

Critical Career Inflection Points for Women Healthcare Executives

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2013 CONGRESS ON HEALTHCARE LEADERSHIP

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

Bureau of Labor Statistics (2011):

- over 76% of the healthcare workforce are women

EEOC Employer Information Report for hospitals (2011):

- 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

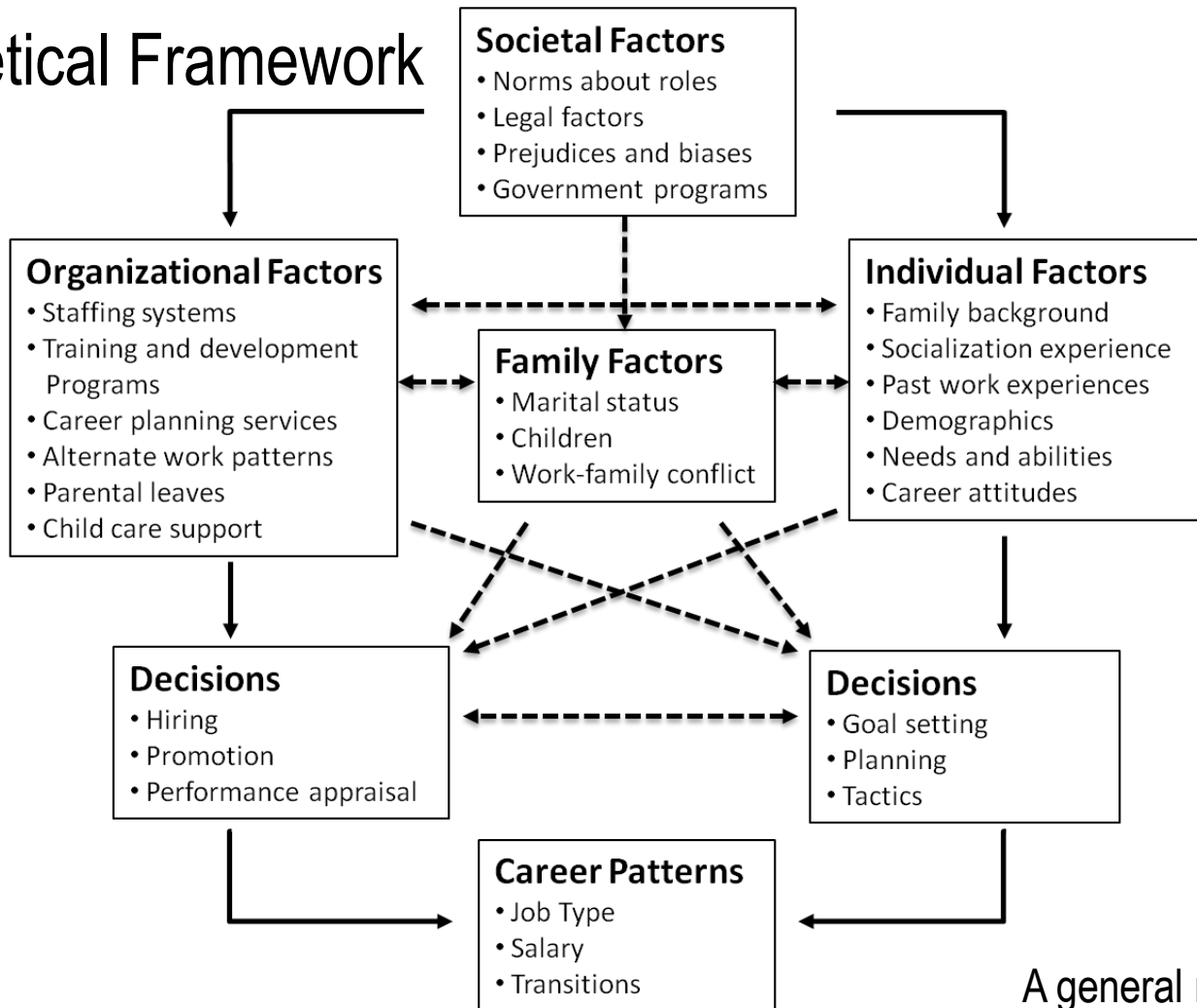


Literature

- Experience and Training
- Aspirations
- Mentorship
- Family and Work Conflict
- Organizational Structure and Culture



Theoretical Framework



A general model of career development (Powell, 1988)

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

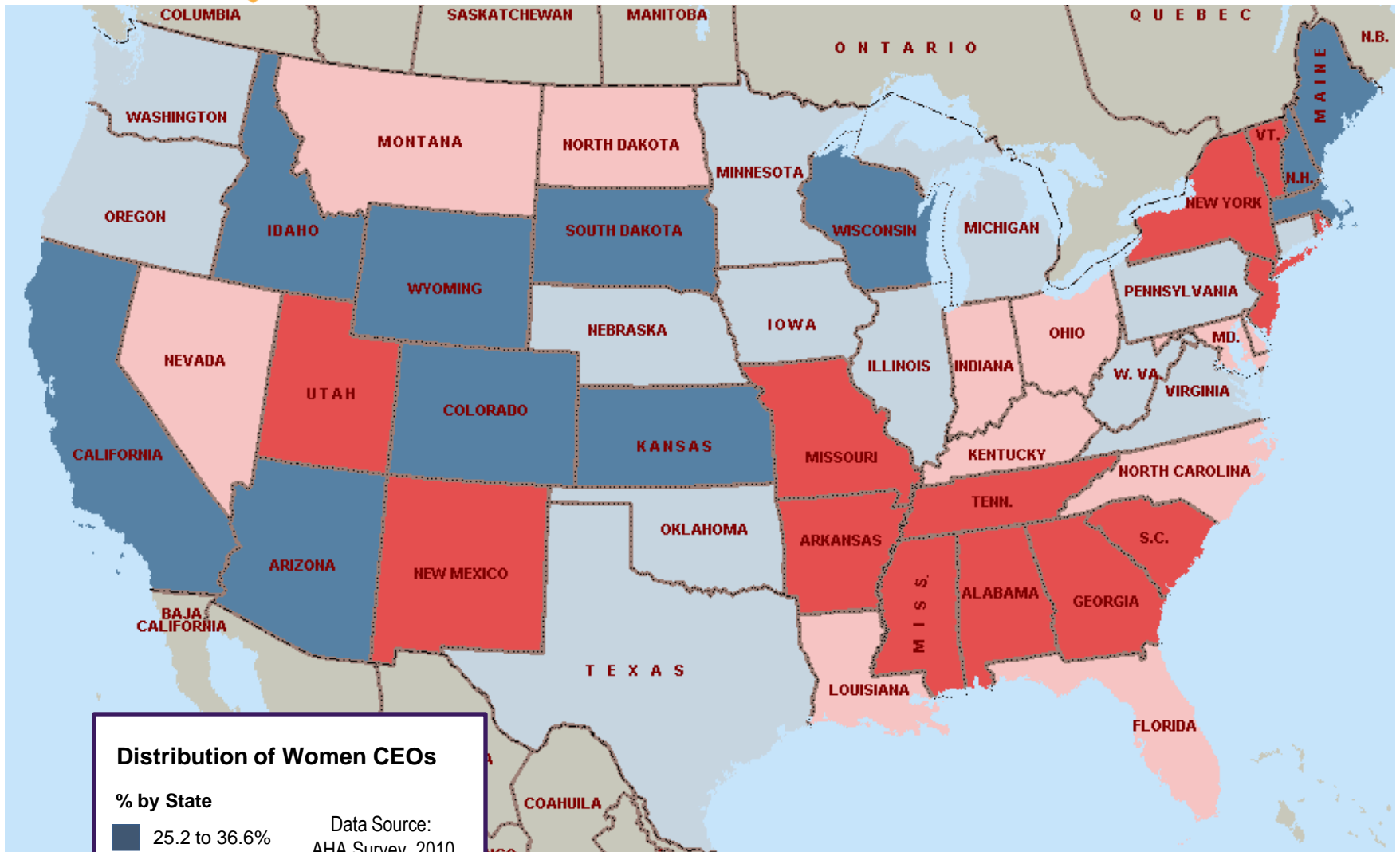


Data and Selection Criteria

- 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)



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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



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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

Race	n	%
Caucasian	15	75%
African American	3	15%
Hispanic	2	10%

Age	n	%
35-39	1	5%
40-44	1	5%
45-49	1	5%
50-54	4	20%
55-59	8	40%
60-64	3	15%
65-69	2	10%

State Density Women Execs	n	%
High %	9	45%
Low %	11	55%

Ownership Type	n	%
Not-for-profit, Other	10	50%
Not-for-profit, Church	6	30%
For Profit	4	20%

Leadership Level	n	%
Market or large system	6	30%
Region or small system	4	20%
Hospital or medical center	10	50%

Entry-Level Functional Area	n	%
Nursing	8	40%
Healthcare Management	7	35%
Other Clinical	2	10%
Other Non-clinical	3	15%

Advanced Degrees	n	%
Doctorate	3	14%
MHA/MBA	2	9%
MHA/MPH	8	36%
MBA	6	27%
MSN	3	14%

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

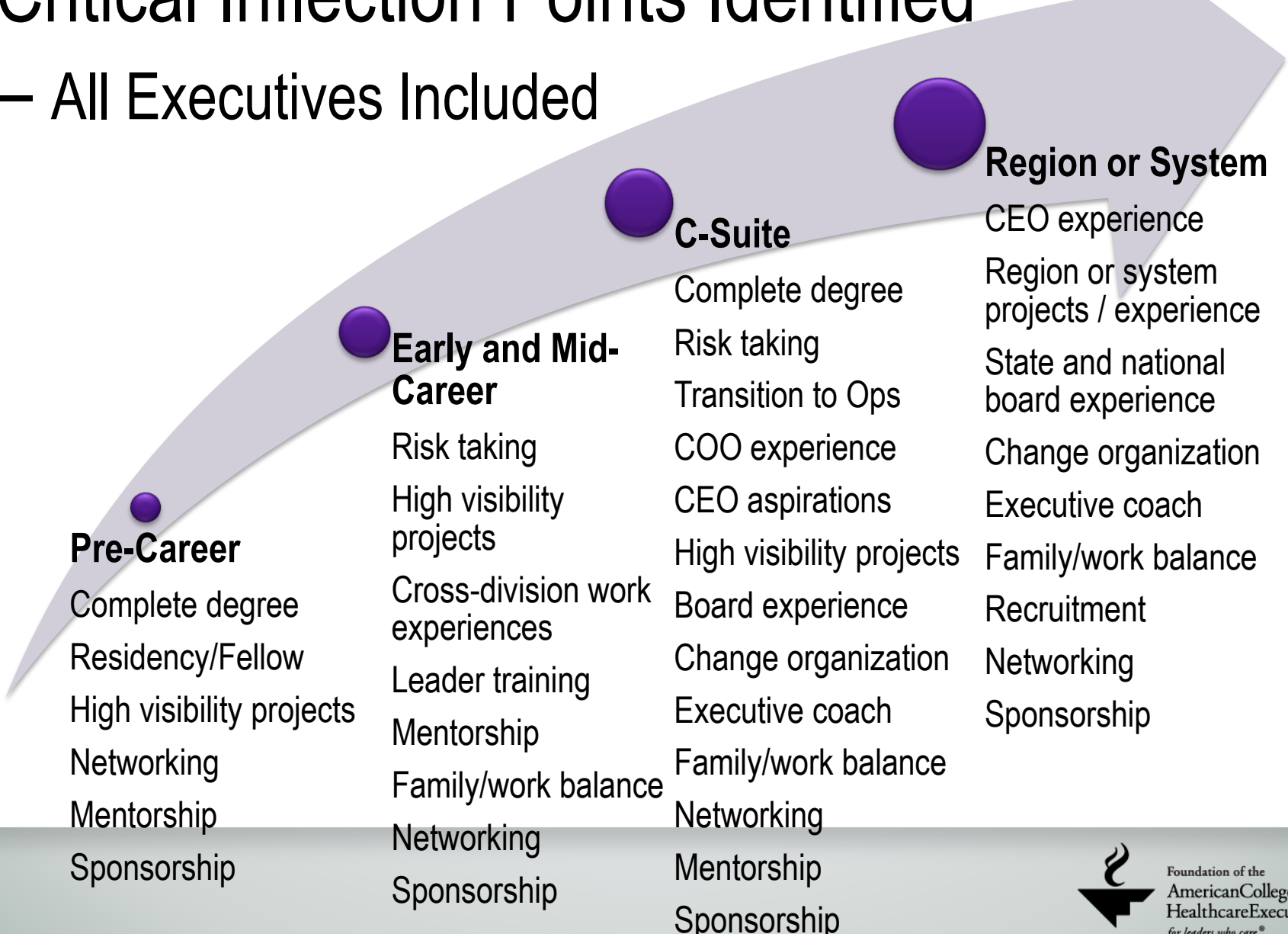
Preliminary Findings

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



Critical Inflection Points Identified

– All Executives Included



Comparison by Entry-Level Functional Area

– Healthcare Management

★ Difference

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

★ Difference

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

Sponsorship

C-Suite

★ MHA, MBA, or MSN

★ Risk-taking

★ Transition to ops

COO experience

CEO aspirations

High visibility projects

Board experience

Change organization

Executive coach

Family/work balance

Networking

★ COO/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



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



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