Literature Search results

Research question or topic:
"Evidence around the effect of more diverse leadership teams (particularly gender and ethnicity) on patient care and clinical outcomes"
Name of person/ team requesting search: Snr Organisational Development and Learning Manager, Building a Digital Ready Workforce Programme
Completed by: HEE Knowledge Management Team
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Contents

This material may have been compiled in response to a specific question within a given context. Results may not be generalisable or replicable.

This material may be based on rapid and pragmatic evidence reviews or evaluations, and as such, may not be systematic. Some evidence may have been overlooked, and more evidence may have been published since.

Search comments

There seems to be lots of research into the positive outcomes of diversity in business sectors, and in terms of performance, as referenced by the McKinsey report you shared with me. Because of the parameters of the search I focused mainly on research in healthcare settings and any articles that looked at the relationship between patient care/ outcomes and diverse leadership. I included a small sample of papers from other sectors to give you an idea of what has been published. [21-24] There was much less research from healthcare, but I did find some results that might be of interest. Perhaps the most relevant is an umbrella review published last year which summarises diversity research specific to healthcare. [1] A full list of all the results retrieved is available at the end of this document.

Search headlines

Diversity and patient care

As suspected, I did not find lots of research looking at the effects of diverse leadership in healthcare on patient outcomes and care. However, I did find one review published in August 2019 which aimed to gather and assess the limited available evidence. [1] Looking at diversity research specific to healthcare the researchers' results "demonstrated positive associations between diversity, quality and financial performance" and "healthcare studies showed patients generally fare better when care was provided by more diverse teams". In other words, "diversity can help organizations improve both patient care quality and financial results." In another study researchers used a sample of 213 participants in 21 departmental units in a diverse human service organisation – their results showed "significant relationships between inclusion and quality of care through increased innovation and job satisfaction". [11]

Female CEOs

One article explored chief executive gender in the context of patient experience by looking at data. Their research found "evidence that female CEOs improve the interpersonal care experience faster than male CEOs, particularly in the most complex executive job environments". [4] Another assessed the relationship of hospital CEO characteristics to patient experience scores – the three characteristics they looked at were: education, tenure within the organisation and gender. They found that hospitals with longer-tenured CEOs and female CEOs were associated with more positive patient experience scores. [7]

Diversity and Innovation

The link between diversity and innovation is explored in an AHSN report which gives a useful overview of the evidence published on the topic across difference sectors. [12] NHS Employers also published a report in September 2015 looking at the power of research to drive change in diversity and inclusion. [14] One of their key findings was that "diversity and inclusion

interventions in the NHS resulted in organisational benefits" including "better productivity, enhanced innovation/ leadership strategies and better staff engagement". An article from the HSJ in October 2018 nicely summarises some of the cross-sectoral evidence on why diversity and inclusion are not optional extras for the NHS. [18]

Complete numbered list of results with links

	Citation	Abstract/ key themes	Link
Reviews			
1	Diversity improves performance and outcomes August 2019 Journal of the National Medical Association	Background: Research on the effects of increasing workplace diversity has grown substantially. Unfortunately, little is focused on the healthcare industry, leaving organizations to make decisions based on conflicting findings regarding the association of diversity with quality and financial outcomes. To help improve the evidence-based research, this umbrella review summarizes diversity research specific to healthcare. We also look at studies focused on professional skills relevant to healthcare. The goal is to assess the association between diversity, innovation, patient health outcomes, and financial performance. Methods: Medical and business research indices were searched for diversity studies published since 1999. Only meta-analyses and large-scale studies relating diversity to a financial or quality outcome were included. The research also had to include the healthcare industry or involve a related skill, such as innovation, communication and risk assessment. Results: Most of the sixteen reviews matching inclusion criteria demonstrated positive associations between diversity, quality and financial performance. Healthcare studies showed patients generally fare better when care was provided by more diverse teams. Professional skills-focused studies generally find improvements to innovation, team communications and improved risk assessment. Financial performance also improved with increased diversity. A diversity-friendly environment was often identified as a key to avoiding frictions that come with change. Conclusions: Diversity can help organizations improve both patient care quality and financial results. Return on investments in diversity can be maximized when guided deliberately by existing evidence. Future studies set in the healthcare industry, will help leaders better estimate diversity-related benefits in the context of improved health outcomes, productivity and revenue streams, as well as the most efficient paths to achieve these goals.	Link *Athens log in required*

2	Systematic review on embracing cultural diversity for developing and sustaining a healthy work environment in healthcare 2007 International Journal of Evidence Based Healthcare	Objectives The objective of this review was to evaluate evidence on the structures and processes that support development of effective culturally competent practices and a healthy work environment. Culturally competent practices are a congruent set of workforce behaviours, management practices and institutional policies within a practice setting resulting in an organisational environment that is inclusive of cultural and other forms of diversity. Inclusion criteria This review included quantitative and qualitative evidence, with a particular emphasis on identifying systematic reviews and randomised controlled trials. For quantitative evidence, other controlled, and descriptive designs were also included. For qualitative evidence, all methodologies were considered. Participants were staff, patients, and systems or policies that were involved or affected by concepts of cultural competence in the nursing workforce in a healthcare environment. Types of interventions included any strategy that had a cultural competence component, which influenced the work environment, and/or patient and nursing staff in the environment. The types of outcomes of interest to this review included nursing staff outcomes, patient outcomes, organisational outcomes and systems level outcomes. Search strategy The search sought both published and unpublished literature written in the English language. A comprehensive three-step search strategy was used, first to identify appropriate key words, second to combine all optimal key words into a comprehensive search strategy for each database and finally to review the reference lists of all included reviews and research reports. The databases searched were CINAHL, Medline, Current Contents, the Database of Abstracts of Reviews of Effectiveness, The Cochrane Library, PsycINFO, Embase, Sociological Abstracts, Econ lit, ABI/Inform, ERIC and PubMed. The search for unpublished literature used Dissertation Abstracts International. Methodological quality Methodological quality was independently established by two reviewers, using standardised techniques from the Joanna Briggs Institute (JBI) System for the Unified Management, Assessment and Review of Information (SUMARI) package. Discussion with a third reviewer was initiated where a low level of agreement was identified for a particular paper. Following inclusion, data extraction was conducted using standardised data extraction tools from the JBI SUMARI suite for quantitative and qualitative research. Data synthesis was performed using the JBI Qualitative Assessment and Review	Link *Abstract only**

		Instrument and JBI Narrative, Opinion and Text Assessment and Review Instrument software to aggregate findings by identifying commonalities across texts. Quantitative data were presented in narrative summary, as statistical pooling was not appropriate with the included studies. Results Of the 659 identified papers, 45 were selected for full paper retrieval, and 19 were considered to meet the inclusion criteria for this review. The results identified a number of processes that would contribute to the development of a culturally competent workforce. Appropriate and competent linguistic services, and intercultural staff training and education, were identified as key findings in this review. Conclusions The review recommends that health provider agencies establish links with organisations that can address needs of culturally diverse groups of patients, include cultural competence in decision support systems and staff education as well as embed them in patient brochures and educational materials. The review also concluded that staff in-service programs consider the skills needed to foster a culturally competent workforce, and recruitment strategies that also explicitly address this need.	
Articles			
3	Women in radiology: gender diversity is not a metric-it is a tool for excellence March 2020 European Radiology	Women in Focus: Be Inspired was a unique programme held at the 2019 European Congress of Radiology that was structured to address a range of topics related to gender and healthcare, including leadership, mentoring and the generational progression of women in medicine. In most countries, women constitute substantially fewer than half of radiologists in academia or private practice despite frequently accounting for at least half of medical school enrolees. Furthermore, the proportion of women decreases at higher academic ranks and levels of leadership, a phenomenon which has been referred to as a "leaky pipeline". Gender diversity in the radiologic workplace, including in academic and leadership positions, is important for the present and future success of the field. It is a tool for excellence that helps to optimize patient care and research; moreover, it is essential to overcome the current shortage of radiologists. This article reviews the current state of gender diversity in academic and leadership positions in radiology internationally and explores a wide range of potential reasons for gender disparities, including the lack of role models and mentorship, unconscious bias and generational changes in	Link

		attitudes about the desirability of leadership positions. Strategies for both individuals and institutions to proactively increase the representation of women in academic and leadership positions are suggested. KEY POINTS: • Gender-diverse teams perform better. Thus, gender diversity throughout the radiologic workplace, including in leadership positions, is important for the current and future success of the field. • Though women now make up roughly half of medical students, they remain underrepresented among radiology trainees, faculty and leaders. • Factors leading to the gender gap in academia and leadership positions in Radiology include a lack of role models and mentors, unconscious biases, other societal barriers and generational changes.	
4	Women at the helm: Chief executive officer gender and patient experience in the hospital industry June 2019 Health Care Management Review	BACKGROUND Health care scholars have recognized the important role leaders play in the improvement of health care delivery systems, yet few have explored the kind of leaders who make a difference or the conditions under which certain health care executives thrive. Recent work in the hospital industry suggests that the role of chief executive officer (CEO) gender may be particularly salient in the context of patient experience (Galstian, Hearld, O'Connor, & Borkowski, 2018).PURPOSE In this article, we bring an explicit theoretical and empirical lens to the issue of CEO gender in the context of patient experience. Our framework provides an explanation of both why (differences between men and women in their tendency for relational orientation) and under what circumstances (the degree of complexity in the executive job environment) CEO gender is most influential. METHODOLOGY/APPROACH We test these relationships using data on patient experience in 391 nonrural U.S. hospitals between 2007 and 2011. Our study relies on both archival (e.g., Hospital Consumer Assessment of Healthcare Providers and Systems survey) and collected (e.g., CEO characteristics) data. Fixed-effects regression models are used to estimate the relationship between CEO gender and the interpersonal care experience. RESULTS We find evidence that female CEOs improve the interpersonal care	Link *Abstract only**

		experience faster than male CEOs, particularly in the most complex executive job environments, that is, in the most populous urban environments, and in the largest hospital facilities. CONCLUSION Our results not only support the notion that executives tend to rely on personal values and preferences but also that women have an apparent propensity for transforming health care organizations in the direction of patient centeredness, particularly in the most demanding circumstances. PRACTICE IMPLICATIONS Hospital boards seeking to improve the patient experience should give careful attention to promoting women to the role of CEO and consider how their own policies may be constraining both the promotion of female executives and the creation of more patient-centered health care organizations.	
5	Female Physician Leadership During Cardiopulmonary Resuscitation Is Associated With Improved Patient Outcomes January 2019 Critical Care Medicine	OBJECTIVES A recently published simulation study suggested that women are inferior leaders of cardiopulmonary resuscitation efforts. The aim of this study was to compare female and male code leaders in regard to cardiopulmonary resuscitation outcomes in a real-world clinical setting. DESIGN Retrospective cohort review. SETTING Two academic, urban hospitals in San Diego, California. SUBJECTS One-thousand eighty-two adult inpatients who suffered cardiac arrest and underwent cardiopulmonary resuscitation. INTERVENTIONS None. MEASUREMENTS AND MAIN RESULTS We analyzed whether physician code leader gender was independently associated with sustained return of spontaneous circulation and survival to discharge and with markers of quality cardiopulmonary resuscitation. Of all arrests, 327 (30.1%) were run by female physician code leaders with 251 (76.8%) obtaining return of spontaneous circulation, and 122 (37.3%) surviving to discharge. Male physicians ran 757 codes obtaining return of spontaneous circulation in 543 (71.7%) with 226 (29.9%) surviving to discharge. When adjusting for variables, female physician code leader gender was independently associated with a higher likelihood of return of spontaneous circulation (odds ratio, 1.36; 95% CI, 1.01-1.85; $p = 0.049$) and survival to discharge (odds ratio, 1.53; 95% CI, 1.15-2.02; $p < 0.01$). Additionally, the odds ratio for survival to discharge was 1.62 (95% CI, 1.13-2.34; $p < 0.01$) for female physicians with a female code nurse when compared with male physician code leaders paired with a female code nurse. Gender of code leader was not associated with cardiopulmonary	Link

		resuscitation quality. CONCLUSIONS In contrast to data derived from a simulated setting with medical students, real life female physician leadership of cardiopulmonary resuscitation is not associated with inferior outcomes. Appropriately, trained physicians can lead high-quality cardiopulmonary resuscitation irrespective of gender.	
6	Developing Diverse Leaders at Academic Health Centers: A Prerequisite to Quality Health Care? July 2018 American Journal of Medical Quality	Health care disparities have long existed for racial and ethnic minority populations who continue to lag behind whites in several quality metrics, including quality of care, access to care, timeliness of care, and health out-comes. Effectively addressing these issues requires a health care workforce and leaders who represent the population they serve, and who are deeply committed to reducing health disparities by promoting equity, diversity, and inclusion. Women currently comprise half the population of the United States. Minority groups (any group other than non-Hispanic whites) make up approximately 40% of our population and are projected to comprise the majority of the population over the next 3 decades.1 Patients report that they are more comfortable communicating with clinicians of the same sex, race/ethnicity, and social back-ground. This enhanced comfort and trust may in turn result in improved health care quality, increased adherence to medical recommendations, and better patient experience of care.2,3Despite the imperative for diversity in high-performing teams and organizations, the academic health care pipe-line remains more akin to a funnel because of attrition, especially for women and underrepresented minorities.4,5This attrition results in loss of diversity of thought and talent, so essential to the long-term success of academic health centers (AHCs). Diversity at the highest levels of leadership at AHCs contributes critical and innovative viewpoints and organizational-level changes that ensure excellent patient care, groundbreaking research, and serve as a model for health professions education. With the goal of identifying strategies to develop the next generation of diverse leaders, the University of California Davis (UC Davis) spearheaded the first University of California (UC) system-wide Health Sciences Leadership Development Conference, held in May 2016. This article summarizes best practices and themes from the conference	Link

7	The Relationship of Hospital CEO Characteristics to Patient Experience Scores 2018 Journal of Healthcare Management	EXECUTIVE SUMMARY Efforts by hospitals to improve patient experience continue as changes in policy such as the Affordable Care Act of 2010 have made patient experience a cornerstone of promoting greater value in the United States. Hospital CEOs play an important role in promoting positive patient experiences as they set the organizational vision and strategic goals and can execute change to support positive experiences. This study assessed whether three CEO characteristics-education, tenure with the organization, and gender-were associated with patient experience scores of California hospitals in 2013 and 2014. Using a pooled, cross-sectional design with ordinary least squares regression to account for other hospital and market characteristics, the analysis indicated that hospitals with female CEOs and longer-tenured CEOs were associated with more positive patient experience scores. Higher levels of education were not significantly associated with patient experience scores. Overall, the model covariates accounted for approximately 14.0% of the variance in patient experience scores between hospitals, with CEO characteristics accounting for approximately 2.4% of this variation. Such findings highlight the important yet emerging role of CEO characteristics when accounting for patient experience.	Link *Athens log in required*
8	Embracing diversity and inclusion in psychiatry leadership September 2019 Psychiatric Clinics of North America	Recognizing and embracing culture, diversity, and inclusion is essential to the practice of high-quality clinical care in medicine and, more specifically, in psychiatry. When leadership lacks diversity, the organizational policies and norms may skew toward devaluing the importance of diversity and inclusion. Considering the significant underrepresentation at the academic faculty level, substantive individual and systemic efforts are required to recruit, retain, and advance a diverse and inclusive student pipeline and faculty in academic psychiatry. For meaningful progress to be made, leaders in psychiatry must resemble an increasingly diverse field of psychiatry residents who serve a more diverse community of patients.	Link *Abstract only**
9	Workforce diversity: implications for the effectiveness of health care delivery teams	This paper examines the implications of racial diversity for the self-perceived communication effectiveness of nursing care teams. An RN leads the nursing care team (NCT) and delivers care in collaboration with two or more nonlicensed caregivers. Overlap is intentionally designed into the roles of NCT	Link *Abstract only**

	2000 Social Science and Medicine	members and the range of duties the team performs is generally expanded to include functions previously performed by personnel from centralized departments. NCTs are highly reliant on mutual respect and effective communication among team members. Team conflict and miscommunication can be exacerbated by the strong correlation between role on the nursing care team (NCT) and race. Verbatim transcripts of fourteen focus groups from two study hospitals were used to develop a grounded theory of the role that race plays in the self-perceived communication effectiveness of nursing care teams. Two themes that emerged from the focus group discussions constitute the overarching framework within which racially diverse team members evaluate team communication effectiveness: different perspectives and alternative realities. Three additional themes, social isolation, selective perception and stereotypes, that serve as reinforcing factors were also identified, i.e., these factors deepen the conflict and dissatisfaction with team communication that occurs as a natural consequence of the overarching framework of different perspectives and alternative realities. Leadership emerged as a powerful mitigating factor in the model of how race influences the self-perceived communication effectiveness of nursing care teams. Leaders who can transcend racial identity as evidenced by the ability to validate alternative realities and appreciate different perspectives appear to moderate the potential negative effects of racial diversity on team communication processes and strengthen the positive aspects of diversity.	
10	Obstacles to “race equality” in the English National Health Service: insights from the healthcare commissioning arena March 2016 Social Science & Medicine	Inequitable healthcare access, experiences and outcomes across ethnic groups are of concern across many countries. Progress on this agenda appears limited in England given the apparently strong legal and policy framework. This disjuncture raises questions about how central government policy is translated into local services. Healthcare commissioning organisations are a potentially powerful influence on services, but have rarely been examined from an equity perspective. We undertook a mixed method exploration of English Primary Care Trust (PCT) commissioning in 2010–12, to identify barriers and enablers to commissioning that addresses ethnic healthcare inequities, employing:- in-depth interviews with 19 national Key Informants; documentation of 10 good practice examples; detailed case studies of three PCTs (70+ interviews;	Link *Abstract only**

		extensive observational work and documentary analysis); three national stakeholder workshops. We found limited and patchy attention to ethnic diversity and inequity within English healthcare commissioning. Marginalization of this agenda, along with ambivalence, a lack of clarity and limited confidence, perpetuated a reinforcing inter-play between individual managers, their organisational setting and the wider policy context. Despite the apparent contrary indications, ethnic equity was a peripheral concern within national healthcare policy; poorly aligned with other more dominant agendas. Locally, consideration of ethnicity was often treated as a matter of legal compliance rather than integral to understanding and meeting healthcare needs. Many managers and teams did not consider tackling ethnic healthcare inequities to be part-and-parcel of their job, lacked confidence and skills to do so, and questioned the legitimacy of such work. Our findings indicate the need to enhance the skills, confidence and competence of individual managers and commissioning teams and to improve organizational structures and processes that support attention to ethnic inequity. Greater political will and clearer national direction is also required to produce the system change needed to embed action on ethnic inequity within healthcare commissioning.	
11	The Critical Role of Workplace Inclusion in Fostering Innovation, Job Satisfaction, and Quality of Care in a Diverse Human Service Organization November 2018 Human Services Organizations Management	With increases in workforce diversity, human service leaders are recognizing the need to create inclusive workplaces. Yet little research exists about the influence of inclusion on innovation, job satisfaction, and perceived quality of care. Using a sample of 213 participants within 21 departmental units (10 employees on average) in a diverse human service organization, the authors performed multilevel path analysis. Results suggested significant relationships between inclusion and quality of care through increased innovation and job satisfaction. Findings indicate that to improve quality of care, leaders must strive to promote a climate of inclusion in human service organizations.	Link *Abstract only**
Reports			
12	How diversity drives innovation: a report by the National Centre for	Whilst McKinsey & Company, Hewlett et al and others make the business case for having a diverse workforce, how does a diverse workforce contribute to	Link

	Diversity for the Yorkshire and Humber AHSN July 2019 AHSN Network	more innovation within organisations and companies? Klingler-Vidra (2018) in his global review of diversity and inclusion in business innovation argued that there are two distinct conceptualisations of 'inclusive innovation'. Most often, 'inclusive innovation' refers to including people, places and industries in innovation processes and activities, so bringing underrepresented groups such as women or BAME communities into work in innovative sectors. The other conceptualisation is 'inclusive innovation', which is understood as a product or service that addresses social issues, such as technological innovations to enhance mobility or to reduce the occurrence of symptoms of certain diseases. 'Inclusive innovation' can therefore involve bringing people into the process of innovating (and encouraging inclusion and diversity through employment) or innovative products or services enabling the inclusion of members of society	
13	What's leadership got to do with it? Exploring links between quality improvement and leadership in the NHS January 2011 Health Foundation	This report presents a detailed account of the two-year study and the conclusions that emerged. It contains insights into how leadership development can support QI in the NHS. In addition, our findings contribute to what is known about the links between leadership and improvement in the NHS, and provide new ways of understanding the nature of this improvement work.	Link
14	Diversity and inclusion: the power of research in driving change September 2015 NHS Employers	Purpose: With an increasingly diverse population, staff from minority groups now make up the majority of the NHS workforce. Therefore, providing a workplace that celebrates and is inclusive of diversity is now essential for the NHS to operate effectively for both staff and patients. In order to monitor this, research has become an essential tool in allowing us to benchmark how effective the NHS is performing within the standards set by equality legislation. A number of different research papers and projects have been influential in enhancing equality and inclusion within the NHS. These projects include quantitative and qualitative data, results of NHS employee surveys, academic research commissioned by the NHS and the findings of individual staff members and staff groups. This report is an analysis of past research into workplace diversity and inclusion across the NHS to determine how effective it	Link

		has been in bringing about change with regard to the NHS becoming a more diverse and inclusive employer. "There is also now strong evidence that where a NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. It is now national policy that NHS trust boards should be as representative as possible of their communities." p.11	
15	Does the experience of staff working the NHS link to the patient experience of care? An analysis of links between the 2007 acute trust inpatient and NHS staff surveys July 2009 Aston Business School	The research found a large number of associations between the NHS Staff and Acute trust in-patient surveys. Further analysis and interpretation of the associations provides the following key findings: The more staff who have had health and safety training, the better the patient perceptions of greater conscientiousness and availability of staff. Organisations where staff have clear, planned goals are more likely to have patients who report positive experiences of communication; in particular around patients being involved in decisions on care/treatment, family members being able to speak to doctors, the medical information patients were given, and doctors acknowledging the presence of the patient directly when talking about their case with others. When employees are considering leaving their organisation, it is more likely that there are poor levels of communication with patients, particularly around medicine. Patient perceptions of staffing levels and the respect and dignity shown towards them are correlated to employee's feelings of work pressure and staffing levelsPrevalence of discrimination against staff is related to several areas of patient experience, particularly their perceptions of nursing staff. High levels of bullying, harassment and abuse against staff by outsiders relates to many negative patient experiences. Staff views on the confidentiality of patient information are mirrored by patient views of the privacy they are given.	Link
16	How doctors in leadership roles establish and maintain a positive patient-centred culture August 2019	This report finds that positively-engaged leaders, from diverse backgrounds, are key to transforming organisational cultures. However, they are often unprepared and unsupported for the challenges of leadership during the early stages of their management careers. It makes the case for support for senior healthcare leaders to help them overcome challenges that can impact on patient care.	Link

	General Medical Council (GMC)		
17	Diversity and inclusion: how you can make a difference Healthcare Financial Management Association (HFMA)	Introduction: A diverse and inclusive finance function leads to better care for patients and a better place to work. It results in improved management of resources, greater innovation and more effective decision-making. Finding ways to improve diversity is important, while inclusivity is the key to maintaining diversity in the workplace	
In the news/ blog posts			

18	Diversity and inclusion are not optional extras if the NHS wishes to improve October 2018 HSJ	There is a growing body of research suggesting that when that happens: • Innovation is more likely (Lorenzo and Reeves, 2018; Hewlett et al 2013; Nathan and Lee,2013) and team creativity improves (Yu & Frenkel, 2013); • It triggers more careful information processing than is absent in homogeneous groups (Bourke,2016); • Women in leadership moderate extreme behaviour and improve risk awareness (Grant Thornton,2017) and are more questioning (Liswood, L., 2015); • Inclusive workplaces are likely to be more productive (Harter, 2003); • Companies with the most ethnically diverse executive teams are 33 percent more likely to outperform their peers on profitability (Hunt et al.2018, Catalyst, 2004); • Companies with inclusive talent practices in hiring, promotion, development, leadership, and team management generate up to 30 percent higher revenue per employee and greater profitability than their competitors (Stacia Sherman Garr et al, 2015); • Turnover intentions decline (Olkkonen & Lipponen, 2006); • Where the organisational leadership better represents the ethnicity of staff, there is more trust, stronger perceptions of fairness and overall better morale of staff and higher levels of engagement (King et al., 2017). In the NHS higher levels of staff engagement are associated with low rates of staff sickness, absence, and therefore, lower spending on bank and agency staff. The size of the effect is large (Dawson, 2018).	Link
19	Why diversity matters – improving patient outcomes through inclusion October 2017 PWC blog	Intuitively everyone knows that diversity makes sense and there is lots of evidence and a number of studies that show organisations with diverse boards perform better than those that don't. Where healthcare is concerned, we are now too diverse a nation for a one size fits all approach and each organisation needs to know and understand it's own local population. To properly serve that population it's essential to understand that community and to give it a voice at every level.	Link

20	Improving healthcare diversity to meet diverse patient needs May 2019 Michigan State University	America is a rapidly diversifying nation. According to U.S. Census estimates, no single ethnic or racial group will represent a majority of the U.S. population by 2055. This demographic shift is creating a diverse patient population with unique care needs and challenges for healthcare professionals and leaders. How can physicians be a bridge between one culture's traditional remedies and modern medicine? How do they ensure a patient is comprehending a diagnosis when there's a language difference?	Link
Other sectors			
21	Does board gender diversity have a financial impact? Evidence using stock portfolio performance July 2013 Journal of Business Ethics	There is growing regulatory pressure on firms worldwide to address the under-representation of women in senior positions. Regulators have taken a variety of approaches to the issue. We investigate a jurisdiction that has issued recommendations and disclosure requirements, rather than implementing quotas. Much of the rhetoric surrounding gender diversity centres on whether diversity has a financial impact. In this paper we take an aggregate (market-level) approach and compare the performance of portfolios of firms with gender diverse boards to those without. We also investigate whether having multiple women on the board is linked to performance, and if there is a within-industry effect. Overall, we do not find evidence of an association between diversity and performance. We find some weak evidence of a negative correlation between having multiple women on the board and performance, but that in some industries diversity is positively correlated with performance.	Link *Abstract only**
22	Women on Boards and Firm Financial Performance: A Meta-Analysis 2015 Academy of Management Journal	Despite a large body of literature examining the relationship between women on boards and firm financial performance, the evidence is mixed. To reconcile the conflicting results, we statistically combine the results from 140 studies and examine whether these results vary by firms' legal/regulatory and socio-cultural contexts. We find that female board representation is positively related to accounting returns and that this relationship is more positive in countries with stronger shareholder protections—perhaps because shareholder protections motivate boards to use the different knowledge, experience, and values that each member brings. We also find that, although the relationship between female board representation and market performance is near zero the	Link *Abstract only**

		relationship is positive in countries with greater gender parity (and negative in countries with low gender parity)—perhaps because societal gender differences in human capital may influence investors' evaluations of the future earning potential of firms that have more female directors. Lastly, we find that female board representation is positively related to boards' two primary responsibilities: monitoring and strategy involvement. For both firm financial performance and board activities, we find mean effect sizes comparable to those found in meta-analyses of other aspects of board composition. We discuss the theoretical and practical implications of our findings.	
23	Does diversity pay? Race, gender and the business case for diversity April 2009 American Sociological Review	The value-in-diversity perspective argues that a diverse workforce, relative to a homogeneous one, is generally beneficial for business, including but not limited to corporate profits and earnings. This is in contrast to other accounts that view diversity as either nonconsequential to business success or actually detrimental by creating conflict, undermining cohesion, and thus decreasing productivity. Using data from the 1996 to 1997 National Organizations Survey, a national sample of for-profit business organizations, this article tests eight hypotheses derived from the value-in-diversity thesis. The results support seven of these hypotheses: racial diversity is associated with increased sales revenue, more customers, greater market share, and greater relative profits. Gender diversity is associated with increased sales revenue, more customers, and greater relative profits. I discuss the implications of these findings relative to alternative views of diversity in the workplace.	Link *Abstract only**
24	How diversity can drive innovation December 2013 Harvard Business Review	Most managers accept that employers benefit from a diverse workforce, but the notion can be hard to prove or quantify, especially when it comes to measuring how diversity affects a firm's ability to innovate.	Link

Appendix

Sources and Databases Searched

Google, NHS Evidence, NHS Employers, Healthwatch, the Patient Experience Library, the Cochrane Library and the Grey Literature collection were searched. Mendeley and Google Scholar were used to citation match key papers and find further relevant articles. Healthcare Databases Advanced Search (HDAS) was used to search the following healthcare databases: Medline; HMIC; PsycINFO and CINAHL.

Search Strategies

Key words and phrases searched included: diverse; diversity; “glass ceiling”; inclusive; inclusion; “under representation”; leader; leadership; “patient care”; “clinical outcomes”; “hospital performance”; “patient experience” and “quality of care”.

Google

- diversity AND leadership AND ("patient care" OR "clinical outcomes") 2/4/20
- diversity AND ("patient care" OR "clinical outcomes") 2/4/20
- diversity AND ("patient outcomes" OR "hospital performance" OR "patient experience") 2/4/20

NHS Evidence

- diversity AND ("patient care" OR "clinical outcomes") 2/4/20

Cochrane Library

- (diversity OR diverse) AND "patient care" OR "patient outcomes" OR "clinical outcomes" OR "quality of care" OR "hospital performance" 2/4/20

*Help accessing articles or papers

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