Critical Career Inflection Points for Women Healthcare Executives

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Presenter Bio

• Doctoral student in the Department of Health Management and Policy at the University of Michigan
• Research interests include gender and diversity in organizations, processes of learning, and managerial and organizational cognition.
• Healthcare administration experience in the Military Health System
Learning Objectives

- Examine critical career inflection points for successful women healthcare executives
- Differentiate inflection points based on professional background
- Identify organizational and environmental factors that may be associated with career trajectory
Agenda

• Background
• Study Overview & Objectives
• Preliminary Findings
• Implications for Practice
• Future Research
Research Questions

• What are critical inflection points for women in the healthcare (specifically, hospital) industry?

• Are inflection points different because of professional background?

• What organizational and environmental factors affect the critical inflection points?
Funding

• Study conducted by National Center for Healthcare Leadership with investigators from the University of Michigan
• Funding provided by Hospira
Background

- over 76% of the healthcare workforce are women

- 71% of those in mid-level officer and management positions are women
- 54% of executive and senior officer positions held by women

ACHE (2006):
- 12% of women healthcare executives were CEOs

AHA (2010):
- ~24% of hospital top executives are women
Literature

• Experience and Training
• Aspirations
• Mentorship
• Family and Work Conflict
• Organizational Structure and Culture
Theoretical Framework

A general model of career development (Powell, 1988)

**Organizational Factors**
- Staffing systems
- Training and development programs
- Career planning services
- Alternate work patterns
- Parental leaves
- Child care support

**Societal Factors**
- Norms about roles
- Legal factors
- Prejudices and biases
- Government programs

**Individual Factors**
- Family background
- Socialization experience
- Past work experiences
- Demographics
- Needs and abilities
- Career attitudes

**Family Factors**
- Marital status
- Children
- Work-family conflict

**Decisions**
- Hiring
- Promotion
- Performance appraisal

**Career Patterns**
- Job Type
- Salary
- Transitions

**Decisions**
- Goal setting
- Planning
- Tactics
Study Methods

• Qualitative study of women healthcare executives
• Semi-structured interviews over telephone (~1 hour)
• Deductive reasoning (areas of interest identified from literature review)
• Focused on the lived experiences of the study participants
Data and Selection Criteria

• Sample chosen systematically from the 2010 AHA annual survey database

• Selection criteria:
  – Private (for profit and not-for-profit)
  – General medical and surgical hospitals and health systems
  – “Top Executives” (high and low % female areas)
  – Hospitals >50 inpatient beds
  – Recently selected for executive position (<5 years)
Distribution of Women CEOs

% by State

- **25.2 to 36.6%**
- **20.5 to 25.1%**
- **18.0 to 20.4%**
- **8.3 to 17.9%**

Data Source: AHA Survey, 2010
Study Participants

• 40 successful women executives were selected
• 20 interviews were conducted
• 18 of the women were chief executive officers or the equivalent at the time they were interviewed
• 2 of the women were chief operating officers at the time they were interviewed (both of them were previous CEOs or the equivalent)
# Study Participants

## Ownership Type

<table>
<thead>
<tr>
<th>Ownership Type</th>
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<tbody>
<tr>
<td>Not-for-profit, Other</td>
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<td>50%</td>
</tr>
<tr>
<td>Not-for-profit, Church</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>For Profit</td>
<td>4</td>
<td>20%</td>
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## Leadership Level

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<th>Leadership Level</th>
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<tbody>
<tr>
<td>Market or large system</td>
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<td>30%</td>
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<tr>
<td>Region or small system</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>Hospital or medical center</td>
<td>10</td>
<td>50%</td>
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## Entry-Level Functional Area

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<tr>
<td>Nursing</td>
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<tr>
<td>Healthcare Management</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>Other Clinical</td>
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<td>10%</td>
</tr>
<tr>
<td>Other Non-clinical</td>
<td>3</td>
<td>15%</td>
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## Advanced Degrees

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<tr>
<td>MHA/MBA</td>
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<td>9%</td>
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<tr>
<td>MHA/MPH</td>
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<td>MBA</td>
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<td>27%</td>
</tr>
<tr>
<td>MSN</td>
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<td>14%</td>
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## Race

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<tbody>
<tr>
<td>Caucasian</td>
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<td>75%</td>
</tr>
<tr>
<td>African American</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Hispanic</td>
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<td>10%</td>
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## Age

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<td>5%</td>
</tr>
<tr>
<td>40-44</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>45-49</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>50-54</td>
<td>4</td>
<td>20%</td>
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<tr>
<td>55-59</td>
<td>8</td>
<td>40%</td>
</tr>
<tr>
<td>60-64</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>65-69</td>
<td>2</td>
<td>10%</td>
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## State Density Women Excs

<table>
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<tr>
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<th>n</th>
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<tbody>
<tr>
<td>High %</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>Low %</td>
<td>11</td>
<td>55%</td>
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The Interview

• Loosely organized around key questions
• Asked to describe their career from the beginning
• Questions were asked throughout the interview to clarify of the inflection points
• The purpose of the career narrative was to gather information specific to the executive
• Follow-on questions were asked to ensure all the key questions were addressed
The Interview

- Interviews were recorded and later transcribed
- Individual cases were coded and themes were developed
- An excel spreadsheet was used to manage the codes/themes and display the narrative excerpts
- Summary information was developed for comparative analysis
Preliminary Findings

1. Critical Inflection Points Identified
2. Comparison of Inflection Points by Entry-level Functional Area
3. Individual
4. Organizational Supports
5. Environment
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Critical Inflection Points Identified
— All Executives Included

Pre-Career
- Complete degree
- Residency/Fellow
- High visibility projects
- Networking
- Mentorship
- Sponsorship

Early and Mid-Career
- Risk taking
- High visibility projects
- Cross-division work experiences
- Leader training
- Mentorship
- Family/work balance
- Networking
- Sponsorship

C-Suite
- Complete degree
- Risk taking
- Transition to Ops
- COO experience
- CEO aspirations
- High visibility projects
- Board experience
- Change organization
- Executive coach
- Family/work balance
- Networking
- Mentorship
- Sponsorship

Region or System
- CEO experience
- Region or system projects / experience
- State and national board experience
- Change organization
- Executive coach
- Family/work balance
- Recruitment
- Networking
- Sponsorship

Critical Inflection Points Identified – All Executives Included
Comparison by Entry-Level Functional Area

Healthcare Management

Pre-Career
- MHA/MPH
- Residency/Fellow
- High visibility projects
- Networking
- Mentorship
- Sponsorship

Early and Mid-Career
- High visibility projects
- Cross-division work experiences
- Leader training
- COO or CEO mentorship
- Family/work balance
- Networking
- Sponsorship

C-Suite
- COO experience
- CEO aspirations
- High visibility projects
- Board experience
- Change organization
- Executive coach
- Family/work balance
- Networking
- CEO mentorship
- Sponsorship

Region or System
- CEO experience
- Region or system projects/experience
- State and national board experience
- Change organization
- Executive coach
- Family/work balance
- Recruitment
- Networking
- Sponsorship
### Comparison by Entry-Level Functional Area

#### Clinical

- **Pre-Career**
  - Complete bachelors or graduate degree in professional field
  - Mentorship

- **Early and Mid-Career**
  - Risk-taking
  - High visibility projects
  - Cross-division work experiences
  - Family/work balance
  - Functional area mentorship
  - Networking

- **C-Suite**
  - MHA, MBA, or MSN
  - Risk-taking
  - Transition to ops
  - COO experience
  - CEO aspirations
  - High visibility projects
  - Board experience

- **Region or System**
  - CEO experience
  - Region or system projects / experience
  - State and national board experience
  - Change organization
  - Executive coach
  - Family/work balance
  - Recruitment
  - Networking
  - Sponsorship

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*Foundation of the American College of Healthcare Executives*
Findings: Individual

- Lack of career planning and voice
- CEO aspirations while in C-suite
- Family/work issues differed across careers
- Commuting and “partner” support
- Executives with entry-level in clinical or “other” experienced more issues transitioning from COO to CEO
Findings: Organizational Supports

- Mentorship (mostly informal) and sponsorship
- High visibility projects and broader work experience
- Succession planning*
- Leader training programs (COO and CEO track)*
- Diversity strategies, culture of “best candidate”, and top executive support*
- Internal networks and best practices*

* Recently observed changes in organizations
Findings: Environment

- Local area impact on governance
- Participation on community, state, & national boards
- Growth of systems or other “opportunities”
- Women support networks in community
- Professional associations and diversity programs
Implications for Practice

• Individual
  – Networking internal and external
  – Experience broadening positions and projects
  – Risk-taking and performance
  – Voice aspirations and career planning

• Organizational
  – Cross section training and diverse project teams
  – Mentorship and sponsorship
  – Diversity strategies, culture, and top executive support
  – Career planning, succession planning, and leader training
Next Steps

- Effects of hospital consolidation and mergers
- System-level best practices
- Professional association influence on senior leader diversity
Bibliography

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