of the **senior leaders**(EC+1) about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Stereotyping sub-construct of cultural competence?**

Based on the results demonstrated (Figure 29), the majority of senior leaders had a position of not sure and yes which means their perspective is more of a neutral position with stereotyping to be of high value.

ORQ3-10: Considering the cultural competence framework, what is the perspective of the of **mid-level managers** about the disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **Stereotyping sub-construct of cultural competence?**

Based on the results demonstrated (Figure 29), the majority of middle managers had a position of not sure which means their perspective is uncertain with stereotyping to be of high value.
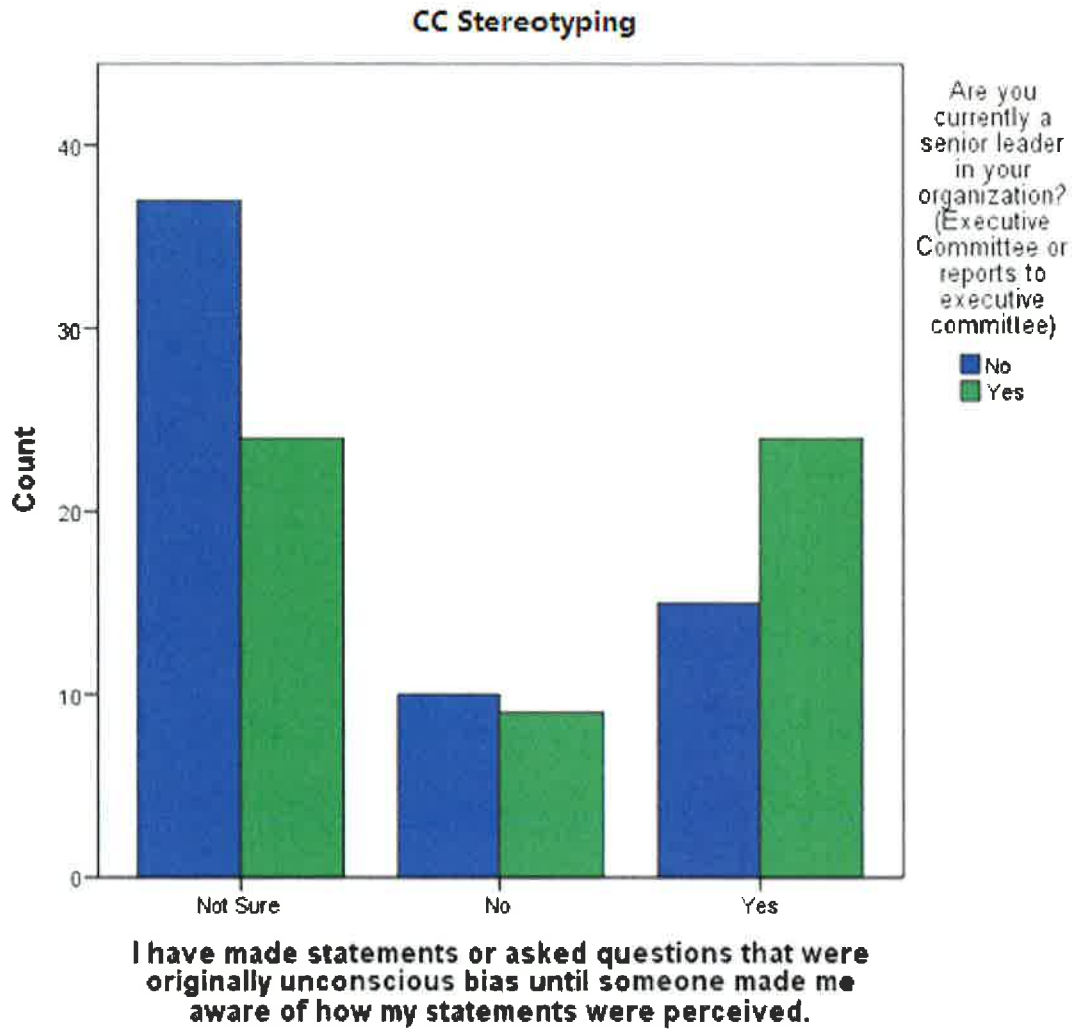
CC Stereotyping

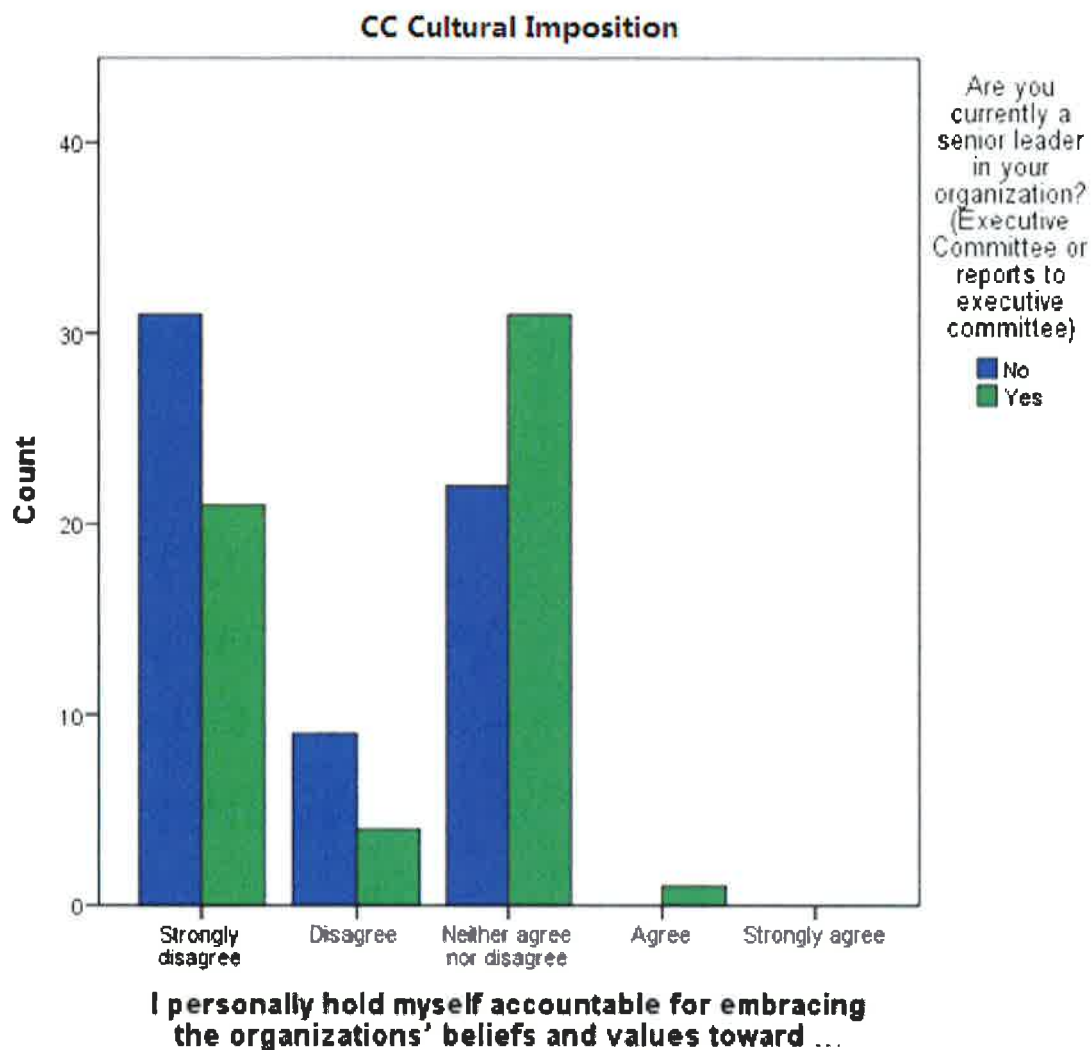*Figure 29.* Bar graph demonstrates the majority of senior leaders had a neutral position and the majority of middle managers had a position of not sure which means their perspective is uncertain with stereotyping to be of high value.

Research Questions

The following research questions (ORQ2-1 through 2-5) related to the differences between senior leaders and mid-level managers as they pertain to the **Managing Diversity** construct of Positive Deviance.

Table VIII refers to research question ORQ2-1:

ORQ2-1. Considering the **managing diversity construct**, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's** understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **family influence sub-construct** of managing diversity?

Table VIII

Descriptive Statistics Table Highlighting Means Per Group for the Family Influence Sub-Construct of Managing Diversity

Descriptive Statistics

	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
MDFamilyInfluence_r	No	13.8226	3.10750	62
	Yes	13.2105	3.00438	57
	Total	13.5294	3.06103	119

For the family influence sub-construct of managing diversity, mid-level managers had a higher mean of 13.82 than senior leaders who had a mean of 13.21. Although there is a difference in mean values between mid-level managers and senior leaders, it is not

known if the difference is significant until the multivariate test analysis results are discussed.

Table IX refers to research question ORQ2-2:

ORQ2-2. Considering the **managing diversity construct**, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's** understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **socioeconomic sub-construct** of managing diversity?

Table IX

Descriptive Statistics Table Highlighting Means Per Group for the Socioeconomic Sub-Construct of Managing Diversity

Descriptive Statistics

	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
MDSocioeconomic_r	No	18.6935	5.11054	62
	Yes	17.8421	4.70482	57
	Total	18.2857	4.91822	119

For the socioeconomic sub-construct of managing diversity, mid-level managers had a higher mean of 18.69 than senior leaders who had a mean of 17.84. Although there is a difference in mean values between mid-level managers and senior leaders, it is not known if the difference is significant until the multivariate test analysis results are discussed.

Table X refers to research question ORQ2-3:

ORQ2-3. Considering the **managing diversity construct**, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's** understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **educational sub-construct** of managing diversity?

Table X

Descriptive Statistics Table Highlighting Means Per Group for the Educational Sub-Construct of Managing Diversity

	Descriptive Statistics			
	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
MDEdConsiderations_r	No	7.5484	2.46069	62
	Yes	8.2281	2.64587	57
	Total	7.8739	2.56295	119

For the educational sub-construct of managing diversity, mid-level managers had a lower mean of 7.54 than senior leaders who had a mean of 8.22. Although there is a difference in mean values between mid-level managers and senior leaders, it is not known if the difference is significant until the multivariate test analysis results are discussed.

Table XI refers to research question ORQ2-4:

ORQ2-4. Considering the **managing diversity construct**, what is the **difference** between the <u>senior leaders' understanding</u> and the <u>mid-level manager's</u> understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the <u>mentor relationships</u> <u>sub-construct</u> of managing diversity?

Table XI

Descriptive Statistics Table Highlighting Means Per Group for the Mentor Relationships Sub-Construct of Managing Diversity

Descriptive Statistics

	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
MDMentorRelationships_	No	15.2581	4.73195	62
	Yes	15.9649	5.65674	57
	Total	15.5966	5.18525	119

For the mentor relationships sub-construct of managing diversity, mid-level managers had a lower mean of 15.25 than senior leaders who had a mean of 15.96. Although there is a difference in mean values between mid-level managers and senior leaders, it is not known if the difference is significant until the multivariate test analysis results are discussed.

Table XII refers to research question ORQ2-5:

ORQ2-5. Considering the **managing diversity construct**, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's** understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **advancement sub-construct** of managing diversity?

Table XII

Descriptive Statistics Table Highlighting Means Per Group for the Advancement Sub-Construct of Managing Diversity

Descriptive Statistics

	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
MDAdvancement_r	No	10.1613	3.88015	62
	Yes	11.7018	4.10124	57
	Total	10.8992	4.04507	119

For the mentor relationships sub-construct of managing diversity, mid-level managers had a lower mean of 10.16 than senior leaders who had a mean of 11.70. Although there is a difference in mean values between mid-level managers and senior leaders, it is not known if the difference is significant until the multivariate test analysis results are discussed.

Table XIII refers to research question ORQ4-1:

ORQ4-1. Considering the cultural competence construct, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's** understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **acculturation sub-construct** of cultural competence?

Table XIII

Descriptive Statistics Table Highlighting Means Per Group for the Acculturation Sub-Construct of Cultural Competence

Descriptive Statistics

	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
CCAcculturation_r	No	11.3387	3.69290	62
	Yes	12.8246	4.06256	57
	Total	12.0504	3.92914	119

For the acculturation sub-construct of cultural competence, mid-level managers had a lower mean of 11.33 than senior leaders who had a mean of 12.82. Although there is a difference in mean values between mid-level managers and senior leaders, it is not known if the difference is significant until the multivariate test analysis results are discussed.

Table XIV refers to research question ORQ4-2:

ORQ4-2. Considering the cultural competence construct, what is the **difference**
between the **senior leaders' understanding** and the **mid-level manager's** understanding
of disparity in employment of minorities eligible for senior management and leadership
positions in healthcare organizations, particularly affecting Hispanics, as measured by the
cultural imposition sub-construct of cultural competence?

Table XIV

Descriptive Statistics Table Highlighting Means Per Group for the Cultural Imposition
Sub-Construct of Cultural Competence

Descriptive Statistics

	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
CCCulturalImposition_r	No	18.9355	4.44961	62
	Yes	20.0351	5.75067	57
	Total	19.4622	5.12189	119

For the cultural imposition sub-construct of cultural competence, mid-level managers had
a lower mean of 18.9 than senior leaders who had a mean of 20.03. Although there is a
difference in mean values between mid-level managers and senior leaders, it is not known
if the difference is significant until the multivariate test analysis results are discussed.

Table XV refers to research question ORQ4-3:

ORQ4-3. Considering the cultural competence construct, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's** understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **cultural sensitivity** **sub-construct** of cultural competence?

Table XV

Descriptive Statistics Table Highlighting Means Per Group for the Cultural Sensitivity Sub-Construct of Cultural Competence

Descriptive Statistics

	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
CCCulturalSensitivity_r	No	9.9677	2.01606	62
	Yes	10.5614	2.25212	57
	Total	10.2521	2.14404	119

For the cultural sensitivity sub-construct of cultural competence, mid-level managers had a lower mean of 9.96 than senior leaders who had a mean of 10.56. Although there is a difference in mean values between mid-level managers and senior leaders, it is not known if the difference is significant until the multivariate test analysis results are discussed.

Table XVI refers to research question ORQ4-4:

ORQ4-4. Considering the cultural competence construct, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's** understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **discrimination sub-construct** of cultural competence?

Table XVI

Descriptive Statistics Table Highlighting Means Per Group for the Discrimination Sub-Construct of Cultural Competence

Descriptive Statistics

	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
CCDiscrimination_r	No	9.6290	2.09005	62
	Yes	9.7895	2.17729	57
	Total	9.7059	2.12473	119

For the discrimination sub-construct of cultural competence, mid-level managers had a lower mean of 9.62 than senior leaders who had a mean of 9.78. Although there is a difference in mean values between mid-level managers and senior leaders, it is not known if the difference is significant until the multivariate test analysis results are discussed.

Table XVII refers to research question ORQ4-5:

ORQ4-5. Considering the cultural competence construct, what is the **difference** between the **senior leaders' understanding** and the **mid-level manager's** understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **stereotyping sub-construct** of cultural competence?

Table XVII

Descriptive Statistics Table Highlighting Means Per Group for the Stereotyping Sub-Construct of Cultural Competence

Descriptive Statistics

	Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)	Mean	Std. Deviation	N
CCStereotyping_r	No	10.1452	2.54047	62
	Yes	10.7895	2.59627	57
	Total	10.4538	2.57678	119

For the steretyping sub-construct of cultural competence, mid-level managers had a lower mean of 10.14 than senior leaders who had a mean of 10.78. Although there is a difference in mean values between mid-level managers and senior leaders, it is not known if the difference is significant until the multivariate test analysis results are discussed.

Statistical Assumptions

MANOVA has several assumptions which will be highlighted: Box's M test, random sampling, independence of samples and the requirement for a larger sample size of which all were met in this dissertation study (Field, 2009).

PI mentioned previously the rule that as long as the larger sample group is not 1.5 times larger than the smaller group, that they are considered to be equal. As this study had 119 respondents overall with 62 respondents from the mid-level manager group and 57 respondents from the senior leader group, this did not have an effect.

Box's test is used to determine if the population covariance between each pair of dependent variables is the same across groups/conditions and it was not (Fields, 2009). (Table XVIII)

Table XVIII

Box's M Test of Equality of Covariance Matrices

Box's Test of Equality of Covariance Matrices[a]

Box's M	2.489
F	.814
df1	3
df2	3198334.351
Sig.	.486

Tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups.

a. Design: Intercept + SnrLdr

As a rule it is presumed that Box's M test will be non-significant prior to running the main multivariate MANOVA. PI's Box's test was non-significant with .486 which satisfies the assumption (Table XVIII).

Multivariate Tests (MANOVA)

As viewed in the multivariate table (Table XIX), we focus on the lower half of the table that encompasses both leadership type groups of senior and mid-level as well as the constructs for each of Managing Diversity and Cultural Competence inclusive of the sub-constructs within each as previously discussed.

Table XIX

Multivariate Test

Multivariate Tests[a]

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.980	2775.593[b]	2.000	116.000	.000
	Wilks' Lambda	.020	2775.593[b]	2.000	116.000	.000
	Hotelling's Trace	47.855	2775.593[b]	2.000	116.000	.000
	Roy's Largest Root	47.855	2775.593[b]	2.000	116.000	.000
Leader Type	Pillai's Trace	.039	2.349[b]	2.000	116.000	.100
	Wilks' Lambda	.961	2.349[b]	2.000	116.000	.100
	Hotelling's Trace	.040	2.349[b]	2.000	116.000	.100
	Roy's Largest Root	.040	2.349[b]	2.000	116.000	.100

a. Design: Intercept + SnrLdr

b. Exact statistic

Note: Table XIX speaks to the PoDeMLA in total inclusive of both the senior leaders and mid-level managers.

Field's (2009) notes that Pillai's trace and Wilk's lambda are the more powerful and robust of the four statistics inclusive of (Hotelling's and Roy's) and states that

Pillai's trace is a positive valued statistic used to demonstrate that means with increasing values are contributing more to the model.

According to Fields (2009), the Wilk's Lambda is used to see if there are differences between group means for a different combination of dependent variables. Keeping in mind that the weighting is different for each sub-construct because there are not an equal number of questions in each sub-construct.

It would appear on table XIX as a stand-alone analysis that we do not have significance with a value of .100 regarding Pillai's trace and Wilk's lambda.

Moving on to the following MANOVA table we will review the results in greater detail.

Correlations of the Variables

As demonstrated in the MANOVA output (Table XX) there is a SIGNIFICANT difference between the two leadership groups regarding cultural competence.

The MANOVA also shows that there is NOT a significant difference between the two leadership groups regarding managing diversity.

Cultural competence demonstrates significance of .032 and managing diversity demonstrated non-significance with a value of .543.

Both groups have differences in means for each construct, but whether or not those differences are significant is what this table represents.

Table XX

Multivariate Analysis of Variance

Tests of Between-Subjects Effects

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	ManagingDiversityTotal_r	63.607[a]	1	63.607	.371	.543
	CulturalCompetenceTotal_r	471.335[b]	1	471.335	4.694	.032
Intercept	ManagingDiversityTotal_r	520835.372	1	520835.372	3041.667	.000
	CulturalCompetenceTotal_r	456747.235	1	456747.235	4548.430	.000
LdrType	ManagingDiversityTotal_r	63.607	1	63.607	.371	.543
	CulturalCompetenceTotal_r	471.335	1	471.335	4.694	.032
Error	ManagingDiversityTotal_r	20034.326	117	171.234		
	CulturalCompetenceTotal_r	11748.984	117	100.419		
Total	ManagingDiversityTotal_r	541370.000	119			
	CulturalCompetenceTotal_r	468541.000	119			
Corrected Total	ManagingDiversityTotal_r	20097.933	118			
	CulturalCompetenceTotal_r	12220.319	118			

a. R Squared = .003 (Adjusted R Squared = -.005)

b. R Squared = .039 (Adjusted R Squared = .030)

Note: Because there is a combination of 2 leadership types, managing diversity with five sub-constructs and cultural competence with five sub-constructs, the large difference between the mean square values may be attributable to a degree of variance between the sub-constructs as they relate to the greater two constructs of managing diversity and cultural competence.

Follow-Up Univariate Tests (ANOVA)

Table XXI demonstrates further support the significance values from the

MANOVA table. ANOVA post hoc analysis was chosen because the PI is working with

only 2 groups and as a result, post hoc such as Bonferroni or Tukeys are not appropriate.

Therefore, for the post hoc analysis follow up test, the ANOVA is considered

sufficient and most appropriate for support of the MANOVA. The variance can be

described as Unexplained variance which is what this result is according to Fields (2009).

If the ratio of explained variance to unexplained variance is high, the means are

statistically different (63 for MD and 471 for CC). Unexplained variance is part of the

statistic (sum of squares) that allows for variation within a data set.

Table XXI

Analysis of Variance Follow Up Test

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
ManagingDiversityTotal_r	Between Groups	63.607	1	63.607	.371	.543
	Within Groups	20034.326	117	171.234		
	Total	20097.933	118			
CulturalCompetenceTotal_r	Between Groups	471.335	1	471.335	4.694	.032
	Within Groups	11748.984	117	100.419		
	Total	12220.319	118			

Post-Hoc G* Power Analysis

Two groups were used on the Post Hoc G*Power for MD and CC and chose effect size for the size based on two groups of senior vs mid-level managers. PI ran a post hoc G*Power analysis and as displayed previously, matches the A Priori total sample size. As a result the dissertation study was sufficiently powered with .80 and sample size of 119 (Table XXII).

The post-hoc G* Power Analysis for F Test MANOVA Global Effects resulted a power of .809 using an effect size of .085 that was determined earlier during multivariate testing, and an alpha of .05. Recall that statistical power is the likelihood that a study will detect an effect when there is an effect to be detected. If the statistical power ends up high, the probability of making a Type II error (concluding there is no effect when there is one) goes down (Ellis, 2010).

Table XXII

Analysis of Variance Follow Up Test

Input	Effect size f²(V)	=	0.085
	α err prob	=	0.05
	Total sample size	=	119
	Number of groups	=	2
	Response variables	=	2
Output	Noncentrality parameter λ	=	10.1150000
	Critical F	=	3.0744473
	Numerator df	=	2.0000000
	Denominator df	=	116
	Power (1−β err prob)	=	0.8094626
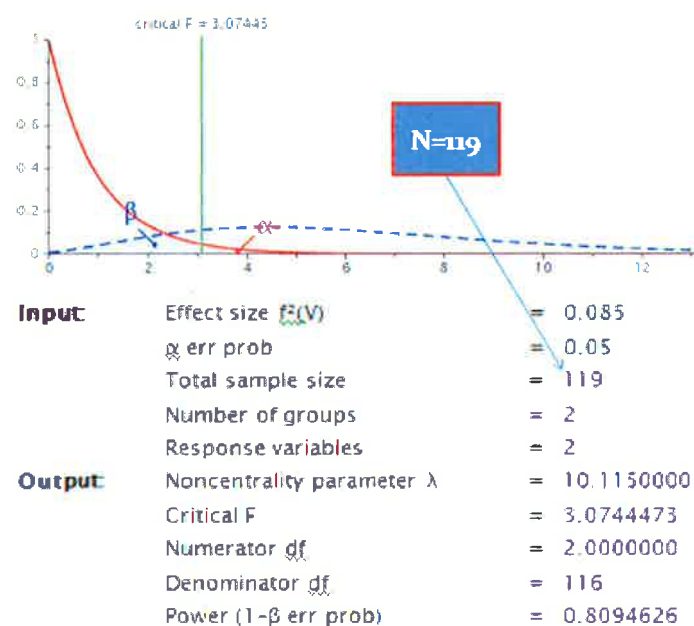
Summary of Findings

To summarize, the PoDeMLA established good reliability of the tool (α= .831) according to George and Mallory (2011) (Table 1) which was inclusive of both managing diversity and cultural competence constructs.

Differences of the means between the two leadership groups were presented where senior leaders reported higher means across both constructs and all sub-constructs than mid-level managers.

For the family influence sub-construct of managing diversity, mid-level managers had a higher mean of 13.82 than senior leaders who had a mean of 13.21.

For the socioeconomic sub-construct of managing diversity, mid-level managers had a higher mean of 18.69 than senior leaders who had a mean of 17.84.

For the educational sub-construct of managing diversity, mid-level managers had a lower mean of 7.54 than senior leaders who had a mean of 8.22.

For the mentor relationships sub-construct of managing diversity, mid-level managers had a lower mean of 15.25 than senior leaders who had a mean of 15.96.

For the mentor relationships sub-construct of managing diversity, mid-level managers had a lower mean of 10.16 than senior leaders who had a mean of 11.70.

For the acculturation sub-construct of cultural competence, mid-level managers had a lower mean of 11.33 than senior leaders who had a mean of 12.82.

For the cultural imposition sub-construct of cultural competence, mid-level managers had a lower mean of 18.9 than senior leaders who had a mean of 20.03.

For the cultural sensitivity sub-construct of cultural competence, mid-level managers had a lower mean of 9.96 than senior leaders who had a mean of 10.56.

For the discrimination sub-construct of cultural competence, mid-level managers had a lower mean of 9.62 than senior leaders who had a mean of 9.78.

For the steretyping sub-construct of cultural competence, mid-level managers had a lower mean of 10.14 than senior leaders who had a mean of 10.78.

The MANOVA demonstrated that there is NOT a significant difference between the two leadership groups regarding managing diversity.

Cultural competence demonstrates significance of .032 and managing diversity demonstrated non-significance with a value of .543.

Table XXI further supports the significance values from the MANOVA table resulting in .032 for cultural competence and .543 for managing diversity.

Review of Hypotheses

H.2-1. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **family influence** sub-construct of managing diversity.

H2-1$_a$:

No, there was no difference as senior leaders and mid-level managers both disagreed.

H.2-2. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly

affecting Hispanics, as measured by the **socioeconomic** sub-construct of managing diversity.

H2-2$_a$:

There was a difference in the level of support as the senior leaders agreed where the mid-level managers strong agreed.

H.2-3. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **educational consideration** sub-construct of managing diversity.

H2-3$_a$:

There was a difference as the senior level managers agreed and the mid-level managers disagreed.

H.2-4. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **mentor relationships** sub-construct of managing diversity.

H2-4$_a$:

There was a difference as the senior leaders agreed and the mid-level disagreed.

H.2-5. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly

affecting Hispanics, as measured by the **advancement** sub-construct of managing diversity.

H2-5$_a$:

There was no difference as both the senior and mid-level managers both disagreed.

H.4-1. **There is a difference** between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **<u>acculturation</u> <u>sub-construct of cultural</u> <u>competence</u>**.

H4-1$_a$:

There was no difference as both seniors and mid-level both had responses of neither agreed or disagreed although more mid-level managers had higher responses.

H.4-2. **There is a difference** between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **<u>cultural imposition</u> <u>sub-construct of cultural</u> <u>competence</u>**.

H4-2$_a$:

There was a difference as senior leaders neither agreed or disagreed and mid-level managers strongly disagreed.

H.4-3. **There is a difference** between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for

senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **cultural sensitivity sub-construct of cultural competence**.

H4-3$_a$:

Although there was no difference in primary responses of not sure for both senior and mid-level managers, the seniors' second highest response was yes, where the mid level's second highest response was no.

H.4-4 There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **discrimination sub-construct of cultural competence**.

H4-4$_a$:

There was a difference with seniors position being not sure and mid-level managers response was yes.

H.4-5. There is a difference between the senior leaders' understanding and the mid-level manager's understanding of disparity in employment of minorities eligible for senior management and leadership positions in healthcare organizations, particularly affecting Hispanics, as measured by the **stereotyping sub-construct of cultural competence**.

H4-5$_a$:

There was a difference as the senior leaders had a split response of not sure and yes, where the majority of mid-level managers had a response of not sure.

Chapter V

DISCUSSION

General Discussion of Study Findings

Recall from Chapter 1 this theoretical frame is looking through the lens of positive deviance where the idea of diversity and inclusion is to align management's processes and procedures so that their management of diversity initiatives within the organization and recognition and appropriate acceptance, modeling and implementation of culturally competent practice measures are synchronized to one cohesive and succinctly operative unit (Baldridge article, pg. 187, Pos Dev Perspective *J. Health Management* V. 58, No. 3 May/Jun 2013).

The primary purpose of this study was to create and validate the PoDeMLA survey instrument.

The survey instrument was successfully validated via the use of an expert panel in the Delphi process. The PoDeMLA established good reliability of the tool (α= .831) according to George and Mallory (2011) (Table 1) which was inclusive of both managing diversity and cultural competence constructs.

The secondary purpose was to test the PoDeMLA tool in a population of interest (senior and mid-level managers).

Differences of the means between the two leadership groups were presented where senior leaders reported higher means across both constructs and all sub-constructs than mid-level managers.

Cultural competence demonstrates significance of .032 and managing diversity demonstrated non-significance with a value of .543.

Similarities noted for the managing diversity construct for both senior leaders and mid-level managers was family influence and advancement. Similarities noted for the cultural competence construct for both senior leaders and mid-level managers was acculturation and cultural sensitivity.

Differences noted for the managing diversity construct for both senior leaders and mid-level managers was socioeconomic, educational considerations, and mentor relationships.

Differences noted for the cultural competence construct for both senior leaders and mid-level managers was cultural imposition, discrimination and stereotyping.

Figure 15 demonstrated the majority of respondents including both senior leaders and mid-level managers were in the 41-50 age range whereas there was no representation of senior leaders in the 18-30 age range.

Figure 16 demonstrated the majority of respondents being male at 66% (78) and female 35% at 41.

Figure 17 demonstrated the various types of specialty areas from respondents.

Figure 18 demonstrated the alternating years of diversity and inclusion experience from senior leaders and mid-level managers.

Figure 19 demonstrated the majority of both leadership types is vastly present in the Caucasian/non-Hispanic Race/Ethnicity group. As this study was evaluating the creation and use of the tool in this disparate group, it is apparent what race categorization the majority of both leadership groups reside.

Discussion of the Five Managing Diversity Sub-Constructs

Figure 20 demonstrated majority of senior leaders disagreed and majority of mid-level managers disagree which means the perspective of senior leaders are less apt to agree with family influence being of high value but higher than the senior leaders.

Figure 21 demonstrated majority of senior leaders agree with socioeconomic factors being of importance but less than mid-level managers, the majority of mid-level managers strongly agreed with the socioeconomic sub-construct but more so than the senior leaders which means their perspective is more apt to agree with socioeconomic factors being of high value.

Figure 22 demonstrated the majority of senior leaders strongly agreed with the educational considerations and the majority of mid-level managers disagreed which means their perspective is less apt to agree with educational consideration factors in MD being of high value. NOTE: There were no responses from middle managers in the neither agree nor disagree category.

Figure 23 demonstrated the majority of senior leaders agreed and, the majority of mid-level managers strongly disagreed which means their perspective is less apt to agree with mentor relationships being of high value.

Figure 24 demonstrated the majority of senior leaders strongly disagreed and the majority of mid-level managers also strongly disagreed which means their perspective is less apt to find the sub-construct of advancement of high value.

Discussion of the Five Cultural Competence Sub-Constructs

Figure 25 demonstrated the majority of senior leaders neither agreed or disagreed which means their perspective is less apt to be find the sub-construct of acculturation of

high value but higher than mid-level managers and the majority of middle managers had a neutral position of neither agree or disagree.

Figure 26 demonstrated the majority of senior leaders had a neutral position and the majority of middle managers strongly disagreed which means their perspective is less apt to agree with cultural imposition being of high value.

Figure 27 demonstrated the majority of senior leaders strongly had a position of not sure and yes which means their perspective is more apt to agree with cultural sensitivity to be of high value and the majority of middle managers had a position of not sure and no which means their perspective is less apt to agree with cultural sensitivity to be of high value.

Figure 28 demonstrated the majority of senior leaders had a neutral position and the majority of middle managers had a position of yes which means their perspective is more apt to agree with discrimination to be of a high value concern.

Figure 29 demonstrated the majority of senior leaders had a neutral position and the majority of middle managers had a position of not sure which means their perspective is uncertain with stereotyping to be of high value.

Conceptual Framework Revisited

As stated previously in chapter I, the theoretical framework of positive deviance as seen through the lenses of managing diversity and cultural competence (Figure 30) was previously viewed as equally weighted (Figure 31). What the results demonstrated is that they are not. The weighting results for managing diversity and cultural competence is actually seen as an imbalance as the results for cultural competence demonstrated a

significance of .032 and the results for managing diversity demonstrated non-significance of .543 (Figure 32).

Figure 30. Principal Investigator Self-Developed Conceptual Framework of positive deviance, the idea of diversity and inclusion is to align management's processes and procedures so that their management of diversity initiatives within the organization and recognition and appropriate acceptance, modeling and implementation of culturally competent practice measures are synchronized to one cohesive and succinctly operative unit. (Baldridge, 2013, p. 187)
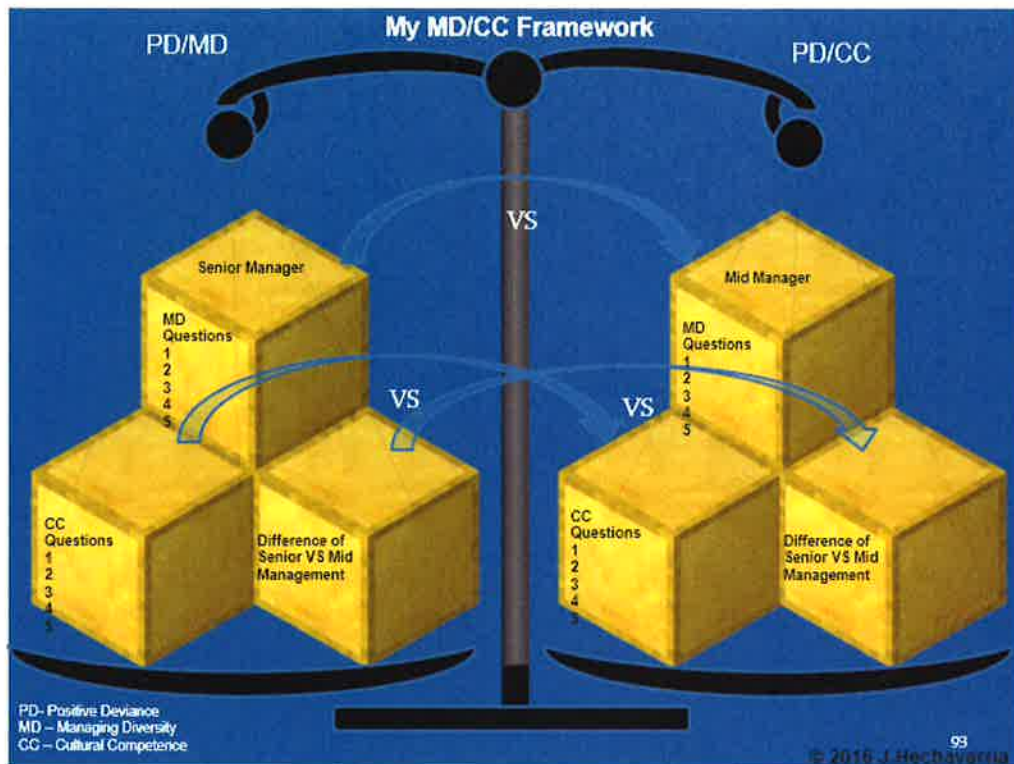
Figure 31. View of both constructs of managing diversity was that they were equally balanced.
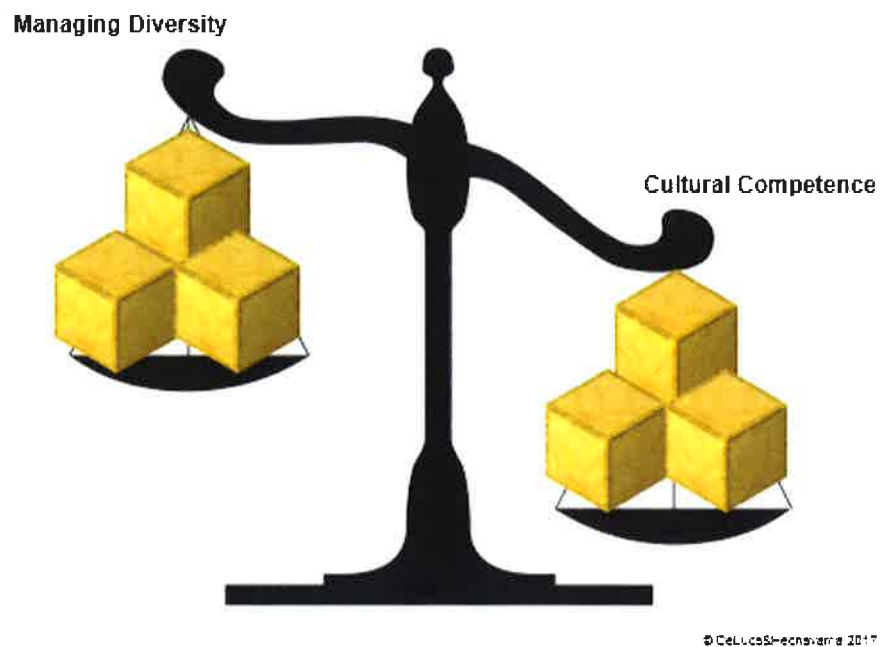
Figure 32.. Results demonstrated managing diversity and cultural competence are not equally weighted.

The positive deviance framework as a theory lead one to believe that as management are interested in diversity, that both constructs are equal. Positive deviance supports that cultural competence would be predictive as a manager would view diversity.

The positive deviance framework lead you to believe that managing diversity would be equal as well however as demonstrated earlier in the results, the scale is unbalanced for managing diversity for leadership styles. The new question of how to bring the scales back into balance becomes a newly introduced question.

There is another theory that can explain this called Bandura's social cognitive theory.

The 5 sub-constructs of managing diversity are: Family Influence, Socioeconomics, Educational Considerations, Mentor relationships, and Advancement considerations.

They squarely fit the Bandura social cognitive theory as each of the 3 elements/areas personal, behavioral, and environmental speak to the managing diversity sub-constructs (Figure 33).

A combination of any of these areas dropped onto managing diversity will bring the scale back into balance as seen in Figure 33. (Samuel J. Smith. "Social Cognitive Theory", 2017) (Figure 33.)
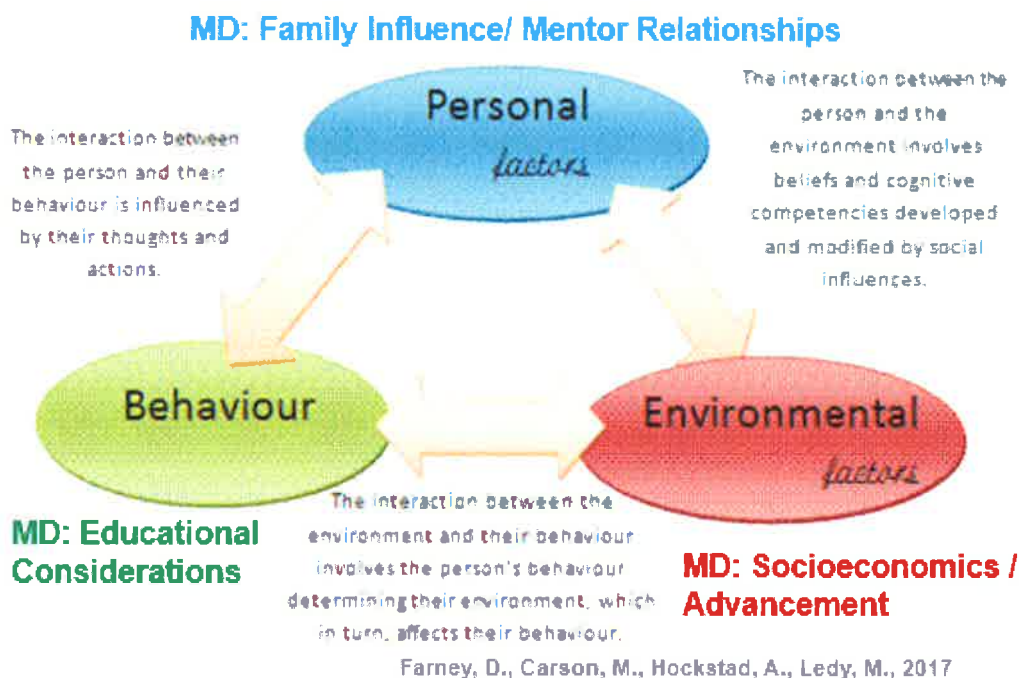
Figure 33. The 5 sub-constructs of managing diversity are: Family Influence, Socioeconomics, Educational Considerations, Mentor relationships, and Advancement considerations squarely fit the Bandura social cognitive theory as each of the 3 elements/areas personal, behavioral, and environmental.
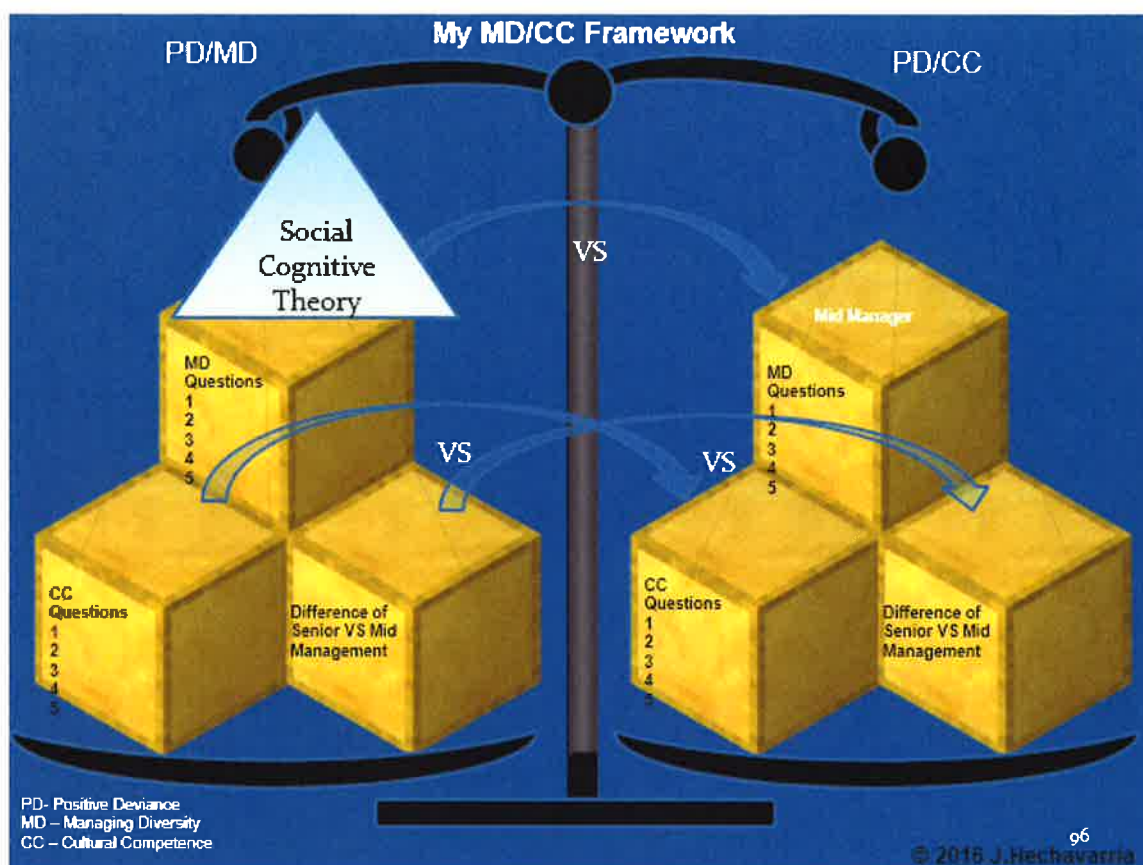
Figure 34. Demonstrated in new scale diagram, the "counterweight" of Bandura's Social Cognitive Theory is applied to the MD side again evenly balancing the scales of leadership for managing diversity and cultural competence. (J., Hechavarria 20017)

Practical Implications

There are practical implications that support the gaps in the limited literature information as well as in the dissertation results.

Implications from this dissertation study can lead to changes in Human Resource training practices for on-boarding where the company culture is expressed to new colleagues for the first time.

Updates to Human Resource Employee Resource groups where employees are given a voice can lead to impactful change and provide a place for senior leadership and

mid-level managers to engage and give their understanding of specific needs each group has.

Additionally Human Resource can provide leadership training to address specific areas of concern as addressed in the results previously presented in this dissertation study.

Study Limitations
Self-Reported Bias

As there was self-reported bias, respondents may have answered questions as to how they believed their current organizational climates would have wanted them to respond.

Sampling Bias

Snowball sampling

As snowball sampling was indicated in PI's IRB application, further recruitment efforts were limited. Although the use of LinkedIn provided the required population sample size, it's sole use was a limiting factor in even greater numbers of potential respondents.

Other Concerns

Respondents could have had concerns of others knowing their answers despite discussing anonymity during the recruitment process and anonymity in the letter of solicitation. Researcher bias was an included element as PI was aware of great concerns regarding respondents anonymity and therefore did not include geographic demographic information so as not to un-anonymize any participants. Additionally PI recognized diversity and inclusion as a politically charged and sensitive topic across organizations and would be limited in who would participate.

Additionally the PI recognizes the significance and use of the PoDeMLA was based on the research conducted during the creation of and the use in the specific sample population of healthcare related mid-level managers and senior leaders. David Walonick (2010) (Figure 35) stresses the importance of the PI recognizing these differences and to be aware of where the PI is in the evolution of the survey instrument creation as the success of each item in the flowchart depends on the success of each item before it.

Design Methodology
↓
Determine Feasibility
↓
Develop Instruments
↓
Select Sample
↓
Conduct Pilot Test
↓
Revise Instruments
↓
Conduct Research
↓
Analyze Data
↓
Prepare Report
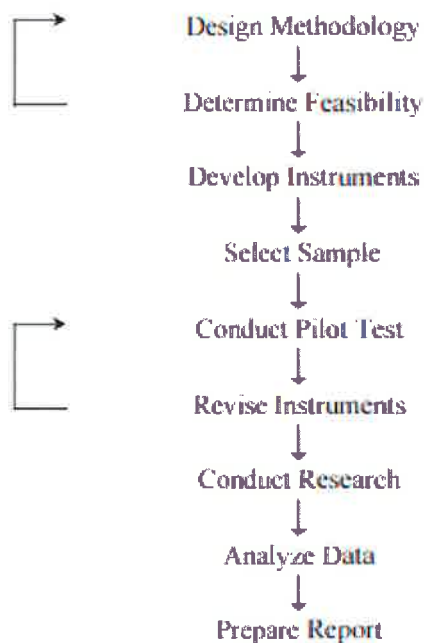
Figure 35. Walonick's Research flow example

Chapter VI

CONCLUSION

Future Research

This dissertation study was performed as there was limited information in the literature that could lend practical assistance to organizations in the area of minority disparities in healthcare organizations. As a result the PI created the PoDeMLA survey instrument and tested the PoDeMLA survey instrument on a selected population of senior leaders and mid-level managers that were above the age of 18, English speaking, had previously worked in or were currently working in healthcare related fields at the level of Associate Director and above to Chief Executive Officer.

Future research considerations could concentrate on global geographic specificity and evaluate culture effect as compared to the results of this study. As previously discussed the area of Patrifocality would be insightful. To revisit what Gilbert (1999) stated, the understanding of diversity management as a new organizational paradigm where senior leadership seeks to even the organizational playing field in being more inclusive of under-represented individuals (Gilbert et al., p. 61, 1999) Namrata Gupta in 2012 addressed the obvious disenfranchisement that female engineering students face when attempting to break in to the engineering space and be allowed to be successful. "In India also, engineering has traditionally been regarded as a men's sphere. In general, the education of women in India has been influenced by "Patrifocality" (Mukhopadhyay & Seymour, 1994). "Patrifocality" refers to the kinship and family structures and ideology that give precedence to men over women" (Gupta, p. 154, 2012)

Future research considerations could also include studies on any one of the managing diversity or cultural competence sub-constructs that indicated differences between the management types. As previously discussed, differences noted for managing diversity were socioeconomics, educational considerations, and mentor relationships. Differences noted for cultural competence were cultural imposition, discrimination and stereotyping. Other study considerations could examine gender specific differences among mid-level managers and senior leaders across geographic organizations to determine other underlying causes for disparities that may exist.

Dissertation Significance and Conclusion

This dissertation study was in a topic of great interest to individuals currently affected by gender, ethnic and cultural differences as is depicted on regular news media outlets. The current political climate has premeditated the topic of ethnic and cultural divides in the country as well as organization effects across the United States.

The significance to the PI was to develop a practical, relevant, reliable and valid tool to assess and understand the effect of positive deviance on minority leadership in healthcare organizations. Additionally the imperative to demonstrate what the current trend is with human resource practitioners regarding their perspectives of and recommendation of the PoDeMLA as they may not reconcile with what mid-level managers and senior leaders perception was as it related to the constructs of managing diversity and cultural competence. In conclusion, this dissertation may also aid in further developing studies analyzing additional needs of diversity practitioners as to what the relationships between the current practices are against the use of the PoDeMLA as well as further analyze the direct impact of use of the PoDeMLA tool in organizations.

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APPENDIX A

Agreement for Delphi Process Form

SETON HALL UNIVERSITY
1 8 5 6
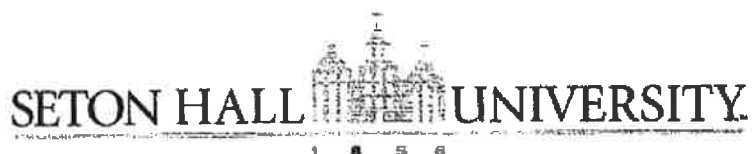
AGREEMENT FOR DELPHI PROCESS
SIGN-OFF-SHEET – STEP 1

DOCTORAL CANDIDATE NAME: Jorge Hechavarria

PROJECT TITLE: "Creating and Validating a New Survey Instrument to Understand the Effect of Positive Deviance on Minority Leadership in Healthcare Organizations"

I HAVE PARTICIPATED IN SEVERAL DISCUSSIONS WITH MY DISSERTATION CHAIR AND MEMBERS OF MY COMMITTEE AND HAVE MY COMMITTEE'S AGREEMENT TO SUBMIT THE DELPHI EXPERT PANEL AND SURVEY CREATION IRB APPLICATION. THE SIGNATURES HEREIN REFLECT MY COMMITTEE MEMBERS' SUPPORT OF MY PROPOSED METHODOLOGY.

DISSERTATION COMMITTEE CHAIR: Dr. Deborah DeLuca

COMMITTEE CHAIR SIGNATURE:

DISSERTATION COMMITTEE MEMBER: Dr. Terrence Cahill

COMMITTEE MEMBER SIGNATURE:

DISSERTATION COMMITTEE MEMBER: Dr. Fortunato Battaglia

COMMITTEE MEMBER SIGNATURE:

APPENDIX B

Seton Hall University

Institutional Review Board (IRB) Approvals

B-1: [10/26/16] Letter from Seton Hall University advising PI to conduct validity of survey instrument without requirement of IRB approval because Delphi method does not fall under the purview of the IRB.

B-2: [11/09/16] Letter from Seton Hall University IRB granting approval research study and thereby categorizing it as "exempt".

B-2: PI "Request for Approval of Research, Demonstration or Related Activities Involving Human Subjects" Form signed by IRB Director [11/09/16] and Academic Advisor [10/12/16]

SETON HALL UNIVERSITY
1 8 5 6

October 26, 2016

Jorge Hechavarria
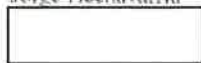
Dear Mr. Hechavarria,

The Seton Hall University Institutional Review Board reviewed your research proposal entitled "Creating and Validating a New Survey Instrument to Understand the Effect of Positive Deviance on Minority Leadership in Healthcare Organizations". The IRB has raised the following concerns about the study:

1. Researcher needs to submit a certificate of training in the ethics of research with human subjects that is no older than 2 calendar years.
2. In the letter of solicitation, the researcher needs to correct (A) grammatical errors under "Is the survey anonymous?" and (B) title of Dr. Ruzicka [Director, not Chair of IRB] as well as the reason why someone would contact her. It is not for questions about the survey but for questions about subjects' rights as human subjects in a research study. Give email address for IRB.
3. Researcher needs to make a clear statement in the letter of solicitation under "Is participation voluntary?" on how to end participation. For example, should a subject just close his/her browser or are there other steps to be taken?
4. Researcher needs to make a clear statement about the possibility of hacking under "Is the survey anonymous?", not under "Compensation".
5. Survey link with statement that clicking on it gives consent to participate in the study needs to be the last paragraph of the letter of solicitation.
6. Please submit document indicating that you accept Linkedin's privacy policy. Do not submit screen shots; print out document.
7. How will researcher ensure that his subjects, when forwarding the survey link to others as part of snowballing, have accepted Linkedin's privacy policy?

According to federal regulations, you have 30 days from the date of this letter to respond to the IRB stipulations and recommendations. Please address these issues in a memo sent to the IRB, c/o Mary F. Ruzicka, Ph.D., Office of the IRB, Presidents Hall, Seton Hall University, South Orange, NJ 07079.

The IRB looks forward to your response. Be aware that your proposal is not approved and you are not to initiate the research until formal written approval has been received from the IRB. Thank you for your cooperation.

Sincerely,

Mary F. Ruzicka, Ph.D.
Professor
Director, Institutional Review Board

cc: Dr. Deborah DeLuca

SETON HALL ⛪ UNIVERSITY.
1856

November 9, 2016

Whippany, NJ 07981

Dear Mr. Hechavarria,

The Seton Hall University Institutional Review Board has reviewed the information you have submitted addressing the concerns for your proposal entitled "Creating and Validating a New Survey Instrument to Understand the Effect of Positive Deviance on Minority Leadership in Healthcare Organizations". Your research protocol is hereby accepted as revised and is categorized as exempt.

Please note that, where applicable, subjects must sign and must be given a copy of the Seton Hall University current stamped Letter of Solicitation or Consent Form before the subjects' participation. All data, as well as the investigator's copies of the signed Consent Forms, must be retained by the principal investigator for a period of at least three years following the termination of the project.

Should you wish to make changes to the IRB approved procedures, the following materials must be submitted for IRB review and be approved by the IRB prior to being instituted:

- Description of proposed revisions;
- *If applicable*, any new or revised materials, such as recruitment fliers, letters to subjects, or consent documents; and
- *If applicable*, updated letters of approval from cooperating institutions and IRBs.

At the present time, there is no need for further action on your part with the IRB.

In harmony with federal regulations, none of the investigators or research staff involved in the study took part in the final decision.

Sincerely,

Mary F. Ruzicka, Ph.D.
Professor
Director, Institutional Review Board

cc: Dr. Deborah DeLuca

REQUEST FOR APPROVAL OF RESEARCH, DEMONSTRATION OR

RELATED ACTIVITIES INVOLVING HUMAN SUBJECTS

All material must be typed.

PROJECT TITLE: *Creating and Validating a New Survey Instrument to Understand the Effect of Positive Deviance on Minority Leadership in Healthcare Organizations*

CERTIFICATION STATEMENT:

In making this application, I(we) certify that I(we) have read and understand the University's policies and procedures governing research, development, and related activities involving human subjects. I (we) shall comply with the letter and spirit of those policies. I(we) further acknowledge my(our) obligation to (1) obtain written approval of significant deviations from the originally-approved protocol BEFORE making those deviations, and (2) report immediately all adverse effects of the study on the subjects to the Director of the Institutional Review Board, Seton Hall University, South Orange, NJ 07079

October 12, 2016

_____
RESEARCHER(S) OR PROJECT DIRECTOR(S)
      Jorge Hechavarria

DATE

**Please print or type out names of all researchers below signature.
Use separate sheet of paper if necessary **
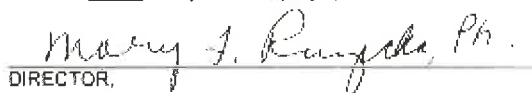
My signature indicates that I have reviewed the attached materials of my student advisee and consider them to meet IRB standards

October 12, 2016

_____
RESEARCHER'S FACULTY ADVISOR [for student researchers only]
      Deborah DeLuca, MS, JD

DATE

Please print or type out name below signature

The request for approval submitted by the above researcher(s) was considered by the IRB for Research Involving Human Subjects Research at the _____ meeting.

The application was approved _____ not approved _____ by the Committee. Special conditions were _____ were not _____ set by the IRB. (Any special conditions are described on the reverse side.)

11/9/16

_____
DIRECTOR,

DATE

SETON HALL UNIVERSITY INSTITUTIONAL
REVIEW BOARD FOR HUMAN SUBJECTS RESEARCH

APPENDIX C

Delphi Expert Panel Letter of Solicitation

SETON HALL UNIVERSITY

Delphi Panelist Letter of Solicitation

DATE: 24JUNE2016

Dear Delphi panelist:

As you know I am a doctoral student at the School of health and Medical Sciences at Seton Hall University located in South Orange, NJ and I am currently embarking on my doctoral dissertation entitled, "Exploring the effect of Positive Deviance, if any, on deficiencies that may exist in minority leadership in healthcare organizations." As per our prior conversations, you have expressed your kind willingness and commitment to serve as a member of my Delphi panel as an Expert Reviewer of my survey instrument, titled the 'Positive Deviance Minority Leadership Assessment (PoDeMLA) Survey Instrument.' I thank you for taking the time to participate in this review process as I believe it will produce a high quality survey to be used in my Ph.D dissertation efforts upon completion of the Delphi review process.

You are an executive and a recognized expert in the area related to my research project. Because of this, I am contacting you formally to ask if you would be willing to be a member of my Delphi Panel as an Expert Reviewer in the field of diversity and inclusion and minority coaching for the survey I am creating.

There is a disparity in minority employment at leadership levels in healthcare organizations in general and the projected numbers of minority employees eligible to enter the executive ranks are projected to triple by 2050, there is an imperative need for healthcare organization senior management to recognize develop and implement processes and procedures that embrace the elements and approaches defined by positive deviance and cultural competence. In order to achieve the goal of better understanding this environment, it will be necessary for me to validate my newly created survey tool in my desired population sample and to determine its initial Cronbach alpha.

You are being asked to participate in this Delphi Panel in order for combined feedback to be taken into consideration and ultimately to be used to construct the final survey instrument. The survey itself contains variables to be answered on a scale of strongly disagree to strongly agree. Open ended questions and multiple choice questions are also contained in the demographic portion of the survey which I ask that you review as well for feedback.

This survey will be distributed to a snowball sample of convenience to middle managers and senior leaders in healthcare related organizations. In order to establish face and content validity I would appreciate your review of the PoDeMLA tool for clarity and to ensure the questions are appropriate. As a reviewer, you are also asked to review the demographic questionnaire for appropriateness and clarity.

School of Health and Medical Sciences
Department of Interprofessional Health Sciences and Health Administration
400 South Orange Avenue • South Orange, New Jersey 07079 • www.shu.edu

Appreciating your time, I ask that you take no more than fourteen (14) days to finish this first round of review.

Upon receiving your comment and suggestions from this first round of review, your assessments will be combined with those of the other expert panelists. I am seeking 80% consensus on each assessment of each item contained in the instrument in the first round, which means agreement among four out of five (4/5) panelists. This survey tool will then be modified after all responses from the expert panel are received. Based upon the panel feedback, a second review will most likely be needed. If that is the case, I kindly ask for your continued participation. You will receive additional instructions and a modified version of the survey instrument based on the consolidated assessments received from all reviewers at that time. Additionally, a third review may also be required, and again, if this becomes necessary, you are kindly asked again for your continued assistance with this modified Delphi process. By the end of the third round, a reasonably valid tool should result which will allow me to seek reliability and determine my Cronbach alpha for this tool in my desired population of middle and senior leaders in healthcare fields.

Enclosed you will find two documents for your review. The first document contains background information regarding the problem under consideration for research. This document also includes a worksheet supporting the development of this instrument and a draft of the instrument. The second document is a worksheet for your use. In the first step of the Delphi Review, you as a member of my expert panel, are to (1) identify items which are ambiguous or unclear; (2) identify items which may be double-barreled; (3) identify items which may lead to a biased socially desirable response and (4) review the order of questions to reduce order bias; and (5) review the demographic items for appropriateness and clarity.

Upon completion of the first five steps aforementioned, you are requested to return the worksheet with comments to me, the Principle Investigator (PI), via email. Please return your worksheet with commentary within fourteen (14) days. Once all of the commentaries are received from the expert reviewers, revisions will be made to the instrument based upon the recommendations of each of the members of the expert panel of reviewers. Consensus of the panel for each question, calculated at 80% will be sought, with the majority defined as four out of five (4/5) panelists in agreement, or 80%. Majority panel member recommendations will be followed. Should consensus as defined not be achieved for any item(s) after the first review of this Delphi process, the documents will be returned to all panelists again for a second round of review. The difference on Round 2 of the review is that only the question(s) where consensus is not achieved will be provided for review and comment. Otherwise, the same procedure as outlined will be followed.

Instructions for Round 1 Delphi:

For the survey enclosed herein: Please review each variable and make recommendations in the comments section. Please consider the following elements in your analysis of these variables:

1. Please complete the Delphi panel demographic survey for documentation purposes prior to commenting on the PoDeMLA tool.
2. Evaluate each item for content validity; i.e. does the variable measure the construct as defined in this survey?
3. Identify items which are ambiguous or unclear
4. Identify items which may be double-barreled
5. Identify items which may lead to a response that is socially desirable
6. Please review the order of items to reduce order bias and make recommendations
7. Please also review the demographic items for appropriateness and make recommendations

Please feel free to provide any suggestions, additional questions or comments you believe will make this survey the best assessment tool for evaluating the effect of positive deviance for minority leaders in healthcare organizations.

Your time, patience, willingness to help and attention is so very much appreciated. Thank you!

Sincerely,

Jorge Hechavarria MBA

Jhech68@gmail.com

908-403-5754

Doctoral Candidate, Seton Hall University

School of Health and Medical Sciences

Enclosures (2)   Background Information with Survey

Delphi Survey Worksheet

APPENDIX D

Principle Investigator Created Tool:

The Positive Deviance Management Leadership Assessment (PoDeMLA)

[First page preview of the PoDeMLA]

For the full survey instrument and/or questions or further information regarding the PoDeMLA, please contact the PI at drjhechavarria@gmail.com

PaDeMLA

*1. My parents suggested my career path

○ Yes

○ No

○ Not Sure

1a. If Yes to 1. , please answer:
My parents advised me as to what type of schooling to attend post secondary education.

○ Yes

○ No

○ Not Sure

*2. My parents' guardian(s)' career influenced my career choice

○ Strongly disagree

○ Disagree

○ Neither agree nor disagree

○ Agree

○ Strongly agree

*3. My family's experience and upbringing was a positive one.

○ Strongly disagree

○ Disagree

○ Neither agree nor disagree

○ Agree

○ Strongly agree

*4. I was raised in a two-parent (2 guardian) household.

○ Yes

○ No

○ Not sure

*5. I was raised in a conservative household.

○ Yes

○ No

○ Not sure

APPENDIX E

Principle Investigator Created

Demographic Questionnaire

[First page preview of the Demographic Questionnaire]

For the full questionnaire and/or questions or further information regarding the

PoDeMLA, please contact the PI at drjhechavarria@gmail.com

- President
- VP
- Executive Director
- Director
- Associate Director
- Senior Manager
- Manager
- Lead
- Other

*Demographic Question 9. Are you currently a senior leader in your organization? (Executive Committee or reports to executive committee)

- Yes
- No

*Demographic Question 10. Which of the following race/ethnicity do you most closely identify with?

- Hispanic Latino
- American Indian Native Alaskan
- Asian
- Black African American
- Native Hawaiian Pacific Islander
- Caucasian non-Hispanic

Demographic Question 11. Please indicate your age range:

- 18-30
- 31-40
- 41-50
- 51-60
- 61-70
- 70+

*Demographic Question 12. Please indicate your gender.

- Male
- Female

Thank you very much for your participation, it is greatly appreciated.

APPENDIX F

Delphi Round 1 Survey Worksheet

F-1: Instructions to Delphi Panelists

F-2: Managing Diversity and Cultural Competence sub-construct terminology for Delphi Panelists with Likert Scale rating

F-2: Delphi Rount 1 Worksheet page 1

For the survey worksheet questions or further information regarding the

PoDeMLA, please contact the PI at drjhechavarria@gmail.com

Expert Panel: Please insert a "Y" for Yes or an "N" for No into each slot per question for each variable under the constructs. Please feel free to provide commentary pertaining to any question for each variable. Please feel free to provide any additional comments, suggestions or questions (please indicate the exact wording of any questions you suggest and where/what construct the question should be placed with/under) you believe will enhance the overall quality of this survey. Use as much space as needed. If so, please indicate your reasoning why so that I may understand and be able to speak to this modification when I defend my dissertation work.

Please feel free to comment or indicate above in any section or by any question if you believe that the question should be ELIMINATED. If so, please indicate your reasoning why so that I may understand and be able to speak to this modification when I defend my dissertation work.

Where any such modifications may be involved, it is likely I may choose to either eliminate the question entirely or retain it despite the suggestion made and this may be shown in a subsequent round of the Delphi sent to you. If this happens I will be certain to explain why so that the experts may make according decisions toward consensus in the subsequent round. Although I am seeking 80% consensus to keep or eliminate a question based on the panelist responses, there is a small possibility that the PI (along with the research committee) may decide to keep or eliminate a particular question despite attaining 80% consensus from the panel. If this should happen, this will be noted in the subsequent round to the Delphi panel with rationale as to why the decision was made because it is likely further clarification or review will be sought from the panelists on that particular question/issue.

Thank you.

Positive Deviance: the observation that in most settings a few at risk individuals follow uncommon, beneficial practices and consequently experience better outcomes than their neighbors who share similar risks". (Marsh, Schroeder, Dearden, J. Sternin, and M. Sternin, p. 3, 2004)

Marsh, D. R., Schroeder, D. G., Dearden, K. A., Sternin, J., & Sternin, M. (2004). The power of positive deviance. *BMJ*, *329*,1177-1179.

PD Construct No. 1: Family Influence: Complex multiple factors can contribute to a professional's career development and work family interface. (Perrone-McGovern, Wright, Howell, Barnum, 20114)

PD Construct No. 2: Socio Economic: "Little doubt exists that age/grade, gender and ethnicity are important moderating variables in college students' career development." (Patton, Creed, Watson, 2003, p. 74)

PD Construct No. 3: Educational Considerations: An author of studies in Affluence and Admission stated that "although he wasn't surprised to find that affluent students, who presumably have more educational resources, are more likely to be admitted to college, he was surprised by how strong the association is." (National On Campus Report, 2004, p. 5)

PD Construct No. 4: Mentor Relationships: "although researchers have found associations between natural mentoring relationships and a variety of positive outcomes, few researchers have empirically tested a connection between mentoring and racial identity." (Hurd, Sanchez, Zimmerman, Caldwell, 2003, p. 74)

PD Construct No. 5 Definition: Advancement/Same Organization/Other Organization : "In the United States, women have attained near gender equity at the entry stages in academic medicine; however, progress has been much slower at senior leadership levels. The paucity of women leaders inhibits the ability of academic medicine to adequately meet the needs of an increasingly diverse body of students, faculty, staff, and patients. Research indicates that until a critical mass of women with sustained success as leaders is achieved, it is unlikely that this deficit will be corrected." (Morahan, Rosen, Richman, Gleason, 2004, p. 387)

Cultural Competence: A dimension of diversity that is often characterized on various stages is that of cultural competence. "The assumption is that as the organization becomes increasingly culturally competent, is increases or reaches higher stages of inclusion." (Maldonado, p. 1, 2015) The direct components involved are characterized by four components which are awareness, attitude, knowledge level and skill set.

Maldonado, M. (2015). Diversity And Inclusion. *Leadership Excellence Essentials*, *32*(7), 5-6.

CC Construct No. 1: Acculturation: Considers the psychological aspects of inter-cultural contact between two or more groups that may lead to cultural variations and innovative processes. (Chun, Organista, & Marin, 2003; Sam & Berry, 2006).

CC Construct No. 2: Cultural Imposition: Invasively imparts the central or primary cultural view to individuals and groups. Healthcare providers must be cautious in how they share their cultural views until the patients' are better understood. (Giger et al., 2007).

CC Construct No. 3: Cultural Sensitivity: Cultural sensitivity is experienced when neutral language expressed as verbal and nonverbal

communication reflect sensitivity and politeness towards the diversity of others. (Giger et al., 2007).

CC Construct No. 4: Discrimination: Discrimination results when those who are different from one's own background are disrespected of rights and privileges. This may be evident in different forms such as ageism, sexism, racism, etc. (Purnell, 2008; Andrews & Boyle, 2008).

CC Construct No. 5: Stereotyping: Stereotyping can be defined as a prejudiced attitude, conception, opinion, or belief often associated with an unjustified negative attitude toward a person's cultural membership. (Giger et al., 2007).

Note: the questions are on a 5 and a 3 point likert scale

Scale	Scale
1 – Strongly disagree (SD)	1 – Yes (Y)
2 – Disagree (D)	2 – Neutral (0)
3 – Neither agree nor disagree (NAD)	3 – No (N)
4 – Agree (A)	
5 – Strongly agree (SA)	
← Strongly Disagree ----------------------------------- Strongly Agree →	← Yes ----------------No----------------- Not Sure →
O O O O O Score: 1 2 3 4 5	O O O Score: 2 1 0

Item /Variable	Does it measure concept? (Y/N)	Is it clear? (Y/N)	Is it double barreled? (a question that touches upon more than one issue, yet allows only for one	Is it biased through socially desirable response?	Comments:

			answer.) (Y/N)	(Y/N)	
PD Construct No. 1: Family Influence: Complex multiple factors can contribute to a professional's career development and work family interface. (Perrone-McGovern, Wright, Howell, Barnum, 20114)					
1. *My parents suggested my career path:* *Yes*　*No*　*Not sure* ●　　●　　○ If yes, please answer: My parents told me what type of schooling to attend post secondary education. Yes　　No　　Not sure ●　　●　　● Rationale: 1a/ Type of Vocational school to pursue (e.g., plumbing, electrical trades, HVAC, etc) Tziner, A., Loberman, G., Dekel, Z., & Sharoni, G. (2012). The influence of the parent offspring relationship on young people's career preferences. Revista De Psicología Del Trabajo y De Las Organizaciones, 28(2), 99-n/a Authors Tziner et al, 2012 cite that there could be an association between high quality parent child relationships and the parent's career choices related to future preferences. "Research has shown that young adults speak most frequently about career issues with their parents (Otto, 2000), and name parents as a major influence during educational and career transitions (Mortimer, Zimmer-Gembeck, Holmes, & Shanahan, 2002) and the choice of a vocation." (Tziner et al, 2012, p. 100)					

APPENDIX G

Delphi Round 2 Survey Worksheet Feedback
Single Example

≠8 It was suggested by an expert(s) that the following question:

8. *I grew up with older siblings.*

8a. *I grew up with younger siblings*

8b. *I was an only child*

8c. *I grew up with multiple siblings. Please fill in what rank you were in age order.*

<u>The following recommendations were made:</u>

1) I thought this set of questions regarding siblings a bit repetitive.

2) Isn't this redundant with the questions above? You could skip them and just ask

this last one. Make the first part yes/no and then the second as is.

<u>Proposed rewrite:</u>

8. *I grew up with multiple siblings. Please fill in what rank you were in age order.*

INSERT THE AGE PROGRESSION SO IT IS COMPLETE

Make change as per expert(s)' recommendation   _____

Leave this statement/question as originally proposed   _____

Additional comments   _____

APPENDIX H

Letter of Solicitation to Survey Participants
via LinkedIn Social Media

Good morning , it is great to connect with you. I am conducting my dissertation survey and I would greatly benefit from your participation and sharing it with those you feel would be interested as well (associate director and above). Please share as bcc so participants don't see who else received it.

Important PhD Survey on Management Diversity & Inclusion
https://lnkd.in/dK_bMpT

Sincerely,
Jorge
Jorge C. Hechavarria B.S., MBA, PhD (candidate)

Date: 12DEC2016

Dear Healthcare Professional,

My name is Jorge Hechavarria. I am a student at the Seton Hall University School of Health and Medical Sciences PhD program. I am conducting a research study entitled, "Creating and Validating a New Survey Instrument to Understand the Effect of Positive Deviance on Minority Leadership in Healthcare Organizations" and am looking for participants for my study.

What is the Purpose of the Study?
You have been identified as someone that works with or in the healthcare industry. The purpose of this study will be to analyze the issue of minority population disparities in healthcare organizations in positions of leadership that has been recognized as a growing concern in the United States and with predictions of increasing minority populations' growth, such as the Latino community. This study will facilitate intervention to address these concerns, through the creation and validation of the PoDeMLA ("Positive Deviance Management Leadership Assessment") tool. As such your participation in your professional field is paramount in collecting helpful data.

What is the Study Procedure?
You are being asked to complete the survey if you fit the requirements or "inclusion criteria". The requirements include being an Associate Director or above to CEO/President and/or Board member and you work in or closely work with the healthcare community. You may complete the survey by clicking the link below. This study will also be utilizing a recruitment technique known as snowball sampling. This means you are encouraged to forward this message to colleagues that fit the criteria for inclusion. Anyone that fits the criteria may participate and complete the study survey even if you decide not to. The attached link is _not unique_ to you. It may be forwarded to anyone. No record will be kept regarding whether or not you completed the survey nor will a record be kept of who you forwarded it to. Completing the survey will take approximately 10 – 15 minutes. You can take as much time as you would like to complete it.

Is participation voluntary?
Your participation in this research study is completely voluntary. You may decide not to participate at any time. If you choose not to participate, you will not be penalized nor lose any benefits to which you are otherwise entitled. By clicking the link below, you acknowledge that you are providing your consent to participate in this study. Once you have completed the study, SurveyMonkey ® will take you to a SurveyMonkey ® thank you page where you can then close your browser and end participation.

Is the survey anonymous?
Your identity will not be collected as part of this study. Your name, email address, and other specific personally identifying information will not be collected. There will be no records identifying you, specifically. All of your answers will be recorded anonymously. There will be no way to contact you or link your answers to you. If you forward the survey to others, no specific personally identifying information will be collected from them. The research data may be published upon completion of the study. If it is, it will not identify an individual.

As there is with anything online, there is the risk, although remote, of hacking.

What will happen to the study data?
The study data will be kept confidential to protect its integrity. The data will be stored on a USB drive. The USB drive will be locked in a safe in the office of the principal investigator. The principal investigator, Jorge Hechavarria, will have access to all of the data for a period of up to three years after the end of the study. After that time, the research data will be destroyed.

What are the Risks and Benefits to participating in this study?
There is no foreseeable risk or discomfort anticipated by your participating in this research study. There are no proposed of foreseeable direct benefits to you by participating in this research study. The results of this research study, however, will help members of the aforementioned affected group and managers of those groups advance knowledge and skill sets toward this area of concern.

Compensation.
There will be no monetary or any type of compensation for participating in this research study.

Can I request further information?

If you decide you have an interest in learning more about Positive Deviance and Managing Diversity, please feel free to contact me through the office of Dr. Deborah A. DeLuca, Dissertation Chair in the Department of Interprofessional Health Sciences and Health Administration in the Seton Hall University School of Health and Medical Sciences, at 973-275-2842, Deborah.deluca@shu.edu. Additionally, Dr. Mary Ruzicka, Director, Institutional Review Board, in the Office of the IRB at Seton Hall University, may be reached at 973-313-6314. You may send questions about subjects' rights as human subjects in a research study by email to: irb@shu.edu.

Ways to participate in this research study

Please feel free to ask other professionals that you know to participate in this survey. Additionally, if you choose not to answer the survey questions, but know colleagues that might be eligible or interested, please pass this survey link onto them. I appreciate your time and attention in advance. The questionnaire is available via Survey Monkey® electronic survey.

The survey link to my study is:

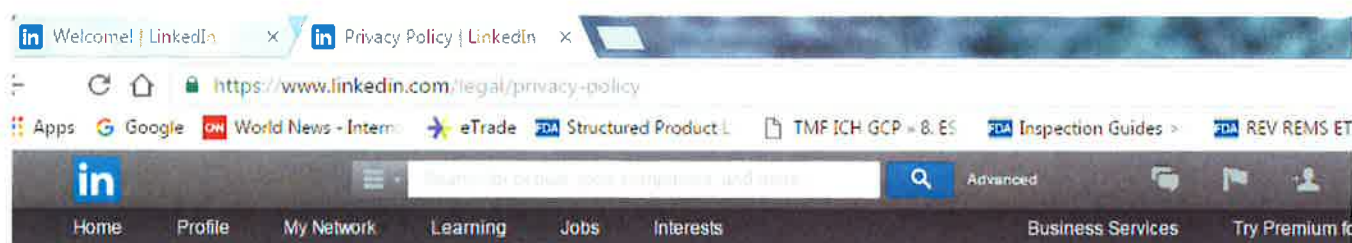*Email link:* https://www.surveymonkey.com/r/jhechavarria

By accessing and completing the PoDeMLA and demographic surveys through the link listed here, you are conveying your informed consent to participate in this study.

Thank you for considering participating and contributing to my dissertation research. Your time and attention are greatly appreciated.

APPENDIX I

Privacy Policy

LinkedIn ™ Social Media

...information in your contacts stored with us onto their own service. If you choose to share your contacts in this way, you will be granting your third party provider the right to store, access, disclose and use these contacts in the ways described in such third party's terms and privacy policy.

We work with developers to build Platform Applications using our developer tools. Whether you use Platform Applications is up to you.

If you have given a Platform Application access to your LinkedIn account, you can revoke that permission anytime. Also, you can opt out of providing information to developers through your connections.

2.7. Third Parties Using LinkedIn Platform Services

We collaborate with and allow third parties to use our developer platform to offer services and functionality in conjunction with our Services. These third-party developers have either negotiated an agreement to use our platform technology or have agreed to our self-service API and Plugin terms in order to build applications ("Platform Applications"). Both the negotiated agreements and our API and Plugin terms contain restrictions on how third parties may access, store, and use the personal information you provide to us.

If you choose to use a Platform Application, you will be asked to confirm acceptance of the privacy policy and user agreement of the third-party developer. To revoke permission granted to a Platform Application, please visit your settings. Note, however, that even if you revoke the permission granted to a Platform Application, your connections may still be using the Platform Application, so the Platform Application may still have access to certain information about you, just as your connections do. You may opt out of providing information to third-party developers through your connections by accessing the "Turn on/off data sharing with third-party applications" control in the "Groups, Companies, and Applications" tab under settings.

We conduct our own surveys and polls and also help third parties do this type of research. Your participation in surveys or polls is up to you. You may also opt out of getting invitations to participate in surveys.

2.8. Polls and Surveys

Polls and Surveys may be conducted by us, Members, or third parties. Some third parties may target advertisements to you on the results page based on your answers in the poll. We or third parties may follow up with you via InMail regarding your participation unless you have opted out of receiving InMail messages. We may use third parties to deliver incentives to you to participate in surveys or polls. If the delivery of incentives requires your contact information, you may be asked to provide personal information to the third party fulfilling the incentive offer, which will be used only for the purpose of delivering incentives and verifying your contact information. It is up to you whether you provide this information, or whether you desire to take advantage of an incentive. Your consent to use any personal information for the purposes set forth in the poll or survey will be explicitly requested by the party conducting it. We are a member of the Council of American Survey Research Organizations ("CASRO") and abides by CASRO guidelines for market research. You may opt out of participating in surveys by changing your settings to stop receiving these inquiries and requests.

https://www.linkedin.com/legal/privacy-policy

APPENDIX J

Federalwide Assurance (FWA) Letter for PI
from Employer Celgene Corporation

Celgene

Celgene Corporation
200 Connell Drive
Berkeley Heights, NJ 07922

March 16, 2015

Jorge Hechavarria
Associate Director. U.S. REMS Quality Operations
Health Sciences Leadership student School of Health & Medical Sciences, Seton Hall University

Dear Jorge :

You and I discussed your PhD program IRB requirements recently during our one on one meeting. As such, you stated that you require verification that there is no on campus IRB or other approval body on campus that is required for you to move forward with your research project, which is entitled, *Exploring the effect, if any, of positive deviance on deficiencies that may exist in minority leadership in healthcare organizations.*

At this time I am able to confirm that there is in fact no IRB or other approval body on campus nor requirements needed for you to run your study as Seton Hall University sees fit. Additionally you stated you will not be running any part of your study here on campus and therefore there is no formal or informal approval required from us. Furthermore, Celgene Corporation will accept Seton Hall University's IRB approval of your research study.

Good luck in your research endeavors.

Should your IRB need to validate this information I can also be reached via my signature contacts.

Best Regards,

Paul B. Sheehan
Senior Director, Risk Management Operations U.S. REMS
Celgene Corporation
200 Connell Drive, Berkeley Heights, N.J.. 07922
908-679-1909
psheehan@celgene.com