

Workforce Diversity Management, the Case of Mayo Clinic

Mussie T. Tessema¹, Ph.D., Kathryn J. Ready², Ph.D.,
Alexis Vlack³, Eden Sahle³, Erica Stiller³, & Samantha Theis³,

Abstract

In the last two decades, organizations have increased their efforts to diversify their workforce. This paper provides a case study of diversity management practices implemented by Mayo Clinic, a world-renowned healthcare organization, as part of their successful efforts to diversify their workforce. The integrative nature of Mayo Clinic's diversity management practices, as well as advantages and disadvantages, and theoretical and practical implications of workforce diversity management programs are discussed. Implications of these findings for other organizations and future research directions are highlighted.

Keywords: Workforce, HR, diversity, Mayo Clinic

I. Introduction

Currently, the health care sector represents 18% of the U.S. economy, twice as high as in other countries (Carnavele et al., 2012). Yet, labor productivity in healthcare has declined since 1990, and productivity per worker is among the lowest in the U.S. economy (Carnavele et al, 2012). Coupled with this decline in productivity is the realization that the healthcare sector is facing projected growth. From 2010 to 2020, the workforce is expected to increase from 10.1 million to 13.1 million jobs with an estimated 5.6 million vacant jobs (Carnavele et al, 2012). Job openings in healthcare will grow faster than any other job category. If the workforce is to be productive, organizations must have effective Human Resource Management (HRM) programs and policies (Bowen & Ostroff, 2004; Boxall, 2003; Den Hartog & Verburg, 2004; Tessema et al. 2015; Mathis, Jackson, & Valentine, 2017; Noe, Hollenbeck, Gerhart, & Wright, 2015). One aspect of HRM that supports growth and productivity enhancement is workforce diversity management. Previous studies demonstrated that organizations with effective workforce diversity programs were found to be more successful than those organizations lacking effective policies (Heneman, Judge, & Kammeyer-Mueller, 2015; Gathers, 2003; Kreitz, 2008).

This is because effective workforce diversity programs can provide a number of benefits, such as providing a larger pool of ideas and experiences, fostering better morale, promoting heightened creativity and innovation, improving decision making, communicating varying points of view, and accomplishing social justice (Greenberg, 2004; Griffin & Moorhead, 2014; Kerby & Burns, 2012; Gathers, 2003; Kreitz, 2008). However, these benefits do not come without challenges. As noted by Heneman et al. (2015), although there are advantages to workforce diversity efforts, there are additional costs associated with recruiting, selection, and training programs that must be considered. As the U.S. population becomes more diverse, so do U.S. workplaces. This trend is expected to continue as America's racial and ethnic minorities are projected to be the majority group by 2043 (The U.S. Census Bureau, 2012).

¹Professor of HRM, Business Administration Dept., College of Business, Winona State University, MN, USA.

² Professor of Management, Business Administration Dept., College of Business, Winona State.

³ Student, Business Administration Dept., College of Business, Winona State University, MN, USA.

Currently, America's racial and ethnic minorities make up about half of the under-5 age group (Census Bureau, 2012), but it is projected that in five years, minorities will comprise more than half of the children in the under 18 age group (Yen, 2013). According to Hussar and Bailey (2013), the number of Hispanic high school graduates is expected to increase by 63 percent between 2008 and 2021, and the number of Hispanics who enroll in college is expected to increase by 42 percent between 2010 and 2021. Likewise, the number of Blacks who enroll in college is expected to increase by 25 percent between 2010 and 2021. The above figures reveal there has been (and will be) a significant change in the demographics of the U.S. population that will further impact the diversity in the workforce.

The U.S. will become more competitive worldwide if organizations commit to meeting the needs of its diverse communities of workers and consumers (Kerby & Burns, 2012) by developing skills of all of its employees. Today, the quality of an organization's workforce is a crucial determinant of its ability to compete and win in a world marketplace (Casio & Aguinis, 2011). Many studies point to the understanding among employers, managers, consultants and the government about the effects of workforce diversity on organizational productivity (Kerby & Burns, 2012; Griffin & Moorhead, 2014; Mathis et al., 2017).

Historically, the United States has been viewed as a 'melting pot' of people from many different countries, cultures and backgrounds (Griffin & Moorhead, 2014: 42). Initially, it was assumed that immigrants would assimilate into the dominant cultures they were entering. However, this has proven to be a complex process as acceptance/integration has been difficult to implement (Tatli & Ozbilgin, 2009). Some members of minority groups have been resistant to change and/or some majority groups have been unwilling to fully accept diversity in the workplace. These pronounced differences have led to organizational strategies that seek to celebrate the differences in the workplace and to fully utilize the variety of talents, perspectives and backgrounds of its employees in order to become more competitive (Greenberg, 2004; Mathis et al., 2017).

This case study focuses on Mayo Clinic, a world-renowned medical facility, comprised of a network of clinics and hospitals serving more than 70 communities. Mayo Clinic employs approximately 58,000 employees and has a large presence in three U.S. metropolitan areas: Rochester (Minnesota), Jacksonville (Florida), and Phoenix (Arizona). At its main campus in Rochester, MN, it employs about 32,000 people and the Arizona and Florida sites employ about 5,000 persons at each site; there are an additional 16,000 employees in the Mayo Clinic Health Systems (Mayo Clinic, 2015b).

Mayo Clinic is ranked by U.S. News and World Report (2016) as one of the best healthcare facilities in the nation and has ranked at or near the top of U.S. News and World Report's "Honor Roll" hospitals throughout the history of its rankings. It currently has eight out of the sixteen specialty areas ranked as Number 1, and twelve specialty areas overall rank in the top three (U.S. News and World Reports, 2016). Fortune (2016) provides additional accolades naming Mayo Clinic for the thirteenth consecutive year to its 100 best companies to work. As part of Fortune's evaluation, two-thirds of a company's score is based on the results of an employee survey trust index, and one-third of the score is based on company responses from a culture audit that includes a diversity assessment.

Further, Diversity Inc. (2016) has ranked Mayo Clinic in its top five hospitals and health systems since 2011. In awarding this distinction, health care facilities are selected based on talent pipeline, equitable talent development, CEO/leadership commitment and supplier diversity. While many studies have been conducted on workforce diversity, few studies have focused on workforce diversity in large healthcare systems. This study examines the practices of workforce diversity management using Mayo Clinic as a case study, a company that has been recognized for its diversity efforts, and is supported by theoretical and practical applications.

II. Literature Review

Organizations require resources that vary across organizations (e.g., human, financial, materials/physical) to achieve their goals (Mathis et al. 2017), but the human resources or assets are believed to be the most important resource or asset needed by organizations. Human resources are critical in converting other resources into finished goods and services (Noe et al., 2015) and are the 'glue' that holds all the other assets together guiding their use to produce required goods and services thereby achieving the desired results (Mathis et al. 2017).

The effective utilization of the organization's human capital may explain a significant part of the difference in higher market value between companies (Boxall, 2003; Den Hartog&Verburg, 2004; Noe et al., 2015), yet human assets are considered to be the most challenging to manage due to the complexity of behaviors exhibited by employees in the workplace.

One important aspect of HRM is workforce diversity management that focuses on the inherent similarities and differences among employees of organizations (Griffin & Moorhead, 2014: 43) and is crucial to fostering innovation in the workplace (Berman et al., 2016: 118). McInnes (1999) further defined workforce diversity as policies and practices that seek to include people within a workforce considered to be, in some way, different from those in the prevailing constituency. Diversity not only involves how people perceive themselves, but how they perceive others. These perceptions affect their interactions. For a large group of employees to function effectively as an organization, human resource professionals need to deal effectively with issues such as communication, adaptability and change.

Workforce diversity involves complying with legal regulations to avoid discrimination of race, gender, and ethnicity in the workplace. For many organizations, workplace diversity is a desirable goal supported by federal and state laws that forbid discrimination in all areas of employment (Bosworth, 2014). Since the 1960's, federal laws have been introduced to ensure the rights of minorities and women. Some of the major federal laws that affect diversity include Title VII of the American Civil Rights Act (1964, 1991), Age Discrimination in Employment Act (1967), and Americans with Disabilities Act (1990, 2008).

Each of these Acts affects how an organization administers their diversity program, as well as their HR processes. However, diversity is a much more complex concern for organizations (Heneman et al., 2015; Galer, 2014). Although federal and state laws regulate discrimination, diversity initiatives are distinct from the legal requirements with regard to prohibiting discrimination (Greenberg, 2004). Managing workforce diversity is more than acknowledging differences in people and includes recognizing the value of differences, combating discrimination and promoting inclusiveness (Ogunjimi, 2015). It has become an increasingly important, yet complex, element of an organization's business environment. Successfully implementing a strategy for diversity in the workplace is about embracing and valuing cultural differences and using it to an organization's strategic advantage.

According to Griffin & Moorhead (2014: 39), there are two dimensions of diversity: primary and secondary dimensions. Primary dimensions of diversity refer to those factors that are either inborn or exert extraordinary influence on early socialization which include age, race, ethnicity, gender, physical and mental abilities, and sexual orientation (Griffin & Moorhead, 2014: 38). Secondary dimensions of diversity refer to factors that are important and help define individuals; however, they may be less permanent than primary dimensions and can be adapted or changed. These include dimensions such as educational background, geographical location, income, marital status, military experience, parental status, religious beliefs, and work experience (Griffin & Moorhead, 2014: 40).

Tatli & Ozbilgin (2009) identified three approaches/models towards corporate diversity management: liberal change, radical change, and transformational change. The *liberal change model* recognizes equality of opportunity in practice when all individuals, freely and equally, are enabled to compete for social rewards. The aim of the liberal change model is to have a fair labor market from which the best person is selected for a job based only on performance. The liberal-change approach centers on law, compliance, and legal penalties for non-compliance. The *radical change model* seeks to intervene directly in workplace practices in order to achieve a balanced workforce, as well as a fair distribution of rewards among employees. This model, unlike the liberal change model, is more outcome focused than oriented toward developing rules to ensure equal treatment. Finally, the *transformational change model* embraces an equal opportunity agenda to satisfy both immediate and long-term solutions. This approach acknowledges the existence of power systems and seeks to challenge the existing hegemony through implementation of equality values.

2.1. Benefits of workforce diversity

A diverse workforce can provide organizations with a number of advantages. Organizations diversify their workforce not only for ethical, legal, and moral purposes, but also for economic reasons. According to Berman et al. (2016: 118), workforce diversity is an ethical and managerial necessity. It has many advantages including to: drive economic growth (Kerby & Burns, 2012); provide a company with greater knowledge of the preferences and consuming habits of a diversified market (Rice, 2014); supply a greater variety of solutions to problems in service, sourcing, and allocation of resources (Griffin & Moorhead, 2014); support a broader range of services (Greenberg, 2004), and to provide more effective service to customers on a global basis (Kreitz, 2008); meet business strategy needs and the needs of customers more effectively (Heneman et al. 2015); provide a distinct competitive advantage over an organization that lacks diversity (McInnes, 1999);

Tencer, 2011); promote a competitive edge by facilitating understanding of other customs, cultures, and marketplace needs (Galer, 2014); help businesses increase market share (Kerby & Burns, 2012); and to increase adaptability in the marketplace (Greenberg, 2004). Additional advantages of workplace diversity include opportunities to: bring together individual talents and experiences to suggest ideas that are flexible and will adapt to fluctuating markets and customer demands (Heneman et al., 2015); generate a variety of viewpoints (Greenberg, 2004; Heneman et al., 2015); foster a larger pool of ideas and experiences (Griffin & Moorhead, 2014); improve the communication of varying points of employee views (Griffin & Moorhead, 2014); promote an environment that fosters creativity and innovation (Berman et al., 2016); support effective problem-solving on the job (Tencer, 2011); promote a more creative and innovative workforce (Gathers, 2003; Kerby & Burns, 2012); permit employees with talents to feel needed and have a sense of belonging, which in turn increases their commitment to the company and allows each of them to contribute in a unique way (Kreitz, 2008); and support more effective execution (Greenberg, 2004).

2.2. Challenges of workforce diversity

Although workforce diversity provides a number of benefits, it also poses a number of challenges. According to Greenberg (2004), there are three major challenges for effective workforce diversity. These challenges are: *communication* challenges, which include perceptual, cultural and language barriers; *resistance to change*, which refers to employees' refusal to accept the fact that the social and cultural makeup of their workplace is changing; and challenges related to *implementation* of diversity in workplace policies. Bateman and Snell (2007: 374-375) identified five challenges of workforce diversity. These challenges include: *unexamined assumptions*, referring to the difficulty many people experience in seeing the world from someone else's point of view; *lower cohesiveness*, referring to the lack of similarity in language, culture, and/or experience; *communication problems*, referring to the difficulties of misunderstandings, inaccuracies, inefficiencies, and slowness; *mistrust and tension*, referring to misunderstanding, mistrust, and even fear of those who are different; and *stereotyping*, referring to inappropriately stereotyping 'different' colleagues rather than accurately perceiving and evaluating those individuals' contributions, capabilities, aspirations, and motivations.

Schneider & Northcraft (1999) identified three social dilemmas faced by organizations seeking to attain and maintain workforce diversity: the dilemma of organizational, managerial, and individual participation. One additional challenge of workforce diversity is actually creating a diverse workforce because it can be difficult to recruit diverse employees to certain geographical areas (e.g., the Midwest). Regardless of the numerous challenges, organizations must carefully consider how to engage in active diversity planning and select the right mix of active and passive strategies to maximize organizational effectiveness (Heneman et al., 2015). According to Rice (2014), whatever challenges diversity may create, the benefits far outweigh the costs. Ultimately, diversity permits flexibility within an organization by strengthening the ability to respond to changing environments and demands that are critical to ensuring that an organization remains competitive in the global marketplace.

III. Research Methodology

In conducting this research, three methods of data collection were utilized: [i] interviews, [ii] analysis of published and unpublished documents from Mayo Clinic. And [iii] published articles and books relevant to workforce diversity. With regard to interviews, in-depth interviews were conducted with six HR professionals and the director of Office of Diversity and Inclusion. This number proved to be sufficient to reach a high degree of saturation, meaning that less new information was collected, the more interviews that were conducted; in qualitative research, saturation is an important criterion to determine the number of interviews needed (Ezzy, 2002).

In order to focus the interviews on the most important issues, relevant concepts were identified from the literature, to be used later as signposts in the interview process. Because the interview questions were open-ended, the interviewees were able to freely express their subjective opinions and to provide additional insights on issues of workforce diversity. Brief notes were made of the responses of the HR professionals during the interviews. The transcriptions were examined and essential issues were extracted and annotated. Additionally, important themes were identified and gathered from the transcriptions as well as interesting quotes that were incorporated in the final report.

IV. Discussion

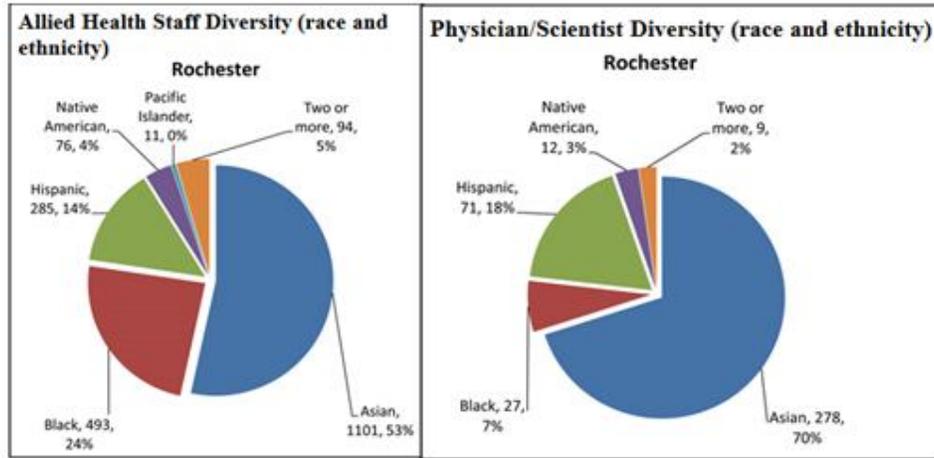
The main objective of this study is to discuss the importance of workforce diversity and implementation of workforce diversity management practices using Mayo Clinic as a case study. The integration and success of workforce diversity programs are apparent at Mayo Clinic when examining its current workforce. According to Fortune (2016), 69% of Mayo Clinic employees are women and 13% are minorities. The large percentage of women employed by Mayo is not surprising given the nature of the healthcare job market. For instance, according to Lantz (2008), women comprise 78% of the healthcare industry's workforce and are the largest consumers of healthcare.

Similar to other health care facilities, the employees of Mayo Clinic are grouped into two categories: Allied health staff (non-physicians) and physician/scientist employees. Demographics of the allied health staff show that 93% are white and 73% are female (Mayo Clinic Intranet as quoted by Bolte & Koepsell, 2014). These high percentages are consistent given the nature of the jobs and gender composition of allied health staff. One important group, nurses, is largely represented by females. According to data collected by the Kaiser Family Foundation (2016), only 9% of registered nurses are male. The larger percentage of males (27%) as allied health staff points to the success of Mayo's diversity management programs. Percentages for each minority group among the allied health staff are shown in Figure 1. Fifty-three percent of the allied health staff are Asian, 24% of this group are Black, 14% of the group are Hispanic, 11% of the group are Pacific Islander, 4% of this group are Native American, and 5% of this group identify with two or more races.

Mayo Clinic Intranet (as quoted by Bolte & Koepsell, 2014) also reported that 28% of the physician/scientist employees overall are female and 20% are minorities (Mayo Clinic Intranet as quoted by Bolte & Koepsell, 2014). In this physician/scientist group of minority employees at Mayo Clinic as shown in Figure 1, 70% of this group is Asian, 18% are Hispanic, 7% are Black, 3% are Native American, and 2% identify with two or more races. Mayo Clinic is consistent with national data that indicate that 30% of all physicians are women, 11% are African American or Hispanic and 16% are Asian American (as shown in Carnavele, et. al, 2012). It appears that Mayo Clinic's Asian percentages are higher than national averages. It should be pointed out that Rochester, MN is a community that lacks considerable diversity overall.

According to the U.S. Census Bureau (2015), Rochester's population of 110,275 is 51.5% female, and is represented by almost 82% White, 7.4% Asian, 6.6% African American or Black, and two are more races represented by 3% of the population. Rochester is currently working to establish itself as a Destination Medical Center, and has been provided financial support for this designation from local and state funding sources (Mayo Clinic, 2016). This designation could help increase its success in achieving increased workforce diversity rates in the future.

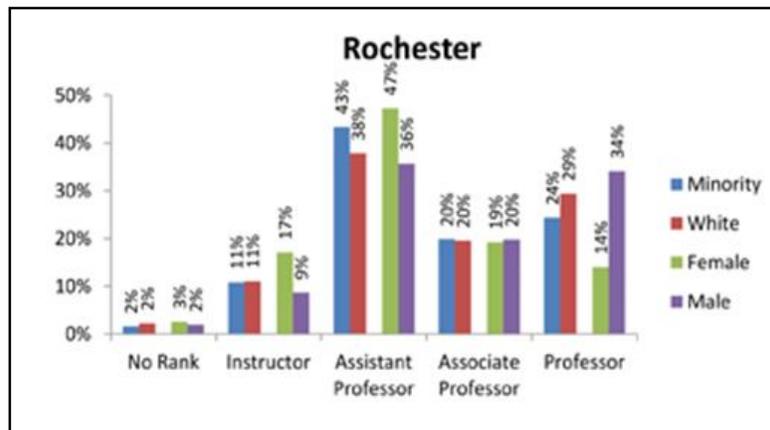
Figure 1: Race and ethnicity of allied health staff and physician/scientist employees



Source: Mayo Clinic Intranet as quoted by Bolte & Koepsell, 2014.

Mayo Clinic’s designation as a teaching medical facility has resulted in academic rankings within the physician/scientist employee group. A closer examination of Figure 2 shows that males are the largest group at Rochester, and 34% of males are employed as full professors, whereas only 14% of females are full professors. The largest percentage of females (47%) are at the Assistant Professor level compared with only 36% of males at this lower level. The percentages of associate professors are similar at 19% for females and 20% for males. Like the female group, the largest percentage of minority physician/scientists (43%) is at the assistant professor level and only 24% are at the professor level. In other words, within the Assistant Professor rank, the percentages of minority and female are slightly above that of the white and male groups, while males and white groups are higher at the professor level. However, overall, Mayo Clinic’s workforce is fairly diversified (Fischenich & Berge, 2015). The above data also suggest the commitment and success of Mayo Clinic to diversifying its workforce.

Figure 2: Race and gender of an academic ranking within the physician/scientist employee group



Source: Mayo Clinic Intranet as quoted by Bolte & Koepsell, 2014

In-depth interviews indicated that Mayo Clinic has a long-standing commitment to equal employment opportunity practices. Human Resource planning and hiring practices are important practices in Mayo Clinic’s workforce diversity programs. One factor that has contributed to Mayo Clinic’s diverse and qualified workforce is its recruitment and hiring practices. When organizations recruit from a diverse group of potential employees, there is more opportunity to hire the best and the brightest in the labor market (Greenberg, 2004; Mathis et al. 20017). In an increasingly competitive economy where talent is crucial to improving the bottom line, pooling from the largest and most diverse set of candidates results in a more qualified workforce (Kerby & Burns, 2012) and is increasingly necessary to succeed in the market (Heneman et al., 2015).

In-depth interviews indicated that Mayo Clinic uses active diversity planning which is used to encourage underrepresented minorities to apply for positions, actively recruits from a variety of sources that are likely to be seen by underrepresented groups, and provides additional training and mentoring to encourage the advancement of underrepresented groups. Applications are considered regardless of race, color, age, religion, national origin, disability, gender, sexual orientation, veteran status, or any other characteristic. In-depth interviews with HR professionals revealed that job applications for Mayo Clinic are administered through the Jobs at Mayo Clinic website. Applicants receive an automated email response acknowledging the receipt of the online application.

The time it takes to receive feedback after applying varies with each job opportunity, but the process can typically take up to two weeks before any interview decisions are made. As part of this process, managers are supported by a toolkit to help promote diversity and inclusion in hiring. If current employees have any concerns, there are several tools to provide assistance to them with information to guide them with no fear of retaliation. The composition of the Mayo Clinic's workforce is an important indication of its successful efforts in workplace diversity. It is interesting to note that Mayo Clinic has very low turnover rate, which is 5% (Fortune, 2015). Although there are many factors that have contributed to the low turnover rate, effective workforce diversity and inclusion programs have their own impact. This compares with a national hospital turnover rate of 17.1% (Nursing Solutions, Inc., 2016).

A previous study by Kerby & Burns (2012) concluded that a diverse and inclusive workforce and discrimination-free work environment helps businesses avoid employee turnover costs. It could be argued that managing workforce diversity is not only about getting more minorities and women into the organization, it is about creating an environment in which employees from every background listen to each other and work better together so the organization as a whole will become more effective (Bateman & Snell, 2007: 372). In-depth interviews, supported by information obtained from the website, revealed that the mission of Mayo Clinic Office of Diversity and Inclusion (ODI) is to embrace and engage the diversity of the patients, employees, students, suppliers and communities in order to provide the best healthcare. The ODI is led by physician leader Dr. Sharonne Hayes and reports directly to the CEO, Dr. John Noteworthy.

This reporting relationship demonstrates commitment from the highest leadership levels. All the policies for diversity, equal opportunity & affirmative action, mutual respect, sexual harassment and conflict of conscience in patient care are governed by the ODI and overseen by Dr. Hayes and Dr. Noteworthy. These Mayo Clinic leaders also review and approve the overall diversity plan and goals. The Road Map contains six major goals of the ODI including providing high quality and culturally appropriate care; increasing diversity of patients that better reflect the community in order to reduce disparities in treatment; increasing balance of women and minorities in areas that are underrepresented; developing proportion of women and minorities in senior leadership positions; and identifying and eliminating health disparities and becoming a national leader in science and promotion of health equity (Mayo Clinic, ODI, n.d.).

The Road Map further breaks down the six goals into objectives with metrics, tactics and accountability groups. Specifically, the ODI oversees and coordinates diversity and inclusion strategies and programs throughout the organization and across all sites, including both clinical and nonclinical work areas (Mayo Clinic Office of Diversity and Inclusion, n.d.a). Diversity, also, bring advantages to workplace teams. Page's (2007) models demonstrated that heterogeneous teams consistently out-performed homogeneous teams on a variety of tasks. Page points out, however, that diversity in teamwork is not always simple and that there are many challenges to fostering an inclusive environment in the workplace for diversity of thought and ideas.

To effectively satisfy and motivate different groups of the workforce, Mayo Clinic has been encouraging and assisting different groups to have them form clubs or associations, the so called Mayo Employee Resource Groups (MERGs).As part of the support of these diversity and inclusion programs, Mayo Clinic employees have access to various Mayo MERGs. MERGs celebrate, support, and encourage diversity among employees. Mayo Clinic provides financial and administrative support and resources to ensure each group's success.

Every MERG group also has an executive sponsor, who serves as a mentor and advocate for the group's programs and activities. A few of the many MERGs in Minnesota include: Arab Heritage, Chinese, and Multicultural Nurses, Tran cultural Patient Care, Veterans, and Women in Technology. Another way that Mayo Clinic supports diversity efforts is through the sponsorship of a broad range of events and activities that celebrate diversity across the institution and the communities it serves.

First celebrated in 2006, at Mayo Clinic's campus in Rochester with more than 300 participants, this event has grown to a weeklong celebration at all three Mayo Clinic campuses in Minnesota, Florida and Arizona with more than 3,000 participants. The Festival of Cultures celebrates diversity with musical performances, an international fashion show and exhibits featuring cultures from around the world. Employee cafeterias feature international cuisine in tandem with the festival. Each year, scores of volunteers, dozens of performers and participants, and thousands of employees and patients take part in festival events. Other annual celebrations, which highlight the diversity of employees and patients, include: Martin Luther King Jr. Day, Veterans Day, Black History Month, and National Coming Out Day (Clinic Office of Diversity and Inclusion, n.d.b).

Consistent with Mayo Clinic's workforce diversity efforts, Mayo Clinic supports minority health and wellness programs supported by Mayo Clinic's Office of Community and Engaged Research that is part of the Center for Translational Science Activities (Mayo Clinic, 2014). This office provides education and training focusing on health disparities across minority groups. For example, in Florida, Mayo Clinic has developed a strategic collaboration with an African American service group, the Links, Inc (Mayo Clinic, 2015). The purpose of this strategic partnership is to provide health and wellness outreach, information and education to Links members and their constituents via targeted content concerning identified health concerns and to develop strategies and tactics to increase awareness among African-Americans and other minorities about medical research opportunities. Other examples include the Hispanic/Latino outreach program in Jacksonville, FL and the Somali CARES prenatal program in Rochester, MN.

Mayo Clinic seeks to integrate diversity into all areas of their organization. Its diversity practices extend to suppliers of products/services in businesses that are representative of the communities it serves. Its supplier diversity program focuses on businesses owned by minorities, females, veterans, disabled and small businesses (Mayo Clinic, n.d.a.). To achieve its goals, Mayo Clinic maintains a supplier diversity database that allows targeted groups to register with established guidelines in order to support purchasing operations (Mayo Clinic, n.d.a.). Information on this process can be readily obtained through Mayo Clinic's website.

Mayo Clinic's integrated programs and practices are indicative of its integrative efforts toward workplace diversity and seek to foster competitive advantage. Bateman and Snell (2007: 373) argued that diversity can be an increasingly powerful tool for building competitive advantage. They also identified four benefits of workforce diversity, which have relevance to practices implemented at Mayo Clinic, namely, ability to attract and retain motivated employees, create better perspectives on differentiated markets, the ability to leverage creativity and innovation in problem solving, and the enhancement of organizational flexibility.

Mayo Clinic has not only developed internal diversity workplace programs and practices for its employees, but has also developed diversity enhancing measures with its customers, future customers, and suppliers that better serve the communities in which they operate. Mayo Clinic programs and practices illustrate the importance of transparency and integration that strategically link back to the highest levels of leadership. An interesting finding of the current case study is that an organization's success and competitiveness greatly depends upon its ability to incorporate workforce diversity practices.

When diverse organizational programs and practices are effectively managed, a number of benefits can be obtained such as better decision making and improved problem solving, greater creativity and innovation, which leads to enhanced product development, and more successful marketing to different types of customers (Tencer, 2011; Kreitz, 2008), Gathers, 2003; Kerby& Burns, 2012). This paper argues that the effective workforce diversity and inclusion programs of Mayo Clinic have played a crucial role in its success. Mayo Clinic has been doing well in creating a caring service environment where individual differences are valued, allowing individuals to achieve and contribute to their fullest potential. As a result, it has been consistently recognized for its efforts.

V. Conclusions and future research direction

Workforces across the U.S. are becoming increasingly diverse. Organizational success and competitiveness will depend on the ability to manage diversity effectively in the workplace (Kerby& Burns, 2012). In an increasingly competitive economy where talent is crucial to improving organizational performance, pooling from the largest and most diverse set of candidates is increasingly necessary to succeed in the marketplace. This paper argues that since competition for talent is fierce in today's global economy, organizations as shown by Mayo Clinic need to have plans in place to recruit, develop, and retain a diverse workforce. A diverse and inclusive workforce is critical for organizations that want to attract and retain top talent (Tatli &Ozbilgin, 2009; Tencer, 2011). Employing individuals of different genders, ethnicities, religions, color, and national origins can lead to competitive advantages and is an important part of the human resource planning process.

However, managing workforce diversity is more than simply acknowledging differences in people (Vaughn, 2006). Engaging all employees, leveraging and learning from diverse and unique perspectives and insights is crucial to an organization's success. Further, this study concludes that workforce diversity is a complex issue that calls for integrated practices that must be supported by top-level management. A clear indicator of Mayo Clinic's commitment to diversity and inclusion is the attention and resources provided by the Office of Diversity and Inclusion. This office initiates and oversees workplace diversity initiatives that are supported by programs benefiting its diverse customer base as well as suppliers that are representative of the communities in which it services. It should be noted that, although Mayo Clinic has a robust diversity program supported by a mission, vision and goals that connect strategically to top leadership, the complexity of diversity management continually presents on-going challenges.

The paper argues that given the changing demographics, U.S. organizations need to provide due attention to workforce diversity management and planning if they are to obtain the many benefits of workforce diversity. Organizations that encourage diversity in the workplace by allocating resources toward this goal inspire their employees to perform to their highest ability. The embracing of diversity efforts may lead to an important competitive advantage as it has for Mayo Clinic. When organizations actively assess their handling of workplace diversity issues, develop and implement diversity plans, a number of benefits can be derived. Although there are costs and challenges associated with the integration of diversity efforts, the benefits far outweigh the costs (Rice, 2014). While this study is an important step in understanding different aspects of workplace diversity in general and that of the Mayo Clinic in particular, it also leaves some questions open for future research.

This study was based on the perceptions of a few HR professionals and the director of ODI. Future research, however, should be directed at examining the perceptions of different categories of the Mayo clinic's workforce with regard to how they perceive workforce diversity management or be directed at comparing different issues of workforce diversity of Mayo clinic and other similar organizations taking into account the perceptions of both management and non-management staff.

References

- Bateman, T. S. & Snell, S. A. (2007). *Management: Leading & Collaborating in a Competitive* (7th ed.). New York: McGraw-Hill Irwin.
- Berman. E., Bowman, J., West, J., & Van Wart, M. (2016). *Human Resource Management in Public Service: Paradoxes, Processes, and Problems* (5thed.). London: Sage Publications, Inc.
- Bolte, D. & Koepsell, A. (2014). *Workforce Diversity, the Case of Mayo Clinic*. Students research paper, Winona State University, Winona, MN.
- Bosworth, K. (2014). *Workplace Diversity Guidelines*. Retrieved May 21, 2017 from <http://everydaylife.globalpost.com/workplace-diversity-guidelines-5545.html>
- Bowen, D. & Ostroff, C. (2004). Understanding HRM-firm performance linkages: The role of the strengths of the HRM system. *Academy of Management Review*, 29(2), 203-221.
- Boxall, P. (2003). HR strategy and competitive advantage in the service sector. *Human Resource Management Journal*, 13(3), 5-20.

- Burns, C. & Kerby, S. (2012). *The state of diversity in today's workforce: As our nation becomes more diverse so too does our workforce*. Retrieved May 22, 2017 from <http://www.americanprogress.org/issues/labor/report/2012/07/12/11938/the-state-of-diversity-in-todays-workforce/>
- Byrd, M. Y. & Scott, C. L. (2014). *Diversity in the Workforce: Current Issues and Emerging Trends*. NY: Routledge.
- Carnavele, A., Smith, N., A. Gulish, & B. Beach, Health Care Executive Summary, Georgetown University, Public Policy Institute, Center of Education and the Workforce, June 2012. Retrieved May 10, 2017 from https://cew.georgetown.edu/wp-content/uploads/2014/11/Healthcare_Executive_Summary_090712.pdf
- Den Hartog, D. & Verborg, R. 2004. High performance work systems, organizational culture and firm effectiveness. *Human Resource Management Journal*, 14(1), 55-78.
- Diversity Inc. (2016). Top Hospital and Health Systems. Retrieved May 21, 2017 from <http://www.diversityinc.com/top-5-hospitals-and-health-systems/>
- Ezzy, D. (2002). *Qualitative Analysis: Practice and Innovation*. London: Routledge.
- Fischenich, Z. & Berge, M. (2015). *Diversification and cultural inclusion, the case of Mayo Clinic*. Students research paper, Winona State University, Winona, MN.
- Fortune (2016). *Fortune 100 Best Companies to Work For*. Retrieved May 18, 2017 from <http://www.mayoclinic.org/jobs/fortune-100-best-companies-to-work-for/>
- Galer, S. (2014). *New Study Redefines Workplace Diversity*. Retrieved May 22, 2017 <http://www.forbes.com/sites/sap/2014/01/24/new-study-redefines-workplace-diversity-it-no-longer-means-what-you-think/>
- Gathers, D. (2003). Diversity management: an imperative for healthcare Organizations. *Hospital Topics*, 81(3), 14-20.
- Greenberg, J. (2004). *Diversity in the Workplace: Benefits, Challenges and Solutions*. Retrieved May 22, 2017 from <http://www.multiculturaladvantage.com/recruit/diversity/diversity-in-the-workplace-benefits-challenges-solutions.asp>
- Griffin, R. W. & Moorhead, G. (2014). *Organizational behavior: Managing people and organizations* (11thed.). Mason, OH: Cengage.
- Hayes, S. & Wills, F. (2013). *Office of diversity and inclusion: Diversity roadmap presentation. PDF format*. Retrieved May 12, 2017 from <http://intranet.mayo.edu/charlie/diversity/files/2013/01/diversity-roadmap-2013.pdf>
- Heneman, H. G., Judge, T. A., & Kammeyer-Mueller, J. D. (2015). *Staffing Organizations* (7th ed.). NY: McGraw-Hill Irwin.
- Kaiser Family Foundation (2016), Total Number of Professionally Active Nurses by Gender. Retrieved May 11, 2017 from http://kff.org/other/state-indicator/total-number-of-professionally-active-nurses-bygender/?_currentTimeframe=0
- Kerby, S. & Burns, C. (2012). *The Top 10 Economic Facts of Diversity in the Workplace*. Retrieved May 25, 2017 from <https://www.americanprogress.org/issues/labor/news/2012/07/12/11900/the-top-10-economic-facts-of-diversity-in-the-workplace/>
- Kreitz, P. A. (2008). Best practices for managing organizational diversity. *The Journal of Academic Librarianship*. 34(2), 101-120.
- Lantz, P. (2008). Gender and leadership in healthcare administration: 21st century progress and challenges. *Journal of Healthcare Management*, 53(5), 291-301.
- Mathis, R. L., Jackson, J.H. & Valentine, S. R. (2017). *Human resource management. (15thed.)* Stamford, CT: Cengage Learning.
- Mayo Clinic (2014). Community Engagement in Research Program. Retrieved May 21, 2017 from http://www.mayo.edu/ctsa/community/community-engagement-in-research-program?_ga=1.12013044.1344933538.1483677618
- Mayo Clinic (2016). *Destination Medical Center*. Retrieved May 20, 2017 from <http://www.mayoclinic.org/about-mayo-clinic/destination-medical-center-dmc>
- Mayo Clinic (2015a). *Mayo Clinic: Ranking and rating*. Retrieved May 21, 2017 from <http://health.usnews.com/best-hospitals/area/mn/mayo-clinic-6610451/rankings>
- Mayo Clinic (2015b). *Mayo Clinic fact*. Retrieved May 18, 2017 from <http://www.mayoclinic.org/about-mayo-clinic/facts-statistics>.
- Mayo Clinic Office of Diversity and Inclusion (ODI). (n.d.a). *Information about Mayo Clinic workforce diversity*. Retrieved May 27, 2017 from <http://www.mayoclinic.org/about-mayo-clinic/office-diversity-inclusion/about>
- Mayo Clinic Office of Diversity and Inclusion (ODI). (n.d.b). *Mayo Employee Resource Groups (MERGs)*. Retrieved May 12, 2017 from <http://www.mayoclinic.org/about-mayo-clinic/office-diversity-inclusion/our-employees/mayo-employee-resource-groups-mergs>

- Mayo Clinic Office of Diversity and Inclusion (ODI). (n.d.a.). *Supplier Diversity Inclusion*. Retrieved May 23, 2017 from <http://www.mayoclinic.org/about-mayo-clinic/supplier-information/diversity>
- McInnes, R. (1999). *Workforce diversity: Changing the way you do business*. Retrieved May 12, 2017 from http://www.diversityworld.com/Diversity/workforce_diversity.htm
- Nelson, C. W. (1990). *Mayo roots: profiling the origins of the Mayo Clinic*. Rochester, Minnesota: Mayo Foundation.
- Noe, R., Hollenbeck, J., Gerhart, B., & Wright, B. (2015). *Human Resource Management (9th ed.)*. New York: McGraw-Hill, Irwin.
- Nursing Solutions, Inc. (2016). *National Healthcare Retention and RN Staffing Report, March 2016*. Retrieved May 12, 2017 from <http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/NationalHealthcareRNRetentionReport2016.pdf>
- Ogunjimi, A. (2015). *The Legal Aspects of EEO & Diversity in the Workplace*. Retrieved May 12, 2017 from http://www.ehow.com/about_6721006_legal-aspects-eeo-diversity-workplace.html
- Rice, E. M. (2014). *The Importance of Recruiting a Diverse Workforce*. Retrieved May 22, 2017 from <http://www.innovativeemployeesolutions.com/knowledge/articles/diverse-workforce-importance/>
- Schneider, SK & Northcraft, GB. (1999). *Three social dilemmas of workforce diversity in organizations: A social identity perspective*. *Human Relations*, 52, 1445-1468.
- Sparks, D. (2013). *Mayo Clinic Health System - Franciscan Healthcare Honored for Diversity and inclusion*. Retrieved May 22, 2017 from <http://newsnetwork.mayoclinic.org/discussion /mayo-clinic-health-system-franciscan-healthcare-honored-for-diversity-and-inclusion/>
- Tencer, D. (2011). *Forbes Survey: Workplace diversity key to innovation*. The Huffington Post. Retrieved May 22, 2017 from http://www.huffingtonpost.ca/2011/07/29/workplace-diversity-innovation_n_913214.html.
- Tessema, M., May, D., Tesfayohannes-Beraki, M., Tewolde, S. & Andemariam, K. (2015). HR Development and Utilization in the Public Sector. *American Research Journal of Business Management*, 1 (1), 38-37.
- U.S. Census Bureau (2015). *American Fact Finder*. Retrieved March 20, 2017 from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
- U.S. News and World Reports (2016). *Best Hospital National Rankings*, Retrieved May 18, 2017 from <http://health.usnews.com/best-hospitals/rankings>

Mayo Clinic CARES Program will be a mutually enriching experience for us all, and, more importantly, it is a wonderful way to build strong and enduring relationships with our learners and the community. Cuong C. Nguyen, MD, AGAF, FACG, FASGE Medical Director of Mayo Clinic CARES Medical Director, Global Professional Development, Medical Director, Supply Chain Management Associate Professor of Medicine, College of Medicine. We are thrilled to be able to provide health care career exploration opportunities to high school students in the Valley. Providing access to health careers to all learner... Workforce diversity was observed as a phenomenon whose adoption transcends the compelling forces of government legislations but remains indispensable as a result of the incontestable complications associated with it. This paper proposes that it is imperative for organizations to recognize and foster an enabling environment that is inclusive and appreciative of individual uniqueness. the Case of Mayo Clinic Strategic Management Quarterly 5(1&2), 5-15 Crossref. i. Nkomo, S. and T. Cox Jr (1996). 'Diverse Identities in Organisations'. Mayo Clinic is committed to meeting the changing needs of our patients, delivering the best possible individualized and culturally appropriate care and ensuring equity for both patients and our staff. Our goal is a workforce that is as diverse as the communities in which we live and practice. We have increased the number of Diversity Department Leaders at Mayo Clinic to 120 across the enterprise. Their primary role is to create and implement strategies within their departments, working with their Department Chairs, to advance department-specific diversity and inclusion goals aligned with the overall Mayo Clinic goals. Mayo Clinic Proceedings welcomes manuscripts that focus on clinical and laboratory medicine, health care policy and economics, medical education and ethics, and related topics: Each monthly issue consists of original research, reviews, clinical content, editorials, commentaries, brief reports, special articles, and other short items. My Treatment Approach articles present expert opinion on difficult clinical situations. Consensus Recommendations provide answers to questions not resolved in other published guidelines. The journal carries articles that offer free CME credit from Mayo Clinic. The Proceedings also offers substantial online-only content as well as supplemental material and videos directly related to individual articles. Workforce Diversity Consequences of Ignoring Workforce Diversity. In the era of globalisation, it is essential for the management of organisation to recognise workforce diversity and manage it to the advantage of the organisation. If this is not done, there may be some ill consequences which are stated below: (i) Many of the professional, skilled and talented employees might leave the organisation that does not value diversity. Though there is no such compulsion in case of private enterprises, they already have employees belonging to the OBCs. 3. Disabled or Physically Handicapped Persons: Employees whose work assignments are limited by their physical abilities have in the past been referred to an handicapped or disabled.