

# Preface

THE INSPIRATION FOR this research and this book began more than 22 years ago, when I was working on my doctoral degree in the Executive Leadership in Human and Organizational Learning program at George Washington University. During that time, I became interested in studying top leaders because of my experiences working as director of human resource development for two hospitals that were then part of a small health system. In that role, I was responsible for management and leadership development for department heads and supervisors. To support that work, I created an internal consulting service to help those leaders manage the many changes that were occurring in the hospitals. I worked with the hospitals' top executives, including the CEOs, to ensure that their development programs and organizational change processes were aligned with their expectations and with the overall strategy of the hospitals and health system. That experience gave me the opportunity to see firsthand the impact that the CEOs and top executive teams had on the hospitals and health system.

As a result, I focused my doctoral studies on leadership. I had a keen interest in learning more about effective leadership and its benefits for hospitals and health systems. My dissertation focused on the relationship between chief executive leadership (transactional and transformational) and hospital effectiveness. While identifying the research participants for my dissertation, I realized that very few racially and ethnically diverse professionals were hospital and health system CEOs. The CEOs whom I interviewed for

my dissertation research were not racially and ethnically diverse. This concerned me, and I began to wonder: How did the few racially and ethnically diverse professionals who achieved that level of leadership get there?

That question was not the focus of my dissertation, however, and I wanted to complete my degree. After doing that in 1997 and becoming an independent leadership and organization development consultant, I continued to be interested in the underrepresentation of racially and ethnically diverse professionals in healthcare C-suites.

This interest was heightened some years later when I began teaching a Healthcare Leadership and Communications course in the Master of Health Services Administration program at the University of Maryland School of Public Health. Since I began teaching this course, I have found limited literature on diverse healthcare leaders and leadership. The literature that exists is even more limited in its attention to how racially and ethnically diverse professionals who have achieved executive leadership positions have done so. I have diverse students who are interested in achieving leadership positions at some point in their careers. But scarce resources are available to help them understand the executive path and apply that learning to their own careers. This information is not included in the standard leadership course syllabus.

About five years ago, I decided that I wanted to answer the questions that I had been pondering all those years. To that end, I designed a qualitative phenomenological research study that focused on two key questions (see the “Research Overview” in appendix A):

- What significant career trajectory experiences on the executive path led to the CEO position?
- What key leadership competencies facilitated advancement on the executive path to CEO?

I wanted to explore these questions so that I could translate the lessons I learned into practical insights for racially and ethnically diverse professionals interested in pursuing the executive path and for the people supporting them in their careers. I also believed that other healthcare professionals and professors in health services administration would find the results useful, given the limited literature on this topic.

## **WHY DIVERSE CEOs?**

While the other C-suite positions are important, and new roles continue to emerge as the healthcare landscape changes, I thought it would be informative to learn about the executive path to CEO specifically because of the need to increase diversity at that level. I have observed the significant impact that CEOs have on organizational culture, and studies have confirmed my observations. CEOs influence organizational culture by what they prioritize and act on, what they pay attention to, how they treat people, how they recognize people for their contributions, and how they use different leadership approaches to facilitate change and make everyday decisions. These are just a few examples of how top leaders, along with the senior executives they select and develop, have a strong impact on organizational culture. This impact permeates the organization, influencing leadership at all levels. I believe the lessons we learn from the racially and ethnically diverse executives in this book make a valuable contribution to the field.

Another important reason to look closely at diversity among healthcare executives is the changing demographics of the United States. The US population is becoming more racially and ethnically diverse, a fact that has been well documented in US Census Bureau projections and other population studies. Studies have linked this demographic change to the need for diverse leadership to enhance the cultural competence of healthcare organizations. As hospitals and health systems focus on developing healthy populations and

communities, the business case for increasing diversity in executive leadership becomes evident. Several studies that support this thinking are cited in appendix A, “Research Overview.”

## **SHARING WISDOM**

I believe that racially and ethnically diverse professionals can make a tremendous difference in healthcare organizations. I have witnessed this time and again in my leadership and organization development work and in my interactions with graduate students in healthcare leadership. Yet textbooks and other resources rarely highlight the experiences of racially and ethnically diverse leaders or their leadership wisdom. We see more research and books written about private sector corporate executives than we do about healthcare executives, particularly racially and ethnically diverse professionals and women leaders. I want to help close this gap by sharing what these individuals learned on the executive path and how their leadership played a role in their advancement to the C-suite.

## **LEADERSHIP DEVELOPMENT**

I am passionate about leadership development and have worked in the field for more than 30 years. As an African American woman reflecting on my own career, especially early on, I realize now that I did not have sufficient resources to help me navigate my career journey. In some instances, I did not know how to access the resources that were available at that time.

Later, as I advanced to higher-level positions, I was successful in many ways, and yet I struggled because I lacked self-awareness and an adequate circle of support. Mentors, coaches, and sponsors were not recognized as essential for career advancement then, as they are now, particularly for minorities and women. I did not

reach the executive level, for some of the reasons stated here. As I reflect on my career, I believe that what was most important to me was helping people make a difference and achieve the mission of the hospitals and health systems I worked in. I wanted to have greater access and capacity to do that. That meant more than having a vice president title.

The lessons learned from my experiences are another motivation for conducting this research and writing this book. While my passion for helping people has been, and remains, inclusive of all people, regardless of race, ethnicity, gender, sexual orientation, religion, and so on, as a black woman, I know that the path to executive leadership is harder. For this reason, I have a special interest in helping racially and ethnically diverse professionals avoid the mistakes I made and saw others make on their career journeys.

Another important point about leadership development for racially and ethnically diverse professionals is that we likely experience more challenges because of conscious and unconscious biases. I know I did, and I still do. For this reason, I want to provide a practical resource that has an implicit understanding of these challenges. More importantly, these challenges can be managed and overcome. The CEOs in this research study are good examples. Their experiences demonstrate that although racial/ethnic and gender biases exist, they need not be barriers to achievement.

## **THE BOOK**

This book is based on research findings. It is about the lived experiences on the executive path of 12 racially and ethnically diverse hospital and health system CEOs. All but one of them were the CEO or top executive of a hospital or health system at the time of the interviews. The exception was a CEO who had transitioned to another executive position within the same health system by the time of the interview. The 12 executives include four African Americans, four Hispanic/Latino Americans, and four Asian Americans, with

two men and two women in each group. The identities of these individuals and their organizations are kept confidential.

I would like to explain the use of the term “Hispanic” in this book. In the research study, the participants were identified as Hispanic, and they identified themselves in this manner. However, I am sensitive to the discussion, and sometimes debate, in the United States about the distinction between the terms “Latino” and “Hispanic.” For example, two healthcare associations identify themselves differently: One is called the National Association of Hispanic Healthcare Executives, and the other is called the National Association of Latino Healthcare Executives. In this book, I will use the term “Hispanic/Latino” to respect both identifications.

This book is an opportunity to learn from the collective wisdom of all the executives. You will get a unique glimpse, from their perspectives, into what it takes to navigate the challenges and opportunities of the executive path to the C-suite.