Diversity & Inclusion Benchmarking Survey

Healthcare Data Sheet

~500 Corporate Respondents
5 Regions
23 Countries

pwc
Many Healthcare organisations have publicly declared their commitment to Diversity & Inclusion (D&I) for some time now, but how have they translated strategy into execution and what impact is it having on the employee experience? PwC’s D&I Benchmarking Survey finds out.

Organisations are making strides around diversity

Healthcare organisations are making strides helping translate D&I strategy into action: D&I is a stated value or priority area for 70% of organisations, and a roughly equal percentage - 73% of respondents - do not feel their individual diversity is a barrier to progression at their organisation.

D&I is a stated value or priority

Yes 70%
Do Not Agree 73%

However, few D&I programmes reach full maturity

Only 3% of surveyed Healthcare organisations’ D&I programmes reach the highest level of maturity when assessed against the four dimensions of PwC’s D&I maturity model.

1. Understanding the Facts of Today (UFT): Initiating a continuous data-driven process for understanding the facts of what’s happening in the organisation today
2. Building an Inspirational Strategy (BIS): Creating a business-focused vision and strategy for D&I that reflects the reality of today and the real potential of tomorrow
3. Developing Leadership Engagement (DLE): Engaging leadership around an inspirational D&I strategy by articulating the business case and establishing supportive governance
4. Creating Sustainable Movement (CSM): Executing the D&I strategy across all elements of the business

Degree of programme maturity

UFT BIS DLE CSM Overall
Emerging 7% 10% 1% 8% 7%
Basic 17% 25% 11% 24% 17%
Progressing 35% 31% 39% 39% 31%
Differentiated 46% 21% 42% 39% 40%
Overall 35% 31% 46% 39% 39%

D&I programme goals

Roughly a quarter of Healthcare organisations surveyed (24%) view their D&I programme primarily as a way to comply with legal requirements, with fewer connecting D&I directly to the achievement of business results, such as innovation, or the ability to respond to customer expectations.

The primary objective of D&I is to...

15% Achieve business results
9% Respond to customer expectations
12% Enhance external reputation
24% Comply with legal requirements
40% Attract and retain talent

Programme oversight

While D&I survey data indicates that having a dedicated C-Suite D&I leader can be a differentiator among organisations where diversity is not considered a barrier to progression, only 13% of Healthcare organisations surveyed have adopted this programme structure.

The D&I programme leader is...

37% No D&I leader in place
13% Peer to C-Suite
21% Staff with non-D&I responsibilities
29% Reports to senior executives

Source: PwC: Global D&I Data, 06/09/2021 based on 500+ responses across 5 regions in 23 countries

*Percentages do not add up to 100% as some respondents opted out of questions which did not allow for them to be fully assessed against certain dimensions of the maturity model.
**Accountability for D&I results**

Tasking leaders with specific D&I goals is key to driving results. Despite this, just under a quarter (24%) of Healthcare organisations surveyed have adopted this practice, with fewer measuring progress toward meeting goals or holding leaders accountable.

<table>
<thead>
<tr>
<th>How does your organisation drive accountability for D&amp;I results?</th>
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<tbody>
<tr>
<td>Leaders are tasked with specific D&amp;I goals</td>
<td>24%</td>
</tr>
<tr>
<td>Leaders’ progress toward meeting their D&amp;I goals is measured</td>
<td>16%</td>
</tr>
<tr>
<td>D&amp;I goals influence performance evaluation and compensation outcomes for leaders</td>
<td>13%</td>
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<tr>
<td>D&amp;I goals influence performance evaluation and compensation outcomes for all employees</td>
<td>11%</td>
</tr>
<tr>
<td>None of the above</td>
<td>37%</td>
</tr>
</tbody>
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**Training programmes in place**

A leading practice is to provide training on how to embed inclusive behaviours into everyday job responsibilities. Yet, only 26% of Healthcare organisations adopt this practice.

**Training programmes focus on…**

- Non-discrimination & regulatory compliance: 58%
- Embracing difference: 48%
- Overcoming unconscious bias: 39%
- Managing diverse populations: 29%
- Embedding inclusive behaviors: 26%

**Role of affinity networks/resource groups**

While the majority (57%) of Healthcare organisations have affinity groups, they are mostly used to foster networks and execute programmes, rather than to inform decision-making and drive business priorities.

**Affinity groups at my organisation…**

- No affinity groups: 43%
- Provide support and mentorship: 23%
- Connect people: 28%
- Execute programmes: 26%
- Leveraged to drive strategic priorities: 13%

**Leveraging data**

Driving sustainable change requires effective monitoring efforts. Most organisations track employee demographics (e.g., gender), but significantly fewer measure discrepancies in compensation, performance, or promotions based on these attributes.

**My organisation gathers and analyses the following types of data…**

- Employee demographics: 51%
- Discrepancies in performance: 15%
- Discrepancies in compensation: 14%
- Discrepancies in promotions: 15%
- Feedback from customers: 13%
- None: 18%

Source: PwC: Global D&I Data, 06/09/2021 based on 500+ responses across 5 regions in 23 countries
**Take the D&I Benchmarking Survey**

Diagnose the maturity of your organisation’s D&I programme, and see how your organisation compares to others in your region and industry.

[Link to survey](https://pwc.com/diversity-survey)

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**Additional reading**

**Hopes and fears 2021**: In one of the largest global surveys of workers, people revealed a mostly optimistic story, but one with some concerning undercurrents, including 50% stating they have been held back by discrimination at work. Access the full report to find out more.

**A remarkable thing could happen as we return to work**: This report details why 2021 will be a pivotal moment for leaders as they connect in new ways with their employees and society.

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**For a deeper discussion, contact:**

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