

Public Abstract

First Name:Jennifer

Middle Name:D

Last Name:Keeton

Adviser's First Name:Barbara

Adviser's Last Name:Martin

Co-Adviser's First Name:

Co-Adviser's Last Name:

Graduation Term:FS 2014

Department:Educational Leadership & Policy Analysis

Degree:EdD

Title:DIVERSITY AND CULTURAL COMPETENCE IN AN ACADEMIC HEALTH CENTER:
ORGANIZATIONAL LEADERSHIP IN A COMPLEX SYSTEM

Health care outcomes are dramatically worse for patients of minority and low-socioeconomic backgrounds (AHRQ, 2013; IOM, 2012). This problem is projected to worsen as the United States population shifts to “become more racially and ethnically diverse, with the aggregate minority population projected to become the majority” (Vincent & Verhoff, 2010, p. 1), gradually gets older as a whole (U.S. Census Bureau, 2011, 2012), and with the implementation of the Patient Protection and Affordable Care Act that extends insurance options to millions more Americans, many of whom are from these disadvantaged backgrounds (HHS, 2012; Pfizer, 2008). Health professions education institutions, known as academic health centers, have the responsibility for training new health care providers (AAHC, n.d.), and these institutions have increasingly experienced more pressure to improve diversity and cultural competence in their organizations because of the poor health outcomes of these patients (AACN 2008a; AACN, 2008b; AACN 2009; AAMC, 2005; AAMC 2008; ADA, 2011; Elwood, 2012).

The purpose of this study was to examine organizational leadership issues and adaptability of an academic health center as related to meeting social change of this magnitude. The qualitative case study examined an academic health center to learn about the organizational approach to diversity and cultural competence and ability to adapt to changing environments. Using an approach to leadership studies suitable for complex environments such as academic health centers, the researcher employed the lens of Complexity Leadership Theory (Uhl-Bien & Marion, 2009) to not only reveal the nature of leadership for diversity and cultural competence efforts at these institutions, but also to expand the emerging body of knowledge about the application of this theory.

Data collection consisted of a document and artifact analysis, personal interviews, and onsite observation. Data were analyzed using inductive techniques through a constructivist lens in order to ascertain the gestalt of diversity, cultural competence and adaptability at the institution. Triangulation and member-checking strategies were employed to help ensure the validity and reliability of the findings.

Findings of the research include inductive and conceptual themes. Inductive themes include examples of how the organizational values of diversity and cultural competence are demonstrated, an organizational phenomenon based on the relationship of money, the recruiting funnel and the development of partnerships, the emotional overlay of diversity-related initiatives and the role of accountability. Conceptual themes were those related to Complexity Leadership Theory such as the administrative, enabling and adaptive functions of leadership. Several conclusions can be drawn from this research including evidence of academic health centers as complex adaptive systems and the importance of time and money to advance diversity goals.

Implications for practice were identified in this research. Implications included bearing in mind the emotional aspects of diversity efforts, the role and importance of positional leaders, tempering the use of partnerships and listening to stakeholders to foster organizational learning.