RACE, POWER, & WORKFORCE DIVERSITY: AWARENESS,

PERCEPTIONS, & EXPERIENCES AMONG

NURSING HOME LEADERS

by

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ABSTRACT

In response to the changing demographic profile of the U.S., there is an increasing presence of minorities in the workforce. Nursing homes, in particular, are facing issues on how to manage such a diverse workforce. Furthermore, nursing homes have a bureaucratic structure with limited diversity at the administrative level, yet significant diversity at the direct-care levels. While workforce diversity (WD) is well research among large corporations, little to no information is known about the state of WD in nursing homes. This research focused on how nursing home leaders understand WD and how diversity is managed in the nursing home. The researcher interviewed 10 administrators from a community nursing home to discuss the following concepts: diversity and leadership experiences, perceptions of WD and diversity management, and influences of WD on work process.

The data analysis revealed a model for how diversity manifested in the nursing home. The results revealed that while issues of race were not openly discussed in this racially diverse facility, WD in nursing homes manifests through a focus on fairness, teamwork, and trust. There were reports of subtle forms of racial discrimination across the interviews; however, higher-level administrators were less likely to be aware of these issues. There were individual and organizational level influences that effected how WD was enacting in the home. Some of the individual factors included, personal racial experiences, the leaders' understanding of WD, and their managerial philosophies. Organizational initiatives and hiring practices were among the organizational influences. The results of this research will aid in developing diversity promotion strategies and improve work-life in nursing homes.

DEDICATION

This thesis is dedicated to my mother, Gladys Vinson, and my grandmother, Minnie Vinson, for your wisdom, encouragement, and prayers. Words cannot begin to describe my love and appreciation toward you both.

LIST OF ABBREVIATIONS AND SYMBOLS

M   Mean: the sum of a set of measurements divided by the number of measurements

in the set

N   Sample size

SD   Standard deviation: the variability in a given set of values

Min   Minimum

Max   Maximum

<   Less than

=   Equal to

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CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

Workforce diversity (WD) is the operative management of various demographic

characteristics (such as race and gender) in the workplace (Naswall, Hellgren, & Sverke, 2008).

It is a widely researched area; however, the majority of the literature is based on studies

conducted in large international organizations (Usry & White, 2000). Within the healthcare

industry, the main focus in the literature has been in hospitals or healthcare consortiums. There is

a lack of research specifically related to WD in nursing homes, yet there is a need to understand

how WD manifests in nursing homes because these facilities have several distinct characteristics

that are unlike other organizations. The status of today's nursing home is characterized by racial

inequalities in the distribution of staff across the tiers of power and leadership. It is important to

examine WD in nursing homes in order to understand if and how diversity should be managed in

nursing homes and how race and power influence nursing home operations. The overall objective

of this study is to explore nursing home leaders' experiences with race, power, and WD.

Research Objectives

The study addressed the following research question: *How do nursing home leaders*

manage WD within the nursing home, and how they understand WD, race, and power? There are

a number of important reasons to explore issues related to race, power, and WD among nursing

home leaders. First, the minority population is growing; yet, minorities are underrepresented in

leadership positions and overrepresented in lower-level staff positions. Second, WD has been

known to increase employee satisfaction and performance within an organization, which are

1

related to quality of care in nursing homes (Dansky, Weech-Maldonado, De Souza, & Dreachslin, 2003; Murphy, 2004; Sulman, J., Kanee, M., Stewart, P., & Savage, D., 2007) Third, WD makes good business sense. There is an extensive amount of research suggesting that diverse senior level management teams have better outcomes than homogeneous workgroups (Dalton, 2005), and companies with a strong commitment to WD have better financial performance than their matched counterparts (Slater, Weigand, & Zwirlein, 2008). Finally, although there have been a few diversity studies conducted in hospitals and other healthcare organization, none are specifically related to nursing homes. Some research suggests that nursing homes manage WD in a similar manner (Muller & Haase, 1994); however, it is likely that there are differences in the nursing home's approach and the experiences of the employees.

The objective of this study were to explore nursing home leaders' experiences with race, power, and WD. The specific aims of the study were to learn:

1. How leaders understand race and power as a leader in the nursing home;
2. How leaders understand and value WD; and
3. How WD is enacted in the nursing home and how these actions are related to the diversity experiences and values of the leader.

The overall goal was to develop a theory of how the leaders' values, experiences and perceptions of race, power, and WD manifest into WD. Such a theory will aid in developing future diversity promotion strategies.

CHAPTER 2

LITERATURE REVIEW

This section will review the existing literature relating to race, power, and WD in nursing homes and identify gaps in the existing knowledge base. It begins with the definition of WD and discussions on diversity related theories and organizational approaches. Next, the relevance of studying WD in healthcare, nursing homes in particular, is discussed. This is followed up with a rationale for exploring race and power issues alongside WD. Finally, the section concludes with justification for the need to use leaders in the research sample.

Workforce Diversity Definition

Hays-Thomas (2004) defines WD as various demographic characteristics that influence approval, performance, liking, and advancement in the workplace. When managing diversity in the workplace, leaders can capitalize on the differences among their employees and use them as assets to the company (Chavez & Weisinger, 2008; Hays-Thomas, 2004). Therefore, diversity management entails enhancing relations between diverse workgroups so their collective differences foster innovation and knowledge that results in successful outcomes. Diversity management is not only a method for cultivating a diverse workforce, but it can also empower workgroups and bring about organizational change (Arrendondo, 1996).

Theories suggest that diversity can affect workgroup outcomes

There are a number of different theories on diversity, all derived from basic in-group/out-group psychology. The three most commonly cited theories are 1) information and decision

making theory, 2) social identification and categorization theory, and 3) similarity/attraction theory.

Information and decision making theory. Information and decision making theory predicts a positive relationship between diverse workgroups and outcomes. In terms of delivering information and making decisions within groups, this theory posits that diverse workgroups possess more ingenuity, ideas, and knowledge (Cox, Lobel, & McLeod, 1991; Pitts & Jarry, 2007). Although it may be more difficult to interact and collaborate with diverse group members initially, Sulman and colleagues (2007) found that in the midst of the disagreements there is originality and novelty. The influx of information that emerges from the diverse workgroup can compensate for any adversities that arise within the workgroup (Joshi & Jackson, 2003). One caveat of the information and decision making theory to consider is that the research on the theory is not based on racial diversity. Studies using this theory examined banking and technology industry workgroups with members varying in education, age, experience, and levels of expertise and found that the diverse groups were more innovative (Ancona & Caldwell, 1992; Bantel & Jackson, 1989).

Social identification and categorization theory. The social identification and categorization theory posits that in order to maximize self-esteem, people make comparisons with others. These comparisons lead one to develop a social identity, which is defined as one's membership in a given group of categories. People tend to hold their own categories in high regards, while deeming all others as negative. People will often stereotype out-group members as being less dependable, truthful, obliging, or intelligent.

This theory is relevant because social identities and group categories can develop based on race and job status. In the nursing home, bonds between employees form, in part, along racial

4

lines. For example, certified nursing assistants (CNAs) report being more comfortable working with co-workers of the same ethnic group (Foner, 1995). This causes racial tension between group members that can be reflected in their everyday duties and care for the residents. When nursing homes first developed, many of the CNAs were immigrants and minorities from secondary labor markets. Such workers were characterized by low social status and income and job instability, and these same features are present in today's nursing homes. Thus, in addition to racial tensions, the hierarchical structure of the nursing home sets nurses against the CNAs, and subcultures are created based on occupational roles and status (Berdes & Eckert, 2001).

The social identification and categorization theory is also important to understand from a leadership perspective. Some supporters of this theory believe that diverse groups lead to negative outcomes because the number of out-groups outweighs the in-groups, which may cause stereotyping and problems with mistrust, communication, and teamwork. However, the diversity management literature acknowledges the importance of this theory for leaders in that effective diversity management is dependent upon leaders who embrace, and not ignore differences within workgroups. Group membership defines one's social identity, which is directly related to self-esteem. Thus, it is important to embrace each employee's social identity in order to make them feel valued and to benefit from the diverse perspectives they bring to the workplace (Chrobot-Mason & Ruderman, 2004).

Similarity/attraction theory. The similarity/attraction theory suggests that people with similar characteristics, especially demographic ones, tend to appeal to others with comparable qualities. Persons from similar backgrounds are likely to share common interests, which make them more comfortable with one another while working towards a common goal. Furthermore, such individuals opt to interact with similar people and they are also are more likely reinforce

their in-group member's ideas. Thus, the similarity/attraction theory posits that faulty work

process it the likely outcome in diverse workgroups (Pitts & Jarry, 2007).

Conceptual Model for this Study

The information and decision making theory and the social identification and

categorization theory are both useful in predicting how leaders can help overcome barriers to

work process and utilize individual differences, as well as predict what kinds of outcomes

diverse work groups will have. Using both theories, a conceptual model was developed to

describe how diverse work groups lead to positive outcomes. It illustrates how the relationship

between the two is mediated by leaders who effectively manage diversity and are willing to

embrace cultural differences (see Figure 1).
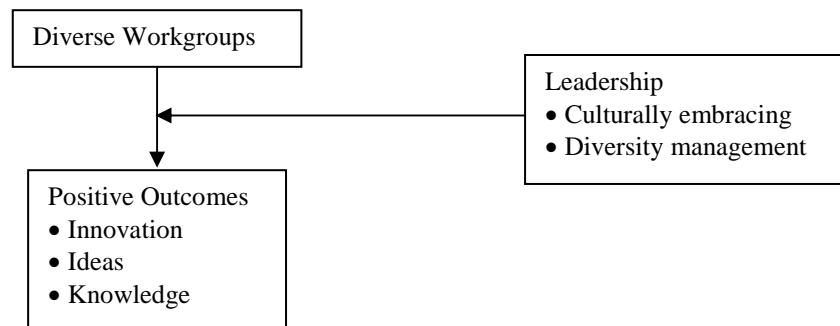
Figure 1. Conceptual Model for Diverse Workgroups and Positive Outcomes

The Structure of Healthcare Organizations is a Barrier to Workplace Diversity

Cox (1993) describes three types of structures for organizations: monolithic, pluralistic,

and multicultural. Monolithic organizations are homogeneous with very little structural

integration, and employees are expected to fully assimilate into the organizational culture.

Pluralistic organizations are somewhat heterogeneous with partial structural integration. They are

more accepting to cultural diversity than monolithic organizations, but they focus on more

compliance-based diversity strategies, such as affirmative action programs and equal opportunity

training. Multicultural organizations are heterogeneous with complete structural integration, and their managers value and promote diversity.

Using Cox's (1993) model and case study data from managers and board members of six health service institutions, Muller and Haas (1994) developed a conceptual framework to increase WD. They directly relate the level of structural integration to leadership support. They found that the health service institutions they studied were not effectively managing WD; the organizations were described as pluralistic and thus relied on compliance-based diversity programs and procedures. These findings are consistent with other research showing that many healthcare organizations are in compliance with federal regulations for affirmative action, yet they are not proactive in managing WD (Weech-Maldonado, Dreachslin, Dansky, De Souza, & Gatto, 2002). These studies may have implications for the entire healthcare system; however, there is no research evidence to supporting the manner in which nursing homes manage WD. The current study will seek to understand what type of organization nursing homes would fall into and whether or not the nursing home approach to WD is consistent with previous research.

More minorities are entering the workforce and healthcare workers are in high demand

The demographics of the U.S. workforce are rapidly changing. Minorities account for approximately 28% of the U.S. population, and the U.S. minority population is estimated to almost double by 2030. Minorities currently make up 25% of the labor force (Dansky et al., 2003; U.S. Census, 2008; Weech-Maldonado et al., 2002). Research on diversity management in the healthcare industry is especially needed, as there is an increasing need for healthcare workers (Dansky et al., 2003; Muller & Haase, 1994). Furthermore, Americans are living longer, and the need for long-term care workers is expected to be in high demand (Squillace, Remsbur,

Bercovitz, Rosenoff, Branden, 2007). Given the demographic changes and the high demand for workers, healthcare organizations are facing issues on how to manage such a diverse workforce.

Minorities are disproportionately represented in nursing homes

There is an alarming shortage of minorities in healthcare, especially in leadership positions (Harrington, Kovner, Mezey, & Kayser-Jones, 2000). Less than 2% of all senior-level healthcare management positions are held by minorities (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003). Among 258 nursing home administrators sampled in a study on determinants of pay satisfaction, only 6 were minorities, and while these minorities had higher salaries, they received fewer and smaller bonuses (Singh, Fujita, & Norton, 2004). Finally, there is little to no diversity in nursing home upper management, whereas the lower levels are disproportionately represented by minorities (Sulman et al., 2007; Dreachslin & Hobby, 2008). The lack of minority leadership representation may be particularly impactful in nursing homes because these organizations typically have a distinct hierarchal structure in which decision making for the entire nursing home occurs in senior management positions with very little input from lower levels (Berdes & Eckert, 2001; Mercer, Heacock, & Beck, 1993).

Power imbalances in non-diverse organizations disrupt work process

Authority is often hierarchical within an organization; therefore, a diverse workplace will have minorities throughout its organizational structure. Organizations lacking in this diversity distribution are said to have a power imbalance. Even when there are a large number of minorities within the organization, if the power distribution is biased toward a particular racial group, it will be harder for diverse groups to work together productively. Minorities in non-diverse companies are often less motivated and do not aspire to their full potential because they do not see opportunities for minorities to excel in the company, nor can they perceive themselves

8

as potential leaders of a majority-led company (Cox, 1993). Moreover, minorities in token

leadership roles are often marginalized, confined to conventional roles, and underestimated. The

heightened visibility of token members also brings attention to intergroup differences which can

cause polarization (Cox, 1993; Karsten, 2006).

The nursing home's power imbalance and bureaucratic structure may lead to conflict and racial tension.

In the workplace, when policies and procedures are handed down and strictly enforced,

employees lose their sense of choice and/or influence. Karsten (2006) uses the term bureaucratic

powerlessness to describe those individuals who attempt to maintain what little power they have

through excessive control over their employees. Bureaucratic powerlessness may be present in

nursing homes because nurses are in charge of the CNAs, but their orders are handed down from

upper levels in the hierarchy. The nurses delegate assignments to the CNAs and leave little room

for change without a nurse's approval. This constant need for approval is cause for CNA

aggravation, resentment, and hostility toward the nurses. The nurses' power and authority cause

CNAs to distance themselves from the nurses, which reinforce the nurses' status and increases

their appearance of supremacy (Foner, 1995). Additionally, there is an influx of non-minorities

higher in the power structure of the organization, which can lead to racial issues that impede

productivity and lower the quality of care provided to the residents (Dreachslin & Hobby, 2008;

Mercer et al., 1993; Otto & Gurney, 2006).

Sulman and colleagues (2007) reported that healthcare workers often feel that their

organization discriminates against minorities, and well over 70% of CNAs experience blatant

racism on the job from residents, family members, and/or co-workers (Berdes & Eckert, 2001;

Mercer et al., 1993). What is more, nursing home administrators are not always aware of the

racial issues in the workforce, as evidenced by the finding that lower-level workers often express

problems as being more severe than depicted by administrative staff (Mercer et al., 1993).

Several other authors have detailed nursing home CNAs' experiences with racism (Berdes &

Eckert, 2001; Jönson, 2007; Mercer et al., 1993); however, little is known about racism and how

it manifests with nursing home leaders. Furthermore, research is not clear on the leaders'

perceptions of the bureaucracy and power imbalances and how they influence work outcomes for

the leaders.

The tension and stress resulting from the hierarchical structure of the nursing home can

also affect how employees care for the residents. Schaefer and Moos (1993) developed a model

of work stressors in health care in which they posited that work stressors are influenced by both

organizational and personal factors and the employees' coping responses to these stressors

influence performance, quality of care treatment outcomes. Kyrouz and Humphreys (1997)

tested this model on 357 Veterans Affairs (VA) employees. According to this research, the

"supervisors' behavior towards subordinate staff is modeled by staff in their behavior towards

patients" (p. 114). The authors concluded that increased managerial control was associated with

greater staff control and patient alienation, as well as a decrease in the staff's sensitivity to the

patients' emotional and physical needs.

Basic diversity training is ineffective

Over 70% of American organizations report having some type of diversity training

program (Chavez & Weisinger, 2008; Hite & McDonald, 2006). However, less than one-third of

workers believe that their organization's diversity training initiatives are effective (National

Urban League, 2004). Unfortunately, diversity training may be counterproductive, in that, it can

actually create backlash, hostility, and competition (Chavez & Weisinger, 2008; Beaver, 1995).

Basic diversity training programs are designed to promote awareness and understanding of diverse groups in an effort to increase group cohesiveness and productivity in the workplace. However, research suggests that managing for diversity is a better alternative to diversity training. Managing diversity goes above and beyond generating awareness of diversity issues; it focuses on "building a culture that draws out and acts on the unique perspectives a diverse workforce can bring to organizations" (Chavez & Weisinger, 2009, p.332). Effective diversity management will lead to a multicultural organization with full structural integration, minimal intergroup conflict, and commitments from leaders who value diversity (Slater et al., 2008).

There are several key facets to effectively managing diversity. This study will explore which if any, of these facets are present in nursing homes. The first component of diversity management is that leaders must recruit and retain a diverse workforce at all levels of the organization. Minorities in senior positions are especially beneficial when developing new diversity strategies (Muller & Haase, 1994). Second, an initial needs assessment is critical for identifying specific diversity issues germane to the organization. Any training that results from the assessment should emphasize team building and group process, in which the teams utilize each group members' perspectives and skills in order to improve performance. Fourth, a post-program evaluation should be conducted to assess what, if any, organizational behavior and culture change resulted from the program implementation (Chavez & Weisinger, 2008).

It has been noted that successful diversity management will not happen overnight, or after a one-time diversity training session (Beaver, 1995). Self-managed work teams need time to develop and work through conflicts that may arise. Top management and employees must be prepared to persevere in order to successfully manage workplace diversity (Slater et al., 2008).

11

Leadership is vital for workforce diversity

Leaders within the organization have a key role in WD because their attitudes, involvement, and concordance set the stage for organizational change. Furthermore, diversity initiatives are most effective when they come from upper management because they have the authority to develop and implement organizational policies and procedures (Dansky et al., 2003; Sulman et al., 2007). Leaders must first see diversity as a benefit as opposed to a predicament to solve (Muller & Haase, 1994). Ongoing WD commitment and involvement from facility and department leaders (rather than leaving such issues to the human resources departments) is posited to draw in new employees, as well as engage and retain current ones (Slater et al., 2008).

Leading a diverse workgroup can be challenging. Leaders are responsible for creating situations to "give minorities a voice" and give them avenues through which they can express their views. The goal is to be inclusive and try to diminish tension and power struggles that are likely to occur in a diverse workforce. In line with the information and decision making theory, conflict may be beneficial and give rise to new insights and approaches. Thus, some level of conflict should be allowed, but leaders must be able to distinguish between task-related conflicts and emotional conflicts based on stereotypes and discrimination against minority group members (Chrobot-Mason & Ruderman, 2004). Leaders should also be aware of their own cultural difference and personal biases. They should also be willing to receive feedback on their own performance and the overall effectiveness of the organization's management strategies.

It is clear from the nursing home literature that there are a number issues concerning diversity in the workplace. What is not apparent is if the leaders are aware of the issues and that they warrant attention. The current study seeks to fill in these gaps and understand the nursing home leaders' perceived role in managing diversity.

12

Leaders' individual experiences manifest into organizational influences

An organizational culture is determined by its members' values, perceptions, and behaviors (Cox, 1993). Therefore, individual, or micro, influences help shape organizational culture. Moreover, the experiences within the organization and from the outside world can influence individual behaviors and resulting consequences. For example, social factors related to race or social class may be a driving force for nursing home leaders to engage in behaviors that either support or go against WD. In turn, these behaviors can shape the organization's views related WD. Thus, micro level perceptions and experiences can influence macro, or organizational level, performance. The current study draws upon this concept to explore how the leaders' subjective experiences and perceptions influence how WD is understood and enacted throughout the nursing home.

CHAPTER 3

METHODOLOGY

The following section details the study methodology, which consists of the study design, recruitment and study procedures, and data analysis.

Overview

The current study explored how nursing home leaders understand WD, race, and power, and how they manage WD within the nursing home. Nursing home leaders were invited to participate in qualitative interviews in which themes of race, power, and WD valuation and decision making were explored; a semi-structure set of probing questions were developed to guide the interviews (see Appendix). The data from the interviews were analyzed using the grounded theory method, and theoretical sampling was used to select additional participants. The data were synthesized and grouped into categories and themes through a series of coding procedures. By means of constant comparison, the categories and themes led to the development of a theory to explain how the leaders' values, experiences, and perceptions of race, power, and WD manifest into WD in the nursing home.

Study Design

The use of qualitative methods allowed for a richer and more thorough exploration of the leaders' experiences with race, power, and WD that could not be achieved with quantitative methods. The grounded theory approach to qualitative data collection was used for this study because it is the method best suited to answer the research question. Locke (2001) also argues that grounded theory is useful in ensuring that existing theories are up to date with the evolving

workforce. The importance of WD within business organizations is well established. Yet, the literature does not address nursing homes specifically, or even healthcare organizations in general. The current theories related to WD fail to take into account the specific racial issues and power differentials that nursing home employees face on a daily basis, and it is unclear whether or not nursing homes' organizational approach to diversity is consistent with previous research in hospitals and other healthcare organizations.

Grounded theory is a qualitative method for developing theories from the data (Eriksson & Kovalainen, 2008). It involves collecting data on the subjective experiences of the research participants in their natural settings. The analysis is inductive, in that it begins with individual actions, events, and emotions from research participants that are developed into categories that explain the data. The categories are then refined and compared to one another, and finally, the core category that emerges is developed into a theory (Charmaz, 2008; Corbin & Strauss, 1990).

Grounded theory is useful when studying diversity and separate social groups or subcultures within a larger culture. Since there is not one universal experience of WD among all organizations, this approach was well suited for studying WD within the nursing home culture. Using the grounded theory method allowed for the development of a theory about WD in nursing homes that was grounded in the personal experiences of the employees. Qualitative methods also encourage establishing collaborative relationships between the principal investigator (PI) and the research participants to ensure that their stories are accurate. This collaboration increases the likelihood that the research outcomes will benefit the nursing home leaders on their jobs (Auerbach & Silverstein, 2003).

Review of the Grounded Theory. The grounded theory method is a process in which theoretical constructs are derived from the subjective experiences of others in a particular

situation or condition (Corbin & Strauss, 2008). When using the grounded theory method, the PI is not guided by a particular theory nor does he or she develop *a priori* hypotheses. Rather than developing a hypothesis, the themes that emerge from the data allow the PI to develop theories and generate hypotheses, which can then be measured quantitatively or used to select another research sample (Auerbach & Silverstein, 2003; Corbin & Strauss, 2008).

The grounded theory process begins with research issues and concerns. The PI must develop questions that allow the participants to openly discuss their experiences. Once the questions are developed, the PI then selects an initial research sample that is suitable for developing theories regarding the research concerns (Auerbach & Silverstein, 2003).

Hypotheses are developed using the analyzed response data from the first group of participants (Corbin & Strauss, 2008). The next round of data collection begins using the hypotheses to choose a theoretical sample. The theoretical sample is a specifically selected group of participants who are sampled to understand how different people experience the phenomenon under study in different situations and to further develop the theories from the initial research sample. This iterative process of data collection and analysis continues until the PI is no longer obtaining new information or themes from the interview analyses, that is, reaches saturation (Auerbach & Silverstein, 2003; Corbin & Strauss, 2008).

Instead of establishing reliability and validity, proponents of qualitative methods suggest that the research be justifiable. Auerbach and Silverstein (2003) concluded that justifiable research must be transparent, communicable, and coherent. Transparency means that the manner in which one arrives at an interpretation should be obvious or easily explained. Communicable data analysis requires that the themes and constructs seem sensible and are understandable to

other researchers and the research participants. Lastly, when the theoretical constructs come together to form a logical story, it is said to be coherent and justifiable.

Like reliability and validity, the idea of generalizability is not easily applicable to qualitative research. The theoretical constructs that arise from the data are not generalizable to the entire population. As an alternative, the theories are transferable, meaning that different subcultures are likely to have the more abstract patterns described in the theories. However, the themes and the detailed content of the patterns will be exclusive to the particular subculture under investigation (Auerbach & Silverstein, 2003).

Sample & Sampling

The study participants were recruited from a privately owned, faith-based nursing home and its affiliated corporate office in Birmingham, AL. The nursing home is a 197-bed facility with around 300 employees, including 40 leadership staff members who vary by education level, job status, gender, and ethnicity. The corporate office is located on the same campus, and includes 11 employees who oversee the operations of this nursing home and a number of other long-term care facilities across the southeast. A letter of support from the facility was included in the study protocol, which was approved by The University of Alabama Institutional Review Board.

In this study, a leader was defined as any nursing home employee working in an administrative or managerial role or any corporate employee serving as a corporate officer or director. This included leaders involved in facility operations, nursing, human resources, organizational development, and executive management.

Theoretical and snowball sampling were used to identify potential participants. Theoretical sampling is an important component of the grounded theory approach; it is a method

in which the researcher uses the concepts and themes from the data analysis to determine who to recruit for subsequent rounds of data collection (Corbin & Strauss, 2008). The first three interviews targeted the highest-level leaders in the organization, as it was assumed that their attitudes about and efforts regarding workplace diversity management were most likely to have an organization-wide effect. It was also hoped that they could provide an orienting, overall description of the facility that would serve as a good foundation for determining future directions for participant sampling decisions. Additionally, the PI used snowball sampling methods to select interview participants by asking each leader to suggest potential study participants. The process of theoretical and snowball sampling continued until saturation was reached, that is, when the PI no longer obtained new information or themes from the analyses.

Ten of the 12 individuals contacted to participate in the study agreed to complete the interview. One leader cited time constraints as a rationale for not doing the interview and the other failed to respond to the PI's invitations to participate in the study.

Study Procedures

Once the sampling techniques were used to identify a potential participant, that leader was then invited by email or telephone to participate in the study, and the PI provided the leader with an introductory letter describing the study. If the employee agreed to participate in the study, a time was scheduled to conduct the interview. On the day of the interviews, upon obtaining consent from each leader, a semi-structured interview was conducted, and the leaders were compensated $20 at the conclusion of the interview. The list of guiding questions used throughout the study is listed in the Appendix. The questions were broad to allow full exploration of the leaders' own experiences within the research topic, and the first questions also doubled as rapport building questions.

By use of the constant comparison method, the PI collected and analyzed the data in a cyclical fashion, modifying the interview questions throughout the process to ensure that the emerging themes were adequately investigated. Each interview lasted approximately one hour, and all of the interviews were recorded and transcribed. The PI also made written and audio field notes throughout the data collection process to document thoughts, behaviors, participant remarks, and other comments that were not captured in the transcripts. All of the participants were assigned a participant number, which was used in the transcripts to protect their identity. The transcripts were de-identified by removing all names and other identifiable information.

The PI conducted 11 interviews with 10 different nursing home leaders; see Table 1 for personal demographics of the participants, and Table 2 for employee-related characteristics. One participant was interviewed twice because it was deemed that this leader would have some knowledge of the roles of two other leaders who were targeted for inclusion by the sampling techniques but did not accept invitations to participate in the study.

Data Analysis

The overall goal of grounded theory data analysis is to explain the significance of the data by creating successively more abstract constructs until a conceptual explanation that accounts for all of the data is developed. The initial levels of analysis are more focused on details of the data, in that the data are broken apart and carefully scrutinized as to determine their potential meanings. Subsequent levels of analysis generalize the data into abstract constructs through the development of categories and themes that are eventually integrated together to develop a theoretical framework that explains the meaning of the data as a whole and brings a new understanding to the phenomenon that was not apparent in the data before its analytic transformation (Strauss & Corbin, 2008).

Data analysis for the current study involved these successive levels of abstraction as is consistent with the grounded theory approach to analysis. There were three phases of analysis—open coding, axial coding, and integration. The PI moved from describing concepts in the data, to constructing conceptual categories, and finally to developing theoretical constructs and relationships. The analysis procedures are described below. While the steps are described sequentially, it should be noted that coding is not a linear process; instead, the analysis moves back-and-forth between open coding, axial coding, and integration throughout the process (Auerbach & Silverstein, 2003; Strauss & Corbin, 2008). Similarly, data analysis and data collection are not a linear process in the grounded theory method. Thus, the analysis process identifies emerging themes, which then inform the sampling frame for the study, and this process continues throughout the data collection/analysis process until saturation is achieved.

Coding Procedure. After each interview was transcribed, the PI read the transcript and then met with a co-investigator (Snow), to discuss the overall interview experience, guiding questions, emerging categories and themes, and the next potential study participants. Upon completion of data collection, the PI and co-investigator (CI) worked together in monthly analysis sessions to discuss the emerging categories and themes. The PI and CI also went through several rounds of coding and analysis together.

Open coding is the lowest level of abstraction and the foundation for developing the theoretical constructs. The PI began with a microanalysis, which is a detailed process in which each line of the transcript is carefully analyzed and the phrases are label by their meaning. For example, the statement: *"Well, basically just treating everybody the same. If I remain consistent doing that then you know, I don't think there would be separatism—people being separated, divided, you know […] I just think you if you treat everyone the same, you know, it should be*

alright" was coded as "role in managing diversity." This statement was compared to similar statements, and the definition of this code and conceptualization of what kinds of statements would be assigned this code emerged in an iterative fashion as all of the transcripts were reviewed, coded, and re-reviewed to allow the coding to be modified as new transcripts were added. This process resulted in approximately 400 codes, and many of these were "in-vivo" codes—that is, codes whose names were derived from the transcript text itself because the transcripts language depicted the essence of the construct through the words of the participants (Auerbach and Silverstein, 2003).

Memos, which are written or recorded analytical records that are created from the data, also began at this level of analysis. Memos can either be observational notes, theoretical notes, methodological notes, or diagrams (Corbin & Strauss, 2008). Throughout the data collection and analysis process, the PI recorded voice memos immediately following the interviews and also kept a running list of typed memos for each interview. At this level of analysis, the memos were data-near, meaning they focused on understanding and defining the emerging codes as well as hypothesizing about how the codes might fit together into higher-level categories (Sandelowski, 2010). Upon completion of micro-coding, the PI wrote summaries of each interview, and developed a list of questions and hypotheses to assist in sorting. The PI carefully sorted through the memos, testing each hypothesis against the data by selecting pieces of text that support the hypotheses or answered the questions.

Codes representing similar concepts were next grouped together, and these repeating ideas formed the initial categories and subcategories. For instance, the code "role in managing diversity" became a part of the category called "understanding workforce diversity," along with the other codes such as "definition of workforce diversity," "good/bad diversity models," and

"openness to cultural diversity." This process of grouping similar codes resulted in a total of 19 different categories. While the categories are more abstract than the codes, at this level of analysis, these categories were still data-near, or similar to the raw data in the transcripts, in that they are more concrete in their description of the data. This level of analysis represented the next level of abstraction moving toward construction of theory (see Figure 2). Once the codes were grouped into categories, memos were also written about the categories. These memos detailed the properties and dimensions of the categories. The PI also began "asking questions" of the data, which included memoing on the development of hypotheses about the meanings of codes and what the data was potentially signifying, then testing the hypotheses against the data, and then modifying or abandoning those hypotheses based upon how much support the data provided.

| 400 Micro-codes | 19 Data-near Categories | 16 More Abstract Categories | 3 Themes | 1 Theory |

Descriptive "Data-near" ← → Abstract "Data-far"
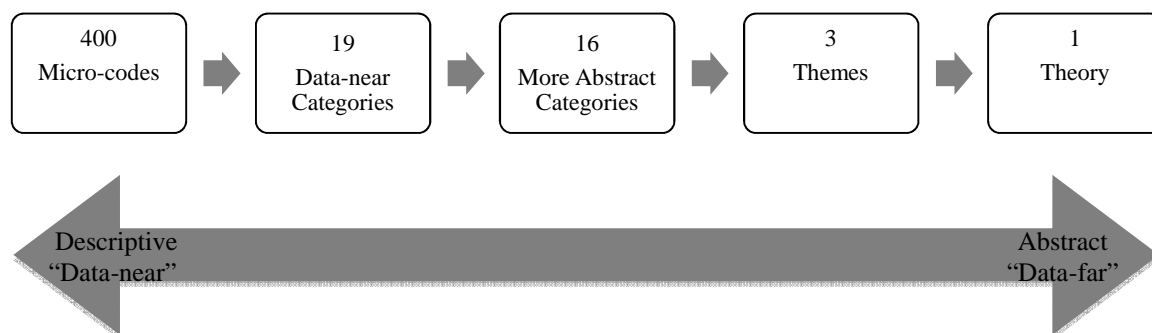
Figure 2. Data Analysis Process

Another step in the data analysis process was to analyze the ways in which the emerging categories relate to one another. Axial coding entails examining the relationships, contexts, and processes of and amongst the categories. While open coding is descriptive, axial coding explains the data in a more abstract or conceptual manner. The use of comparative analysis (i.e. comparing and contrasting various events in the data) was employed to examine the emerging

categories and themes and hypotheses about the relationships among those categories and themes (Strauss & Corbin, 2008). For instance the categories "teamwork," "fairness," and "developing trust," were linked to one another by a hypothesis positing that by promoting teamwork and fairness, the employees develop trust amongst each other. This further illustrates how the developing trust category was elaborated on by explaining how fairness and teamwork could be used to establish trust between the nursing home employees. A more abstract hypothesis incorporating these three categories resulted in the following statement: a strategy for promoting nursing home WD is to develop trust between all of the nursing home employees by working together as a team and treating all team members the same. Both of these hypotheses were tested against the data and confirmed.

The Six C theoretical coding family was employed during axial coding. This model involves scrutinizing the categories for their context, causes, contingencies, consequences, covariance, and/or conditions (Glaser, 1978). For example, "racial discrimination" was a subcategory for the larger categories of "race." When analyzing data, the PI examined the data to determine the reasons for and circumstances surrounding the racial discrimination that the participants reported and/or experienced (i.e. causes, context, and conditions). The PI carefully scrutinized their response to occurrences of racial discrimination and the consequences or outcomes that took place as a result of it. Additionally, any unforeseen events (i.e. contingencies) related to racial discrimination were also noted. For example, the data revealed that experiences with personal racial discrimination were dependent on the culture and geographic location in which one was raised.

The last phase in the data coding process involved developing the themes (i.e., categories at the highest level of abstraction) into a theory to explain the phenomena under study (WD;

23

Strauss & Corbin, 2008; Eriksson & Kovalainen, 2008). At this level of analysis, the PI moved from the 19 data-near categories to a different, but obviously related and overlapping, set of 16 categories that were more abstract and interpretive. These 16 categories were mutually exclusive and exhaustive of the data, and could be described in terms of three interrelated themes (See Figure 2). Together, these three themes represented the crux of the information presented in the data. The relationships among the three themes subsequently were an exhaustive description of the relationships between the categories. At this point, the PI used existing literature and theories as well as her own knowledge to explain the theoretical construct.

Throughout the integration process, the PI wrote theoretical memos to develop the core category and help flesh out her thoughts about how the categories reduced into themes. Upon completion of the final level of analysis, the PI then organized the data into a theoretical narrative, or written story that described the participants' subjective experiences in terms of the theoretical constructs and the existing literature.

Although defined above in a linear fashion, these analysis steps were in actuality applied in a circular process, much like the data collection/analysis cycles described previously. Thus, open coding led to the application of codes within context (axial coding) and the development of hypotheses regarding cause/effect/moderators, which were then tested to determine if the hypothesized relationships were consistent with the data (integration). At this point, any inconsistencies led the PI to return to open and/or axial coding for further analysis. In addition, these processes were ongoing while data collection was also proceeding, requiring open coding to be an iterative process and thus resulting in iterative changes in axial and integrative coding until finally a decision was made that saturation was reached and data collection ceased.

The monthly meetings between the PI and CI were integral to the analysis process because they offered an opportunity for the PI to assure that consensus was being reached regarding coding definitions and applications. The CI read and/or listened to the audio recording of each interview and broadly discussed each interview with the PI. The investigators began micro-coding each interview together to discuss patterns and code definitions. After completion of micro-coding all of the interviews, the PI then consolidated the codes and grouped them into major categories and themes. The PI also began developing diagrams to illustrate the categories and themes. Subsequent meetings with the CI served to further integrate the categories and organize them into the final theoretical model.

Development and modification of the Guiding Questions. Grounded theory data analysis employs the constant comparison method. This method allows the PI to move back and forth between data collection and analysis, and in doing so, the PI is able to refine and modify the guiding questions to be consistent with the emerging themes and concepts. The list of guiding questions in the Appendix shows how the questions were changed over time. It should also be noted that the interviewer would often probe the participant for more details based on the individual's history or his/her job title. For example, if the participant had worked in the organization for several years, after the first question about their position, the leader would also be asked to discuss their employment history at the facility.

After the first interview, it was clear that in order to discuss issues of race on the job, it was first necessary to establish a rapport with the participant around the issue of race. The investigators posited that the individuals would be reluctant to discuss what racial differences existed in the nursing home because employers and/or employees rarely acknowledge racial issues in the workplace (Berdes & Eckert, 2001; Katz & Moore, 2004). Thus, an additional

question was added in which the participants were asked to discuss how they thought the lives, or experiences of the White employees differed from those of the black employees outside of work and on the job. The investigators posited that by beginning the conversation about race with a discussion of personal instead of professional roles, individuals might be more likely to become comfortable with discussions of their experiences of race, and then be more forthcoming in discussing experiences of race in the workplace. The question was removed after the fourth interview because the participants had too much difficulty answering the question; thus, the posited effect was not achieved. Nonetheless, the leaders appeared comfortable discussing their personal experiences with race, in general. The leaders usually began this dialogue with a discussion about their childhood experiences. The investigators asserted that moving from childhood racial experiences to professional experiences would be a natural progression of the discussion, thus the question was later modified to "Can you tell me more about your personal experiences with race growing up in your childhood? Your professional experiences with race?" These discussions helped the investigators to understand how the leaders' personal experiences with race influenced their professional experiences.

Two other questions ("As a leader, what are your key concerns when managing a diverse workgroup?" and "Please discuss your experiences working in diverse workgroups here at the nursing home.") were also removed after the third interview because they were similar to other questions (e.g. "As a leader in this nursing home, what would you say your role is in managing workforce diversity?") and did not provide additional information. The investigators also came to the understanding that the leaders believed that all of their workplace experiences involved diverse workgroups, and thus there was no need to specifically ask about their experiences in

diverse groups. However, this question was occasionally used as a probe for the personal racial experiences question if the participant did not also discuss his/her professional experiences.

In general, the leaders provided very concrete descriptions of WD and race, and this was consistent across job types, race, and geographic origin of the participants. In an effort to elicit a deeper discussion about race and discrimination, we asked the leaders to discuss how race affects interactions between the staff, residents and staff, and residents with one another. While the question elicited important information, some participants who reported that they had not experienced prejudice and discrimination first hand did not tend to explore these issues in depth. The investigators posited that re-conceptualizing the discussion as one of "otherness" instead of race might allow participants to better connect with the questions and respond in a more detailed fashion, and a question was needed that made the terms race and discrimination a universal experience for all participants regardless of their race. Thus, in the final interviews the participants were asked to discuss experiences where they were seen as different or in the out-group versus the in-group.

The analysis revealed that while employees are oriented to certain workplace diversity issues (i.e. Equal Employment Opportunity policies), they do not receive formal workforce diversity training. The investigators sought to gain a better understanding of what diversity training would look like if it were offered at the nursing home, and these discussions began to help the investigators gain insight into how the organizational practices influenced diversity in the nursing home.

During the fifth interview, the leader discussed how racial issues could be influenced by geographic location. The investigators hypothesized that geographic or cultural differences would influence how diversity was enacted in the nursing home. Thus, the participants were

asked to discuss these differences. The analysis revealed that these cultural differences also influenced the leaders' professional experiences with race. The investigators speculated that another important aspect of the leaders' professional experiences with race had to do with how the participants understood leadership. For the final interviews, the investigators sought to understand how the leaders defined leadership by asking, "What does being a leader mean to you?" because there was not a clear understanding of this concept in the data. Furthermore, the definition of WD in the data appeared to be one-dimensional, so the leaders were asked to discuss what an ideal nursing home enacting WD policies and principles would look like and provide examples of organizations with good WD programs. These responses led to a better understanding of how the nursing home enacted WD.

The final set of guiding questions was developed for a follow-up interview with one of the study participants. Unfortunately, no one from the facility or corporate human resources office was available to participate in an interview to discuss matters related to hiring decisions and diversity policies and procedures. Instead, we invited a former study participant back to discuss these issues. Given the leaders position, he/she was knowledgeable about these issues, and the leader also indicated working closely with the human resource department in his/her previous interview.

Verification. The PI employed a number of steps to ensure that the results of this study were justifiable and corroborated. First, all of the interviews were audio recorded and transcribed verbatim, and transcripts, memos, code lists, and field notes relating to the data were developed and maintained for reference. The PI and CI reviewed the transcripts and codes independently and met regularly to discuss data collection and analysis. The data collection continued until saturation was reached and new themes were no longer emerging from the data. The use of

constant comparison analysis helped to prevent bias, since concepts were constantly being

compared with new and different pieces of data, and this method also insured that the codes,

categories, and themes fit the data. Furthermore, once the theoretical construct was determined,

the PI ensured that the construct was consistent with the data and revised any categories that

required more explanation or were not relevant to understanding the theory. Finally, the PI

validated the theory by comparing it to the raw data.

CHAPTER 4

RESULTS

Model of the Manifestation of Workforce Diversity

Nearly 400 micro-codes emerged from the data. Further analysis revealed 19 data-near

categories, and 16 interrelated abstract categories. These 16 categories fit into three major

themes: enacting WD, organizational level influences, and individual level influences. Together,

these themes provided a framework for the Model of the Manifestation of WD (See Figure 3).

This model illustrates how individual and organizational level influences affect how WD

manifests in the home. The individual influences refer to the leaders' personal experiences with

and perceptions of race, cultural differences, power, and WD. The individual factors not only

influenced how WD was enacted, but they also helped to shape the organizational culture of the

nursing home. The leaders' leadership style and role, as well as their morals and perceptions of

the nursing home and its employees impacted how they managed diversity. The organizational

level construct was defined as diversity related factors of the organizational culture that influence

how WD manifests. Organizational factors influencing WD included systemic and industry

norms, recent facility initiatives, and the impact of workplace discrimination laws. The nursing

home's past and present hiring practices, and equal employment opportunity policies and

procedures also had an effect on how diversity was managed within the facility.
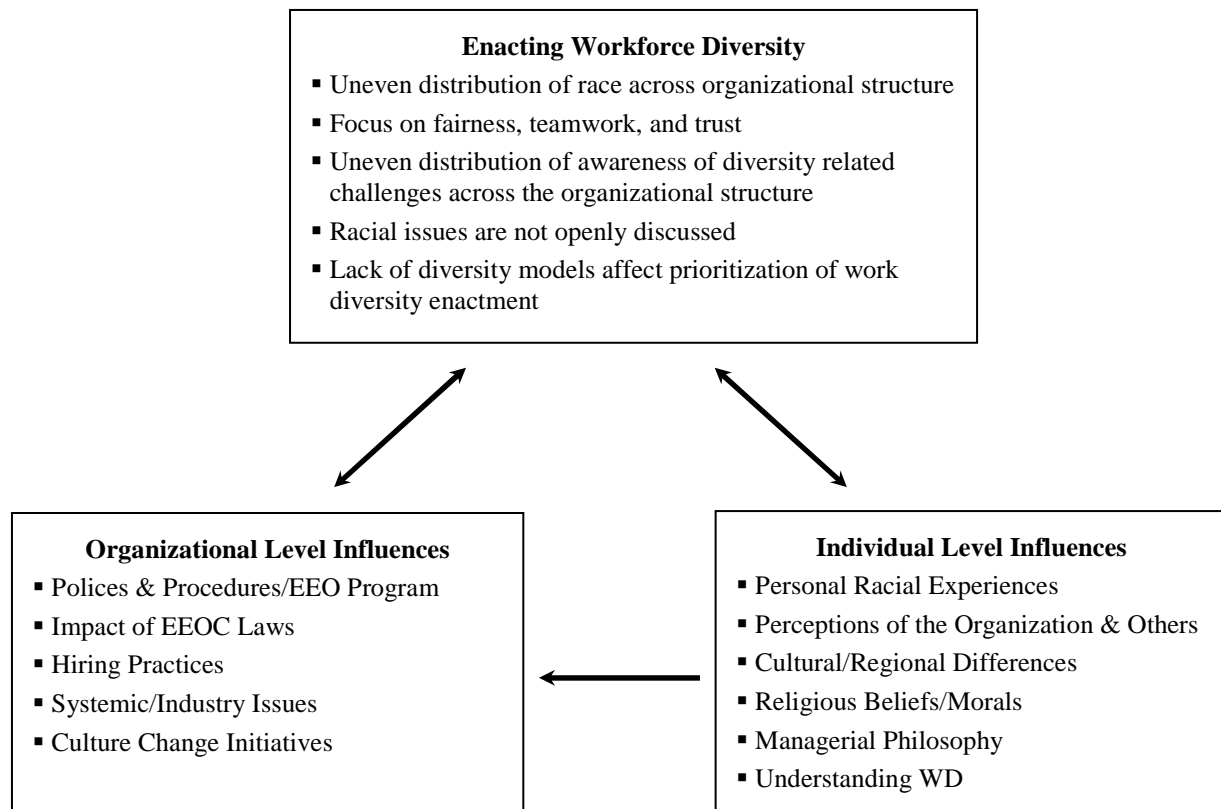
Figure 3. Model of the Manifestation of WD

The manner in which leaders' enacted WD in the nursing home was the result of a combination of organizational and individual level influences. While issues of race were not openly discussed in this facility, WD in the nursing home manifested through a focus on fairness, teamwork, and trust. Consistent with previous literature, there was an uneven distribution of race across the organizational structure of the nursing home, as well as a lack of awareness of diversity related challenges in the highest tiers of leadership. Furthermore, a lack of good models of WD influenced how WD was prioritized within the facility.

Support for Model

The following session will provide a discussion of the three constructs from the model along with quotations and relevant research to corroborate the model.

PERSONAL RACIAL EXPERIENCES

All of the leaders discussed their own personal experiences with race. Generally, the leaders responded to this question by first describing their initial exposure to racial diversity as a child. Having a glimpse into the leader' personal racial experiences provided a better understanding of the participants as a leader. Their first experiences ranged from highly positive to blatant forms for racial discrimination. The positive experiences dealt with interactions with individuals of a different race.

> *Everybody was pretty much White. I had, one of my friends, I had a little guy that was black. I just loved him. I was in love with him. And he was pretty much the only black person that I had ever seen, you know (I009).*

I009's initial positive experience with racial diversity was likely due to his/her limited exposure, as there were very few minorities in the area where he/she lived. Other leaders described instances where they were exposed to other races on a regular basis, yet still had a positive experience.

> *You know, like [pauses] I really, you know didn't have any problems. I went to catholic school, okay. So I had—my teachers were White nuns […] my father hunted and so we always had like, you know, White men coming by with the little hunting dogs or them going—or us going to buy—my daddy going to buy dogs and we were in people's houses, and so that didn't bother me much, you know and I, I guess I was too young to really pay any attention to it, but you know the race thing it just—you know how you just have a bad experience? I didn't have that. (I007)*

Another leader (I005), described similar experiences interacting with Whites as a young child. "*My grandmother had White friends.* White friends. *White friends that dealt with me."* As a result, the leader indicated that he/she was well prepared to work with the residents in the nursing home. The leader went on to say:

> *So I didn't have any growing up. I don't, I – did my grandparents protect me? I guess*
>
> *living in rural [state redacted]. I, I lived in rural [state redacted] and I walk bare—I*
>
> *walked down the country roads by myself with a dollar, walk about a mile or two to store.*
>
> *White people, black people passed me, blow their horn. That's how I grew up and I'm*
>
> *just walking, kicking the rocks, eating out my cookie bag. That's how I grew up. I wasn't*
>
> *worried that anything was gonna happen to me (I005).*

These two leaders indicated that their positive racial experiences lasted into their teenage and young adults years, respectively. Regional differences will be discussed later in the document, but it should be noted that both of these leaders grew up in the south during the civil rights movement. Thus, it was surprising to hear that these two Black leaders had such a positive experience, especially after hearing from other White participants who grew up in the same states as these leaders did. Although the White leaders did not face racial discrimination, personally, they witnessed a great deal of it as a child. They recalled their experiences with racial segregation in their communities.

> *The first memory that I have of race being an issue was in the 19, I was probably, I don't*
>
> *know, 12 of 13 years old […] I can remember there being pickets outside from the SCLC*
>
> *[Southern Christian Leadership Conference] and, and other organizations who were*

picketing the church because there were no black members and that, they, they didn't

admit blacks to worship (I008).

I can remember the struggles in my community; primarily over the issues of bussing. That

was a real volatile issue when I was growing up. And I can even remember, I'm old

enough to remember going to the doctor and sitting in a all White waiting room. I can

remember that (I004).

Unfortunately, encounters of racial prejudice and discrimination within one's own family were also a harsh reality for several leaders. For example, 008 stated,

I had grandparents who used, just as common language, used terms to refer to black

people that we would think very offensive today, but it was, it was very common parlance.

And they didn't, my grandparents, I never thought of my grandparents as being racist,

but I guess they w—I guess they were. And they didn't, they didn't think anything, and I

don't think they meant to offend anybody, that's just the way they talked (I008).

Racial prejudice was the *norm* when I004 was growing up, and his/her family conformed to these norms by deciding not to participate in desegregation busing.

I can remember as a child there being a lot of racial prejudice in my world. Not extreme,

but I would say, the norm for that group. I was in a school system and in my freshman

year in high school, I received a letter that I was being removed from my school, and I

was going to be bused to a black high school, and my father was very disturbed by that

34

and took me out of school and placed me in a private school so that I wouldn't have to go

through that (I004).

I006 explained that he/she first learned about racial discrimination through his/her family

as well, only, in this case, the racial discrimination was directed at him/her.

I006: It's funny about race because like because um, my mom is a very fair skin lady with

like real light, hazel brown eyes, freckles in her face, curly hair, you know stringy curly

hair and she was the oldest sister of, I think seven siblings but she was fair skinned—

everybody else was the total opposite. Very dark, coarse hair whatever and um there was

even a difference in our family because of that, you know which wasn't good *for us*

because she was always the pretty sister, the – you know, and there is a lot of stuff

historically with that. Um as far as racism go, that – I mean basically that's where my—

you know my understanding of racism started with that situation because there was even

a blockage there within—."

LV: The race.

I006: Yeah*, you understand? (I006)*

The leader was a victim of colorism, which is the "tendency to perceive or behave toward

members of a racial category based on the lightness or darkness of their skin tone" (Maddox &

Gray, p. 250). The history of colorism that the leader refers to dates back to the days of slavery

when White slave owners showed favoritism toward the lighter-skinned slaves by giving them

more favorable assignments such as working in the main house rather than the fields. Today,

research suggest that compared to darker-skinned blacks, light-skinned blacks are perceived as

more attractive and prestigious, have higher socioeconomic status, receive lighter prison sentences, and are more likely to become and elected official, marry, and be hired for a job (Hochschild, 2007). As such, colorism creates in-group prejudice and discrimination, where tension builds within the race because of the disparities that exist along the color lines. Unfortunately, the leaders have witnessed colorism first-hand in their professional careers. One leader recalled an experience where she felt that an employee was discriminated against because she was darker-skinned.

> *001: one of our CNA's, that is very dark skinned, applied for that position and I think they gave her a cursory interview. You know, you got to interview her kind of deal. Not that she has a [degree], and not that she's not—doesn't have any computer savvy, that she dresses well, always well made up, neat, clean, presentable all the time—that would make a wonderful presentation to someone from the outside coming in to meet me, not that she hadn't been here […] and know this building like the back of her hand, so she could go* anywhere *in here, talk to anybody about anything, and introduce those people around. And not that any of that would have been an asset to having her in this building.*
>
> *LV: So you felt like she was at an unfair advantage because of the darkness of her skin?*
>
> *I001: I think so. I really do. The person they chose to put in that position was a blonde, blue, White girl that didn't know her ass from a hole in the ground [laughs]. That's the Gods honest truth. Did not know a single thing—that came from the outside, didn't know the building, wouldn't learn the building, wouldn't allow anyone to show her the things she needed to, to know in order to make her good at that job. 'Course she stayed about, about 2 months, 3 months [laughs; I001].*

The participants discussed a number of other professional experiences with race, and similarly to their experiences growing up, they described both positive and negative experiences. The positive experiences had to do with the kindness shown to them by other employees of a different race. For example, one of the leaders recalled being the only minority in his/her department and having a warm welcome from the other employees.

And they befriended me and took—and I went out with them places where they went. I didn't know anybody. I didn't have any, I didn't know anybody. They befriended me. I went, so I joined the White church cause I didn't know anybody—know any, any kind of people. Okay, so that was a great experience. I know it probably, it could've been different, but it was a great experience (I005).

Similarly, one of the leaders discussed that fact that when it comes to certain employees, he/she can be completely blind to color, and one of the employees is like family to him/her.

I certainly don't have any negative experience is as a result of race. […][Nursing Home Employee], you know, I don't, you know, I don't, I don't recognize a color on him/her. It just doesn't—in fact, one of my children they call themselves cousins […] So it's just not, you know, I guess that's a good a race experience. The first time, he/she said that to him he/she said, 'You know we're cousins?' and he was like 'Do what?' [LV laughs] 'Do what!' But now, he's the one. My son went up to her […] and there were hundreds of people there, and in the middle of these people, he said 'Hey cousin, what's up? And so it's just not -- I'm sure he, he had some looks, but that's just to—just who we are"(003)

By and large, the leaders reported that all the employees get along well with one another regardless of race, especially those holding the same position. For example, I006 said, "*We got a couple Caucasian CNAs here and a couple Blacks, we got a Mexican CNA here, you know. It's a pretty diverse crowd, they get along good*." The leaders also indicated that issues that may arise between the staff have more to do with personalities than race. However, consistent with the literature on CNAs, nursing home leaders *also* experience and/or witness racism in their professional lives (Berdes & Eckert, 2001; Mercer, et al., 1993).

Berdes & Eckert (2001) found that racist language in nursing home exists in two different forms: anachronistic and malignant racism. Anachronistic racism refers to the use inappropriate, yet inoffensive language regarding race that was once deemed acceptable, whereas malignant racism is blatant use of racist language that is meant to be offensive or disparaging. The majority of the incidents involving blatant or malignant racism in this facility involved interactions with residents or family members. For example, the leaders indicated that the residents are prejudice against foreign-born employees.

> *You know and they're just pretty blunt and bold, "Where are you from?" and "Do you believe in God?" […] You have White residents that have a problem with [pauses] anybody that they think is from the Middle East because of the, of the war and they're not so sure they're not a terrorist. I mean you know, how they think is kind of funny sometimes, but they are paranoid like that. With CNAs from Africa, it's a communication thing that I think is frustrating for somebody that is hard of hearing and they have to speak up and it's still not quite plain you know. (009)*

I010, who was not born in the U.S. indicated that he/she sometimes feels *"degraded"* by the residents in the nursing home simply because he/she is a foreigner.

Some residents even refuse care from minority employees and show preferential treatment towards the White employees. For instance, I007 said, *"I have I guess maybe about, I'll say three or four residents that actually if they're having a problem they would rather talk to [I007's White co-partner] than to talk to me."* Other residents use derogatory terms to refer to the minority employees, as I006 stated. *"I mean—you here some things, "Aww, she called me a nigger" and you know, stuff like that"* However, similarly to the results found by Berdes and Eckert (2001), the leaders tend to discount the behaviors and remarks by the resident. They indicated that the residents grew up in a time where racist behaviors were commonplace, and many of them do not have the cognitive capacity to discern between what is now acceptable and unacceptable. As for the more cognitively intact prejudice residents—the leaders accept the residents' resistance to change and attempt to disprove the residents' racial beliefs by making a personal commitment to care for the resident and try to improve their health and quality of life.

> *I think personally because this lady is a ninety year old lady, and I'm not talking about anyone in particular, but because she is a ninety year old lady, she grew up in a different time, you understand? That's just like me telling a ninety year old person, "You have to change. You can't call me that." You know what I mean? "Man, I'm ninety years old, you think I'm fixing to change for you?" [Both laugh] You know what I'm saying? You know, I think people need to—the way you break down barriers really is not arguing with people though, I think it's more so: you know what, you're not fixing to run me off. I'm fixing to take care of you. It's my job and I want to see you better (I006).*

Other leaders take comfort in knowing that their superiors do not condone this behavior. When made aware of racist behavior, the senior-leaders indicated that they make every attempt to thwart the resident's misconduct through education or other reprimands. I005 recalled his/her experience with blatant racism from a resident who was told to either change her behavior or leave the facility.

> *She was a mean lady and she was a White lady and I—everyone tried to please her, tried to please her. So, I did the same thing, and she would say, "Nigger, nigger, nigger." So the, the same the administrator and the same gentleman that hired me gave her this out. They gave her this, 'you either stop disrespecting our staff or you move out.' Now people don't turn down—ask people to move out because retirement homes want to be full. And that was her option (I005)*

While the residents exhibited blatant racist behaviors, most of the racial discrimination that the leaders witnessed or experienced on the job occurred between employees and their superiors, and it was far more subtle. This subtlety made it very difficult for the leaders to discuss because the behaviors could not be confirmed nor disconfirmed as racism. Rather than concrete evidence or racial discrimination, the leaders describe their experience as a feeling.

> *There's not a lot of racial tension,* I don't think *between employees at the, at the CNA, LPN level. [pauses] From a—once you get to the relationship between the, the—those front line employees, the CNAs, LPNs, and on up the chain, I think* there's *where sometimes you might* sense *some tension, but, but I don't as a routine matter, I don't see that as an issue. In any of our organizations, I don't really sense that we have any wide-*

ranging issue of people feeling like there's a racial tension in our, in our facilities. I

don't, I don't sense *that (I008).*

One other leader also *sensed* possible racial discrimination and even heard rumors, but never witnessed it with his/her own eyes and ears. For many of the leaders, the end result of the rumors and the underlying tension was to recognize that it existed, and move on. Given that they had no proof of any accusations, this may be the best or the only option. This leader went a step further, and instead of letting these things bother him/her, he/she uses it as motivation. The leader also makes it very clear that he/she has no evidence to back up the feelings, which possibly speaks to his/her loyalty to the nursing home.

> *I006: Did I feel that, my floor, that I worked on when I was managing [nursing home*
>
> *floor]—do I feel like I was getting combed with a fine tooth comb versus the other floors*
>
> *with the Caucasian people? Yeah, I felt that way sometimes, you know.*
>
> *LV: So, the floor—the [nursing home floor] had?*
>
> *I006: A Black manager.*
>
> *LV: Oh, okay.*
>
> *I006: I, I was up there. You know me and another lady was on [nursing home floor]. Um,*
>
> *I felt that way at times, but I also feel that if you continue on with negative, you know if*
>
> *you continue to think negatively then that's what you are going to put out actually, so*
>
> *what you have to do is just recognize that something is there—may be there, but you still*
>
> *have to perform, you still got to do your job. The thing about it is, to be put through*
>
> *something, to be put through something, whether it's the truth or not, you know what I*

mean? You just may feel that way. There's nothing really, ever confirmed to me that—you

understand what I'm trying to say?

LV: Right.

I006: That's just how I feel, you know.

LV: Right.

I006: So, I mean—I want to clear that up. It aint like somebody said well I'm going to

check your floor cause you, you Black, [laughs] you know what I'm saying? You know.

But because that may have been a stipulation, that may have been something that is the

truth. Whatever it was, it helped me to work harder. You know, at least try to learn things

and do it to the best of my ability, you know. I mean it was kind of a motivation really,

you know and even if I was tricking myself, it motivated me to learn (I006).

At times, there was also tension between the leaders and the residents' families. People often stereotype minorities into certain roles in the nursing home, and when an individual does not meet these norms, discrimination can occur. I007 often experiences this first hand when family members first met him/her in the nursing home. Here again, although nothing is actually voiced, the leader senses some thoughts of racial discrimination.

So when it's a problem, you know, I've actually had family members—they're like,

"You're, you're the [position redacted]?" "Yes, I am." you know, and "Is there a

problem?" "No I just was expecting somewone different." Who were you expecting? So

you know, but -- and its plain that you know, it's like they weren't expecting to see an

African American. You know, so but like, but I still just, you know, deal with the problem,

you know, "what's the problem?" But no one has actually said that, you know spoken the

words that they'd rather see somebody White, you know what I'm saying? It's just their

facial expression (I007).

Several of the minority leaders expressed that even some of the employees were not used to seeing minorities in leadership positions. They felt as though the employees did not respect their authority because they were minorities. As I001 explained, this made his/her job difficult and impeded work process.

I001: I think probably for about the first month to two months if I walked up to a White

manager and said could you please do whatever it was they would go okay but it never

happened. And then they would walk away and ask my supervisor, '001 asked me to do

whatever' and he would go, 'did you do it?' Because it took somebody White to tell them.

LV: That it was okay?

I001: That it was okay for them to do something I did—I asked them to do (001).

The leaders indicated that employees who are non-native speakers face even greater challenges because they often feel as thought they are discriminated against because of their accent. One leader discussed the poor treatment he/she received when he/she initially came to the nursing home, including feelings of disrespect and rejection.

I010: People here in the South, you know, especially here, I'm not going to say in the

South, but particularly in this place, I was treated like I was different because I had this

accent and they don't understand me. […] But communication, you know, they, they talk

things behind your back because I'm the, I'm, I'm the only [indicates nationality] here. It

was difficult. It was difficult to me at that time.

43

LV: Okay, can you give me some specific examples of how you felt like you were treated

differently?

I010: When I, when I talked to them, they don't, they don't—they kind of ignore me.

When I tell them something, they kind of like, looking at you, you know [as if to say] "do

you know what you're doing?" Like, like that, that is how I—how I feel. You, you don't

really feel acceptance at that time (I010).

Research suggest that foreign-born nursing home CNAs are more likely to experience racial

prejudice and discrimination from residents, staff, and/or families members than Blacks, and

they are also more likely to report feeling stressed as a result of the racism (Berdes & Eckert,

2001). Thus, it came as no surprise to hear the foreign-born leaders discuss his/her experiences

with both subtle and blatant forms of racism that were far more salient than the other employees

in the nursing home.

The leaders provided a number of personal and professional experiences with racial

diversity throughout the course of their lives and careers. Some of the leaders descried extremely

positive experiences growing up and working with individuals of different races, while others

encountered both subtle and blatant forms or racism. Although not all of the leaders reported

positive racial experiences, the leaders reported learning valuable lessons from their experiences.

For example, I004 described the experience as a *"journey for being tolerant."* Furthermore,

these lessons influenced the way these leaders managed diversity and led in the nursing home.

PERCEPTIONS OF THE ORGANIZATION & OTHERS

How other perceive the their work environments can be a key factor in the success of an

origination. Research suggests that staff perceptions of organizational culture are significantly

related to turnover, job satisfaction, and organizational commitment. Thus, how staff members feel about their superiors and the level of communication between the staff and supervisors are critical to nursing homes (Sikorska-Simmons, 2005). The leaders discussed how they believed others perceived them as well as perceptions of the organization. The focus of the discussion on the views of the organization centered around the racial history of the facility. The leaders compared the more recent perceptions of the organizations racial ideology to those of the past.

All of the leaders felt as though the staff's perceptions of them were somewhat misconstrued. However, the leaders indicated that through time and a little extra effort from the leaders, they were able to effectively manage many of the negative perceptions. I001 indicated that until the Black staff members get to know him/her, they treat him/her as if he/she was of a different race.

> I001: Whenever I'm in a building, they always think I'm White. And when I tell you I'm
> White, I mean White in spirit, not White in color. So it takes them awhile before they
> realize that I'm just [laughs] plain ole I001.
>
> LV: So when you say, "they think you're White," they, is it like they treat you like they
> would treat one of their White friends?
>
> I001: Yeah, absolutely at the beginning.
>
> LV: Okay, and this is for the black people too, or—
>
> I001: Oh no, this is for the black staff.
>
> LV: Ok. Oh ok, I see now.
>
> I001: That's usually the black staff that responds like that. That you're some unreachable
> person that don't have a clue to who I am as a person. "That you don't, that ain't got

nothing—How I live and what I do don't have anything to do with who you are and

where you came from" kind of deal. Until they learned differently (I001).

It became evident that regardless of the race of the leader, the lower level staff members felt as though they could not relate to their superiors, which created distance between the leaders and the staff members. For example, one of the White leaders stated,

I would probably think that [the staff] would perceive me very differently from the way I

perceive myself. And my suspicion is that particularly in this organization is that they

would probably perceive me as being inaccessible, not sensitive to their needs, they will

probably perceive me as being distant (I004).

Perhaps, even though leaders make every attempt to be approachable and warm, society or the industry has trained us to think differently and view leaders as unattainable figures who think very little of the people beneath them.

The senior-level leaders struggled with these misconceptions to a higher degree than the leaders at the nursing home. Historically, these leaders were less visible in the home; however, they have made a conscious effort to bridge the gap through efforts such as personalized greetings and messages, attendance at staff functions, and monthly employee newsletters. In their effort to bridge the gap, they have found that the nursing home staff members are pleasantly surprised by the increased visibility and generosity. Nonetheless, these leaders still worry that their efforts may come across as disingenuous.

Probably two, three months ago I walked through […] and the same thing happened and

it was an LPN and her name was [name removed]. And I called her—I called her from

46

the back, so she knew I had not seen her nametag, and I mean, she was just floored. I mean that – why, why is that? You know, I don't know, I really don't know. I don't know— I really don't consider that it has anything to do with race. But again, I'm not a minority, so I'm not sure that I can adequately answer whether that somebody would feel that way at my—I know that I'm at a disadvantage in being taken sincerely, though. At least that's the way I feel because I, I, I think there might be a, a propensity to think that, you know, the motive is not real (I003).

The leaders were well aware of the fact that ensuring that the staff members viewed the organization in a positive light was important to the success of the nursing home. In order to manage the negative perceptions that the staff members may have, the leaders report having to put forth more effort.

Perception is reality for most people, and if they perceive you as one who is not aware of situations, circumstances, realities, then, then I think that you're, you're damaging the organization. And specifically, I would say—and this, this is probably going out there on a limb a little bit. But I think probably stereotypically in our society, a 40-year-old White male is not one who is probably perceived as being particularly caring about a 25-year-old single, black, female, single parent. I think our society in general, probably preconditions us to think that way. So I think I'm at a disadvantage there, in that I have to show—in order to be believed I have to show perhaps more so than then you should have to prove anything about oneself. […] It's not that I'm trying to get recognition for doing that, I just want to make people feel—like I said to [CNA] yesterday in, in the hallway—I want to make sure that she knows that I appreciate her, what she does, who she is. And

47

probably in the back of my mind I'm committing her name to memory a little bit more in

recognition of what I'm trying to achieve (I003).

Often times, managing the perceptions of the nursing home was not easy. This leader described the process as a burden and indicated that he tends to be more guarded in his communications for fear that he may be misunderstood.

The burden is on me to try and understand before I speak and to realize that when I

speak, it, it's—I still think of it being just I007 you know, I'm just, I'm just I007, but they

don't really see me as just I007. I'm the, whatever it is I am, and I'm, you know, I'm the

boss and I'm the man or whatever it is I am out there. [Jokingly he says,] Sometimes it's

not a good thing they refer to me as I'm sure, but, but, but you have to be conscious of the

way that you are perceived, and, and that the words you use have really far-reaching

impact and when you don't—when didn't intend them that way. So, I think, it, it tends to

make you more cautious (I007).

Several leaders also noted that education and rearing are strongly associated with the way the staff members perceive the leaders. The leaders are always mindful that individuals who were not raised or afforded the same opportunities as they were may not have the same perspective.

Although the leaders believed they were successful in managing the staff members' perceptions of themselves and the organization, because the organization did have a reputation for being discriminatory, the leaders felt that there were still lingering perceptions of racial discrimination.

48

I do think that there's probably some very subtle, under the radar racial tension that's

not obvious on the surface. And there are probably perceptions out there about prejudice

attitudes and racism that's attributed to the organization. […] I haven't heard it recently,

but when I served as [position redacted], that the corporate office was considered the

"big house" and that had very racial overtones to it (I004).

Several other leaders spoke about rumors they heard about the organization's discriminatory practices many years ago, prior to being employed at the nursing home. It should be noted that it was unclear whether the prior history of the organization was specific to this nursing home or it represented societal views of blacks during a previous time period. As this leader stated, when a new generational of leaders came on board, the racial ideologies of the nursing home shifted with the changes in societal views about Blacks and other minorities.

I002: I feel that there were some racial divides in this facility several years ago. It's just

kind of talked quietly throughout the organization but obviously was there. […] I don't

see that here. I mean we have a, we have a great mix of competent people regardless of

race, and religion, anything in my opinion. Now, I don't know how but I'm just basing it

on what people have said so I don't, you know […]

LV: Right, right. What do you think, what happened to change that, to make things a little

bit better?

I002: Well I think it started before, well it definitely started before me, but it was a

change in management and it was a change in philosophy of the you know upper level

management being corporate office and the management here in the facility to know that,

that's just, you know, that's not the way business is transacted, that's not the way life is

transacted anymore (I002).

One leader likened his/her experience dealing with the old "system" to the desegregation of school.

> *I001: This building or this corporation have a long history of racial diversity. So they*
>
> *pretty much knew okay if [he/she] comes, they're gonna, gonna give [him/her] a hard*
>
> *time, and I can remember when they started integrating schools and my last year of*
>
> *school, the principal of the White school told the students, "We're gonna get a bunch of*
>
> *niggers in, but I want yall to be nice to 'em." Alright? [both laugh]. Alright, so, that's the*
>
> *way it works."*
>
> *LV: And so you feel like that was—the same system that was at your school was the same*
>
> *system that was here?*
>
> *I001: That was in this building. Yeah, that was in this building. That if you did—I think*
>
> *probably for about the first month to two months if I walked up to a White [staff member]*
>
> *and said could you please do whatever it was, they would go okay but it never happened.*
>
> *And then they would walk away and ask my supervisor, "I001 asked me to do whatever"*
>
> *and [he/she] would go, "Did you do it?" Because it took somebody White to tell them*
>
> *(I001).*

The leaders agreed that the perceptions of the organization's philosophy on race have changed. For example, I001 said,

There's a younger head of the company that that do have progressive ideals about color

has absolutely nothing to do with your ability to do this job and whether you can do it or

not. I think that [pause] I don't think it, it, it has probably, there is considerations for line

staff now that they didn't have before and I think that comes from [him/her] (I001).

Several of the participants were pleased with the progress that the new generation of leaders had

made in this regard. Many of the minority leaders discussed the opportunities that they had been

afforded at the facility including education, training, and promotions. One leader did not describe

him/herself as a typical nursing home employee, but was gracious that the facility was supportive

of him/her. When asked to describe the nursing home's views on workforce diversity, this leader

responded:

Well, you know I said this before when I had an interview with another colleague of

yours— just look at me and look at where I'm at—tells you everything, you know, that's

it. [Describes physical appearance], and you know [laughs] I'm walking around here,

you know, supervising their *nursing home, you know. So I can't really say there is a*

problem racially, I think it's more about, you know—I, personally I think the people here

are willing to give you a chance, you know, and they provide opportunities (I006).

The participants' discussions of the staff members' perceptions of the leaders and the

organization provided a better understanding of the nursing home's past and present

organizational culture. Furthermore, these discussions illustrated that there were unspoken racial

issues that exist in nursing homes and the challenges in addressing them due to the staff

members' misconceived perceptions, the racial history of the nursing home, and how minorities were once treated.

<p style="text-align:center">CULTURAL/REGIONAL DIFFERENCES</p>

There is a long history of racial discrimination in Birmingham, Alabama. Prejudice and discrimination was, and in some cases still is, a constant reality for minorities in every aspect of their lives, including the workplace. Blacks were hired as unskilled laborers, where they struggled with glass ceilings in the workplace. Norrel (1986), interviewed a Black steelworker from Birmingham who reported being looked over for promotions although he was highly trained and qualified. The steelworker reported that even though he trained men to become steel pourers, in the early 1960s he was denied the opportunity to become a steel pourer himself and earn hire wages because it was a "White folks job."

Unfortunately, there are countless other stories of unfair treatment in the workplace from Birmingham residents. Many of the leaders indicated that the Birmingham residents were forever scarred because of these practices as well as, Jim Crow segregation laws and the Civil Rights Movement, and it showed in the workplace. Several leaders described that the nursing home employees that grew up in Birmingham have a roughness about them and that they tend to bring up issues of race in matters where none may actually exist. Furthermore, there are constant reminders of the oppression and discrimination throughout the city and in the media. For example, this leader gave his/her depiction of the present day Birmingham resident.

> *But the people here has an edge. They're all, I mean, they're, they'll curse you out really*
>
> *quick [laughs]. […] And I found that out down in the workforce. They were always ready.*
>
> *You know what I'm saying? I had to work through that too. […] what I found was angry*
>
> *black people in Birmingham. But it had nothing to do with working; it had all to do with*

the sixties and what their parents had gone through. Now most of them hadn't gone

through any of it, but their parents had. So what I found in this city was black people—

and this is just to put it real professional so it don't sound so bad on this thing—don't

take no mess. They didn't take any mess because they were on edge, always on edge. […]

And they family had gone through the sixties and, they, and, and if you turn the TV on

any day anytime in this city, you're gonna hear about it (I005).

Several who were not raised in Birmingham, indicated having a different perspective because they did not actually experience the injustice first hand. I005 went on to say,

Being in [state redacted], I never had to deal with it cause it wasn't here, and my

grandmother didn't turn on the TV and say, "look at him with that hose pipe!" We were

watching the soaps [laughs] or the or the or the church quartets […] We didn't hear

horror stories. I was six hours from Birmingham, Alabama, so I didn't live it (I005).

The leaders also discussed cultural differences between northerners and southerners. The leaders described northerners as more aggressive, offensive, and reserved, whereas southerners were thought to be more religious, hospitable, and cohesive. These were all common terms used to distinguish northerners and southerners. However, one other characteristic that emerged was that southerners were less opportunistic. For instance, I005 said the following about the employees who were Birmingham natives: *They were sometimes mad about where they were in life. […] most of them had had babies as a child and they had missed some opportunities, and they probably, opportunities was probably not gonna come back again (I005).* I006 also gave an example where the employees were slow to take advantage of opportunities in the nursing home.

I006: They just did CPR classes and the list got full but they, it took a while to get full and it's like, this is free of charge.

LV: Right, and it's a skill

*I006: You in the nursing field —you know, I mean, I don't care if you're a CNA, I don't care—*I don't care if you scrubbing the floors*, you know, mopping the floors or whatever—why not have a CPR card? Especially if you don't have to pay for it.*

A couple of the leaders discussed the city of Birmingham as a "melting pot" with a mix of residents from diverse backgrounds. This is reflected in the nursing home, as the leaders discussed the facility's growing immigrant population. However, things are not always harmonious among the various cultures. Several leaders discussed a form of in-group racism that existed among the African American and foreign-born black CNAs. On one hand, the foreign-born employees are prejudice toward African American women because they feel as though African Americans are privileged.

I009: Here lately we have actually had a lot of African women, just more and more, you know and like I said, they're just, they're wonderful. They just work so hard. And they seem to not like [pauses] black women because, and I ask, I'm like what's the problem. What's going on here? And it's seems like I heard they've just had it, they just have it easier…

LV: What does that mean?

I009: I don't know, I don't know how they they grew up in Africa or or as far as poverty or whatever, just things that they've had to fight, fight for or or I guess maybe when we say we're starving you know, we probably still have a little food in the fridge.

On the other hand, the African American CNAs are put *"on edge"* and lash out at the foreign-born employees when they speak in their native tongues.

> *We have a lot of Africans. You know, like from Kenya, and different things and, you know, and I've heard some of the girls—some of them [imitating with an attitude what some people have said] "They get on my nerves when they start—go and and talk that g—that gibberish!" But that's their language. So just teaching people that its okay. Just because we speak English and everybody know what we saying it, you know it—don't get angry (I007).*

The data clearly indicated that cultural differences add yet another layer to the already complex issue of race, and when addressing workforce diversity in nursing homes, it is important that these issues be taken into consideration. As will be discussed later in this chapter, the heightened awareness of racial issues in this town impacted the leaders hiring decisions as well as how the leaders responded to the Black employees. Furthermore, while the in-group racism was pervasive throughout the nursing home, little had been done to address it either formally or informally. Thus, by ignoring these differences among the employees, there were missed opportunities to make the employees feel valued and take advantage of the diverse cultural differences that are already present in the workplace (Chrobot-Mason & Ruderman, 2004).

RELIGIOUS BELIEFS/MORALS

Although the nursing home is a faith-based organization, the leaders varied in terms of religious and spiritual beliefs. There was not a direct interview question related to religion and spirituality; however, several of the leaders expressed their thoughts on religion as it relates to

diversity in the workforce. These comments mainly arose out of their discussions on fairness and equality in the in the workplace. I003 noted that his/her relationship with the staff members was the same regardless of race because although he/she was a leader in the facility, he/she answered to a higher authority.

Well, what I hope is that they recognize my character and me as a person and not an authority figure. Because although I am responsible for the building, I'm really responsible to a higher source than [this nursing home], so honestly my job is to take care of everybody in this building, not just the building because quite frankly the way I feel about is if I'm taking care of the staff, they're taking care of everything else (I002).

Another theme of these religious/moral discussions centered on "doing the right thing." Given that the nursing home was a faith-based organization, I003 explained that the facility was expected to operate in a certain manner when it came to the way they dealt with people.

I think for a nonprofit mission driven organization, you'd like to think that we're here not to to generate revenue not to make a profit, but to do the right thing. And doing the right thing does not mean that we just care for people in the right way or that we provide services in the right way, but everything we do, be it employing people, or the way we treat people, but were doing the right thing. And diversity, I think it's something that I've always very been conscious of. I don't like to [pauses]. I don't like to be -- I don't like for anyone to have a perception that, that diversity or lack of diversity or, which ever way you want to look at it, in our organization is an intentional thing (I003).

Here, I003 discusses his previous work experiences where his employers treated others unfairly and how he could not compromise his morals by being unjust.

> *I've had some supervisors and CEO's that, in the past that you know, quite honestly didn't care […] my integrity would not allow me to treat people that way. […] If you can bring somebody in and set them down in the office and, and talk about what's not going right and give them the opportunity to do better instead of writing them up and handing them a write-up and say you know, you didn't do this and you know, one more time and you're out of here kind of thing (I002)*

Other leaders who did not consider themselves religious or spiritual still discussed their moral obligation to treat others with respect. While discussing regional and cultural differences, I006 noted the topic of love. While he/she was hesitant to agree with the Bible scriptures on loving thy neighbor, he/she thought that we all have a moral or ethical responsibility to one another.

> *I think more so we have moral responsibility for each other. You know what I mean? Like we have to treat each other respectfully, try to be as morally correct as we can be with one another, you know, ethically. But can I honestly say that I love everyone? I mean I don't know, I mean, would I say—I, you know these are things I always ask myself too like, the building burning, would I run in there and try to get any of these residents out? Yes, I would, but would I say that because I love this lady over here? I don't, I don't know, if—if I don't know her how can I love her? You understand what I'm saying? It's like I don't understand that? That's just my way of thinking though but do I have a moral and ethical responsibility to get this woman out of here? Yes. Yes indeed, I do, especially*

if I'm able to. If I'm willing, I'm strong enough—put on a smoke mask and go get them,

you know? I mean, so that's where I see it you know (I006).

Religion in the workplace can be beneficial to an organization. Research suggests that nursing home employees who consider themselves more religious tend to have a higher commitment to the organization (Sikorska-Simmons, 2005). Furthermore, the results from this study indicated that the leaders' religious and moral beliefs motivated them to be more inclusive of diversity in the workplace. Nonetheless, Gilmartin (1999) cautions against diversifying the workplace out of obligation or because it is the right thing to do. Instead, organizations should consider the business case for diversity, which includes decreasing financial costs and liability and improving quality, performance, and disparities (Davis, Whitman, & Brannon, 2010). Unfortunately, the leaders failed to contribute these factors as benefits to diversifying the workplace. As previously mentioned, several large corporations use these factors as rationale for their diversity programs; however, to my knowledge there is not a diversity program in the healthcare field for nursing homes to model.

MANAGERIAL PHILOSOPHY

Historically, being a leader in a nursing home meant that the leaders had unilateral control over the entire nursing home. Many nursing homes, including this one, have decided to make a conscious effort to relinquish some of their control (Lopez, 2006). The participants in this study were asked to define a leader and discuss their own experiences as a leader in the nursing home. Throughout these discussions, the leaders also brought up some of the challenges and barriers to being a leader as well as their own ideologies on leading.

Defining a Nursing Home Leader. When describing their position, the leaders used

words, such as respected, welcomed, appreciated, and well trained by the staff. Others described

their leadership role as the opportunity of a lifetime. However, a consistent theme throughout

was that the leaders served as educators and role models. One of the leaders had a reputation for

developing strong relationships with the residents and staff. Here this leader explains his/her

definition of a leader and how he/she acts as a role model on the job.

> *What does being a leader mean to me? Probably, the first thing that comes to mind would*
>
> *be a role model. To set an example. To be not judgmental to, as far as my staff, and kind*
>
> *of let them, you know show them, teach 'em. I guess, teach 'em the right way to do things,*
>
> *to still be able to get the job done, and kind of identify what their, their strengths and*
>
> *weakness are and build on that. So I have a great relationship with my staff, I mean, we*
>
> *just, we have an awesome relationship. But I, I don't, I don't stand over them every 5*
>
> *minutes because I, I trust that they're gonna do what I ask them to and so we work better,*
>
> *you know, the job's done at the end of the day, and I'm fine with that and it works out.*
>
> *Not really critical, you know, but I, I think it's teaching and trying to be a role model*
>
> *(I009).*

Often times, the leaders role had different meanings for different employees. As I003 indicated,

his/her role as a leader to the CNAs was to serve as a minister to them.

> *To be a leader here at Fairhaven [pauses] to be a leader here is to be someone that can*
>
> *do a lot of teaching. There needs to be you know, this seems to be a need for education,*
>
> *whether it's self education from the staff their perception of, that, what they need or if it's*
>
> *what we feel like the weak area is that needs to be addressed, but there's a, it's a, it*

requires a lot of patience and teaching with the staff, and quite frankly, when you get past

the level of leaders and get to the front line staff, its, it's a lot of providing ministry to

those people. […] My goal was not to just be a manager of this facility but to be a leader

and part of being a good leader is to be a good spiritual leader in my opinion (I002).

Others define leading in a more literal sense, by distinguishing leading from other terms that are

used synonymously with leading, such as managing.

When you lead you cannot manage an organization, you have to lead the organization.

And it's difficult for me, sometimes, to try not to manage, but to lead. I'm very much a

doer, I very much want things to be a certain way, but that's not my role. My role is to

help define the vision and the mission and the direction of the organization and make

sure that everyone is working toward those goals (I003).

Challenges & Barriers to Leading. Most of the leaders also discussed the positive and

negative sides of leading. The challenging aspects of leading included, dealing with different

attitudes and personalities, time management, not being heard by superiors, developing trust

among staff members, and remaining impartial.

Difficult. It's a, it's a difficult job because its, it—and the reason its, its difficult is that—

trying to be fair, you know, to stay fair with people because like, nursing assistants feel

like that, that you're being unfair to them and you're looking down. Its, its, its hard, but,

let me see, I shouldn't say it's difficult. It's not difficult now because I have a rapport.

But when I first got here it was difficult trying to get a rapport because, you know, people

tend to feel like that you look down at them because they're like nursing assistants and

they feel like you feel like you're better than them because that—I worked hard you know

coming in and passing trays, you know answering call lights, you know, just fitting in

(I007).

A major challenge for another leader was learning a new way to lead. I004 indicated that before

the leadership team could expect the organization to model a team-based process approach, they

had to learn the approach for themselves, and they were used to a hierarchical decision making

approach where a small group of people made the decisions for the entire organization.

Well, I think probably one of the most difficult challenges has been dealing with the

frustrations that come with being part of a hierarchical organization that is trying to

transform itself into a team-based leadership model. […] And that's been a real

challenge. It—it's challenged all of us to re-think the way that we do things. And the good

news is that I think our organization is adapting to that process, but it's, it's hard and it's

a struggle and it's taken all of us to sort of look at ourselves in the mirror and maybe

give up a little bit of our own ego and our own perceptions that we have all the right

answers. And understand that were part of a bigger picture, and that's hard for all of us

(I004)

Managerial Philosophy. Each of the leaders shared their own philosophies on how to be

a successful leader in the nursing home. One particular theory stood out because it appeared to

be a consistent theme throughout the entire nursing home.

Unless you're taking care of the needs of the people who are taking care of, of the people

we are here to care for. You're not you're not going to achieve what you want to achieve

(I003).

A couple of the leaders lived by a very simple rule in the workplace: "*I do my job" (I010).* At the

end of the day, these leaders said they had no problems with their superiors or the residents

because they just do their jobs. Other leaders are not afraid to get their hands dirty and have been

known to work in the trenches along side the CNAs because as one leader replied "*I've been*

taught by my father that you never ask anybody to do something that you won't do" (I007). A

few leaders also discussed their philosophy on dealing with conflict in the workplace.

> *I think to stop a problem you have to actually handle the problem right then and there, it*
>
> *can't keep traveling. You know, you know you – if you're wrong, you're just wrong you*
>
> *know? And if you're not wrong, you're not wrong, you know. If you can come to some*
>
> *kind of solution right there, that's what needs to happen you know. I think sometimes a*
>
> *little confrontation doesn't hurt and what I mean by that is—a setting like this and the*
>
> *parties in there and a mediator and go for what you know after that. […] And having*
>
> *them talk it out or whatever. I think that's, I think that's, that—that that would be a great*
>
> *thing (I006).*

As I006 explained here, when the staff members have disagreements, the leaders prefer to

convene a meeting with the staff members and allow to them discuss their problems face-to-face

rather than meeting with each employee separately. Finally, the leaders explained at the end of

the day, *"you just have to know who you are" (I007).*

One character trait that seemed to be prevalent among the minority leaders was the notion of being *"straight to the point."* Although all of the minorities were well respected among their staff members and colleagues, they were all very direct in their communication with others on the job.

> *I didn't use to be to the point but I am now though. Like, you know I have to get the feel of things first but I'm to the point now though. Its like […] What I mean by being "to the point" is you know a CNA might get out of the way and just say, "well I just go home." That's your choice. You know what I mean? If you want to go home, go home. I would rather you go home being irate than being irate here and dealing with my residents, you know, that's my reasoning. That's how I see it, you know, so go home. We'll work with what we got, make the best of it (I006).*

It was unclear, however, as to whether this was a trait that develops as a result of being a leader, or it was a quality that they already possess which made them qualified to be a leader in this nursing home. Another leader explained how he/she had to be direct and stand up for him/herself when he/she felt as though the staff members were marginalizing him/her.

> *I have to stand up for myself. […] Yeah, that is what happened. I have stood up for myself and I told them before, I said, I'm sorry that, you know, that you have to deal with me, but you have no choice because I will be dealing with you on a daily basis, and so you are—and so are you. So, I said, so we will be able to a—really work together as a team, you really have to work with me. Because I am always ready to work with you. All you have to do is just listen and then tell me, and share your ideas to me. And then we could talk together. I said I would always be open to anything, but you have to accept me for*

who I am because I will accept you for who you are regardless of—or you are black or

White, or whatever because I always, I would always respect you as a person. But I need

to be—I deserve to be respected too (I010).

Researchers studied over 50,000 leaders and found that visioning, challenging

experiences, mentoring, and knowing one's self, were among the leadings demands for

leadership (Conchie, 2004), and the leaders in this nursing home appear to be meeting these

demands. The manner in which the participants lead in the nursing home influence the way the

organization is run and subsequently, how diversity is enacted and prioritized throughout the

nursing home.

UNDERSTANDING WORKFORCE DIVERSITY

Workforce diversity is the operative management of various demographic characteristics

in the workplace that influence approval, performance, liking, and advancement in the workplace

(Hays-Thomas, 2004; Naswall, Hellgren, & Sverke, 2008). The nursing home leaders were asked

to provide their own definitions of WD and what their role was in managing diversity. Overall,

there was a unanimous concentration on race or different ethnic backgrounds when the leaders

defined WD. For example, I009 explained that WD means people of various races working

together. *I would imagine probably Caucasian, Black, White, I mean Hispanic, African, all*

working together. Maybe speaking a different language or whatever. I mean that's, that's kind of

what I pull of out it (I009).

Other leaders also mentioned being inclusive to all different cultures in the workplace:

"*What words come to my mind is the different cultures. Like cultures from different people who*

come to work in a certain area" (I010). Furthermore, the leaders felt that it was important to not

only include various cultures, but also learn to understand and appreciate the different groups for what they bring to the table.

> *Comes to mind of trying to make the workforce—having the workforce being able to understand all ethnic groups, you know being able to work with them and being understandable, you know, understanding, understanding, the cultural differences (I007).*

I004's description of WD was directly in line with the research and theories on WD, in that he/she believes that diversity can bring value to the organization. However, the leader stated that the nursing home is missing out on this opportunity because it is not as diverse as it could be.

> *What, what initially comes to mind is what a rich opportunity diversity gives to an organization to excel and to, and to perform because having the perspectives and the views and the talents and expertise of so many people and have all of that brought to the table to help drive organizational performance is huge. And I think that for [this organization] we have historically and even currently we're missing out on a wonderful opportunity to drive excellence within our organization because we don't capture the diversity in the organization as we need to. And we identified that, we know that, and we need to correct it. The other thing that comes to mind when I think about diversity, I think about the gender groups, and the racial groups, and the ethnic groups that are represented in our organization, and right now it's pretty limited really (I004).*

The U.S. Equal Employment Opportunity Commission is the federal agency that enforces workforce discrimination laws. According to the EEOC (n.d.) it is:

Illegal to discriminate against a job applicant or an employee because of the person's

race, color, religion, sex (including pregnancy), national origin, age (40 or older),

disability or genetic information. It is also illegal to discriminate against a person because

the person complained about discrimination, filed a charge of discrimination, or

participated in an employment discrimination investigation or lawsuit (para. 1).

Several of the leaders' definitions included paraphrased statements from the federal Equal

Employment Opportunity (EEO) laws against workplace discrimination. For example, I008

indicated that the workforce should mirror the demographics of the population and race, sex, and

national origin should not be taken into consideration.

Well, my concept of diversity is that the workplace ought to be something that mirrors,

ideally I guess would mirror what the community looks like. That it's not all folks that

look like the decision makers or the people who hire regardless of what their race or sex

or national origin if—so that the workplace ought to be a mixture of folks, backgrounds,

experiences, all those things. So, to me, that's what diversity is about—that you get a

blend of, of people that—and that they don't all look like you (I008).

When discussing WD the leaders voiced their opinions on their role in managing

diversity and their key concerns when working with diverse groups. They all felt that managing

diversity required that they treat everyone the same.

Well, basically just treating everybody the same. If I remain consistent doing that then

you know, I don't think there would be separatism—people being separated, divided, you

know, because I just personally think that's what you should do, I mean, whether you

White; black or whatever. I mean, you know, I just think you if you treat everyone the

same, you know, it should be alright (I006).

Here this leader explained that when people see heterogeneity among the administrative

employees and that everyone in the facility is treated equally is shows the organization's

commitment to diversity.

Well you, anything—you lead by modeling. That is the mantra that I use. You have to

model what you expect other people to do. And being perceived as as treating everyone

the same way is, is a must. It's a critical component. […] You got—everything you do,

you have to make sure that your modeling the appropriate behavior, down to how this

office is staffed. We have to make sure that we are demonstrating a commitment to be a

diverse culture (I003).

In addition trying to treat everyone the same, I009 explained that he/she also has to make sure

everyone is patient with the foreign-born employees as they try to overcome their language

barrier.

Well I pretty much, I mean I, whoever's working for me and does the best job then, then

then I'm fine with that. Doesn't matter what color they are. If they don't do a good job,

then I'm not fine with that. So I'm pretty much looking at everybody the same I guess. I

try really hard. If I have, if I have, if I have a Hispanic or African, that, you know, has a

little bit of a language barrier, then I would say that I try to—try to make sure that, that

everybody gives them a little more time and is a little more patient until they can really

67

see what kind of job they can do. So that would be my role, is to make sure that

everybody's patient and helpful (I009).

Likewise, I007 tries to ensure that the employees are accepting of other people's cultures and traditions.

Try to make sure that people understand its all, you know, its, its, different cultures and

its okay to be different and in your culture, but for me to teach others how to accept

people when they're different. You know what I'm saying? When, you know, like if my

culture like—like the Jewish culture, you know what I'm saying, its okay to be different,

and you know and to accept them, that you know, its certain things, its certain holidays,

they have the certain things that they do, and certain things they don't to, but its okay

(I007).

I002 also believed that his/her role in managing diversity is to make sure everyone is following the rules, especially when making hiring decision.

I002: I mean we have guidelines that we have to do, I mean, that we have to follow and

my, my role was to make sure those were, that no one, you know, breaks those policies.

LV: So what type of guide, guidelines?

I002: Hiring practices. I mean, you know we have strict processes on hiring and you

know, interviewing and the entire process, so my, my role is to make sure that

everybody's been trained for that purpose.

The goal of WD is to form an encouraging, comprehensive, and just atmosphere that makes the employees diverse qualities a benefit rather than a burden to the organization (Knouse, 2008). Each of the leaders discussed components of the goal, and some of the leaders recognized the nursing home's shortcomings in terms of achieving a diverse workforce. The organization as a whole has yet to fully adopt the principles and practices that Cox (1993) would describe as a multicultural organization. Still, the leaders' personal diversity goals determine the organization's implicit diversity program and how it is enacted in the nursing home.

POLICIES & PROCEDURES/EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

The nursing home did not report having formal diversity policies and procedures. When asked about the policies many people responded by talking about the EEO laws and guidelines, which suggests that the leaders consider these two concepts to be synonymous.

I don't know that we have—I'm trying to think about whether we have a written policy on diversity, per se. Now we have an equal employment opportunity policy, and that, so we don't have a policy, you wouldn't look in our manual and see diversity, you wouldn't see that, but you would see an EEO policy that says that it is our policy not to discriminate against anyone for any reason that's protected by law. Now we discriminate every day, legally in terms of who we pick and choose for jobs. But when I say, no discrimination, I mean, we're not d—we—it is our policy not to discriminate because of race, religion, national origin, all of those things that are protected by law and, and that we, we are committed to that kind of policy. So, that's where the diversity comes from, I think is in compliance with the EEO policy (I008).

I would say that, I would say that they don't discriminate. I mean I, you I haven't really

delved into it that much or whatever but that just to me stands out. When I filled that

application out, all those years ago, we don't discriminate on age, gender, or whatever.

And that's pretty much all that I know and I think that's pretty much the case really

(009).

Like several other participants, I006 cited the EEO polices, however he/she seemed to

downgrade the relevance of the policies, in that they were not specific to this nursing home.

"You see that in all the rules and regulations books [smirks], you know what I mean? It's like a

federal government thing" (I006).

What is the nursing home's EEO policy? According to the facility's Hourly, Non-Exempt

Employee Handbook (2010) the nursing home "provides equal employment and advancement

opportunities to all individuals based on merit, qualifications, and abilities" (p. 10). This section

included a non-discriminatory practice statement in line with the EEOC guideline listed above.

The manual stated that the nursing home's commitment to EEO was the basis for their

"professional and objective management approach," and it applies in every aspect of

employment, which includes, recruitment, hiring, promotion, compensation, discipline,

termination, and the like. Additionally, the handbook indicated that while the nursing home

administrator was responsible for overseeing these matters, the supervisors were to exercise

"objective and impartial" decision making.

Unlike many of the nursing home's policies and procedures, I004 indicated that the EEO

policies were updated regularly. This leader also indicated that a new initiative was underway to

update the policies and procedures manual

Well, they're just outdated. [We both laugh] they're, they're either nonexistent or if we do have policies out there I can't really tell you the last time they've been reviewed […] The only policies and procedures that are probably standardize across the board are our HR policies which are probably very applicable to your research. But our HR policies are probably the most recently updated. They date back as recently as—we did, a revision on them within the last two years. And they are standardized throughout the company. But other than that operation of policies are very diverse, inconsistent, and not standardize throughout the organization (I004).

It was unclear as to whether a diversity policy would be added in the new revision, However, I001 stated, *"I don't think they have written anything but I think they're working on it" (I001).*

Companies with a strong commitment to diversity that is ingrained in the culture of the organization do not necessarily have formal written policies on diversity. Yet, research suggests that companies are creating formal diversity policies and programs at an increasing rate. Nevertheless, organizations have difficulty distinguishing between diversity programs and compliance-based EEO and affirmative action programs, which is consistent with the results of this study (Carrel, Mann, Sigler, 2006). It is clear the aforementioned individual efforts to be impartial contribute to the EEO program, and together these factors influence the manner in which the workforce diversity manifests in the nursing home.

IMPACT OF EQUAL EMPLOYMENT OPPORTUNITY COMMISSION LAWS

A couple of the leaders talked about the EEOC charges that had been filed against the nursing home for claims of discrimination. The nursing home has had relatively few EEOC

claims, but a recent spike in the number of claims has caused some of the leaders to become uneasy.

> *When you have EEOC charges sitting on your desk that come in recently, then you become even more guarded in terms of "well, okay, that one came out of left field; I don't really understand that." But that makes me think, "now, okay, now, what di—what, what do we do to make sure that doesn't happen again?" So you do—it does I think, its, it, when you get attacked a little bit, it makes you to be more guarded (I008).*

Although EEO claims of racial discrimination were the most common, the organization has had charges of discrimination filed based on religion and disability, and they have also had one hiring charge. Here, one of the leaders discussed a previous religious discrimination charge.

> *We had an EEOC charged once where this young lady filed for religious discrimination because we made her take out her nose pin. Well, you know, we have a policy against nose pins. Their offensive to, you know, at least, back in perhaps a prior mindset that we had 10 years ago, which is when it happened, it wasn't a commonly accepted thing and we have policies against it. It had nothing to do with discriminating against this lady, who happened to be a Muslim because of her religion. Likewise, there have been multiple cases based on race, where someone will, will say, that the motive for termination or separation was race when, yeah, I have never ever run across a situation where that, where that's the case (I003).*

Fortunately, upon investigation, the organization has never been found to have discriminated against their employees.

There's really not been a cause determination here. That means that the EEOC has found

cause to believe that the charges have been true. Which I think is a, a, a tribute to the

way the organizations been run and it doesn't mean—because you get in charge doesn't

mean you've done anything, it just means somebody's upset with you (I008).

EEO charges reflect heavily on a business' reputation, thus it was good that the nursing

home had never been formally charged with discrimination or had a substantial amount of

claims. Nonetheless, the limited number of claims was not necessarily a reflection of how the

organization faired in terms of diversity. These laws can influence the manner in which WD is

carried out, in that the leaders tend to be careful to act in accordance of the law. As will be

discussed in the following sections, the laws can influence hiring decisions; furthermore, many

of the current descriptions of racial issues were expressed in terms of fairness and not race, and

thus, were not protected under the law.

HIRING PRACTICES

When it comes to recruitment and retention, what potential employees hear about the

organization becomes an important selling point (Dreyfuss, 1994). Unfortunately, the

organization once had a reputation for not being inclusive of minority workers, and the leaders

had a difficult time recruiting minorities to work at the nursing home. I002 indicated that upon

arrival to the nursing home, he/she had heard similar statements about opportunities for

advancement.

I've heard, you know that the facility just really didn't, they tried to keep their admissions

race divided to the facility and you know, they, they, the people that were on the front line

staff, you know was okay to be diverse in the organization but the higher up you got the

less diversity you had in the organization (I002).

Another participant stated that a former leader explained that the organization's rationale for not being inclusive was this: "*the reason why we don't hire black managers is they can't make black people work*" *(I001).* Fortunately, with the aforementioned change of management, the organization no longer has these problems.

Today, the leaders have tried to make intentional efforts to diversify the management team by promoting from within the nursing home and through various recruitment efforts in the community.

But I have made certain for as long as I've been here that, we make an intentional effort to be as diverse as possible on our management team. That is something I think that we have managed to do pretty, pretty regularly. […] Other intentional efforts are, things like job fairs where we go to some of the outlying communities and we're looking for persons who are our qualified in, in management as well as front-line employees (I003).

However, as I008 explained, often times the leaders fail to diversify because they recruit new employees from their own demographic networks.

It's easy to fall into a trap that the best person for the job sometimes—you begin, if you don't have some guidelines, you begin doing the human thing, which is to pick the person who's most like you who you think is best for the job (I008).

I008 went on to say, *"So that's, that's why you get laws that seem erroneous, it's because we don't do a good job ourselves as employers sometimes" (I008).* Furthermore, leaders often find themselves in a hiring dilemma, in that they sometimes look to replace former employees with people of the same racial group out of fear of being perceived as discriminatory. Thus, they miss out on opportunities to diversify the nursing home in other ways.

> *When you hire somebody to fill that job, let's make sure that we replace that person with a person that looks like her. That's the reality. Because you don't want to add to her charge that "See, I told you they were, it was a racist group because the replacement was a White person." I really didn't think about that, but, but you do think about it because you do say to the to, as you go through the process, you go, "we must at least be conscience that as we take applications that we don't just pick the first person that comes along that looks really, really good. Let's make sure we literally take a look and we at least consider that we replace this nurse with another black female first." Now why do we do that? We do that—and the reality of things so we don't get sued [both laugh] (I008).*

The leaders also discussed hiring to diversify the organization. A new leadership position opened up and the leaders expressed different views on whether race should be taken into consideration when replacing the position. Several of the leaders had very strong opinions.

> *LV: Right, are there any instances where you think race should be a consideration in, in hiring at all?*
>
> *I010: Not, not here. I mean, I don't believe in that.*
>
> *LV: Okay, so not here?*

75

I010: I mean, I don't believe here in America [participant laughs] Because this is a place

with freedom.

However, one leader expressed that language, which consequentially includes race, may factor
into hiring and promotion decisions.

I009: We have a lot of ladies that are African that are just, I mean they just do such a

great job. They're just they just have this, this drive and they work so hard but I think

sometimes what really hurts, hurts them is their accent. That heavy, you know, it's hard

to understand. I think that really, really hurts them in the long run so I don't imagine

somebody with a—with an accent like that would probably, and I'm just guessing, but

that would definitely be consideration where somebody probably would not hire,

especially in this field."

LV: Okay. So you said it hurts them, hurts them how?

I009: I think, just the, just some of the difficulty in communicating. Because when you

have a CNA that has a hard time more less it's—the residents have a harder time with

them because they have a hard time understanding them.

Casting a wide net when recruiting employees is a key contributor to any successful
diversity strategy (Dreyfuss, 1994; Gilmartin, 1999). Although the nursing home has tried to
become more inclusive, recruiting minorities still comes with its fair share of challenges. The
data suggests that the organization's past and present hiring practices have contributed to the
inequalities in the distribution of staff across the tiers of authority and leadership.

SYSTEMIC/INDUSTRY ISSUES

It is clear that the nursing home industry is beset with racial issues; as such, many of the problems discussed here are not specific to this particular nursing home. Several of the leaders were aware of these issues. For example, I003 discussed the overwhelming large minority direct-care staff population.

> *You've got an industry he that is predominantly a female African American driven industry. Just because the majority of the employees are certified nursing assistant and those have been predominantly those persons who have filled, filled those jobs. I know there's, there's bound to be literature out there in terms of why that is (I003).*

However, the demographics are reverse on the management side, and we also see that the industry has gender issues as well. *This industry has been, historically, a largely female population in terms of caregivers, and, yet, largely male in terms of management (I008).*

Potter, Churilla, and Smith (2006) found that minorities make up 53% of the direct-care staff, and Black women account for 35%, however, the ratio is thought to be much higher in urban areas. Furthermore, the odds of a Black woman being employed as a direct-care staff member is higher than being employed in another position. However, according the Berdes and Eckert (2001), the rationale for the overrepresentation of minorities in this occupation is not well understood, but point to the fact that similar secondary labor markets have historically been filled by immigrants, part-time employees and marginalized racial groups. I003 also said, "*I think the nursing home industry is plagued with some diversity problems and I think those might be leveling to some degree. But a lot of it is socioeconomic*" *(I003*). I003 was correct; direct-care

staff are more likely to live at or below 150% of the poverty line and less likely to have health insurance, own a home, or any form of post-secondary education (Potter et al., 2006).

One other issue, that perhaps relates to hiring practices and filling new positions, is that of employee recycling. As I008 explained here, the industry tends to recycle employees, and in doing so, the facilities fail to improve diversity because they hire the same employees again and again.

> *One of the things, that historically, this industry does, and it continues to do, is to recycle employees, so that if I, if we have somebody at [this nursing home], and we hire them, and they cycle through our place—and largely, our turnover is related to attendance problems. So, somebody is a—has poor attendance, they get discharged for attendance, or they get close and they just quit, so they don't get discharged, they just quit in advance [chuckles]. And they'd go down the street and work for a competitor and they, they stay down there until they get in trouble there, and then they go to another facility maybe, and then ultimately, they come back. And so we just sort of, all between facilities around town you just sort of have this revolving door effect where people go and they, they just sort of move around [chuckles] through, through different facilities. And, and I think that we have as an industry, thought of ourselves as not being able to do any better than that (I008).*

Some may argue that any type of change is slow to take effect in the nursing home industry, therefore it is no wonder that that there are racial issues present in the nursing home workforce. It is also likely that nursing homes may not have the resources or know-how to directly tackle theses issues head on. Nevertheless, as will be seen in the next section, this

nursing home was making an indirect effort to improve diversity management in the nursing home by creating a work culture that was different from what nursing homes have historically been like.

CULTURE CHANGE INITIATIVES

This nursing home is currently undergoing culture change, which is an organizational change process where the facility decentralizes the organizational hierarchy and adopts resident-centered care practices and policies. Culture change, or resident-centered care, is a movement that began in the mid-1990s to revolutionize nursing home work life and living. The basic tenets of culture change include individualized care, empowering direct-care staff members, and changing the physical environment (Kane et al., 2007). Many of the leaders believed that culture change would improve WD in the nursing home because it would give the CNAs more responsibility, authority, and autonomy.

> *The entire culture change movement is one that adopts diversity as one of its core values. And, and that directly, directly impact minorities in management roles here by virtue of the fact that we'll, we'll be creating these households, and the people who know these resident best will be elevated into those positions of being responsible for those households. Well, who knows those people better than anyone? Well, it's the people who work with them every day. And who are those people? Well, the majority of them are black females. So there will be dramatic opportunities for advancement. And I think that will—I think will go a long way in, in creating a more diverse management culture, or at least more diverse management picture diversity wise (I003).*

While discussing issues of race and racism in the nursing home, I004 indicated that the culture change initiative would help to address these issues by fostering an environment where the leaders and employees openly communicate with one another.

> *I004: If I'm hearing the rumor, it's kind of like an iceberg, you only kind of see the tip of the iceberg, but there's a lot of stuff underneath. But, but it's not obvious, I don't think. I walked through the, the halls of the facilities, I don't sense it, I don't really see it or observe it, but I believe it's probably there.*
>
> *LV: So since you can't see it or, and nobody's really talking about it, how do you change it, and -- or is there an effort to change it?*
>
> *I004: There's not an effort to change it now. But should there be an effort? Yes. Definitely. And I think that the culture change initiative will help get us there. I think that there's a commitment on the part of the organization to do that, to make it inclusive, to, to open up lines of communication. That's the apart of our strategic plan, that's apart of our mission statement [inaudible] and so yes, I think there's going to be a definite effort to do that (I004).*

Some of the leaders even equated culture change to workforce diversity. For example, when I007 was asked to describe the nursing home's policies or views on workforce diversity, the leader responded:

> *Mnhnn cause I hadn't seen any pol—but I know we, like at our mission statement and stuff is that, you know, everybody is treated fair regardless of race, creed or cultural diversity, you know, we supposed to be going into a new culture change too of the nursing home—so they've been doing a lot of like diversity training (I007).*

Likewise, when I010 was asked to describe what an ideal nursing home that was enacting WD policies and principles would look like, he/she said,

> *I would say that a nursing home should be place where, where the residents should be more comfortable, you know, a place that they would feel that it is home. And also peop—also the, the staff who will be coming to work here should also consider it like this is their home and not ours. It should be—the environment should be like a home.*

In nursing homes that have adopted culture changes principles and practices, the direct-care staff work in self-directed work teams and are given more autonomy over resident care, in that they are involved in management decision-making, participate in weekly meetings, and provide input on resident health conditions and care. Furthermore, these empowered work teams can lead to an increase in employee satisfaction and a decentralization of authority where there is shared leadership and accountability and universal decision making throughout the organization (Yeatts & Cready, 2007). Is culture change the equivalent of effective diversity management in the nursing home? Probably not, but it is likely to be a step in the right direction because it gives more minorities the opportunity to take on new leadership responsibilities and it allows all of the employees to work together as a team.

UNEVEN DISTRIBUTION OF RACE ACROSS ORGANIZATIONAL STRUCTURE

As previously mentioned, nursing homes have a hierarchal environment with limited racial diversity at the administrative level, yet significant diversity at the direct-care levels, and this particular nursing home was no exception. In fact, according to I001, the direct-care staff was almost completely Black. "*That the personnel here is about 98% black and there were, there*

were maybe 2 black supervisors in this building and only 1 black director in this building"
(I001).

  Fortunately, there had been some improvements in the racial breakdown of the management staff in the past several years because the facility tended to promot employees from within and given that minorities held the lower level positions, they were the likely candidates for these promotions.

> *When we get to talking middle-management, we would be looking at, at the apartment managers, nurse—unit managers, and, in there, those managers I think, for the most part, tend to mirror the employees that they manage. And again I don't know that that, I don't know that that's been a con—a conscious choice. I think that's been the people who have presented themselves as-- because we do promote I think a good bit within […] if you look at our CNA, LPN, RN population, it is almost [pauses], not, it's not totally, but it's almost totally female. It is largely African American, although we do have in that African American population, we go—we've got both American-born nationals and we've got a fair number of folks from other countries, whether it's Jamaica, or Africa, or other nations where they just happen also to be black. […] So that when you start looking at those people who rise up and take on leadership roles, they also tend to be black females (I008).*

Here I008 also, pointed out that there was a mix of cultures within the minority population. While the primary racial groups in the nursing home were White and African American, there was a growing population of foreign-born employees from Hispanic, Asian, African, and

Caribbean backgrounds. This is consistent with the literature that states that there is a growing trend of immigrant workers in nursing homes (Berdes & Ekert, 2001).

There was less racial diversity as you moved up the rungs of the organizational ladder. This also included gender diversity, which was another aspect of diversity that the leaders discussed throughout the interviews. At the facility level, the top administrators were White men. *"Today, the administrator picture doesn't look the same over there, because you have two White males who are, who are the administrator and assistant administrator and that, that wasn't of course intentional" (I003).* Meanwhile, at the corporate level, the top executive officers were also White men.

> *If you look at our organization, although the top, the top three people in this organization if you start with the president emeritus, the CEO, president CEO, and [the COO], they're—all of those are men, so I guess there's not a lot of diversity at that and they're all White men so that there's, there's not a huge diversity there (I008).*

However, there was one Black representative among the four directors on the corporate management team. Furthermore, one leader indicated that diversity among the corporate office was *"an important piece that that we have tried to make sure that we are aware of at least" (I003).*

The glaring differences in the racial makeup of the organization are obvious to all that work in the facility. The leaders recognize it as a potential problem, and several alluded to the fact they are "working on it." However, the solution to the problem is not an easy one to solve. First, individuals of a specific demographic category have traditionally held specific nursing home positions. For example, a CNA would more than likely be a *"young to middle age African*

American female" (I003). Second, the leaders' understanding of WD is inconsistent with the tenets of diversity management mentioned above, including diversity recruitment at all level of the organization. Diversifying nursing homes is further complicated by the fact that it would not only involves bringing in more minorities to hold leadership positions, but also recruiting more non-minorities in lower positions to even out the racial distribution on the lower end. Finally, the nursing home's former hiring practices are a potential contributor to the current racial status of the workforce. The number of minorities in the facility may be reflective of the former reputation of the nursing home as well as the methods and rationale for recruiting employees. Thus, WD exists within a racially unbalanced nursing home.

FOCUS ON FAIRNESS, TEAMWORK, AND TRUST

The leaders' primary endeavors concerning WD centered around three major areas: fairness, teamwork, and trust.

Fairness. The leaders unanimously agreed that treating everyone equally was an important component of being a leader in the nursing home, and this undergird several aspects of the individual and organizational level factors of the model. For example, 007 reported praying for the ability to be fair because he/she believes it is morally correct. *"When I leave home, I ask the Lord to help me, you know to be fair and to and to just treat people right" (I007).* Furthermore, as a leader, I003's philosophy is to:

> *Make certain that I treat everyone equally regardless of their position or race, gender, or what have you. I probably go— do a little—make a, make a few extra efforts to make sure that the perception is that, that is—that that's the way I feel, the way I operate, and the way the organization, in turn operates (I003).*

The organization's policies and procedures were also structure in a way that employees were managed in a consistent manner.

> *To the extent that we can, we're trying to move all of our systems toward the prevention of risk or minimization of risk, and we've done that for years in employment issues in terms of trying to develop policies and procedures that, that let people feel comfortable that they're going to be managed in a way that is I, I, I hesitate to use the term fair because fair is such a subjective thing, but in a, in a way that's consistent. Okay? So, then to the extent that you can manage people consistently and, and in a way that is predictable for them, there's less likely that they feel that you've treated them wrongly (I008).*

Additionally, in terms of understanding workforce diversity, when asked about key concerns in managing diversity I001 responded:

> *I think fairness. That everyone is treated the same. That I—that's it more than anything. That whatever happens, if if there is disciplinary actions or an appointment of a position that it doesn't weigh by color, that it weigh by ability. And a lot of times—and I think that goes back to (pause) the fact that for some reason people don't think people will respond to blacks the way that—White, older White Americans will not respond to blacks the way they will to another White person in that position (I001).*

Teamwork. The leaders also enacted WD through their consistent focus on teamwork. All of the leaders worked in diverse work groups of some form, and they all tried to prevent diversity from getting in the way of being a team player and reaching the goals the group set out to

achieve. This was clear in I001's statements on being the out-group member in one of his/her

workgroups. "*It doesn't, doesn't bother them a bit. It doesn't help me and it doesn't hurt me kind*

of deal. It's just we're dealing with whatever that problem is."

When it comes to working in diverse groups, attitudes and personalities are hard to

manage, and I010 indicated that he/she has to treat people differently according to their

personality. However, as a whole they all function as a team to get the job done.

> *I mean, that's me. I have to treat you differently personally, but when I—when, when it*
>
> *comes to work, I have to treat you equally with others because we're doing the same job,*
>
> *our goal is the same. And doing, doing the same job and doing the same, you know,*
>
> *trying to come up with the same goal, we have to—everybody should be in one group, like*
>
> *one idea. It should not be like one there and one there. No, it has to be as a team. I would*
>
> *say, there should be teamwork. You have—I have to treat them as a team. But personally,*
>
> *I have to treat them differently because I won't be able to reach them. I mean, that's,*
>
> *that's my experience, that's my experience (I010).*

As the nursing home moves forward with culture change, there will be an even greater

emphasis on teamwork as the lower level staff members begin to take on more of a leadership

role in the nursing home.

> *And team process, like anything else we can't just go out and asked CNAs for instance or*
>
> *direct service providers or caregivers to be active team players when we have not given*
>
> *them training on team process. But that is an included in our strategic plan for next*
>
> *year—is team process. So our goal is to learn to do it, train the leadership, start to model*
>
> *it so that we're—we have credibility, and then provide the workforce in—at large the*

86

tools that they need to learn how to be a team member and to be a team player. We have

actually written team work though into our mission statement. That's a real good first

step (I004).

Trust. Finally, the leaders believed that developing trusting relationships with all of the

employees was essential to improving WD. I006's quote is a good example of how many of the

leaders felt about developing relationships with the employees.

To be a great manager—to be a great leader, you got to know the people you leading,

you know what I mean? And that's a big thing with me. You have to know 'em […] really

getting out there and learning who your people are to at least give some sort of

acknowledgement you know that they are a person more than a commodity or something

that you're using, you know, to get your goal achieved—if you, if you just make them feel

special at some point, you know, I think they will work a little bit harder for you (I006).

Given the nursing home's racial history, the leaders felt that trust was important for

thwarting any perceptions of racial discrimination. For instance I003 indicated, "*I really think*

probably there's still some perception out there that you know, it was that way, so there's the

fear that it might still be that way and again that takes building trust relationships with people"

(I003). Unfortunately, developing trust was difficult in this environment because there was a lot

of turnover and employees did not expect the leaders to stay at the facility long.

They do for the most part, it's better. I mean it takes you know I think in any

organization, it takes a year for people to develop a trust with you know somebody

because there's so much turnover in long-term care. People don't build relationships

with each other because they think well you're not gonna be here next year anyway, you

know kinda, or I'm not gonna be here next year anyway so I think it takes a while for

people to realize that you're seriously committed and, you know and that you're, you

know, you want to build those relationships. Cause it took a while. It really did (I002).

As such, diversity also seems to be yet another reason to improve turnover in nursing home care. Trust also helps minority leaders adjust as a newcomer. As an out-group member, I010 indicated having to seek out trusting individuals and be respectful of others in order to build relationships with his/her staff.

I have to ask first, and who, who I could really trust. So I have to observe each and every

one of them and I have to kind of, you know, withdraw a little bit. […] So I kind of adjust

to them and then finally I was able to win their, their, sympathy. I was able to build a

rapport to them because I, I didn't show them any, you know like being rude or being

superior because I'm the supervisor at that time. No. I just kind of go to their level, and I

was able to reach them (I010).

Fairness, teamwork, and trust are essential to any diversity management strategy. Although the leaders' efforts were not necessarily attached to a specific diversity approach, the nursing home's endorsement of diversity manifested through these three endeavors. As will be discussed later on in this document, the facilities oversight in adopting a formal diversity management strategy was partly due to the fact that there are no successful long-term care diversity models in which the organization could model their efforts.

The results of this study showed that the senior-level leaders were not always aware of

the racial issues that took place in the facility and they tended to depict any such problems in a

more favorable light. These findings are consistent with previous research conducted with

nursing home CNAs (Mercer et al., 1993). The senior leaders often made contradictory

statements regarding discrimination in the facility. For example, while there were a number of

statements regarding race discrimination in the nursing home, one leader was quoted as saying:

"*There is no culture of race that I'm aware of that would cause an experience to be different for*

a White employee as opposed to a black employee. (I003). While another leader commented, "*I*

don't really sense that we have any wide-ranging issue of people feeling like there's a racial

tension" (I008). The following statements from I002 and I001 provide another good example to

the senior leadership's lack of awareness of diversity related issue. Here the both leaders

provided an unsolicited discussion of the employees praying privileges in the facility.

> *And you know, it's interesting cause you said this is a, a faith-based nursing home. I have*
>
> *been told by front line staff and others, how thankful they are that we're allowed, that*
>
> *they're allowed to display their religion, to pray, to come in and know that they can*
>
> *gather and pray and not be in trouble, which I found interesting for a faith based facility*
>
> *(I003).*

> *I001: This is a Methodist organization and they weren't allowed to pray in here.*
>
> *LV: Who wasn't allowed to pray in here?*
>
> *I001: Any of the staff—*

LV: Really?

I001: Was not allowed to pray in here. One CNA was singing while she worked and she said her supervisor told her, "shut up and don't—don't do that in here. No one want to hear Negro spirituals."

There are two possible explanations for the leaders' lack of knowledge regarding these problems. First, much of the more blatant occurrences took place on the floor. The senior leaders' offices were not located on the halls, and they tend to not be "in the trenches" with the other leaders and direct-care staff. Thus, it is less likely that they would witness or hear rumors about racial prejudice and discrimination. Secondly, the leaders did not openly discuss these and other race topics amongst one another, a topic that will now be discussed.

RACIAL ISSUES ARE NOT OPENLY DISCUSSED

Throughout data collection, the researcher made an effort to have an open dialogue about race in the nursing home. However, it was difficult to elicit responses about this subject, and as the study progressed it was evident that race was generally not a topic of discussion, especially at the corporate level. For example, the leaders found it difficult to respond to questions about racial differences because they felt they could not speak on the experiences of someone of a different race.

LV: Can you describe the ways that the experiences of the black employees are possibly different from, from the White employees here and how those differences are on the job?

I003: [Pauses] I would hope that there aren't any. I would hope that, particularly with someone like [the minority DON] in place. In fact the director of nursing prior to [the minority DON] was also a minority. […] So, you would hope that the experience is no

90

different, because there shouldn't be a fear of, of racism from, your supervisor, for

example. That's a really difficult question to answer.

LV: It sounds like there's a -- there's a but in there somewhere.

I003: It, it is [pauses]. There is a but because I don't know if I can answer the question

because I am not a minority.

The leaders also thought that the racial issues were confounded with socioeconomic and other

demographic factors, which made it hard to parse out the differences between the minority and

non-minority employees.

I know, and I feel certain that there are differences in the lifestyles of, of probably some

of the groups within our organization. But I'm not sure that it's necessarily just attributed

to race, I think there are probably socioeconomic impacts on the way, on lifestyle too and

perceptions, and probably some geographic causes for the way that people—and their

lifestyle differences, and the way that they live outside of work. So I don't think it's just

you know, racial, I think we're dealing with geography, I think we're dealing with

religion, I think we're dealing with socioeconomic status as well as racial differences.

And I know there're differences, but I just don't know what they are (I004).

Additionally, because, as previously mentioned, the prejudice and discrimination is subtle and

the leaders describe it as a sense or a feeling, it was hard to say that it actually existed. This was

the case regardless of the leaders' race. Instead, other terms, such as fairness were used as a

proxy for race terms. The following quote, is a good illustration.

91

Yeah, yeah, there have been a couple of times that some staff have been in and said you know, I feel like—that a director has not treated me fairly. Sometimes I thought that it's possible, I mean through an investigation, found that it was valid, that they were not being fair. And you know, I don't know that it was, you know, I haven't seen any instances here that has led me to believe that there is anybody that's, that has an issue with a different race in the building. I think their fairness comes from being you know the human side of just not liking somebody and not being fair, but I have had people blame it on race (I002).

Several other leaders mentioned that the problems with prejudice and discrimination that arise between various groups in the workforce were related to attitudes and personalities and had nothing to do with race.

You know most of the staff and staff is not so much prejudice it is more personalities you know like where you don't—now that's the, you know that's what I, that's what I see, you know like cause I have a personality like you either like me or you don't, you know, and it's it, and that's fine, but and I'm not like that with people either I, I'm not real quick at making judgments on whether or not I like you or not. You really have to do something really bad to me. But staff-to-staff around here, it's like more personality than race (I007).

At other times, the leaders would say that employees were not treated differently because of race, but would later discuss instances that were clearly discriminatory. Here, the leader indicated that

he/she was not treated differently because of his/her race, even though this same leader went on to describe incidents where he/she was discriminated against.

> *I007: And do I feel like if – that I'm treated differently at [the nursing home]? No.*
>
> *LV: Treated differently, like?*
>
> *I007: Because of my race. Am I treated differently because you know—than the Whites? No.*

The leaders believed the resolution to the racial problems was *"to recognize that the—it exists and to try to deal with it the best way we can" (I004).* However, this has proven to be difficult when the facility as a whole does not talk about the racial issues. The leaders' level of comfort with these discussions seemed to be a barrier. While only one leader became visibly uncomfortable discussing race, most of the leaders were reluctant to have an open dialogue about race. One possible explanation is that leaders fear that discussing or admitting to discriminatory behaviors and decisions, will lead to designations of racism or illegal activity. Thus, these actions might lead to negative judgments toward the person instead of simply behaviors to be modified.

LACK OF DIVERSITY MODELS AFFECT PRIORITIZATION OF WORK DIVERSITY ENACTMENT

The leaders voiced their opinions on organizations that they believed had good diversity programs. Notably, in their list of organizations, none of the leaders mentioned a healthcare service organization. Chick-fil-A, a fast-food restaurant chain that is known for its superb customer service and religious views, was commonly cited as a good model for workforce diversity.

Probably a good model for us in our business because they're both, they're also in the

service industry and they also hire, as I remind our folks, a lot of times they hire from the

same pool of people that we do but they somehow seem to do a better job at it, and that's

Chick-fil-A (I008).

They're so pleasant when you talk, talk to any employee in the drive thru or when you get

your food and leave and, and you know, they're just, "have a great day. It's my

pleasure." And that's what people like you know […] and they're off on Sundays, which

I think is pretty awesome [interviewer laughs]. I mean really, that's respectful to me. You

know of course in this profession that could never be, but, but that is pretty awesome

(I009).

Furthermore, one leader noted that the nursing home selects potential employees from the same

pool of candidates Chick-fil-A. Yet, the restaurant has standards, which make them more

successful at recruitment and retention than nursing homes.

I talked to our emp—our managers often about modeling our hiring approach after

Chick-fil-A or some other organizations who hire—basically, hire from the same

populations that we hire from, But they're, they, look for diversity. They, they are not

willing to accept people just cause they're breathing [both chuckle]. You know, and they

do set standards and somehow they hire people, and, and I think that historically, we've

just thought that we had to—we were, we sort of self-limited our, ourselves by thinking

that we couldn't do any better than that. So I think, what I'm trying to do, what I believe

we can do to improve both diversity and quality is that we began looking out beyond our

94

traditional hiring pool and start looking for people that come from other places. Whether

we go to high schools, and try to, to tell employees, young people there, students that, you

know, this is a good opportunity for you to have a career (I008).

The leaders also mentioned other local companies that they thought were leaders in
diversity management. For example, I009 explained that American Cast Iron Pipe Company was
a good place to work because of their superior benefits.

I mean that's kind of like a little city, okay. They have their, I mean they, they literally

have their own, I mean when someone starts working in ACIPCO, they stay. They don't

leave. Because apparently their benefits are awesome. You know if their wage an hour, I

mean which is probably pretty good, but if it weren't, their benefits would probably make

up for that. They have their own doctors, their own clinic and that kind of thing so

whatever they got going on over there is good [both laugh] (I009).

Furthermore, I008 listed the local law firms because of their intentional efforts to be more
inclusive to women, ethnic minorities, and other marginalized groups.

Well I, I think what makes them good is that they, they have, they have intentionally

decided that diversity is a good thing and that they have, if you looked at those law firms,

[…] that wasn't that long ago really, it was mostly a male dominated, White male

dominated business. And as some over the last 20 years have made it a very intentionally,

a very intentional decision to diversify their firms. And so if you go there today, you

would find female partners, you would find black partners, both male and female, you'd

find folks of all kinds in those firms doing all kinds of things and getting paid, I would

assume very much similar compensation for someone working. So those were the things

that I think have made them good is that they have, they've acknowledged that they need

to do something and they've done it. So that's to me a sign that they're doing a good job

(I008).

The leaders were also asked to explain what a nursing home enacting ideal WD polices and procedures would look like. I009 stated:

Well I would, I would just say that that there would be no discrimination. That they

wouldn't discriminate against color or gender, whether they were gay, whether they were

straight, whether their English wasn't so good or not, which is often the case, they were

handicapped, they were qualified, then to me that would be, that would be ideal (I009).

Again, we see that the leaders did not distinguish between diversity management and compliance-based federal regulations, in that the leaders' ideal nursing home is one that is fulfilling the EEO requirements. Furthermore, diversifying the demographic characteristics of the staff was the only other cited provision necessary for a successful diversity program.

I008: But what I'd still like to see ideally is the, the nurse, inside the nursing home, would

look just like it would look if you were to go to the mall, you know. It would just be some

of everybody. It wouldn't be all, it wouldn't, I wouldn't go in there and see that 90 and 9

point 9 percent of my CNAs are black females of child bearing age, you know. I'd

probably see a mixture of folks. And that inside the residents would be sort of a mixture

of folks.

96

LV: Okay, so besides the demographics of the staff and the residents, are there other

policies and procedures that, related to diversity, workforce diversity, that an ideal

nursing home might—

I008: As I said, the group is almost all women of child-bearing age. I think it would be

good to have some mix of ages. I think it's not, probably not realistic to think we're

gonna have diversity in the sense of educational background, because I think that of the

type of work that we do, that especially at the CNA level, that's not gonna be where you

expect to see a whole lot of educational diversity. I don't know. I never think, I don't give

a whole lot of thought about whether or not, you know, you can have all kinds of—I mean

every kind of human characteristic that you can think of could be a part of diversity […]

But you know all those things are a part of diversity as far as the age and the sex and the

race and the religious and national origin (I008).

Another component of diversity management is training. Although the nursing home familiarized all new employees with the nursing home's EEO policies, there was no formal diversity training. The leaders discussed their ideas on what diversity training should look like and whom it should be for. The majority of the leaders indicated that the training should provide education on different cultures for everyone in the nursing home. I004 included an additional component to diversity training that goes beyond education and awareness, which is consistent with the diversity training literature (Chavez & Weisinger, 2008; Beaver, 1995).

I think formal diversity training should include exposing people to formal content about

different ethnic groups, different racial groups, different socioeconomic groups, and

different religious groups within, within our facility. Just formal content, this, these are

97

the facts, you know, these are the statistics, these are, these are the, the facts as we know

them. But then to carry a little bit further, in our world, I think it would also have to be,

that training would have to be supplemented with probably what we call learning circles,

which are informal groups where people can actually take that content and then sit in a

circle, and actually talk to each other. So I think it's both. I, I don't think you can do one

without the other. I think if you take people and put them in a group and, and without any

structure, then it might become very volatile and not very—and it wouldn't produce a

good outcome (I004).

It is clear that nursing homes do not have a good role model to "look up to" as far as WD is concerned. Chick-fil-A and the other organizations mentioned may have policies and procedures that make them successful in recruiting and retaining high quality employees, but they do not operate from a medical model and they also do not have the racial issues that nursing homes have. Ironically, after a basic internet and literature search, the PI did not find any information about Chick-fil-A's specific diversity initiatives besides their religious commitment to closing on Sundays. Furthermore, the lack of true diversity management models makes it harder for nursing homes to see the differences between EEO and diversity programs and actually set higher diversity goals besides the ones they are already trying to achieve with their EEO program.

SUMMARY

In conclusion, this narrative illustrates how the leaders' values, experiences, and perceptions of race, power, and workforce diversity manifest in to workforce diversity in the nursing home. The interviews offer support for the Model of the Manifestation of Workforce

diversity, which depicts how individual and organizational factors influence the manner in which leaders enact workforce diversity in the nursing home. The nursing home did not have a formal diversity program or management protocol, but if one were to be informally defined, the nursing home's current practices and opinions on WD would resemble the model. The implications for the model are discussed below.

CHAPTER 5

DISCUSSION

Discussion Of Findings

Although nursing home WD is an uncharted area of study, this research is important

because nursing homes are increasingly developing into multicultural environments with a host

of racial issues that permeate throughout the workforce. There is an extensive amount of

literature on workforce diversity in multinational corporations, yet this research is unlikely to be

generalizable to smaller organizations with limited resources, such as nursing homes. This

qualitative study sought to develop a theory of how nursing home leaders' values, experiences

and perceptions of race, power, and WD manifest into WD in the nursing home. The results

suggest that nursing home WD is characterized by individual and organizational efforts that

influence the leaders to make intentional efforts to be impartial, collaborative, and trusting, and

unintentionally discount and possibly exacerbate prejudice and discrimination by failing to

recognize and discuss racial issues, achieve complete structural integration, and prioritize and

adopt a formal WD management strategy. The following discussion expounds on the study

results and connects the findings to existing literature.

Nursing home leaders were interviewed to discuss how WD was managed in the nursing

home and how they conceptualized race, power and WD. Two separate themes, individual and

organizational influences, emerged as factors affecting workforce diversity enactment in the

nursing home. The individual influences included the leaders own personal experiences with and

perceptions of race, power, and WD. The results revealed that the leaders' personal experiences

directly affected the organization; however, there was no indication that there was a bidirectional influence between the individual and organizational factors. The organizational level factors were comprised of diversity related aspects of the nursing home culture that influenced how WD manifests.

The leaders talked openly about their personal and professional experiences with race, including experiences with subtle and blatant racial discrimination, exposure to different racial groups, and how these experiences influenced their behaviors. The leaders felt other employees perceived the leaders as aloof, disconnected, and disingenuous. Perceptions of the organization were often described in terms of the new and old regime, where the new leadership staff was thought to be more inclusive and less discriminatory than the previous leadership staff. Several of the leaders expressed that racial issues were magnified in the city of Birmingham because of the area's long history of prejudice and discrimination. Cultural differences also created problems between the American and foreign-born nursing home employees.

Strong moral and religious beliefs guided many leaders throughout their day-to-day work, and the participant's managerial philosophies helped define their role as a leader. Nursing home leaders were described as role models who were sensitive to the needs of their employees. One interesting philosophy that minority leaders exhibited was their tendency to be straightforward with the other employees. Consistent with other research, the nursing home leaders' understanding of workforce was from an EEO, compliance-based perspective (Carrell et al., 2006; Weech-Maldonado et al., 2002), and they referenced the organization's EEO program when discussing diversity policies and procedures. This EEO program keeps the nursing home in compliance with federal regulations, but when the nursing home is brought up on charges of discrimination, some leaders become leery and unnecessarily bring race into their decision

making. For instance, instead of hiring to diversify, race has gone into hiring considerations for liability reasons. In the past, there have been reports of unfair hiring practices, but the nursing home currently tends to recruit from within. Unfortunately, the glass ceiling tends to take effect, in that minorities and women tend to only hold the lowest and middle management positions. These issues are typical in the nursing home industry, as Berkshire (2007) reports that minorities tend to have limited upward mobility in healthcare and female executive roles are generally limited to chief nursing officer positions. Nonetheless, the organization will be making efforts to promote the lower level staff members into more leadership role as they adopt culture change principles and practices.

The results suggest that WD management was inefficient in the nursing home. First, there is an uneven distribution of race across the organizational structure. The leaders indicated that over 90% of the direct-care staff were minority females, whereas the senior-level positions were predominately White men. Second, instead of specific strategies to effectively manage and promote diversity, the nursing home has a compliance-based focus in which they strive to treat all employees equally. Furthermore, the leaders and the other nursing home employees work together in diverse groups where they attempt to develop trusting relationships by relating to one another. Third, while there appears to be a sufficient level of racially charged incidents and rumors, racial issues are not openly discussed within the facility. Consequently, the senior-level leaders are often unaware of the racial challenges and perceptions that exist. Finally, the nursing home is lacking in effective diversity management because WD is typically not emphasized in healthcare, thus, the nursing home does not have appropriate healthcare models to frame their diversity policies and principles after.

Situating Results within Existing Literature

The results of this study are consistent with research from the social psychology and management literature. The following discussion will incorporate the results of this study with the present knowledge base.

Social Psychology Literature. The social psychology literature on in-groups/out-groups is relevant to this research because the leaders indicated that they work in diverse groups on a regular basis. According to the similarity/attraction theory, similar characteristics increase liking (Pitts & Jarry, 2007). Consistent with this theory, the leaders reported that the foreign-born employees tend to group together, which is perhaps due to their cultural similarities. The results also provide support for the social identification and categorization theory, which states that people make social comparisons that lead to the development of their social identity (Crocker, Thompson, McGraw, & Ingerman, 1987; Hoggs & Abrams, 1990). The results indicated that the nursing home had a number of different social categories. For instance, the foreign-born and American minority employees made social comparisons with one another based on race that without leader interventions, lead to stereotyping and problems with trust and communication. The leaders reported that the American direct-care workers tended to ostracize the foreign-born employees because they were different, and the foreign-born employees made judgments toward the American workers. The foreign-born leaders often spoke in their native languages, which made the other groups uneasy; furthermore, the language barrier between the two groups created a breakdown in communication.

Moreover, in times past, and possibly still today, the nursing home was perceived as discriminatory, and minorities were treated differently or even refused work. Subcultures also existed based on job status. The participants indicated that the direct-care staff members perceive

the leaders as out-group members, and sometimes likened the relationship between the leaders and the staff to that of a slave owner and his slaves. The leaders did not go into detail about how these different groups affected work outcomes. However, it appeared that while the leaders recognized that the tension exists among these subcultures, very little was being done to ensure that the employees felt that they were valued for the cultural differences that they could bring to the table.

Management Literature. As previously discussed, the information and decision making theory posits that diverse workgroups have more creativity, a larger number of ideas, and a larger pool of knowledge. The results of this study partially support this theory. Effective communication is essential in order to leverage the benefits of diversity and for group members to understand and value each others' perspective. Presently, the leaders are working together to model a team-based approach to leadership, while one leader expressed some challenges to relinquishing authority and decision making to lower level staff members, there has been little opposition to this team-based approach. Although the leaders did not explicitly discuss communication in this regard, if the leaders are successful in this approach, one would assume that the teams are not lacking in communication. However, until the leaders are fully aware and can openly discuss the current racial issues and validate the diverse viewpoints, it is unlikely that the racial tension and perceptions will subside.

Limitations

There were inherent limitations to this study. First, the information provided was based on self-report. Thus, the responses may have been influenced by social desirability, and the employees' reported perceptions and experiences might have differed from actual accounts. The interviewer may have also influenced the responses. It should be noted that the race and gender

104

of the interviewer (an Black female), only appeared to interfere with the leaders' discussion on race on one occasion throughout entire data collection process. During this particular interview, the leader's verbal and nonverbal cues indicated that the leader was apparently uncomfortable discussing race with the interviewer. For example, the leader did not directly answer questions concerning race and rearticulated the same brief statements in response to the interviewer's probes. Additionally, the results of this study are not generalizable to all nursing homes. The participants only represent the experiences of a small sample of nursing home leaders, and their perceptions and experiences may differ from other nursing home employees, including those from the study site. Furthermore, although it was not verbally expressed to the interviewer, some employees may have been uncomfortable participating in the study because race is such a sensitive topic and may have differed from those participants who volunteered to discuss their experiences.

Implications

This study has important implications for long-term care practice and policy development. This research suggests there is an important need for interventions to help nursing homes improve WD. Because of the lack of diversity in the senior level leadership positions, there is a need to improve recruitment and retention for these positions. A potential strategy could be for nursing homes to invest in the education of future leaders through scholarships and internships. Since the facility tends to hire from within, they could also offer career ladders where direct-care workers and mid-level managers would be compensated for attending school to obtaining degrees that would make them eligible for higher level positions. WD training specific to the nursing home environment is another option for interventions. The leaders had good ideas for what diversity training should be like, and with some assistance and buy-in from the leaders,

the organization could put together a successful diversity training program with measurable outcomes that promote an inclusive culture where diverse employees understand and value one another and the nursing home benefits from the various perspectives.

Other implications for improving diversity management include developing a better understanding for how WD is defined. As more consideration is given to diversity management, it will become imperative for organizations to distinguish between EEOC guidelines and formal WD management strategies. The leaders related diversity management to the EEOC guidelines and polices, and while diversity management is likely to counteract EEO claims, EEO policies will not address the underlying causes of any prejudice and discrimination that exists, nor will they help diverse groups to feel valued for their different perspectives. Perhaps the EEOC could do a better job of defining to employers what the law guidelines are and what they are not. As such, organizations would understand that diversity management requires initial efforts above and beyond the compliance laws.

CHAPTER 6

CONCLUSION

Summary

This research employed qualitative methods to explore how nursing home leaders

understand WD and how it is managed within a nursing home setting. The researcher conducted

11 interviews with 10 different leaders from a nursing home in Birmingham, AL. In the

interviews, the leaders discussed their experiences, perspectives, and understanding of race,

power, and WD. Using the grounded theory approach to data analysis, a model emerged to

explain how the leaders enact WD in their organization. The Model of the Manifestation of WD

illustrates how individual and organizational level factors influence how WD is carried out

within the organization.

The results revealed that while issues of race were not openly discussed in this racially

diverse facility, WD in nursing homes manifests through a focus on fairness, teamwork, and

trust. There were reports of subtle forms of racial discrimination across the interviews; however,

higher-level administrators were less likely to be aware of these issues. Furthermore, minorities

were disproportionally represented throughout the organizational structure, and the lack of

appropriate healthcare diversity management models seemed to influence how diversity was

prioritized within the facility. There were individual and organizational level influences that

affected how WD was enacted in the home. Individual factors included personal racial

experiences, the leaders' understanding of WD, cultural differences, and their managerial

philosophies. Organizational initiatives, hiring practices, systemic/industry issues, and EEOC

concerns were among the organizational influences. The results of this study are relevant to the social psychology and management literature, and the study supports the basic in-group/out-group theories of diversity. The results of this research will aid in developing diversity promotion strategies and improve work-life in nursing homes.

Future Directions for Research

Future projects can expand this research to other nursing homes including traditional nursing homes as well as nursing homes that have fully adopted culture change. Such studies will help to expound the Model of the Manifestation of WD and determine how it applies to other nursing homes. Future studies could relate nursing home WD to team process and patient outcomes. It is also possible that this model would be applicable in other healthcare settings, such as hospitals, because they tend to also have a hierarchical structure and an influx of minority direct-care staff members. Future research could also explore WD from the perspective of the direct-care staff, since they comprise the majority of the nursing home workforce and they are more likely to experience prejudice and discrimination. Such a study could also provide a precise account of how the lower-level staff members actually perceive their supervisors and the organization.

Additional research could use the themes from the model to develop an empirically based diversity leadership training protocol to fit the individual needs of the facility. A series of educational modules could be designed to inform leaders on effective diversity management strategies germane to the nursing home, and potential topics would include recruitment and retention of minorities at all levels of the organization, open dialogues on race and cultural awareness, distinguishing diversity management from EEO policies, and developing a business case for nursing home workforce diversity. This intervention would also include follow-up

evaluations to obtain feedback on the effectiveness and sustainability of the training. These evaluations could also assess what, if any, organizational behavior and culture changes resulted from the program. The outcomes of this research will help make the nursing home a better place to work, and most importantly, lead to improved quality of care and quality of life for nursing home residents.

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Table 1

Personal Demographic Characteristics

VARIABLE	VALUE
Age	M = 48.1 SD = 7.11 Min = 37 Max = 57 N = 10
Gender	Male = 4 Female = 6
Ethnicity	White = 5 African American = 4 Other = 1
Education	Bachelor Degree = 3 Associates Degree = 2 Masters Degree = 1 Doctoral Degree = 2 Other = 2
Marital Status	Single = 2 Married = 7 Divorced = 1
Religious Preference	Protestant = 7 Roman Catholic = 1 Spiritual, not religious = 2
How often you attend religious services?	More than once a week = 1 Every week or more often = 3 Once or twice a month = 3 Every month or so = 2 Once or twice a year = 1
To what extent do you consider yourself religious or spiritual?	Very religious or Very spiritual = 4 Moderately religious or Moderately spiritual = 5 Slightly religious or slightly spiritual = 1

Table 2

Employee Related Characteristics

VARIABLE	VALUE
Shift worked most often	7am-3pm = 2 8am-5pm = 5 Other = 3
Facility Location	Corporate Office = 4 Nursing Home = 6
Years at the facility	M = 7.4 SD = 8.54 Min = 1.58 Max = 28
Years working in current job	M = 8.32 SD = 10.64 Min = 0.83 Max = 31
Years in long-term-care	M = 17.23 SD = 10.23 Min = 2.75 Max = 37

APPENDIX: Guiding Questions for Interviews

* Question removed from guiding questions list in all subsequent interviews

§ Question added to guiding questions for current and subsequent interviews

Interview 1

1. Tell me about your position here at the nursing home.

2. What is it like to be a leader here?

3. Please tell me about your own personal experiences here concerning racial issues.

4. How does being a leader affect your relationship with minorities and non-minorities in lower level staff positions?

5. Please discuss your experiences working in diverse workgroups here at the nursing home.

6. As a leader, what are your key concerns when managing a diverse workgroup?

7. What comes to mind when you think of workforce diversity?

8. Describe the nursing home's view on workforce diversity and any related policies and procedures.

9. As a leader in this nursing home, what would you say your role is in managing workforce diversity?

10. Is there anything else that you would like to add?

11. Now that you have participated in the study and have a better understanding of what the study is about, is there anyone that you would suggest I interview on these issues.

Interview 2

- Can you talk about how you think the lives, or life experiences of the White employees differ from those of the black employees outside of work? What about differences on the job? **§**

Interview 3

- Please discuss your experiences working in diverse workgroups here at the nursing home. *****

- As a leader, what are your key concerns when managing a diverse workgroup? *****

Interview 4

- Please tell me about your own personal experiences here concerning racial issues. *****

- Can you talk about how you think the lives, or life experiences of the White employees differ from those of the black employees outside of work? What about differences on the job? *****

Interview 5

- Can you tell me more about your personal experiences with race growing up in your childhood? Your professional experiences with race? **§**

- How does race effect interactions between residents and staff? Resident to resident? Staff with each other. **§**

- What should formal diversity training look like? Deal with (process and content)? Who should it be for? **§**

Interview 6

- Have you noticed any differences in the people here in the South versus where you grew up? Are there differences in general between the people who grew up in Birmingham and those who did not? **§**

Interview 8

- What is it like to be a leader here? *****

Interview 9

- What does being a leader mean to you? **§**

- What does a nursing home that is enacting ideal WD policies and procedures look like? **§**

- Are there companies that you can think of that are good examples of WD? **§**

- Have you ever been in positions where you were seen as different or in the out-group versus the in-group? What was that like for you? How did you handle it? **§**

Interview 11 *(Interview 11 was a follow-up interview with a previous leader. The guiding questions included old questions that this individual had not previously responded to and new questions developed specifically for this interview. All the questions from the interview are listed below.)*

1. How do you conceptualize diversity and how is it translated into your actions and plans.

2. What does a nursing home that is enacting ideal WD policies and procedures look like.

3. Are there companies that you can think of that are good examples of WD?

4. Are there any examples where considerations about diversity have gone into hiring someone?

5. What should formal diversity training look like? Deal with? Who should it be for?

6. Have you ever been in positions where you were seen as different or in the out-group versus the in-group? What was that like for you? How did you handle it?

7. How are resident employee relationships? Can you think of any examples of residents treating employees poorly; vice versa?