Critical Career Inflection Points for Women Healthcare Executives

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Changing Healthcare BY Design

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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):

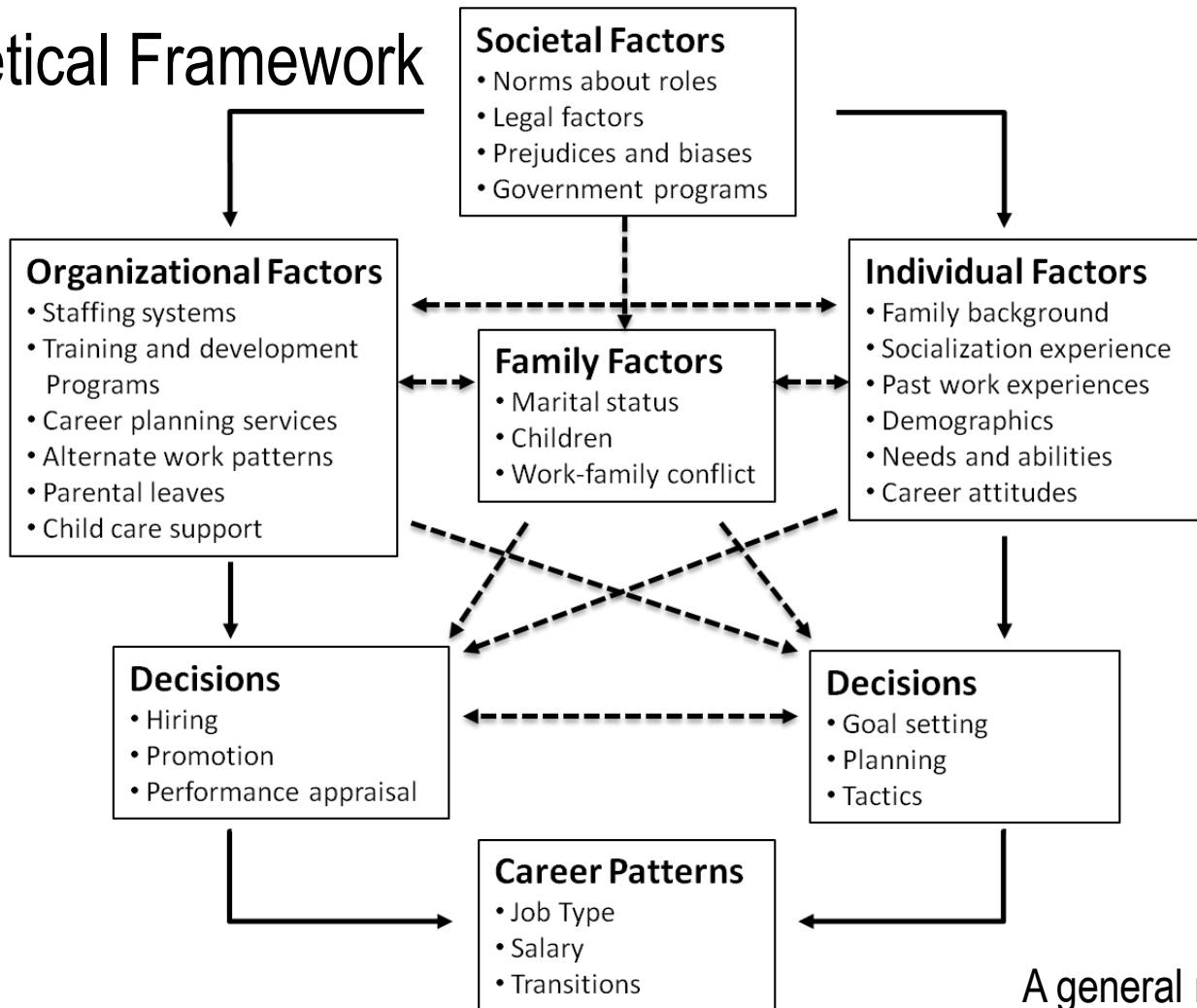- ~24% of hospital top executives are women

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Literature

- Experience and Training

- Aspirations

- Mentorship

- Family and Work Conflict

- Organizational Structure and Culture

Theoretical Framework

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

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

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

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

Decisions
- Hiring
- Promotion
- Performance appraisal

Decisions
- Goal setting
- Planning
- Tactics

Career Patterns
- Job Type
- Salary
- Transitions

A general model of career development (Powell, 1988)

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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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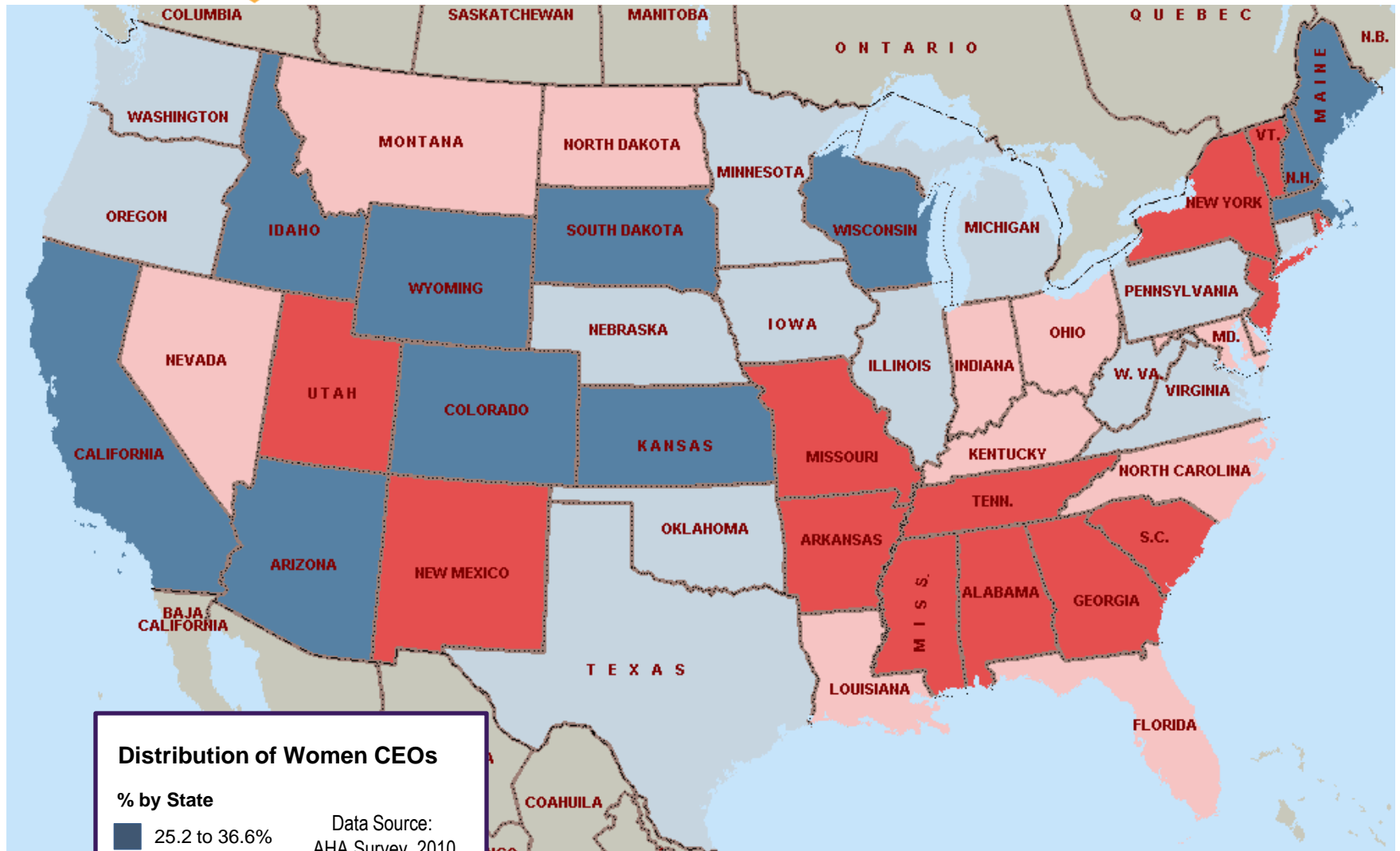
Distribution of Women CEOs

% by State

Data Source:
AHA Survey, 2010

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

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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

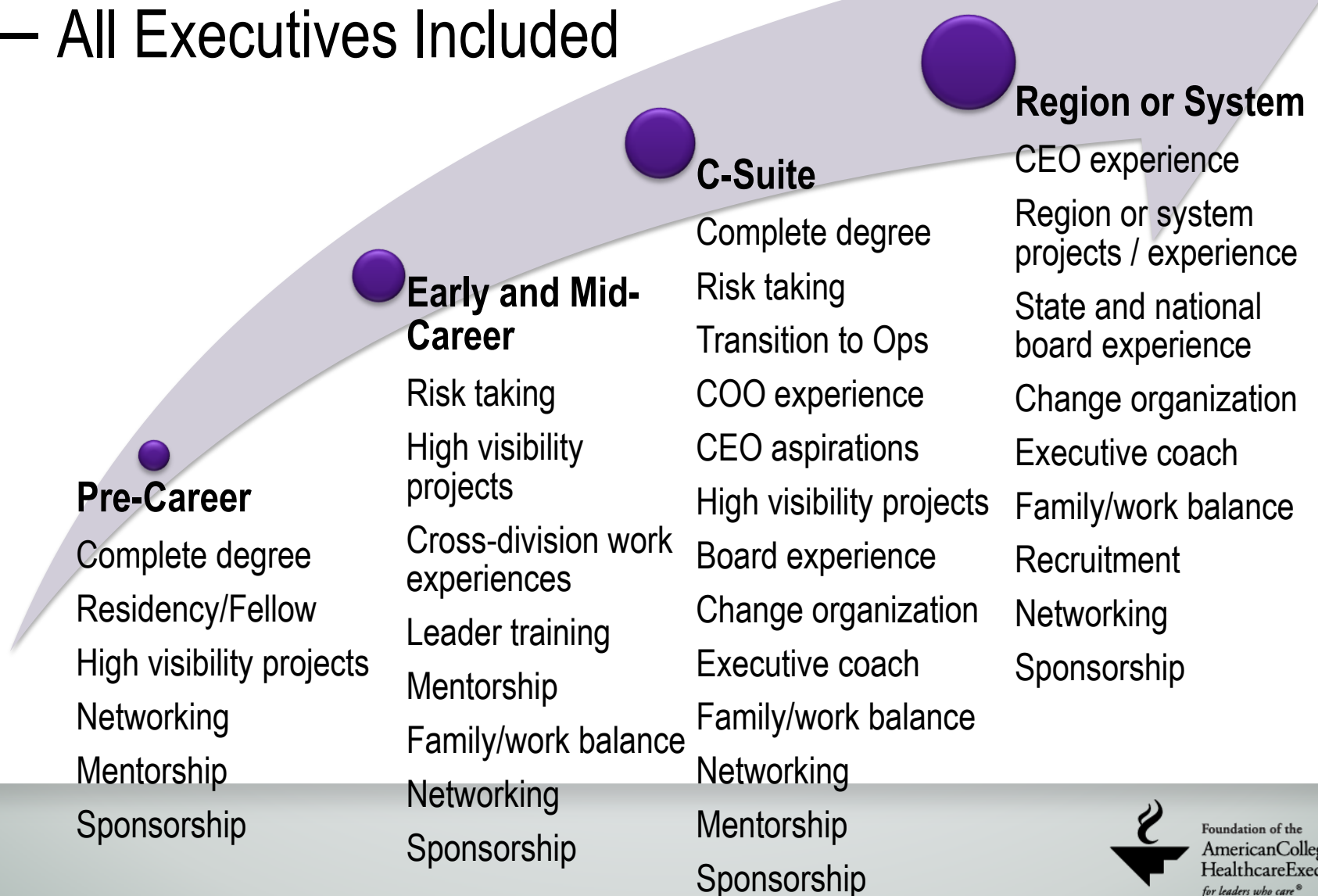- Summary information was developed for comparative analysis

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

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

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

Early and Mid-Career

Risk taking

High visibility projects

Cross-division work experiences

Leader training

Mentorship

Family/work balance

Networking

Sponsorship

Pre-Career

Complete degree

Residency/Fellow

High visibility projects

Networking

Mentorship

Sponsorship

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Comparison by Entry-Level Functional Area – Healthcare Management

★ Difference

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

C-Suite

COO experience

CEO aspirations

High visibility projects

Board experience

Change organization

Executive coach

Family/work balance

Networking

CEO mentorship

Sponsorship

Early and Mid-Career

High visibility projects

Cross-division work experiences

★ Leader training

★ COO or CEO mentorship

Family/work balance

Networking

Sponsorship

Pre-Career

★ MHA/MPH

★ Residency/Fellow

★ High visibility projects

★ Networking

Mentorship

★ Sponsorship

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Comparison by Entry-Level Functional Area – Clinical

★ Difference

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

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

Early and Mid-Career

★ Risk-taking

High visibility projects

Cross-division work experiences

Family/work balance

★ Functional area mentorship

Networking

Sponsorship

Pre-Career

Complete bachelors or graduate degree in professional field

Mentorship

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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

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Next Steps

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

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