



Foundation of the
American College of
Healthcare Executives
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Report:

A Comparison of the Career Attainments of Men and Women Healthcare Executives

Division of Member Services, Research
American College of Healthcare Executives

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EXECUTIVE SUMMARY

Background

This is the fifth report in a series of research studies designed to compare the career attainments of men and women healthcare executives. Each report is based on a survey conducted every five to six years by the American College of Healthcare Executives (ACHE) of its members.

Methods

In 2012, the *Gender and Careers in Healthcare Management* survey was sent to ACHE members with five to 19 years of experience in the healthcare field. To reduce the number of questions that each member completing the survey needed to answer, the survey questions were divided between two versions of the questionnaire. Each version was sent to a randomly selected half of the sample of members chosen to complete the survey. Some key questions appeared on both versions.

In all, 4,330 members received the survey and 1,588 responded, making the response rate 37 percent. Response rates were similar for the two versions—36 percent for one version and 37 percent for the other.

Major Findings

Position: There has been a slight decrease in the proportion of women relative to men who achieved CEO status among the study group of healthcare executives with five to 19 years of experience since the previous study was conducted. Using sampling methods to allow women and men a similar amount of time to obtain experience in healthcare management, about 11 percent of women compared to 22 percent of men achieved CEO positions. That is, women achieved CEO positions at about 50 percent of the rate at which males achieved them. This is in contrast to the previous studies conducted in 1990, 1995 and 2000, in which women achieved CEO positions at about 40 percent of the male rate, and in 2006, in which they achieved CEO positions at 63 percent of the male rate. While the data suggest that male CEOs in the study were somewhat more likely to be employed by system hospitals or in system headquarters, and female CEOs were somewhat more likely to be employed by freestanding hospitals, sample sizes were too small to reliably determine difference between the types of organizations in which male and female CEOs achieved chief executive status or between cohorts based on experience in the field.

Women are more involved than men in specialized management areas including nursing services (12 percent versus 3 percent), planning, marketing, quality assurance (13 percent versus 10 percent), human resources (4 percent versus 1 percent) and the continuum of care (ambulatory, home and long-term care) (4 percent versus 2 percent). However, a higher proportion of men (62 percent) are in general management compared to 50 percent of women.

Mobility Within Firm: Comparing first job to current job in the same employing firm showed that 22 percent of men and 19 percent of women were promoted from vice president to COO or CEO positions. However, there was more divergence in the proportions of women and men achieving the senior leadership role. About 28 percent of men and 22 percent of women who began as COOs/senior vice presidents/associate administrators were in CEO positions in 2012.

Salary: Having attained approximately equal levels of education and experience, in 2011 women on average earned about \$134,100, and men earned on average about \$166,900. Thus women earned \$32,800 less than men did, or 20 percent less overall. This represents a gap comparable to prior studies in 1990, 1995, 2000 and 2006 when women with similar characteristics earned 18, 17, 19 and 18 percent less, respectively, than men did. Despite the persistence of this gap, women in this sample of healthcare managers are in a better position relative to women in general business who in 2011 earned 28 percent less than men.

Satisfaction: Women and men express similar high levels of satisfaction with their positions generally; 84 percent of women and men are satisfied or very satisfied. The specific areas with which women and men were similarly satisfied were: job security (84 percent for both), overall advancement within the organization (80 percent and 83 percent, respectively), balance between work and personal/family commitments (74 percent and 78 percent), recognition and rewards they are given (67 percent and 70 percent), and the availability of mentors and coaches (66 percent and 70 percent).

Women and men differed in their level of satisfaction with their compensation compared to others in the organization at the same level. Seventy-one percent of women were satisfied with their compensation, compared to 78 percent of men. Women were also less satisfied with job opportunities in their organization, with 69 percent of women saying they were satisfied compared to 76 percent of men. Both men and women expressed similar levels of commitment to their organizations. Sixty-four percent of men and women said that the chances are slight or they definitely will not leave their current employer voluntarily within the next year.

Education and Experience: Almost half of men and women in the study majored in healthcare management. However, more women than men had previous experience as clinicians (53 percent versus 41 percent). The number of years spent in management positions after receiving a master's degree was lower for women than for men (12.2 years for women versus 13.4 years for men). This is consistent with results from the 1990, 1995 and 2000 studies, but different from 2006 when years in management following a master's degree were roughly the same for men and women.

More women (87 percent) than men (77 percent) began their healthcare management careers at the department head or department staff level instead of at the vice president or higher levels. Conversely, sixteen percent of men and only eight percent of women took their first position at the vice president or assistant administrator level or above.

Work/Family Conflicts: As was true in previous studies, women who have children typically serve as their primary caregiver when a child is sick (29 percent of women versus 4 percent of men), and 44 percent of women compared to 13 percent of men feel that family/home obligations fall disproportionately on them. Career interruptions of three or more months did not markedly diminish women's salaries when compared to women with uninterrupted careers. In fact, in 2012 the median salary for women who were out of the workforce for three or more months (\$143,000) was higher than that for women who reported no career interruptions (\$133,900).

Institutional Factors: Similar proportions of men and women report their organizations have policies that support family responsibilities such as flexible arrival and departure times, leaves and sabbaticals, and telecommuting or working from home. However, fewer women than men reported that their organizations offered options for a reduced or part-time schedule, compressed work week or job sharing.

Between 2007 and 2012, 33 percent of women said they failed to receive fair compensation because of gender; 1 percent of the men believed this to be the case for themselves. Though troubling, these percentages are lower than those reported in 2000 when 43 percent of women and 3 percent of men stated they failed to receive fair compensation because of their gender. During the past five-year period, 13 percent of women and 3 percent of men experienced sexual harassment, rates representing a decline from the 1995 and 2000 studies.

More than 80 percent of both men and women agreed that executives in their firms apply human resource policies (such as sick leave) fairly. This is also true of the perception of fairness of downsizing decisions, although women agree less strongly than men (80 percent of women agree versus 88 percent of men). But 69 percent of women compared to 88 percent of men believe there is gender equity in their organization.

Men continue to interact with other executives informally to a greater extent than women do. For example, 39 percent of men compared to 28 percent of women have lunch with other executives at least monthly.

Career Aspirations: As was true in previous studies, fewer women than men healthcare executives aspired to CEO positions in the next 15 years (37 percent versus 66 percent). But similar percentages aspire to work in a hospital or system during the 15 year time span (64 percent versus 70 percent).

Attitude Differences: Seventy-nine percent of women, compared to 42 percent of men, favored efforts to increase the proportion of women in senior healthcare management positions. Key factors cited supporting this view were: (1) women's representation in upper level management is disproportionately low, and (2) diversity brings different and important perspectives to management. Comments written in by those opposed to such special efforts stated that (1) the most qualified person should be chosen for senior positions and (2) they believe that gender inequity in healthcare management is no longer an issue.

Conclusion

Since ACHE's initial 1990 study comparing career attainments of men and women healthcare executives, there has been positive change. For example, in contrast to the three earliest studies when women achieved CEO positions at about 40 percent of the male rate, in 2012 they achieved CEO positions at 50 percent of the male rate. Moreover, in contrast to the 2000 study, women appear to have the same level of satisfaction with their overall advancement in the organization as men.

However, results from this fifth cross-sectional study of ACHE members show little positive movement during the last six years and continue to suggest inequities. These include the lower proportion of women who have attained CEO positions despite both groups' opportunities to advance based on experience in the field. Related to this, women, on average, continue to earn 20 percent less than men. Women's satisfaction with their compensation and job opportunities within their organizations is lower than that of their male colleagues. Also, the issue of equitable treatment in selection and promotion continues to be perceived differently by women and men. For example, when asked if there is gender equity, about 19 percent fewer women than men characterize their organizations as equitable.

The research in 2012 represents the continued commitment of ACHE to monitor the progress of women in the field of healthcare management. Though debate continues about whether proactive measures should be taken to reduce the disparities between men and women's career attainments, we believe that every effort must be made to ensure equity in promoting and compensating women.

REPORT

Background

This is the fifth report in a series of research surveys designed to compare the career attainments of men and women healthcare executives. Each report is based on a survey conducted every five to six years by the American College of Healthcare Executives using samples of its members.

Over the years, several collaborators have contributed to the research. In 1990, ACHE and the University of Iowa conducted the first study. The study was designed to control for the number of years that had passed since individuals took their first position in the field. The research showed that even though both groups had entered the field at the same time and had achieved similar educational levels, women did not fare as well as men in level of position attained, amount of satisfaction derived from their work and salaries earned.

In 1995, the second study was conducted by ACHE with support from the Department of Health Services Administration at the University of Alabama at Birmingham, and Lamalie Amrop International, an executive search firm. The research again showed disparities in level of position attained and salaries earned comparing men and women with similar education and experience. Some improvements were observed. For example, the 18 percent gap observed in salaries earned by women compared to men in 1990 was narrowed to 17 percent in 1995.

In 2000, the third study was conducted in collaboration with Catalyst Inc., an advocacy group for women in business. That study showed many findings similar to previous surveys; however, the gender gap increased that year, and women earned 19 percent less than similarly educated and experienced men. In 2006, a fourth study was conducted with researchers of the Department of Health Policy and Management at the University of Kansas. While results still indicated inequities, the gaps in percent of men and women in CEO positions and their median salaries closed relative to 2000, and men and women reported roughly the same satisfaction with key elements of their position including compensation and opportunities for advancement. The 2012 study was conducted by ACHE and is the subject of this report.

Methods

To control for length of time since individuals began their careers in the field, the 1990 study developed three cohorts based on the year individuals began their first healthcare management position. They were Cohort 1, consisting of 305 entrants to the field between 1971 and 1975; Cohort 2, consisting of 368 entrants between 1976 and 1980; and Cohort 3, consisting of 346 entrants between 1981 and 1985.

The 1995, 2000, 2006 and 2012 studies paralleled the 1990 study. Again, three cohorts were selected based on year of entry to the field. The sample was composed of three

cohorts: those in the field between 15 and 19 years, 10 and 14 years, and five and nine years. To aid in analysis, the 1995, 2000, 2006 and 2012 samples were weighted to reflect the composition of the 1990 responding cohorts. Also, based on our analyses, members of the military as well as those in religious orders were excluded because of their unique mode of career advancement.

To reduce the number of questions that each member completing the survey needed to answer, the survey questions were divided between two versions of the questionnaire. Each version was sent to a randomly-selected half of the sample of members chosen to complete the survey. Some key questions appeared on both versions.

The main body of this report focuses on replicating the questions of the previous studies. In effect, these represent repeated cross-sectional studies whose central objective is to determine if the gender gap in healthcare management careers has narrowed based on a similar group of respondents.

Response Rates

The response rates to the studies are presented in Table 1. Overall, ACHE received a 68 percent response rate in 1990, a 60 percent response rate in 1995, a 57 percent response rate in 2000, a 52 percent response rate in 2006 and a 37 percent response rate in 2012. We have no firm data to explain why the 2012 response rate was lower than in the past, but it is consistent with the trend of declining survey response rates over time. Response rates in the three cohorts in the 2012 study were similar. In every cohort, women responded at a higher rate than men did.

Data are aggregated over cohorts since nearly equal proportions of cohort members are represented in all four surveys. The intent is to determine if the gender gap has changed, and presentation of the data in this way focuses on that central issue. In addition, responses to questions that appeared on both questionnaire versions used in 2012 were combined for analysis. We determined statistical significance by using chi square tests for categorical variables and t tests for continuous variables, using a two-tailed significance level of 0.05 or less.

Nonresponse Analysis

Demographic variables describing ACHE's respondents and nonrespondents are provided in the Appendix. Overall, respondents are similar to nonrespondents in age and position level. However, members more likely to respond included women, those who reported their race/ethnicity as white (non-Hispanic) and those with advanced degrees and degrees in healthcare management and clinical/allied health. Also, those employed by freestanding hospitals were more likely to respond than those in other settings.

Findings

Position

In Table 2, we present information on the current position attained by women and men for five time periods: 1990, 1995, 2000, 2006 and 2012. These data control for the number of years since individuals took their first healthcare management position, so each gender group has had an equal opportunity to ascend the organizational hierarchy. Table 2 shows that as was true in the past, more men (22 percent) than women (11 percent) had achieved CEO positions in 2012. In the first three studies, women achieved CEO positions at about 40 percent of the male rate; however in 2006, they achieved CEO positions at 63 percent of the male rate. In 2012 this proportion was 50 percent. The variations in these proportions are largely due to changes in the proportions of men who have obtained CEO positions. With the exception of 1995, the proportion of women achieving CEO positions has remained fairly stable since 1990.

Table 3 provides additional detail concerning the level in the organizational hierarchy achieved by women and men. As was shown in Table 2, more men hold CEO positions relative to women in 2012 than was true in 2006. The proportion of women reporting directly to the CEO (41 percent) is slightly higher than the number of men doing so (36 percent). Finally, a little less than half of both men and women are in line positions and similar proportions of both groups say they hold both line and staff positions. The proportions of men and women holding line positions are slightly lower than reported in 2006, but those holding both line and staff positions are slightly higher than in the last study.

Organization

Table 4 describes the types of organizations that employ respondents. While both groups were employed principally by hospitals in all study years, in contrast to the results reported in 2006, in 2012 more women work in freestanding hospitals and more men work in nonfederal system hospitals. Moreover, similar to the 2006 study, more women work in not-for-profit secular settings while more men work in investor-owned and government settings.

The principal areas of responsibility displayed in Table 5 show that more men than women healthcare executives continue to be involved in general management. As in 2000 and 2006, women are more often given responsibility for planning, marketing and quality initiatives; nursing services; and managing the continuum of care (ambulatory, home and long-term care). In 2012, women were also more likely than men to be involved in human resources.

Table 6 shows various other features that depict the job situation of women and men healthcare executives. Women and men in the study have been employed by their current firm and been in their current position for approximately the same amount of time (with a median time at the firm of six or seven years, and a median time of four years in their current position). Position tenure has increased when compared to 1995 and 2000.

Consistent with previous years of the study, in 2012 a higher proportion of women than men are the first person of their gender to hold their position. In addition, while about two out of three women report to men, slightly less than three quarters of men report to a man. As in 2006, women supervise a median of one man and five women, while men supervise a median of two men and four women.

Finally, while in the first three rounds of the study more women than men took on the role of mentors, today the differences are minimal due to a higher proportion of men being mentors. Overall the proportion of study participants of any gender who are mentors has increased from 2006 to almost two-thirds. Both men and women claim more female protégés than male, and men have a higher proportion of male protégés than do women.

Income

(The reader is cautioned that this is not considered a valid salary survey for benchmarking purposes.) Table 7 compares the groups' incomes in 2011, including any bonuses, from primary employment before deducting retirement contributions, health insurance and taxes. Income from other work, investments or spousal contributions was excluded. Comparable 1989, 1994, 1999 and 2005 income information is presented under the 1990, 1995, 2000 and 2006 columns.

In all four years, men earned more than women did. On average, in 1989 women earned 18 percent less than men did; in 1994 they earned 17 percent less; in 1999 they earned 19 percent less; in 2005 they earned 18 percent less; and in 2011 they earned 20 percent less than men did. In 2011, men earned a median income of \$166,900; women earned a median of \$134,100. Compared to the general business community, women in this sample of healthcare managers experienced a lesser wage gap. In 2011, businesswomen earned 28 percent less than businessmen (U.S. Bureau of Labor Statistics, 2012).

Table 8 compares the groups' incomes within the position level held at the time of the survey. The table shows that for every position level, women's median salary was less than men's. In 2011, these differences were especially evident at the CEO level, where women earned approximately 32 percent less than men in CEO positions. While male CEOs in the sample were somewhat more likely to be employed in system hospitals and headquarters, where salaries are higher on average, and female CEOs were somewhat more likely to be employed in freestanding hospitals, where salaries are lower on average, the sample sizes are too small to reliably detect relationships between CEO gender and organization type or size. Also interesting in 2011 is that women in COO/Senior Vice President/Associate Administrator positions earned a median income of \$198,000, which is higher than that of female CEOs and very close to the median income of men in similar positions (\$202,500). However, the number of women who responded to these questions is small enough that this finding should not be used for benchmarking purposes.

Table 9 considers the impact of career interruptions on salaries. The data show that women who left the workforce for three months or more did not incur severe salary penalties compared to women who did not interrupt their careers. The difference in salaries earned is between men and women—not between individuals who leave the workforce and those who do not.

Satisfaction

Men and women are generally satisfied with their positions, and their levels of contentment are roughly equal in all but two aspects of their employment. Table 10 shows that men and women are quite similar in their general satisfaction with their position, overall advancement in their organization and their job security— 80 percent or more of each group were either satisfied or very satisfied. Somewhat lower percentages—between 70 and 80 percent—of both men and women were satisfied with their balance between work and personal/family commitments, and a little more than two-thirds are satisfied with their recognition/rewards and the availability of mentors/coaches.

However, women are less satisfied than men with their compensation compared with others in their organizations at the same level. Seventy-one percent of women reported being satisfied with their compensation as opposed to 78 percent of men. In addition, for the first time since 2000 when the question was added to the survey, significantly fewer women (69 percent) report being satisfied with job opportunities in their organizations than do men (76 percent).

Another outcome of interest is men's and women's commitments to their organizations. As shown in Table 11, men and women in the study show similar allegiance to their employing organizations. Indeed, three out of four state that their organizations have a great deal of personal meaning to them and about two-thirds state that it is unlikely that they will voluntarily leave their current employers in the coming year. This is similar to results reported in 2006.

Explanations for Disparities

While many considerations have been postulated that might account for gender differences in career attainments, they can be reduced to three underlying factors. First, observed differences may be the result of real differences among individuals—this can be with respect to educational background, experience attained or family obligations. Taken together, these differences are considered “human capital” explanations.

Second, the employing firm's policies and practices may help or hinder women's career advancement. For example, organizations may or may not implement pro-diversity practices including various forms of flexibility and assistance required for individuals with family responsibilities. These differences are labeled “institutional” explanations.

Third, aspiration levels might differ between men and women for deep-seated reasons linked to early socialization, family circumstances and so forth. We refer to these differences as “career aspirations.”

These three factors were considered in the previous studies and are examined here again. For ease of comparison, the human capital explanations are subdivided into two categories, resulting in four final factors: (1) human capital differences—education and experience, (2) human capital differences—work/family conflicts, (3) institutional factors, and (4) differences in career aspirations.

Explanation 1: Human Capital Differences—Education and Experience. Formal didactic training is one of the characteristics of professions. Today, as in previous surveys, members of both gender groups have typically acquired a master’s or doctorate degree. Table 12 shows that nearly equal proportions of men and women—87 and 86 percent, respectively—have attained a master’s or doctorate degree. Just under half of men and women in the study reported receiving specialized training in health administration, and just under one-third reported having majored in business. The most notable difference from the 2006 study is the increase in the proportion of men and women who have had training in the disciplines of clinical or allied health (15 and 21 percent, respectively) in 2012. As in 2006, women are still more likely to have degrees in this area. Men in the study had accrued an average of 13.4 years of management experience since receiving their master’s degrees, while women had accrued an average of 12.2 years.

Table 13 shows the participation of the groups in residency and fellowships. Residency is a period of structured, preceptor-directed, practical experience in health services administration following didactic course work but preceding the conferring of the academic degree. Table 13 shows that, as was true in prior research, men were more likely to have completed a residency in healthcare management as part of their degree requirements although the gap between the genders in this area appears to be closing over time. Overall participation in residencies has been falling in our sample since 1995; less than one-quarter of the men and less than one-fifth of women who participated in the study reported having taken a residency in 2012.

Fellowship is defined as a structured, preceptor-directed, planned program of development that consists of a learning and working experience in a healthcare facility beyond academic classroom instruction and/or residency experience after the conferring of the academic degree. It was observed in 1990 that fellowship is increasingly being pursued as a mechanism of career launch, although the proportion of study participants taking part in fellowship has not increased since 2000. Consistent with previous studies conducted since 1995, in 2012 no significant difference exists between the proportion of men and women in the field who have completed a fellowship.

Taken together, these findings show that less than half of the men today have specialized training in health administration compared to three-quarters of them in 1990, and the gap between men’s and women’s educational preparation and years of management experience remains narrow. Even though fewer women than men completed a residency in the field, less than one-quarter of men did, and equal proportions of men and women pursued fellowships.

A mentor is someone in the field who provides sponsorship, enhances exposure and/or visibility, coaches, protects and provides challenging work assignments for his or her protégé. As shown in Table 13, in contrast to several of the previous studies, equal proportions of women and men reported having had a mentor (82 percent and 81 percent, respectively). For those who had a mentor, about half of the women reported that their most influential mentor was male compared to 76 percent of the men. Over time, it appears that both gender groups are citing fewer men as their most influential mentors, and more women appear to be serving in this capacity. Both men and women said the median length of this mentor/protégé relationship was six years.

Apart from formal education and mentoring, experience factors into the human capital equation. Table 14 compares the gender groups relative to experience in clinical work. As was true in the previous studies, women are more likely than men to have had previous experience as a clinician. Nevertheless, viewing the trends over time shows that males are increasingly likely to have experience as clinicians. In the little more than two decades from 1990 to 2012, for example, the proportion of men with such experience rose from 21 to 41 percent. For those who worked as clinicians, the median number of years worked before entering healthcare management was six for men and eight for women.

The 2012 study shows some deepening of the trends observed in prior studies. Today, as in 2006, most men and women took their first positions as department staff; in earlier surveys, most began their careers as department heads. Nevertheless, a higher proportion of men began their careers at the vice president level or above when compared to women. Women continue to exceed men in the proportion beginning their management careers as department staff.

Further insight into some of the changes occurring in men's and women's early experiences in the field is suggested by comparing their first areas of responsibility. In 1990, men were more likely than women to begin their careers as general managers; this is true today as well. However, compared to 1990, in 2012 a higher proportion of men (20 percent versus 8 percent) started their careers with responsibility for clinical services. Similar to most of the previous studies, women more than men (15 percent versus 8 percent) began in planning and marketing roles. In contrast to some of the earlier studies where finance was more likely to be a starting position for men, in 2012 an equal proportion of men and women—11 percent—reported beginning their careers in financial management roles.

As we noted in the 2000 report, there has been a sustained proportion of about one-quarter of women in our past three studies who began their careers in nursing services. This appears to confirm that one of the most attractive career options for nurses wishing to move out of the field is management, where their prior experience in healthcare may facilitate a career transition. Moreover, the growing integration of clinical and managerial decision making may make individuals trained as nurses particularly attractive candidates for healthcare management positions.

As was true in 1990, for this group of ACHE members, hospitals were the most prevalent type of first employer—almost 70 percent of both gender groups began their management

careers in hospitals. Likewise, men and women showed similar proportions in the type of ownership of their first employing organization; about two-thirds began their careers in not-for-profit organizations, about one-quarter started in investor-owned settings while the rest began in the governmental sector.

The early career experience of women and men confirms some findings of previous research. More women have had clinical experience, and more began their management careers at the department staff level. Conversely, more men than women began their careers at senior management levels. But viewed over time, both groups are now beginning their careers in management at lower levels in the organizational hierarchy.

We also examined promotion patterns in the current organization. In Table 15, several patterns are discernible. First, men were more likely than women to have been recruited as a firm's CEO, COO or vice president. Second, men continue to occupy CEO positions in their current firms to a greater extent than women. Third, both men and women increased their representation at the vice president/assistant administrator level and above. Except for the lack of migration out of department head positions, these patterns were observed in the 2006 report as well.

Table 16 considers the specific patterns of promotion from first to current position within the respondents' current employing organization by gender. The table shows that, in contrast to 2006, nearly all of the executives of either gender who began as CEOs remained at that level. It also shows that, as was the case in 1995, similar proportions of men and women advanced to higher positions within their organizations. For example, about one-quarter of both men and women who began as COOs/senior vice presidents/associate administrators were in CEO positions in 2012.

In summary, education in healthcare management appears to be converging between women and men, but more women relative to men continue to have majored in clinical and allied health disciplines, fewer have taken residencies and fewer claim their most influential mentor was a man. Even though women work in similar types of organizations, more begin their careers in department staff positions and in the area of nursing management or planning and marketing. However, similar to the studies before 2006, men in this study have accrued slightly more management experience since completing their master's degree than the women who completed the questionnaire.

Explanation 2: Human Capital Differences—Work/Family Conflicts. Another potential set of factors contributing to women's lesser career attainments than men's may be due to their traditional role in the family. Because of household responsibilities, caregiving to relatives unable to care for themselves and child rearing, women sometimes accumulate less job experience. This may mean taking on part-time jobs or less desirable jobs to accompany their spouses in their career pursuits, or interrupting their own careers for a period of time. This section considers marital status, child care responsibilities, career interruptions, and attitudes about work and family trade-offs.

In all study years, a higher proportion of men were married than women. In 2012, for example, 85 percent of men were married, compared to 77 percent of the women in the

sample (Table 17). For those who are married or in a marriage-like relationship, 40 percent of the men's spouses or significant others work full-time, compared to 74 percent of women's spouses or significant others (Table 18). Men in the sample contributed more to the total family income than women. In 2012, men contributed a median of 90 percent while women contributed 66 percent to their family's income. Thus, not only are fewer women married, but those who are married or in a marriage-like relationship contribute less than the men do to their family's total income.

Men reported a mean of 2.2 children; women overall had fewer children, with a mean of 1.6 (Table 19). Compared to men, women who do have children have fewer under the age of 16.

Respondents have very different responsibilities in caring for their children depending on gender. While two out of three men rely on their spouses or significant others to care for their children when they are sick, only 13 percent of women cited this arrangement in 2012 (Table 19). To care for sick children, women were more likely to take turns with their spouses/significant others (45 percent) or care for them themselves (29 percent).

The final three tables in this section depict men's and women's views of the impact of children on their careers, the extent to which they interrupted their careers and their attitudes about their role in the family. Table 20 shows that 36 percent of men and 22 percent of women surveyed have children under age six and that just under 10 percent of each group plan to have or adopt a child (or children) in the next few years. The next section of the table compares the impact of child care responsibilities on men and women. By summing the left three columns, the reader can see that more men (64 percent) than women (41 percent) said their child(ren) will have no impact on their careers—others will care for their child.

In addition to this effect of children, other probes show that women expect their career to be impacted more by children than men do in two respects: (1) more women (52 percent) than men (26 percent) are (or will be) reticent to take on additional professional responsibilities and (2) more women (78 percent) than men (55 percent) acknowledge that it is (or will be) difficult to work long hours. In addition, more women than men said that they were uncertain if they will work part-time for more than a year.

Nevertheless, as Table 20 shows, responsibilities for children appear to have equal impact on men and women in regard to the perceived difficulty in relocating for a better position, in seeking a new position in healthcare (e.g., consulting) and in plans to leave the field for more than a year or permanently.

The extent to which men and women actually withdrew from the workforce for three months or more is displayed in Table 21. Unlike the prior studies, in 2012 there were no significant differences in the number of women and men who had to leave the workforce since beginning their careers in healthcare management because of their spouse's career moves. As in the past, more women than men voluntarily left the workforce because of childbearing or child rearing (7 percent of women versus 0 percent of men). However, this proportion of women leaving the workforce voluntarily has been approximately the

same in the 2000, 2006 and 2012 studies and represents a decrease from the 1990 and 1995 studies.

Study participants were also asked to what extent they felt they had voluntarily slowed their career progress (by postponing advancement, taking a part-time position, taking a position outside the healthcare field or temporarily leaving the workforce) to accommodate spouse career moves, child care/childbearing, elder care, to improve their work/life balance or due to gender bias in the workplace. These results are also displayed in Table 21. One-quarter of women in the study reported they had slowed their career progress due to childbirth/child rearing, versus 13 percent of men. Further, a larger proportion of women than men (8 percent versus 1 percent) were more likely to slow their careers as a result of perceived gender bias in the workplace. However, a roughly equal proportion of men and women—24 and 21 percent, respectively—reported slowing their career progress to improve their work/life balance. Less than 10 percent of men or women reported slowing their career for spouse career moves or elder care.

Table 22 shows the different attitudes held by men and women in acknowledging that family/home obligations fall disproportionately on them. Forty-four percent of women said they bear the greater burden, which is the highest proportion reported since the question was first asked in 1990. Only 13 percent of men said that family home obligations fell disproportionately on them, similar to the 16 percent reported in 2006.

In sum, work/family conflicts continue to present plausible explanations for women's lesser career attainments.

Explanation 3: Institutional Factors. In this section, we consider a number of features of organizational life that can impact career attainments. Tables 23 through 29 depict respondents' characterizations of their employers and their work environments. We begin by examining the forms of flexibility made available to managers and executives, we then consider pro-diversity initiatives, the extent of same and cross-gender management succession, mentoring in the organization, socializing with other managers, perceived gender discrimination at work and finally, assessment of gender equity in their organizations.

Table 23 considers various forms of flexibility programs and services that enhance work/life balance. In 2012 there were more areas of disparity between women and men than reported in earlier studies. In 2012, more than 80 percent of both men's and women's organizations offer their managers and executives flexible arrival and departure times, and roughly half offer telecommuting from home and leaves or sabbaticals. However, a larger proportion of men (50 percent) than women (33 percent) reported that their organization offers reduced work schedules or part time work. Similarly, only 22 percent of women said their organization offers a compressed work week, as opposed to 36 percent of men. Finally, 17 percent of women work for organizations offering job sharing, versus 28 percent of men. This finding is puzzling, and while it may be due to differences in the types of organizations where men and women in our study worked that we could not detect in a sample of this size, it seems more likely that this represents a disparity in impressions of organizational flexibility between men and women.

The second half of Table 23 concerns work/life programs and services. Here, there were no significant differences when comparing men's and women's healthcare organizations. Nearly one-third offer child care resources and referral, but about one-quarter offer elder care resources and referral. Fewer than 20 percent offer subsidized on-site child care, sick child care or subsidized near-site child care centers.

Pro-diversity initiatives. Table 24 pertains to actions organizations are undertaking to promote the careers of women in healthcare management. As seen in Table 24, targeting women to be hired is relatively rare—only 6 percent of women said that their organizations had set targets for hiring women managers, and 9 percent of men said this was in effect. Even fewer said that women candidates were required to be on the short list for senior-level executive positions. Formal succession planning was more prevalent—about 30 percent of men and women reported that this was implemented at their organizations.

In terms of advancing executives' careers, no important differences were evident when comparing men and women. Just under half report that their organizations offer career development programs; 44 percent of men and 47 percent of women said that their organizations prefer filling senior management positions with internal candidates, and a slightly lower proportion, about 40 percent, publicized skill and knowledge criteria for advancement. About one-quarter stated that their organizations offer courses targeted to former clinicians that teach the principles of healthcare management.

Formal mentoring programs to develop senior-level executives are offered by about one-quarter of respondents' organizations; about 15 percent said their senior executives are evaluated in part on their mentoring activities. Between 13 and 14 percent stated that rotations were provided to develop senior-level executives. Only about 10 percent said that their senior executives were encouraged to mentor women, but the proportion who said that targets were set for promoting women managers or executives is unchanged since 2006 (7 percent reported by men and 4 percent reported by women). In written comments, several women suggested that senior executives in their organizations did not consider women with young children as candidates for expanded responsibilities.

Overall, except for offering career development programs, preferences for filling senior-level positions with internal candidates and publicizing criteria for advancement, few organizations have established pro-diversity practices intended to advance the careers of women healthcare managers.

A third pro-diversity area concerned strategy and policy. A higher proportion of men (94 percent) than women (86 percent) said their organization has a zero tolerance policy for sexual harassment. About 40 percent of men and women stated that their organizations ensure women's representation on key committees and about the same proportion seek out women for board positions. About one-third said their organizations tie diversity goals to business objectives. Finally, only about one out of five organizations asks their board (or corporate officials) to review their track record on promoting gender and racial/ethnic equity.

Succession patterns. By examining succession patterns among executives, we can learn something about how the ranks of managers and executives are changing in terms of gender at the organizational level. Table 25 considers the gender of the respondents' predecessors. Comparing the results of all five surveys, a slight trend is discernible for both men and women to have an increasing proportion of female predecessors. Today, 28 percent of males state their predecessor was a female; 37 percent of women state their predecessor was female. Where the position was not newly created, men were more likely to succeed men (as has been the case in all previous surveys), and women were more likely to succeed women (as in 2000 and 2006). A few female respondents commented that except for the Chief Nursing Officer, only men were identified as successors to current top-level executives in their organizations.

Mentors. Table 26 is concerned with mentoring within the current organization for both gender groups. Data in the table show that 57 percent of men and 63 percent of women had mentors or currently have mentors in their organizations.

Respondents indicate that they have an average of more than two "informal" mentors—defined as relationships that "arise spontaneously between a mid-career or late-career mentor and someone who they view as younger versions of themselves." Seventy-eight percent of the men and 82 percent of the women stated that at least one of their supervisors in their current organization had been an informal mentor to them. Informal mentors of the same gender were about one-and-a-half-times as frequent among both men and women.

Formal mentors are "assigned a protégé by a program coordinator usually on the basis of written application." Formal mentors were less prevalent than informal mentors among study respondents. Thirty-eight percent of men and 30 percent of women stated that such formal mentors had included a supervisor.

Socializing with other executives. We examine informal networks of communication in Table 27. As was true in previous surveys, more men than women socialize at least monthly with other executives at lunch, health/fitness clubs, bars, restaurants, and cultural and sporting events. Also, more men than women play sports with other executives at least monthly. However, women and men are equally likely to attend informal dinners and participate in family activities with other executives. Because of the cross-sectional research design, it is impossible to ascertain whether men's socializing is a cause or an effect of their higher positions.

Discrimination observed/experienced—five-year review. Again in 2012, we asked respondents to indicate whether they had experienced gender discrimination in their work environments during the past five years (Table 28). The data are similar to the results in 2006, but both of those studies show improvements from 1995 and 2000. For example, among women in 2000, 43 percent stated they failed to receive fair compensation because of their gender. But in 2012, this percentage was 33 percent.

Still, disparities remain between perceptions of women and men regarding fair treatment in the workplace. Thirty-three percent of women felt they failed to receive fair compensation because of their gender, while only 1 percent of men felt this way. Similarly, 16 percent of women felt they had failed to be promoted because of their gender, while only 2 percent of men testified to this. Six percent of women felt they had failed to be hired because of their gender as opposed to three percent of men. Finally, in 2012 as in all previous surveys, a higher proportion of women (13 percent) reported having experience sexual harassment in past five years than men (3 percent). Similar to the results in 2006, in 2012 women (16 percent) were also more likely to report having witnessed sexual harassment than men (10 percent). Overall, the environment at work for women appears to have improved over the past nearly two decades, though differences still are discernible that depict women's inequitable treatment.

Perceptions of gender equity. Even though few differences were observed comparing men's and women's organizations concerning pro-diversity initiatives, their attitudes about gender equity in their firms are still quite disparate. As shown in Table 29, approximately 10 to 15 percent fewer women than men state that their executives have a track record of hiring, promoting or evaluating employees fairly regardless of their gender. Likewise, fewer women than men state that downsizing decisions are made fairly with regard to gender and that assignments are given based on skills and abilities.

On the other hand more than 85 percent of both men and women agreed that executives in their firms apply human resource policies (such as sick leave) fairly. But overall, only 69 percent of women compared to 88 percent of men believe there is gender equity in their organization. And, twice as many women (20 percent) as men (nine percent) stated they feel they have been treated differently because of their gender.

In summary, the institutional explanation continues to evidence differences between men and women not so much in terms of formal policies and practices (except that fewer women report that their organizations have a zero tolerance policy for sexual harassment and for the unexplained divergence in reported prevalence of certain types of work day flexibility between men and women) nor in the opportunity to form bonds with mentors, but rather they continue to differ in the frequency of peer socializing and in their general perceptions of gender equity in their organizations.

Explanation 4: Differences in Career Aspirations. A fourth set of reasons thought to give rise to the different career attainments of women and men executives is the level of career aspiration. Whether due to childhood socialization, competing nonwork interests or reaction to perceived discrimination, women may simply possess lower levels of career ambition. To examine aspirations, the questionnaire solicited information about future career goals relative to position level, and type of organization as well as attitudes about willingness to move for career advancement.

A key indicator of career aspirations deals with the desire to achieve a CEO position. As Table 30 shows, more men than women healthcare executives aspire to a CEO position. Compared to women, about twice as many men in 1990, 1995, 2000, 2006 and 2012 desire to be CEOs in 5, 10, or 15 years.

The second half of table 30 concerns the two gender groups' aspirations to work in hospitals or hospital systems. Overall, a smaller proportion of men and women aspire to work in hospitals and health systems than in 2006. In the short term (a five-year future timeframe), approximately equal proportions of women and men (65 and 59 percent, respectively) plan to work in hospitals or systems. But in 10 or 15 years, fewer women than men plan to work in such organizations. In 15 years, for example, 33 percent of men, compared to 22 percent of women, plan to work in hospitals or health systems.

Respondents were asked several opinion questions concerning their attitudes toward advancing their careers. As displayed in Table 31, higher proportions of men in all five study years—between 73 and 85 percent, compared to less than 60 percent of the women—stated they had been willing to move to advance their careers. Thus, the mindset of men during their careers has been one of readiness to relocate to advance. This may be related to men's higher career aspirations or to a prevailing social norm that women typically follow the career paths of their husbands rather than the reverse.

The second attitude examined concerns men's and women's senses of feeling discriminated against in obtaining better positions because of their gender. Seventeen percent of the women respondents, compared to 3 percent of the men, stated they felt discriminated against. The clear contrast in gender groups shows that even in 2012, nearly one-fifth of women continue to feel their careers are being stymied by gender discrimination.

Third, we examined the respondents' views of the presence of inner circles in learning about and ultimately winning jobs in healthcare management. Job seekers can use "formal methods" such as advertisements, job postings and placement agencies. But often jobs are discovered and filled through "informal networks." In those instances, job seekers rely on personal contacts (family, friends or professional colleagues) that were not formed for job-related reasons to learn about positions. Respondents were asked their opinion of the following, "Success in healthcare management is heavily influenced by social factors (i.e., who you are and who you know)." Almost two-thirds of men versus about three-quarters of women answered in the affirmative.

In summary, our comparison of healthcare executive women's and men's career plans showed that the groups were dissimilar in their plans to advance to a higher position. And, the differences grew as the time horizon lengthened—fewer women than men aspired to attain CEO positions and, later, to work in hospitals or health systems as well. More men than women have been willing to relocate for a better position and more women than men feel discriminated against in obtaining a better position because of their gender. Again, aspirations and attitudes may contribute to differences in career outcomes.

Other Differences in Attitudes and Perceptions

We asked respondents whether they favored efforts to increase the proportion of women in senior healthcare management positions. Table 32 shows that in 2012, a high proportion of healthcare executive women in the study, 79 percent, continue to favor

efforts to increase the proportion of women in senior healthcare management positions. Only 42 percent of men agreed. Compared to 2000, lower percentages of each group favor such special efforts to promote women. However, the results are similar to those obtained in 2006.

Asked to write the rationale for their views on this question, 309 men and 260 women responded. Twenty-three men and 101 women who favor efforts to increase the proportion of women in senior management positions said they feel that women's representation in upper-level management is disproportionately low. Twenty men favoring such efforts also stated that the most qualified individual should be chosen for positions, along with 20 women.

Comments written in by those opposed to such special efforts to increase the proportion of women in senior management were that the most qualified person should be chosen to fill positions (147 men and 39 women). Also, 89 men and 39 women who opposed efforts targeted to increasing women's representation in senior management positions stated that women were well represented in their institutions.

The survey's penultimate question asked respondents to write in their views about how gender had affected their career progressions personally. Of the 122 male respondents who answered this question, 88 stated that gender had not played a role in their career advancement; 78 of 245 responding women echoed this. Twenty-eight women and 13 men stated they had experienced or witnessed discrimination based on factors other than gender. The final observation is that 144 women stated that their gender has negatively affected their careers, but only 23 men stated this was the case for them.

The final question asked respondents how gender issues have affected the careers of healthcare executives in general. While only 66 men wrote in comments, 49 of those felt that gender discrimination has become, or is quickly becoming, irrelevant. Few of the 135 responding women concurred. Indeed, 103 of them stated that women do not have equal opportunities for advancement at the upper levels of healthcare management.

Conclusion

Since ACHE's initial 1990 study comparing career attainments of men and women healthcare executives, there has been positive change. For example, in contrast to the three earliest studies when women achieved CEO positions at about 40 percent of the male rate, in 2012 they achieved CEO positions at 50 percent of the male rate. Moreover, in contrast to the 2000 study, women appear to have the same level of satisfaction with their overall advancement in the organization as men.

However, results from this fifth cross-sectional study of ACHE members show little positive movement over the last six years and continue to suggest inequities. These include the lower proportion of women who have attained CEO positions despite both groups' opportunities to advance based on experience in the field. Related to this, women, on average, continue to earn 20 percent less than men. Our data also showed a number of differences between men and women who participated in the study in experience, aspirations and work/family conflicts. Men in our study were more likely than women to have begun their healthcare career at a senior management level and to have started with a focus on general management, which may have hastened their progress to the chief executive level. A smaller proportion of women than of men in our study aspired to a CEO position within the next five to 15 years. Women were more likely to feel that a greater share of family and home obligations fall disproportionately on them, and to have slowed their career progress or left the workforce for three months or more because of childbearing or child care.

Our data also suggest that inequities are still perceived in the workplace. Women's satisfaction with their compensation and job opportunities within their organization is lower than that of their male colleagues. Also, the issue of equitable treatment in selection and promotion continues to be perceived differently by women and men. For example, when asked if there is gender equity, about 19 percent fewer women than men characterize their organizations as equitable.

The research in 2012 represents the continued commitment of ACHE to monitor the progress of women in the field of healthcare management. Though debate continues about whether proactive measures should be taken to reduce the disparities between men and women's career attainments, we believe that every effort must be made to ensure equity in promoting and compensating women.

References

U. S. Bureau of Labor Statistics. (2012). *Median weekly earnings of full-time wage and salary workers by detailed occupation and sex* [Data file]. Retrieved from <http://www.bls.gov/cps/cpsaat39.htm>

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APPENDIX Comparison of Respondents and Nonrespondents—2012

Table 1. Sample and Response Rates

	Sample (n)					Responses (n)					Response Rates (percent)				
	<u>1990</u>	<u>1995</u>	<u>2000</u>	<u>2006</u>	<u>2012</u>	<u>1990</u>	<u>1995</u>	<u>2000</u>	<u>2006</u>	<u>2012</u>	<u>1990</u>	<u>1995</u>	<u>2000</u>	<u>2006</u>	<u>2012</u>
Cohort 1 (in field 15-19 years):															
Men	163	200	266	264	717	106	105	147	141	222	65	53	55	53	31
Women	<u>142</u>	<u>200</u>	<u>267</u>	<u>266</u>	<u>631</u>	<u>106</u>	<u>131</u>	<u>176</u>	<u>156</u>	<u>289</u>	<u>75</u>	<u>66</u>	<u>66</u>	<u>59</u>	<u>46</u>
Total	305	400	533	530	1348	212	236	323	297	511	70	59	61	56	38
Cohort 2 (in field 10-14 years):															
Men	174	200	266	266	796	112	105	139	126	261	64	53	52	47	33
Women	<u>194</u>	<u>200</u>	<u>266</u>	<u>269</u>	<u>620</u>	<u>133</u>	<u>128</u>	<u>195</u>	<u>152</u>	<u>260</u>	<u>69</u>	<u>64</u>	<u>58</u>	<u>57</u>	<u>42</u>
Total	368	400	532	535	1416	245	233	294	278	521	67	58	55	52	37
Cohort 3 (in field 5-9 years):															
Men	161	200	268	267	847	101	119	134	121	266	63	60	50	45	31
Women	<u>185</u>	<u>200</u>	<u>268</u>	<u>265</u>	<u>719</u>	<u>132</u>	<u>134</u>	<u>155</u>	<u>141</u>	<u>290</u>	<u>71</u>	<u>67</u>	<u>58</u>	<u>53</u>	<u>40</u>
Total	346	400	536	532	1566	233	253	289	262	556	67	63	54	49	36
All															
Men	498	600	800	797	2360	319	329	420	388	749	64	55	53	49	32
Women	<u>521</u>	<u>600</u>	<u>801</u>	<u>800</u>	<u>1970</u>	<u>371</u>	<u>393</u>	<u>486</u>	<u>449</u>	<u>839</u>	<u>71</u>	<u>66</u>	<u>61</u>	<u>56</u>	<u>43</u>
Total	1019	1200	1601	1597	4330	690	722	906	837	1588	68	60	57	52	37

Table 2. Position by Gender and Year (percent)

	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>								
CEO	28	11***	21	8***	25	11***	19	12***	22	11***
COO/Assoc. Dir.	31	24	24	22	19	16	23	19	18	18
Vice President	28	37	28	30	26	29	27	24	25	25
Dept. Head/Staff	10	21	18	26	25	35	24	37	26	33
Other	<u>3</u>	<u>7</u>	<u>9</u>	<u>13</u>	<u>5</u>	<u>9</u>	<u>7</u>	<u>8</u>	<u>10</u>	<u>13</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(n)	(317)	(366)	(323)	(386)	(414)	(478)	(384)	(440)	(727)	(819)

Note: Percentages may not sum to 100 due to rounding
 *** Chi square significant p <.001 (applies to shaded area)

Table 3. Reporting Level by Gender (percent)

	2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
CEO	24	9***	20	11***	20	8***
Report to CEO	40	38	41	37	36	41
2-3 levels from CEO	31	47	37	46	40	43
4-6 levels	4	5	2	6	4	6
7-9 levels	1	0	0	0	<0.5	1
10+ levels	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<0.5	<u>1</u>
	100%	100%	100%	100%	100%	100%
(n)	(413)	(473)	(381)	(442)	(364)	(408)
	2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Line	50	45	52	45	45	40
Staff	14	13	8	12	9	10
Both line and staff	35	41	37	39	44	47
Do not know	<u>2</u>	<u>2</u>	<u>3</u>	<u>2</u>	<u>3</u>	<u>3</u>
	100%	100%	100%	100%	100%	100%
(n)	(414)	(471)	(381)	(440)	(363)	(402)

Note: Percentages may not sum to 100 due to rounding
 *** Chi square significant p <.001 (applies to shaded area)

Table 4. Employing Organization (percent)

Type of organization:	1990		1995		2000		2006		2012	
	Male	Female								
Corporate headquarters of a health system	12	10	7	6	11	7	8	8**	10	11
Member hospital of a (nonfederal) health system [§]	33	29	22	29	32	32	25	27	30	26
Member hospital of a federal health system									1	1
Freestanding hospital	39	36	45	38	32	32	42	35	35	39
Other direct provider	4	5	11	6	9	10	12	14	10	10
Managed care	2	5	3	4	4	4	0	5	1	2
Other	<u>10</u>	<u>15</u>	<u>12</u>	<u>17</u>	<u>12</u>	<u>16</u>	<u>12</u>	<u>10</u>	<u>13</u>	<u>12</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(n)	(312)	(354)	(312)	(371)	(413)	(471)	(381)	(439)	(734)	(823)

Note: Percentages may not sum to 100 due to rounding

[§] Before 2012, this category included federal health systems

** Chi square significant p < .01 (applies to shaded area)

Table 4. (continued) Employing Organization (percent)

	1990		1995		2000		2006		2012		
	<u>Male</u>	<u>Female</u>									
Median FTEs:							1200	1700	1500	1630	
Ownership:											
Not-for-profit religious	}	68	76*	20	18	14	14	18	18*	16	16**
Not-for-profit secular				47	51	42	48	40	51	46	54
Investor-owned		20	14	20	19	26	24	28	21	27	21
Federal gov't		3	1	3	4	5	7	5	4	2	2
State and local gov't		<u>9</u>	<u>8</u>	<u>11</u>	<u>7</u>	<u>12</u>	<u>6</u>	<u>10</u>	<u>6</u>	<u>9</u>	<u>7</u>
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(n)		(317)	(365)	(311)	(368)	(206)	(236)	(377)	(436)	(713)	(801)

Note: Percentages may not sum to 100 due to rounding

* Chi square significant p < .05 (applies to shaded area)

** Chi square significant p < .01 (applies to shaded area)

Table 5. Current Area of Responsibility by Gender and Year (percent)

	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>								
General management	69	45***	50	34***	62	46***	57	44***	62	50***
Clinical services	6	8	8	8	9	9	11	6	9	6
Planning/marketing/QA	7	14	9	12	11	17	11	18	10	13
Ancillary services	4	6	3	1	5	3	4	2	5	2
Financial management	3	3	6	4	7	6	10	8	7	7
Nursing services	0	4	1	7	0	10	2	12	3	12
Human resources	1	1	3	1	2	1	2	2	1	4
Continuum of care	8	12	11	14	4	7	2	4	2	4
Other	<u>2</u>	<u>7</u>	<u>11</u>	<u>19</u>	<u>1</u>	<u>2</u>	<u>2</u>	<u>4</u>	<u>0</u>	<u>1</u>
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
									(362)	(390)

Note: Percentages may not sum to 100 due to rounding

*** Chi square significant p <.001 (applies to shaded area)

Table 6. Current Position – Related Information

	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Years of experience:										
In current firm (median) (n)	na	na	4	5	5	6	6	8	6 (732)	7 (821)
In current position (median) (n)	na	na	3	2	2	2	3	4	4 (730)	4 (818)
First person of respondent's gender to hold position (percent) (n)	na	na	9	38 ^{***}	11	33 ^{***}	14	28 ^{***}	16 (284)	32 ^{***} (312)
Immediate supervisor:										
Male	88	80 ^{***}	77	73 ^{***}	78	72	78	66 ^{***}	71	64 [*]
Female	12	20	16	25	19	26	19	33	26	35
No Supervisor	---	---	7	2	2	2	3	1	3	1
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100% (354)	100% (401)

Note: Percentages may not sum to 100 due to rounding

* Chi square significant $p < .05$ (applies to shaded area)

*** Chi square significant $p < .001$ (applies to shaded area)

Table 6. (continued) Current Position – Related Information

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Immediate reports:										
Male (median) (n)	3	1	2	1	2	1	2	1	2	1
Female (median) (n)	4	4	4	4	4	4	4	5	4	5
Serve as mentor (percent) (n)	45	55**	44	60***	54	63**	48	54	63 (362)	61 (410)
Number of male protégés (mean) (n)	.8	.6 ⁺	2.2	1.5 ⁺⁺	2.2	1.4 ⁺⁺	2.1	1.1 ⁺⁺⁺	2.1 (223)	1.4 ⁺⁺⁺ (252)
Number of female protégés (mean) (n)	.7	1.4 ⁺⁺⁺	2.0	3.3 ⁺⁺⁺	2.2	3.2 ⁺⁺⁺	2.1	2.6 ⁺	2.4 (223)	2.7 (252)

+ t-test significant p < .05

++ t-test significant p < .01

+++ t-test significant p < .001

** Chi square significant p < .01 (applies to shaded area)

*** Chi square significant p < .001 (applies to shaded area)

Table 7. Salary (Full-time only)

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Median salary (\$1,000s)	69.4	57.2	85.9	71.7	104.3	84.9	131.0	107.8	166.9	134.1
Salary range (percent):										
Less than \$30	1	4 ^{***}	1	2 ^{**}	0	1 ^{***}	0	0 ^{***}	0	<0.5 ^{***}
30-45	10	19	3	8	2	3	0	1	1	<0.5
45-60	27	33	14	21	6	10	1	4	<0.5	1
60-75	20	22	17	25	10	23	6	9	<0.5	5
75-90	15	10	21	16	18	20	11	18	5	8
90-105	12	5	16	8	16	14	11	15	9	9
105-120	4	4	8	8	13	9	15	16	9	14
120-135	4	2	6	5	9	7	8	9	9	13
135-150	2	0	3	2	6	4	7	6	9	9
150-165	2	1	2	2	4	3	8	4	6	7
165-180	0	0	4	1	3	2	5	5	6	6
180-200	2	0	1	1	4	1	9	3	4	6
200-225	<u>1</u>	<u>0</u>	<u>4</u>	<u>1</u>	<u>9</u>	<u>4</u>	6	4	11	5
225-250							3	2	7	5
250-300							4	1	5	6
300-400							4	2	11	3
400-500							1	2	3	1
500+							<u>1</u>	<u>0</u>	<u>4</u>	<u>1</u>
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
									(357)	(411)

Note: Percentages may not sum to 100 due to rounding

** Chi square significant p < .01 (applies to shaded area)

*** Chi square significant p < .001 (applies to shaded area)

Table 8. Median Salary by Position (Full-time only) (\$1,000s)

	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
CEO (n)	88.0 (88)	73.5 (38)	104.6 (67)	98.5 (32)	125.7 (99)	104.7 (49)	170.4 (74)	133.4 (50)	241.3 (80)	163.7 (40)
COO/Sr. VP/Assoc. Admin. (n)	76.3 (97)	70.1 (87)	92.7 (80)	86.0 (91)	120.6 (75)	99.3 (82)	150.2 (84)	125.7 (80)	202.5 (65)	198.0 (75)
VP/Asst. Admin. (n)	61.2 (86)	57.7 (137)	84.5 (83)	75.7 (115)	107.0 (103)	99.1 (142)	143.2 (100)	129.6 (104)	178.7 (92)	167.0 (106)
Dept. Head/Staff (n)	50.2 (31)	43.8 (78)	62.9 (58)	55.5 (92)	75.9 (102)	71.0 (154)	101.7 (86)	90.6 (152)	132.6 (82)	116.2 (130)

Table 9. Median Salary by Career Interruption (Full-time only) (\$1,000s)

	<u>Women (No Interruption)</u>	<u>Women (Interruption 3+ Months)</u>
1990	57.5	57.0
1995	71.9	70.2
2000	84.2	87.8
2006	109.4	106.4
2012	133.9	143.0

Table 10. Job Satisfaction (percent satisfied or very satisfied)

	2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
General satisfaction with position (n)	81	78	86	86	84 (360)	84 (403)
Overall advancement in organization (n)	85	78*	84	83	83 (360)	80 (405)
Job security (n)	76	81	84	85	84 (360)	84 (405)
Compensation compared with others in organization at same level (n)	79	70**	80	75	78 (360)	71* (403)
Balance between work and personal/family commitments (n)	66	67	75	74	78 (358)	74 (405)
Job opportunities in organization (n)	67	63	73	71	76 (357)	69* (399)
Recognition/rewards (n)	62	60	73	70	70 (359)	67 (403)
Availability of mentors/coaches (n)	64	58*	69	66	70 (360)	66 (404)

Note: Percentages may not sum to 100 due to rounding

* Chi square significant $p < .05$ (applies to shaded area)

** Chi square significant $p < .01$ (applies to shaded area)

Table 11. Organizational Commitment (percent agreeing)

	2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
I do <u>not</u> feel a strong sense of belonging to my organization. (n)	16	14	14 (360)	15 (404)
I do <u>not</u> feel “emotionally attached” to this organization. (n)	17	15	15 (360)	15 (404)
This organization has a great deal of personal meaning for me. (n)	75	74	77 (359)	75 (403)
I do <u>not</u> feel like “part of the family” at this organization. (n)	19	17	16 (360)	16 (403)
Likelihood of leaving current employer voluntarily within the next year:				
Definitely will leave	4	5	4	6
Good chance will leave	13	7	11	11
Situation is uncertain	18	19	22	19
Chances are slight	35	36	31	31
Definitely will not leave (n)	<u>30</u> 100%	<u>32</u> 100%	<u>33</u> 100% (361)	<u>33</u> 100% (406)

Note: Percentages may not sum to 100 due to rounding

Table 12. Education[§] (percent)

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Percent with master's degree or doctorate degree (n)	95	95	91	88	91	87	88	82*	87 (745)	86 (838)
Major (percent):										
Health administration	75	61***	60	44***	59	53***	54	48***	46	43**
Business	9	13	22	24	27	19	32	26	31	26
Clinical/Allied Health ^{§§}	--	--	--	--	--	--	6	15	15	21
Public health/administration	4	4	4	4	1	5	1	2	1	1
Other	<u>12</u>	<u>22</u>	<u>14</u>	<u>29</u>	<u>19</u>	<u>24</u>	<u>7</u>	<u>9</u>	<u>7</u>	<u>9</u>
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100% (737)	100% (825)
Years in management since master's degree (mean) (n)	10	8+++	11	8+++	13	11+++	12.9	12.3	13.4 (644)	12.2+++ (720)

Note: Percentages may not sum to 100 due to rounding

§ Data for respondents taken from ACHE member database. These numbers have not been standardized against the 1990 experience database.

§§ Category not used in ACHE member database in 1990-2000

** Chi square significant p < .01 (applies to shaded area)

*** Chi square significant p < .001 (applies to shaded area)

+++ t-test significant p < .001

Table 13. Residency, Fellowship and Experience With Mentors (percent)

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Percent completing:										
Residency (n)	64	49***	48	27***	41	25***	31	19***	24 (363)	18* (412)
Fellowship (n)	8	13*	15	12	18	15	14	14	13 (361)	11 (412)
Had mentor:										
Yes (n)	70	81***	67	82***	75	79	72	80**	81 (361)	82 (410)
Most influential mentor:										
Male	90	75***	85	64***	87	54***	82	51***	76	51***
Female	10	25	15	36	13	46	18	49	24	49
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100% (291)	100% (333)
Number of years in this relationship (median) (n)	na	na	na	na	na	na	5	5	6 (290)	6 (328)

Note: Percentages may not sum to 100 due to rounding

* Chi square significant p < .05 (applies to shaded area)

** Chi square significant p < .01 (applies to shaded area)

*** Chi square significant p < .001 (applies to shaded area)

Table 14. Career Origins

	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>								
Previous experience as a clinician:										
Yes (percent) (n)	21	47***	26	56***	30	56***	31	56***	41 (712)	53*** (803)
Number of years (median) (n)	na	na	7	6	6	7	6	7	6 (293)	8 (419)

*** Chi square significant p <.001 (applies to shaded area)

Table 14. (continued) Career Origins (percent)

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
First position:										
CEO/Sr. VP/ Assoc. Director	6	4***	5	4*	10	4***	6	4**	9	5**
VP/Asst. Admin.	40	20	24	14	11	3	10	5	7	3
Dept. Head	28	40	30	39	40	49	36	36	33	33
Dept. Staff	23	31	29	28	32	38	39	49	44	54
Consultant	3	5	4	4	4	4	6	4	5	4
Faculty	0	0	1	2	2	0	3	2	1	2
Other	0	0	7	10						
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
									(358)	(387)

Note: Percentages may not sum to 100 due to rounding

* Chi square significant $p < .05$ (applies to shaded area)

** Chi square significant $p < .01$ (applies to shaded area)

*** Chi square significant $p < .001$ (applies to shaded area)

Table 14. (continued) Career Origins (percent)

First area of responsibility:	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
General management	43	25***	25	14***	36	20***	34	24***	38	27***
Financial management	10	7	11	6	13	5	14	10	11	11
Planning/marketing	13	23	14	13	12	16	13	13	8	15
Ancillary services	9	5	9	1	11	4	8	2	7	4
Clinical services	8	7	11	10	19	13	20	15	20	13
Human resources	5	3	3	1	3	3	3	2	4	4
Nursing services	1	12	1	26	4	31	4	27	7	22
Continuum of care (includes managed care)	8	8	12	10	3	5	1	4	4	4
Other	<u>3</u>	<u>10</u>	<u>14</u>	<u>19</u>	<u>1</u>	<u>2</u>	<u>4</u>	<u>4</u>	<u>1</u>	<u>1</u>
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100% (358)	100% (401)

Note: Percentages may not sum to 100 due to rounding

*** Chi square significant p <.001 (applies to shaded area)

Table 14. (continued) Career Origins (percent)

	1990		1995		2000		2006		2012	
	Male	Female								
First employing organization:										
Freestanding hospital	44	43	54	55	48	51	49	56	41	46
Hospital in system	31	27	21	21	28	24	20	18	27	21
Corporate headquarters	9	8	2	2	5	3	4	3	6	4
Other provider	8	8	8	8	9	9	12	11	12	16
Managed care	1	2	2	2	2	4	3	4	1	3
Consulting firm	2	4	4	3	3	3	4	2	5	3
Association	1	3	0	2	1	1	1	1	1	<0.5
Educational institution	3	3	2	2	2	3	2	1	1	2
Military (non-hospital/clinic)	---	---	2	1	---	---	2	1	2	1
Other (health-related industry, insurance, etc.)	<u>1</u>	<u>2</u>	<u>5</u>	<u>4</u>	<u>2</u>	<u>2</u>	<u>4</u>	<u>3</u>	<u>3</u>	<u>3</u>
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
									(361)	(405)

Note: Percentages may not sum to 100 due to rounding

Table 14. (continued) Career Origins (percent)

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Ownership of first employing organization:										
Not-for-profit religious	na	na	19	22	18	17**	20	25	17	18
Not-for-profit secular			45	50	39	55	41	45	45	50
Investor-owned			19	17	23	15	20	18	25	23
Federal gov't			8	4	11	9	10	6	7	4
State and local gov't			9	6	10	4	8	6	7	6
(n)			100% (313)	100% (369)	100% (210)	100% (237)	100% (377)	100% (432)	100% (355)	100% (394)

Note: Percentages may not sum to 100 due to rounding

** Chi square significant $p < .01$ (applies to shaded area)

Table 15. First and Current Position Within Current Firm (percent)

	2000				2006				2012			
	First Position		Current Position		First Position		Current Position		First Position		Current Position	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
CEO	16	5***	25	11***	12	6***	19	12**	13	6***	22	11***
COO/Assoc Admin.	14	9	19	16	16	11	23	19	14	10	18	18
VP	19	15	26	29	18	12	27	24	16	11	25	25
Dept. Head	32	41	20	28	33	34	23	35	27	29	26	33
Dept. Staff	12	21	4	7	15	30	5	6	24	36	5	10
Consultant	5	6	3	6	4	5	2	2	5	5	4	2
Other	2	2	2	4	2	2	1	1	2	3	2	2
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
									(726)	(794)	(727)	(819)

Note: Percentages may not sum to 100 due to rounding

** Chi square significant p < .01 (applies to shaded area)

*** Chi square significant p < .001 (applies to shaded area)

Table 16. Promotion Within Current Firm by First Position (percent)

<u>First Position</u>	<u>Current Position</u>	1995		2000		2006		2012	
		<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
CEO	CEO	95	100	97	96	99	88	98	98
	COO/Sr. VP.	5	0	2	0	0	8	1	0
	VP/Asst. Admin.	0	0	0	0	1	4	0	0
	Dept.	<u>0</u>	<u>0</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>2</u>
	Head/Staff/Other	100%	100%	100%	100%	100%	100%	100%	100%
COO/Sr. VP/Assoc. Admin.	CEO	10	8	24	12	20	19	28	22
	COO/Sr. VP	86	90	72	82	77	79	70	72
	VP/Asst. Admin.	4	0	4	1	0	2	0	6
	Dept.	<u>0</u>	<u>2</u>	<u>0</u>	<u>5</u>	<u>3</u>	<u>0</u>	<u>2</u>	<u>0</u>
	Head/Staff/Other	100%	100%	100%	100%	100%	100%	100%	100%
VP/Asst. Admin.	CEO	10	5	17	4	10	14	10	5
	COO/Sr. VP	21	25	12	13	20	11	12	14
	VP/Asst. Admin.	68	66	71	83	70	72	76	80
	Dept.	<u>1</u>	<u>4</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>3</u>	<u>3</u>	<u>2</u>
	Head/Staff/Other	100%	100%	100%	100%	100%	100%	100%	100%
Dept. Head/Staff/Other	CEO	6	4	6	5	5	4	8	4
	COO/Sr. VP	16	15	13	12	14	12	10	13
	VP/Asst. Admin.	27	31	26	25	26	21	22	22
	Dept.	<u>51</u>	<u>50</u>	<u>54</u>	<u>58</u>	<u>55</u>	<u>62</u>	<u>61</u>	<u>61</u>
	Head/Staff/Other	100%	100%	100%	100%	100%	100%	100%	100%
(n)								(713)	(783)

Note: Percentages may not sum to 100 due to rounding

Table 17. Current Marital Status (percent)

	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>								
Married to:										
First spouse	77	49***	72	51***	77	56***	74	54***	69	56**
Second spouse	10	14	16	24	13	19	16	22	16	21
In a marriage-like relationship	1	4	2	3	2	3	2	2	5	4
Divorced	6	11	5	9	3	11	1	1	1	2
Separated	1	1	0	0	1	2	4	13	5	12
Widowed	0	1	0	1	0	1	0	1	0	1
Never married	<u>5</u>	<u>20</u>	<u>5</u>	<u>11</u>	<u>3</u>	<u>9</u>	<u>4</u>	<u>7</u>	<u>5</u>	<u>6</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(n)	(318)	(371)	(266)	(318)	(419)	(485)	(382)	(446)	(361)	(411)

Note: Percentages may not sum to 100 due to rounding

** Chi square significant p < .01 (applies to shaded area)

*** Chi square significant p < .001 (applies to shaded area)

Table 18. Characteristics of Spouse/Significant Other (percent)

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Working full-time (n)	34	93 ^{***}	36	87 ^{***}	34	86 ^{***}	35	80 ^{***}	40 (324)	74 ^{***} (324)
Share of family income contributed by respondents married or in a marriage-like relationship:										
median	90	55	85	60	86	60	90	60	90	66
mean (n)	84	55 ⁺⁺⁺	82	58 ⁺⁺⁺	83	61 ⁺⁺⁺	85	64 ⁺⁺⁺	84 ⁺⁺⁺ (298)	68 ⁺⁺⁺ (314)

+++ t-test significant p < .001

*** Chi square significant p < .001 (applies to shaded area)

Table 19. Children and Child Care

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Number of children (mean) (n)	1.9	1.0 ⁺⁺⁺	1.9	1.4 ⁺⁺⁺	2.0	1.5 ⁺⁺⁺	2.1	1.6 ⁺⁺⁺	2.2 (358)	1.6 ⁺⁺⁺ (404)
Number under 6 (mean) (n)					0.5	0.3 ⁺⁺⁺	0.7	0.4 ⁺⁺⁺	0.6 (293)	0.3 ⁺⁺⁺ (288)
Number 6-16 (mean) (n)					1.0	0.5 ⁺⁺⁺	1.1	0.6 ⁺⁺⁺	1.1 (305)	0.7 ⁺⁺⁺ (302)
Number under 16 (mean) (n)	1.8	1.2 ⁺⁺⁺	1.7	1.1 ⁺⁺⁺	1.5	0.7 ⁺⁺⁺	1.8	1.0 ⁺⁺⁺	1.6 (291)	1.0 ⁺⁺⁺ (287)
Who cares for sick children (percent):										
Self	1	20 ^{***}	2	27 ^{***}	2	35 ^{***}	1	31 ^{***}	4	29 ^{***}
Spouse	75	6	65	10	75	17	66	12	66	13
Take turns	16	46	23	41	21	37	28	44	26	45
Other	<u>---8</u>	<u>28</u>	<u>10</u>	<u>21</u>	<u>2</u>	<u>11</u>	<u>4</u>	<u>12</u>	<u>3</u>	<u>13</u>
(n)	100%	100%	100%	100%	100%	100%	100%	100%	100% (282)	100% (248)

Note: Percentages may not sum to 100 due to rounding

*** Chi square significant p < .001 (applies to shaded area)

+++ t-test significant p < .001

Table 20. Impact of Children on Careers (percent)

	2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Percent with children under 6 (n)	43	25***	36 (293)	22*** (288)
Percent with plans to have or adopt a child or children in next few years				
Yes	11	9	6	9
Maybe	8	8	11	8
No	<u>80</u>	<u>83</u>	<u>83</u>	<u>83</u>
(n)	100%	100%	100% (361)	100% (405)

Note: Percentages may not sum to 100 due to rounding

*** Chi square significant $p < .001$ (applies to shaded area)

Table 20. (continued) Impact of Children on Careers[§] (row percent)

		2006					2012					
		Already occurred	Yes will occur	Most likely will occur	Uncertain	No	Already occurred	Yes will occur	Most likely will occur	Uncertain	No	(n)
No impact—others (will) care for child	M	35	10	8	23	24*	34	13	17	12	24**	(115)
	F	22	7	16	21	33	18	6	17	21	39	(85)
I am/will be reticent to take on additional professional responsibilities	M	4	5	10	28	53**	8	10	8	18	56**	(117)
	F	13	15	16	35	22	15	11	26	24	24	(89)
It is (will be) difficult to work long hours	M	24	13	22	13	29**	25	7	23	9	36***	(116)
	F	35	22	26	7	10	33	20	25	14	9	(94)
It is (will be) difficult to relocate for a better position	M	9	19	21	20	31	18	14	18	24	26	(117)
	F	12	22	23	23	21	30	14	19	23	15	(93)
I am seeking (will seek) a new position in healthcare, e.g., consulting, self-employment, etc.	M	8	13	12	18	49	5	13	10	22	51	(116)
	F	5	10	13	29	44	7	10	14	20	49	(93)

Note: Percentages may not sum to 100 due to rounding

§ Answered by those with children under age 6 or who plan to have children in the future.

* Chi square significant $p < .05$ (applies to shaded area)

** Chi square significant $p < .01$ (applies to shaded area)

*** Chi square significant $p < .001$ (applies to shaded area)

Table 20. (continued) Impact of Children on Careers[§] (row percent)

		2006					2012					
		Already occurred	Yes <u>will occur</u>	Most likely <u>will occur</u>	Uncertain	No	Already occurred	Yes will occur	Most likely will occur	Uncertain	No	(n)
I am working (plan to work) part-time for more than one year	M	2	1	1	3	93 ^{***}	2	0	1	3	94 ^{***}	(116)
	F	5	4	5	26	60	7	4	2	18	69	(91)
I will leave employment in healthcare management for more than a year	M	2	0	1	6	91 ^{**}	1	0	2	5	92	(117)
	F	2	1	5	17	75	1	1	1	16	81	(92)
I will leave the field of healthcare management permanently	M	2	0	1	13	85	0	0	1	11	88	(117)
	F	0	2	2	16	80	0	1	1	16	83	(92)

Note: Percentages may not sum to 100 due to rounding

§ Answered by those with children under age 6 or who plan to have children in the future.

** Chi square significant $p < .01$ (applies to shaded area)

*** Chi square significant $p < .001$ (applies to shaded area)

Table 21. Voluntary Slowing of Career (percent)

Percent that voluntarily withdrew from workforce for three months or more for the following reasons:

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Spouse career moves (n)	1	6 ^{***}	2	9 ^{***}	0	3 ^{**}	0	2 ^{**}	1 (364)	2 (409)
Childbearing/child rearing (n)	1	16 ^{***}	1	19 ^{***}	0	8 ^{***}	0	7 ^{***}	0 (364)	7 ^{***} (409)
Elder care (n)	0.3	0.3	0.6	0.6	0	0.4	0	0.3	0 (364)	0 (408)

** Chi square significant p < .01 (applies to shaded area)

*** Chi square significant p < .001 (applies to shaded area)

Table 21. (continued) Voluntary Slowing of Career (percent)

Percent that voluntarily slowed their career progress for the following reasons:

	2012	
	<u>Male</u>	<u>Female</u>
Spouse career move	7	9
Child care	13	25***
Elder care	3	4
Work/life balance	24	21
Gender bias	1	8***
Unwilling to relocate	1	<0.5
Education	1	1
Other caregiving	<0.5	<0.5
Marital disruption	<0.5	<0.5
Types of discrimination other than gender	0	1
Health	<0.5	<0.5
Other	0	<0.5
(n)	(377)	(422)

*** Chi square significant p <.001 (applies to shaded area)

Table 22. Attitude About Work/Family Conflict (percent agreeing)

	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>								
Family/home obligations fall disproportionately on me (n)	9	38***	6	37***	8	39***	16	41***	13 (351)	44*** (398)

*** Chi square significant p <.001 (applies to shaded area)

Table 23. Organization's Policies (percent reporting existence of policy)

Forms of Flexibility Offered:	2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Flexible arrival and departure times (n)	84	85	83	83	84 (353)	83 (403)
Reduced work schedule/part time (n)	34	38	65	63	50 (353)	33*** (404)
Leaves and sabbaticals (n)	37	53***	59	59	51 (402)	47 (353)
Telecommuting/working from home (n)	25	36*	46	43	50 (402)	44 (353)
Compressed workweek (n)	19	21	43	31***	36 (404)	22*** (353)
Job sharing (n)	15	18	40	33	28 (352)	17*** (401)

* Chi square significant $p < .05$ (applies to shaded area)

*** Chi square significant $p < .001$ (applies to shaded area)

Table 23. (continued) Organization's Policies (percent reporting existence of policy)

	2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Work/Life Programs and Services Offered:						
Child care resources and referral (n)	14	19	30	31	30 (353)	30 (397)
Elder care resources and referral (n)	13	14	21	24	24 (353)	26 (398)
Subsidized on-site child care (n)	20	15	19	18	16 (353)	13 (403)
Subsidized near-site child care center (n)	12	10	17	16	14 (351)	15 (395)
Sick child care (n)	17	11*	19	15	19 (353)	15 (399)

* Chi square significant $p < .05$ (applies to shaded area)

Table 24. Organization's Initiatives (row percent)

		2006				2012				
		<u>Implemented</u>	<u>Being Considered</u>	<u>Not in Effect</u>	<u>Don't Know/NA</u>	<u>Implemented</u>	<u>Being Considered</u>	<u>Not in Effect</u>	<u>Don't Know/NA</u>	<u>(n)</u>
(Recruiting)										
Target set for hiring women managers or executives	M	9	4	56	31*	9	3	51	37	(360)
	F	6	2	65	27	6	3	56	36	(406)
Women candidates required to be on short list for senior-level executive positions	M	7	4	54	35**	6	2	51	41	(360)
	F	4	1	62	33	3	2	57	38	(406)
Formal succession planning	M	26	35	25	14***	31	19	31	19	(359)
	F	19	29	38	14	27	22	32	19	(406)
(Advancing)										
Offering career development programs	M	55	14	25	6	48	14	28	10	(360)
	F	58	13	25	4	47	12	31	9	(404)
Publicizing skill and knowledge criteria for advancement	M	39	12	35	14	42	12	32	14	(359)
	F	40	8	40	12	36	13	38	13	(402)
Preference for filling senior management positions with internal candidates	M	40	17	30	14	44	15	24	17	(358)
	F	36	15	33	15	47	14	24	15	(404)

Note: Percentages may not sum to 100 due to rounding

* Chi square significant $p < .05$ (applies to shaded area)

** Chi square significant $p < .01$ (applies to shaded area)

*** Chi square significant $p < .001$ (applies to shaded area)

Table 24. (continued) Organization's Initiatives (row percent)

		2006				2012				
		<u>Implemented</u>	<u>Being Considered</u>	<u>Not in Effect</u>	<u>Don't Know/NA</u>	<u>Implemented</u>	<u>Being Considered</u>	<u>Not in Effect</u>	<u>Don't Know/NA</u>	<u>(n)</u>
Courses that teach principles of healthcare management targeted to former clinicians	M	27	10	45	18	28	9	43	20	(359)
	F	26	8	51	15	22	10	47	21	(404)
Formal mentoring program to develop senior-level executives	M	21	17	52	10	25	13	49	14	(359)
	F	25	12	57	6	19	16	49	15	(402)
Senior executives evaluated in part on mentoring	M	18	9	52	22	18	5	50	26	(359)
	F	13	5	60	21	13	8	53	26	(402)
Rotations provided to develop Senior-level executives	M	13	12	61	14	13	9	62	16	(360)
	F	12	8	69	12	14	8	60	19	(403)
Senior executives encouraged to mentor women	M	11	4	57	29***	11	2	53	34	(358)
	F	10	3	71	16	8	3	58	31	(404)
Target set for promoting women managers or executives	M	7	3	56	34*	7	4	51	38	(359)
	F	4	3	66	28	4	3	58	35	(404)

Note: Percentages may not sum to 100 due to rounding

* Chi square significant $p < .05$ (applies to shaded area)

*** Chi square significant $p < .001$ (applies to shaded area)

Table 24. (continued) Organization's Initiatives (row percent)

		2006				2012				
		<u>Implemented</u>	<u>Being Considered</u>	<u>Not in Effect</u>	<u>Don't Know/NA</u>	<u>Implemented</u>	<u>Being Considered</u>	<u>Not in Effect</u>	<u>Don't Know/NA</u>	<u>(n)</u>
(Strategy & Policy)										
Ensuring women's representation on key committees	M	46	3	29	23	39	2	32	26	(360)
	F	42	2	38	18	41	5	32	23	(401)
Seeking out women to be on the board	M	52	4	16	27***	42	3	21	34	(360)
	F	40	6	27	27	36	4	26	34	(405)
Tying diversity goals to business objectives	M	35	10	32	23	28	6	40	26	(359)
	F	33	11	38	18	37	7	36	21	(402)
Having a zero tolerance policy for sexual harassment	M	95	1	1	3*	94	0	2	4**	(360)
	F	89	1	5	5	86	1	5	8	(404)
Review track record on promoting gender and racial/ethnic equity in the organization by board (or corporate officials)	M	17	6	36	41	24	3	32	41	(360)
	F	23	3	37	38	18	3	38	42	(405)

* Chi square significant $p < .05$ (applies to shaded area)

** Chi square significant $p < .01$ (applies to shaded area)

*** Chi square significant $p < .001$ (applies to shaded area)

Table 25. Gender of Predecessor (percent)

	1990		1995		2000		2006		2012	
	Male	Female								
Male	66	38***	55	31***	52	29***	56	30***	49	35***
Female	11	25	18	29	18	35	21	40	28	37
Newly created	23	36	26	40	29	35	22	29	23	28
Do not know	0	1	1	0	1	2	1	1	0	<0.5
(n)	100% (317)	100% (369)	100% (258)	100% (306)	100% (211)	100% (242)	100% (378)	100% (440)	100% (355)	100% (400)

Note: Percentages may not sum to 100 due to rounding
 ***Chi square significant $p < .001$ (applies to shaded area)

Table 26. Mentors in Current Organization

	2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Percent with mentor in current organization (n)	54	62	57 (351)	63 (399)
Of those with mentors:				
Number of informal mentors (n)	2.4	2.4	2.7 (199)	2.4 (257)
Women (mean)	.8	1.1 ⁺⁺	1.0	1.4 ⁺⁺⁺
Men (mean) (n)	1.6	1.2 ⁺	1.6 (198)	1.0 ⁺⁺⁺ (251)
Percent whose supervisor was informal mentor (n)	80	83	78 (203)	82 (257)
Number of formal mentors (n)	.7	0.5 ⁺	0.8 (201)	0.6 (252)
Women (mean) (n)	.2	0.2	0.3 (201)	0.3 (249)
Men (mean) (n)	.5	0.3 ⁺	0.5 (201)	0.2 ⁺⁺ (250)
Percent whose supervisor was formal mentor (n)	43	28 ^{**}	38 (194)	30 (234)

Definitions

Informal mentors arise spontaneously between a mid-career or late-career mentor and someone whom he or she views as a younger versions of himself or herself. These relationships usually last a few years.

Formal mentors are assigned a protégé by a program coordinator usually on the basis of written applications. These pairings typically last about a year.

+ t-test significant p < .05

++ t-test significant p < .01

+++ t-test significant p < .001

** Chi square significant p < .01 (applies to shaded area)

Table 27. Socializing With Other Executives (percent affirming at least monthly)

	1990		1995		2000		2006		2012	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Lunches (n)	66	61	50	45	58	39***	48	34***	39 (354)	28*** (405)
Dinners (n)	22	15*	17	14	17	7***	15	7**	10 (354)	7 (404)
Health/fitness clubs, bars, restaurants, other social activities (n)	na	na	na	na	18	7***	17	11**	14 (352)	9* (404)
Culture (n)	7	5	5	5	6	3**	7	3*	8 (354)	4* (404)
Attend sports (n)	10	2***	6	3*	7	2***	6	3*	6 (353)	2** (403)
Play sports (n)	18	6***	9	3***	11	3***	9	4**	6 (354)	1*** (404)
Family activities (n)	na	na	3	1	3	2	5	2*	3 (354)	1 (404)

* Chi square significant $p < .05$ (applies to shaded area)
 ** Chi square significant $p < .01$ (applies to shaded area)
 *** Chi square significant $p < .001$ (applies to shaded area)

Table 28. Work Environment Five-Year Review (1995, 2000, 2006 and 2012) (percent affirming)

	1995		2000		2006		2012		
	Male	Female	Male	Female	Male	Female	Male	Female	
<u>In the Past Five Years I Have:</u>									
Failed to be hired because of gender (n)	4	12***	5	9*	3	6*	3 (363)	6* (406)	
Failed to be promoted because of gender (n)	4	33***	7	20***	3	14***	2 (364)	16*** (404)	
Failed to receive fair compensation because of gender (n)	0	48***	3	43***	1	29***	1 (361)	33*** (406)	
Received preferential treatment in hiring, promotion or compensation because of gender:									
Hiring	4	2	1	2	}	1	2	1	2
Promotion	3	2	0	1					
Compensation	2	1	0	1					
(n)								(362)	(408)
Been evaluated with inappropriate standards (n)	13	24***	16	20	9	15*	6 (329)	10 (376)	

* Chi square significant p < .05 (applies to shaded area)
 *** Chi square significant p < .001 (applies to shaded area)

Table 28. (continued) Work Environment Five-Year Review (1995, 2000, 2006 and 2012) (percent affirming)

	1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
<u>In the Past Five Years I Have:</u>								
Experienced sexual harassment (n)	5	29 ^{***}	6	23 ^{***}	3	10 ^{***}	3 (364)	13 ^{***} (410)
Personally witnessed sexual harassment (n)	na	na	24	27	11	18 ^{**}	10 (363)	16 [*] (410)

* Chi square significant $p < .05$ (applies to shaded area)
 ** Chi square significant $p < .01$ (applies to shaded area)
 *** Chi square significant $p < .001$ (applies to shaded area)

Table 29. Perception of Gender Equity (percent agreeing)

	2006		2012	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Executives here have a track record of hiring employees objectively, regardless of their gender .. (n)	84	74***	85 (345)	72*** (388)
Executives here have a track record of promoting employees regardless of their gender (n)	86	71***	85 (346)	70*** (386)
Executives here give feedback and evaluate employees fairly, regardless of the employee's gender (n)	85	74***	84 (347)	74** (389)
Executives here make management downsizing decisions fairly, regardless of employees' gender (n)	86	80	88 (328)	80** (351)
Executives apply human resource policies (such as sick leave) fairly for all employees (n)	91	87	90 (354)	87 (398)
Executives here give assignments based on the skills and abilities of employees (n)	80	73**	81 (352)	69*** (400)

** Chi square significant $p < .01$ (applies to shaded area)

*** Chi square significant $p < .001$ (applies to shaded area)

Table 29. (continued) Perception of Gender Equity (percent agreeing)

	2006		2012	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
I feel that one or more senior managers in this organization are interested in advancing my career (n)	72	67	64 (346)	65 (388)
All in all, I think there is gender equity in my organization (n)	86	69***	88 (352)	69*** (400)
I feel I have been treated differently because of my gender (n)	9	21***	9 (354)	20*** (398)

*** Chi square significant p <.001 (applies to shaded area)

Table 30. Career Aspirations (percent)

	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>								
To be CEO:										
in 5 years	45	18 ^{***}	28	14 ^{***}	41	16 ^{***}	39	19 ^{***}	34	14 ^{***}
in 10 years	59	23 ^{***}	38	19 ^{***}	49	19 ^{***}	53	25 ^{***}	48	22 ^{***}
in 15 years	56	25 ^{***}	40	19 ^{***}	37	18 ^{***}	51	20 ^{***}	49	21 ^{***}
in 5 or 10 or 15 years (n)	77	39 ^{***}	57	33 ^{***}	67	33 ^{***}	70	40 ^{***}	66 (350)	37 ^{***} (384)
To work in a hospital/system:										
in 5 years	84	73 ^{***}	69	65	73	65	73	74	65	59
in 10 years	73	60 ^{***}	68	46 ^{***}	61	46 ^{**}	69	51 ^{***}	50	38 ^{***}
in 15 years	61	49 ^{**}	46	26 ^{***}	42	27 ^{***}	52	31 ^{***}	33	22 ^{***}
in 5 or 10 or 15 years (n)	87	80 [*]	79	70 ^{**}	77	74	79	80	70 (354)	64 (384)

* Chi square significant p < .05 (applies to shaded area)

** Chi square significant p < .01 (applies to shaded area)

*** Chi square significant p < .001 (applies to shaded area)

Table 31. Career Advancement Attitudes (percent agreeing or strongly agreeing)

	1990		1995		2000		2006		2012	
	<u>Male</u>	<u>Female</u>								
In my career I have been willing to relocate to obtain a better position. (n)	85	59***	84	59***	73	57***	73	55***	76	57***
									(355)	(386)
I feel discriminated against in obtaining a better position because of my gender. (n)	na	na	na	na	5	24***	3	19***	3	17***
									(352)	(410)
Success in healthcare management is heavily influenced by social factors (i.e., who you are and who you know). (n)	na	na	na	na	na	na	64	68	60	74***
									(362)	(413)

*** Chi square significant p <.001 (applies to shaded area)

Table 32. Views of Respondents About Increasing the Proportion of Women Senior Managers (percent)

	2000		2006		2012	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Favor	53	90***	42	81***	42	79***
Oppose	47	10	58	19	58	21
(n)	100% (204)	100% (239)	100% (381)	100% (440)	100% (700)	100% (803)

*** Chi square significant $p < .001$ (applies to shaded area)

APPENDIX

Comparison of Respondents and Nonrespondents (percent)

	<u>Respondents</u>	<u>Non-respondents</u>
Age		
<35	10	9
35-44	38	40
45-54	37	33
55 +	<u>15</u>	<u>17</u>
	100%	100%
(n)	(1482)	(2456)
Sex		
Male	47	59***
Female	<u>53</u>	<u>41</u>
	100%	100%
(n)	(1588)	(2742)
Race/Ethnicity		
White (non-Hispanic)	86	84**
Black (non-Hispanic)	6	8
Hispanic/Latino	4	3
Asian or Pacific Islander	3	4
American Indian, Eskimo, or Aleut	<u>1</u>	<u>1</u>
	100%	100%
(n)	(1465)	(2374)

Note: Percentages may not sum to 100 due to rounding

** Chi square significant p<.01 (applies to shaded area)

*** Chi square significant p <.001 (applies to shaded area)

APPENDIX (continued)

Comparison of Respondents and Nonrespondents (percent)

	<u>Respondents</u>	<u>Non-respondents</u>
Highest Degree		
Doctorate	9	9*
Master's	77	74
Bachelor's	13	17
Other/none	<u>0</u>	<u>0</u>
	100%	100%
(n)	(1583)	(2716)
Field of Highest Degree		
Healthcare management	45	42***
Business	28	33
Clinical/allied health	18	15
Public health/public administration	1	2
Other	<u>8</u>	<u>11</u>
	100%	100%
(n)	(1562)	(2655)

Note: Percentages may not sum to 100 due to rounding

* Chi square significant p<.05 (applies to shaded area)

*** Chi square significant p <.001 (applies to shaded area)

APPENDIX (continued)

Comparison of Respondents and Nonrespondents (percent)

Position Level	<u>Respondents</u>	<u>Non-respondents</u>
CEO	14	17
C-suite	20	18
Senior vice president	16	16
Vice president	31	29
Department head/staff	10	11
Consultant	3	5
Other	<u>5</u>	<u>5</u>
	100%	100%
(n)	(1562)	(2674)
Employing Organization		
Hospital system:		
Corporate headquarters	10	10***
Member hospital	28	25
Freestanding hospital	35	31
Other direct provider	8	7
Managed care/HMO	1	2
Other	<u>18</u>	<u>25</u>
	100%	100%
(n)	(1559)	(2651)

Note: Percentages may not sum to 100 due to rounding

*** Chi square significant p <.001 (applies to shaded area)