

American College of Healthcare Executives

A Comparison of the Career Attainments of Men and Women Healthcare Executives December, 2006

Executive Summary

Background

This is the fourth 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 approximately every five years by the American College of Healthcare Executives using samples of its affiliates. Collaborating on this study were researchers from the Department of Health Policy and Management of the University of Kansas.

Methods

Data for healthcare executives were obtained by questionnaire from ACHE affiliates in 2006. In all, 1,597 affiliates were selected for study; 837 responded. The overall response rate was 52 percent.

Major Findings

Position: There has been an increase in the proportion of women relative to men who achieve CEO status. Using sampling methods to allow women and men a similar amount of time to obtain experience in healthcare management, about 12 percent of women, compared to 19 percent of men had achieved CEO positions. In contrast to the three previous studies where women achieved CEO positions at about 40 percent of the male rate, in 2006 they achieved CEO positions at 63 percent of the male rate.

Women are more involved than men in specialized management areas including nursing services (12% vs. 2%), planning, marketing, quality assurance, (18% vs. 11%) and the continuum of care (ambulatory, home, and long-term care) (4% vs. 2%). However, a higher proportion of men, 57 percent, are in general management compared to 44 percent of women.

Mobility within firm: In contrast to the 2000 report, women appear to have moved up the organizational hierarchy within their current firms at nearly the same rate that men have. Comparing first job to current job in the same employing firm showed that 30 percent of men and 25 percent of women were promoted from vice president to COO or CEO positions. About 20 percent of both men and women who began as COOs/senior vice presidents/associate administrators were in CEO positions in 2006.

Salary: Having attained equal levels of education and experience, in 2005, women on average, earned \$107,800 and men earned on average, \$131,000. Thus women earned \$23,200 less than men did, or 18 percent less overall. This represents a gap comparable to prior studies in 1990, 1995 and 2000 when women with similar characteristics earned 18,

17, and 19 percent less respectively than men did. Despite the persistence of this gap, women in healthcare management are in a better relative position than women in general business who in 2005 earned 27 percent less than men.

Satisfaction: Women and men express similar high levels of satisfaction with their positions generally; 86 percent of women and men are satisfied or very satisfied. The specific areas of satisfaction showed both women and men respectively to be similarly satisfied with: job security (85% and 84%) job opportunities in their organization (71% and 73%), as well as the balance they have between work and personal/family commitments. (74% and 75%), and the recognition and rewards they are given (70% and 73%).

About three quarters of women and men are satisfied with their compensation compared to others in their organization at the same level, while more than 80 percent of both groups are satisfied with their overall advancement in the organization. Somewhat fewer, about two thirds, were satisfied with the availability of mentors and coaches. Both men and women express similar levels of commitment to their organizations. Sixty five percent of men and 68 percent of women said that the chances are slight or they definitely will not leave their current employer voluntarily within the next year.

Education and Experience: While in the prior studies, more men than women majored in healthcare management, today about half of each group has majored in healthcare management. However, more women than men had previous experience as clinicians (56% vs. 31%). For the first time, women have spent a similar number of years in management positions after receiving a master's degree (12.9 years for men vs. 12.3 years for women).

More women (85%) than men (75%) began their healthcare management careers at the department head or department staff level instead of at the vice president or higher levels. Conversely, ten percent of men and only five percent of women took their first position at the vice president or assistant administrator level.

Work/Family Conflicts: As was true in previous studies, women who have children typically serve as their primary caregiver (31% of women vs. 1% of men) and 40 percent of women compared to 16 percent of men feel that family/home obligations fall disproportionately on them. For men, this is double the proportion that stated this in prior years. Career interruptions of three or more months did not markedly diminish women's salaries when compared to women with uninterrupted careers.

Institutional Factors: Similar proportions of men and women report their organizations have policies that support family responsibilities such as flexible arrival and departure times, reduced work schedules, and so forth. In contrast to 2000, where more women than men reported their organizations offered leaves, sabbaticals and telecommuting, today similar proportions of women and men state such options are available.

Between 2001 and 2006, 29 percent of women said they failed to receive fair compensation because of gender; one 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 three percent of men stated they failed to receive fair compensation because of their gender. During the past five year period, ten percent of women and three percent of men experienced sexual harassment, rates representing a decline from previous studies.

Over 80 percent of both men and women agreed that executives in their firms apply human resource policies (such as sick leave) fairly and make downsizing decisions fairly. But 69 percent of women compared to 86 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, 48 percent of men compared to 33 percent of women have lunch with other managers 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 (40% vs. 70%). But similar percentages aspire to work in a hospital or system during the 15 year time span (79% vs.80%).

Attitude Differences: Eighty one 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 the most qualified person should be chosen.

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 previous studies when women achieved CEO positions at about 40 percent of the male rate, in 2006 they achieved CEO positions at 63 percent of the male rate. Moreover, in contrast to the 2000 study, women appear to have moved up the organizational hierarchy within their current firms at nearly the rate that men have. Finally, in contrast to the 2000 study when women expressed lower satisfaction with their advancement in the organization, compensation compared with others in their organization at their level and availability of mentors/coaches, their satisfaction levels in the 2006 study were similar to men's.

However, some results in this fourth cross sectional study of ACHE affiliates 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 18 percent less than men. 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 10-15 percent fewer women than men characterize their organizations as equitable.

The research in 2006 represents the continued commitment of ACHE to monitor the progress of women in the field of healthcare management. Additional research is now underway to determine if pro-diversity policies and practices have a unique effect on

women's perceptions and attitudes toward their organizations. 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.

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Background

This is the fourth 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 approximately every five years by the American College of Healthcare Executives using samples of its affiliates.

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 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 and 2006 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 5 and 9 years. To aid in analysis, the 1995, 2000 and 2006 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.

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 and a 52 percent response rate in 2006. In 2006, the oldest cohort (1987-1991) responded at a 56 percent rate, somewhat higher than the younger two cohorts did. 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 three 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. 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 appendix A. Overall, respondents are similar to nonrespondents in age, race/ethnicity, educational level attained, and position level. However, women were more likely than men to respond, as were executives whose highest degree was in the field of healthcare management versus those with other fields of concentration. 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 four time periods: 1990, 1995, 2000 and 2006. 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 (19 percent) than women (12 percent) had achieved CEO positions in 2006. 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. These findings result from the fact that over time, a lower proportion of men are in CEO positions while women have maintained their proportion of CEO positions.

Table 3 provides additional detail concerning the level in the organizational hierarchy achieved by women and men. As was shown in table 2, more women hold CEO positions

relative to men in 2006 than was true in 2000. Similar proportions of women and men—about 40 percent—report directly to their CEO. Finally, about half of both men and women are in line positions and nearly 40 percent of both groups say they hold both line and staff positions, which parallels data reported in 2000.

Organization

Table 4 describes the types of organizations that employ respondents. While both groups appear to be employed principally by hospitals in all study years, today, more men than women work in freestanding hospitals. Moreover, while in previous surveys, both gender groups work for organizations under similar sponsorship, today, more women work in not-for profit secular settings while more men work in investor owned, and government settings.

The principal area of responsibility displayed in table 5 shows that more men than women healthcare executives continue to be involved in general management. 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).

Table 6 shows various other features that depict the job situation of women and men healthcare executives. On average, men have been employed by their firms for six years and women have been with their firms for eight years. In addition, men have been in their current position an average of three years, women an average of four years. Tenure has increased both with the firm and in the position when compared to 1995 and 2000.

As was true in 1995 and 2000, a higher proportion of women than men today are the first person of their gender to hold their position. In addition, while two out of three women report to men, over three quarters of men report to a man. Women supervise a median of one man and five women, while men supervise a median of two men and four women.

Finally, while in previous research, more women than men took on the role of mentors, today, the differences are minimal—about half of the respondents serve as a mentor. In contrast to previous findings, women who serve as mentors today claim fewer female protégés than do men. Men continue to identify more male protégés than women do.

Income

(The reader is cautioned that this is not considered a valid salary survey for benchmarking purposes.) Table 7 compares the groups' incomes in 2005, 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 and 1999 income information is presented under the 1990, 1995 and 2000 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 and in 2005 they earned 18 percent less than men did. In 2005, men earned a median income of \$131,000; women earned a median of \$107,800. Compared to the general business community, women in healthcare management experienced a

lesser wage gap. For example, in 2005, businesswomen earned 27 percent less than businessmen. (*Employment and Earnings*. Annual Averages Table 39, “Median weekly earnings of full-time wage and salary workers by detailed occupation and sex,” U.S. Dept. of Labor, Bureau of Labor Statistics, 2006.)

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 2005, these differences were especially evident at the CEO level, where women earned approximately 22 percent less than men in CEO positions.

Table 9 considers the impact of career interruptions on salaries, controlling for position level. 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

Comparing the satisfaction levels of men and women today shows no material differences between the two groups. 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—over 80 percent 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 the compensation they received compared with others in their organizations at their level, their balance between work and personal/family commitments, job opportunities in the organization, and recognition/rewards. About two out of three respondents were satisfied with the availability of mentors/coaches.

Another outcome of interest, not previously examined, are men’s and women’s commitments to their organizations. As shown on 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.

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 through 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 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, both gender groups have typically acquired a master’s degree. Table 12 shows that nearly equal proportions of men and women—about 85 percent--have attained a master’s degree. The differences between the gender groups in the field of study are narrowing so that while a decade ago, more men than women had specialized training in health administration, today, about half of both groups had such training. The main difference today is the larger proportion of women who have had training in the disciplines of clinical and allied health. In addition, each group had accrued approximately 12 years of management experience since receiving their master’s degrees.

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. However, less than a third of the men and less than a fifth of women took a residency.

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, and since 1995, 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 only 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 appears to be narrowing. Even though fewer women than men completed a residency in the field, only a third 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 previous studies and again in 2006, more women than men reported having had a mentor. Today 80 percent of women compared to 72 percent of men said they had a mentor. For those that had a mentor, about half of the women

report that their most influential mentor was male compared to 82 percent of the men. Over time, it appears that both gender groups are citing fewer men as their most influential mentor and more women appear to be serving in this capacity. On average, both men and women said this mentor/protégé relationship has lasted five 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 continue to be about twice as likely as 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 decade and a half 1990-2006, for example, the proportion of men with such experience rose from 21 to 31 percent. For those who worked as clinicians, the median number of years worked was six for men and seven for women.

The 2006 study shows some deepening of the trends observed in prior studies. Today, the plurality of men and women took their first positions as department staff; in prior surveys, the plurality 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. In general, the patterns observed in 1990 concerning men's first areas of responsibility continue in this fourth study. Thus, in addition to general management, men are more likely than women to begin their careers by managing financial services, ancillary services, and clinical services, while women are more likely to begin managing nursing services. Equal proportions began their careers in planning/marketing.

As we noted in the 2000 report, there has been a sustained proportion of about a 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 dissatisfied nurses is management, where their prior experience in healthcare may facilitate a career transition. Moreover, the growing integration of clinical and managerial decision making, including such innovations as critical pathways, may make individuals trained as nurses particularly attractive candidates for healthcare management positions.

As was true in 1990, for this group of ACHE affiliates, hospitals were the most prevalent type of first employer—about 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 65 percent began their careers in not for profit organizations, 20 percent started in investor owned settings while the remaining 15 percent 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, examining the net migration patterns shows that men but not women left (net decrease from first to current position) department head positions. Fourth, 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 2000 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 nearly all of the male executives who began as CEOs remained at that level; but 12 percent of the women who started as CEOs have now descended to COO or vice president positions. 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 20 percent of both men and women who began as COOs/senior vice presidents/associate administrators were in CEO positions in 2006. In contrast to the 2000 report, women appear to have moved up the organizational hierarchy within their current firms at nearly the rate that men have.

In summary, education in healthcare management appears to be converging between women and men but more women 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. However, in contrast to previous reports, women and men in this study have accrued approximately the same amount of management experience.

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, care-giving 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 2006, for example, 90 percent of men were married, compared to 76 percent of the women in the sample (table 17). For those who are married, 35 percent of the men's spouses work full time, compared to 80 percent of women's spouses (table 18). Men in the sample contributed more to the total family income than women. In 2006, men contributed a

median of 90 percent while women contributed 60 percent to their family's income. Thus, not only are fewer women married, but those who are married contribute less than the men do to their family's total income.

Men reported a mean of two children; women overall had fewer children, with a mean of 1.6 (table 19). Compared to men, women who do have children have older children, i.e., over the age of six (table 20).

Respondents have very different responsibilities in caring for their children depending on gender. While two out of three men rely on their spouses to care for their children when they are sick, only 12 percent of women cited this arrangement in 2006 (table 19). To care for sick children, women were more likely to take turns with their spouses (44 percent) or care for them themselves (31 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 43 percent of men and 25 percent of women surveyed have children under age six and that about ten percent of each group plan to 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 (53 percent) than women (45 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 (44 percent) than men (19 percent) are (or will be) reticent to take on additional professional responsibilities and (2) more women (83 percent) than men (59 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 or leave employment in healthcare management 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 permanently.

The extent to which men and women actually withdrew from the workforce for three months or more is displayed in table 21. As was true in the prior studies, more women than men in 2006 indicated they had to leave the workforce since beginning their careers in healthcare management because of their spouse's career moves (2 percent of women vs. 0 percent of men) or because of childbearing or child rearing (7 percent of women vs. 0 percent of men).

While women continue to withdraw from the workforce more than men do, a smaller proportion have done so beginning with the 2000 survey. Elder care, as was true in prior research, was not a factor in either gender group's leaving the workforce. Several female respondents suggested that women need to decide on what kinds of lifestyle they wish to

lead, i.e., whether family or career takes precedence. They went on to suggest that if family takes precedence, then career options may be limited but that meaningful contributions could be made below the CEO or vice president level. In addition, some suggested that opportunities for younger women need to be structured so that they can take interesting part-time opportunities such as staff positions while fulfilling the demands of parenthood.

Table 22 shows the different attitudes held by men and women in acknowledging that family/home obligations fall disproportionately on them. As was true in the past, about 40 percent of women said they bear the greater burden. Only 16 percent of men said that family home obligations fell disproportionately on them. For men, this is double the proportion that stated this in prior years. It may be that the burdens of household maintenance and child/elder care are slowly being equalized. A few female respondents suggested that such when men take on the main burden of family responsibilities, their spouses can better compete for top level positions, positions that require a great deal of travel and offer high compensation.

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 23-29 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. There were few differences reported by men and women. More than 80 percent of both men's and women's organizations offer their managers and executives flexible arrival and departure times. Other policies offered by about 60 percent of both men's and women's organizations include reduced work schedules or part-time work, as well as leaves and sabbaticals. Both men and women report telecommuting offered by more than 40 percent of their organizations but job sharing is offered less frequently. The only difference between men's and women's reports on flexibility was offering a compressed workweek; fewer women (31 percent) than men (43 percent) said their organization offered the opportunity for a compressed workweek.

The second half of table 23 concerns work/life programs and services. Again, there were only small differences when comparing men's and women's healthcare organizations. Nearly a third offer child care resources and referral but less than a 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. Several female respondents suggested that the lack of daycare benefits or resources for sick childcare impacts women more negatively than men.

Pro-diversity initiatives This year, for the first time, specific pro-diversity policies were investigated. This was done to determine what kinds of actions organizations were undertaking to promote the careers of women in healthcare management. As seen in table 24, targeting women to be hired is relatively rare—only six percent of women said that their organizations had set targets for hiring women managers and nine 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.

In terms of advancing executives' careers, no important differences were evident when comparing men and women. Between 50 and 60 percent report that their organizations offer career development programs; about 40 percent of each group said that their organizations prefer filling senior management positions with internal candidates and as many publicized skill and knowledge criteria for advancement. Just over a 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 a quarter of respondents' organizations; about 15 percent said their senior executives are evaluated in part on their mentoring activities. Twelve percent stated that rotations were provided to develop senior level executives. Only about ten percent said that their senior executives were encouraged to mentor women while about 5 percent said that targets were set for promoting women managers or executives. 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 and preferences for filling senior level positions with internal candidates, 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. Over 90 percent stated their organization has a zero tolerance policy for sexual harassment; just less than half stated that their organizations seek out women for board positions. More men (52 percent) testify that this is the case than women (40 percent). Between 40 and 50 percent said their organizations try to ensure that women are represented on key committees and about a 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 four surveys, a slight trend is discernible for both men and women to have an increasing proportion of female predecessors. Today, 21 percent of males state their predecessor was a female; 40 percent of women state their predecessor was female. But the main finding is that, as was true for each of the previous surveys, a majority of men succeed men and a plurality of women succeed women. A few female respondents commented that except for the Chief Nursing Officer, only men were identified as successors to current top level executives.

Mentors For the first time this year, mentoring within the current organization for both gender groups was investigated. Data in table 26 show that 54 percent of men and 62 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.” Eighty percent of the men and 83 percent of the women stated that these informal mentors were their supervisors. Men were twice as likely to have a male mentor while women had equal odds of having a male or female informal mentor.

Formal mentors are “assigned a protégé by a program coordinator usually on the basis of written application.” Forty three percent of men and 28 percent of women stated that such formal mentors were also their 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, dinner, health/fitness clubs, bars, restaurants, cultural and sporting events and in family activities. Also, more men than women play sports with other executives at least monthly. 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—5 year review. Again in 2006, we asked respondents to indicate whether they had experienced gender discrimination in their work environments during the past five years (table 28). The data show that compared to prior years, fewer respondents experienced discriminatory actions. For example, among women in 2000, 43 percent stated they failed to receive fair compensation because of their gender. But in 2006, this percentage declined to 29 percent. Similarly, in 2000, 20 percent of women failed to be promoted because of their gender; in 2006, this percentage dropped to 14.

In 1995, 29 percent of women and 5 percent of men said they had experienced sexual harassment. In 2000, 23 percent of women and 6 percent of men stated they had experienced sexual harassment during the past five years. Today, 10 percent of women and three percent of men acknowledge having had such experiences.

Overall, the environment at work for women appears to have improved over the past decade and a half, though differences still are discernable that depict women’s inequitable treatment.

Even though few differences were observed comparing men’s and women’s organization concerning pro-diversity initiatives, their attitudes about gender equity in their firms are still quite disparate. As shown in table 29, approximately 10-15 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 assignments are given based on skills and abilities.

On the other hand over 80 percent of both men and women agreed that executives in their firms apply human resource policies (such as sick leave) fairly and make downsizing decisions fairly. But overall, only 69 percent of women compared to 86 percent of men believe there is gender equity in their organization. And, more than twice as many women (21 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 more men state their organizations seek out women to be on their boards) 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 non-work 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 and 2006 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. In the short term, (a 5-year future timeframe), approximately equal proportions of women and men 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, 52 percent of men, compared to 31 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 four 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. Nineteen 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 2006, nearly

a fifth of women continue to feel their careers are being stymied by gender discrimination.

A new question examines 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)." Two thirds of both men and 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 grow 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 or not they favored efforts to increase the proportion of women in senior healthcare management positions. Table 32 shows that in 2006, a high proportion of healthcare executive women in the study, 81 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.

Asked to write the rationale for their views on this question, about one-third of men and women who favor efforts to increase the proportion of women in senior management positions said that they feel that women's representation in upper level management is disproportionately low. About a quarter of men favoring such efforts also stated that diversity brings different and important perspectives to management. Another 20 percent of the men and ten percent of women wrote that the most qualified individual should be chosen.

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 (55 percent of men and 43 percent of women). Also, about 15 percent of both men and women respondents stated that women were well represented in their institutions. About ten percent stated that quotas are unfair.

The survey's penultimate question asked respondents to write in their views about how gender had affected their career progressions personally. Of the 59 male respondents, nearly 60 percent stated that gender had not played a role in their career advancement; about a half of 118 responding women echoed this. Nearly a quarter of the men and 13

percent of women stated they had witnessed discrimination based on factors other than gender. The final observation is that 30 percent of women stated that their gender has negatively affected their careers but only 13 percent of 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 33 men wrote in comments, the most prevalent responses were that (1) gender discrimination has become, or is quickly becoming irrelevant (n=7) and (2) women are given preferential treatment in the field of healthcare (n=8). Few of the 109 responding women concurred. Indeed, nearly half of them stated that women do not have equal opportunities for advancement at the upper levels of healthcare management (49 percent) and another popular comment was that women are held back in their careers because the men in power do not take them seriously (36 percent).

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 previous studies when women achieved CEO positions at about 40 percent of the male rate, in 2006 they achieved CEO positions at 63 percent of the male rate. Moreover, in contrast to the 2000 study, women appear to have moved up the organizational hierarchy within their current firms at nearly the rate that men have. Finally, in contrast to the 2000 study when women expressed lower satisfaction with their advancement in the organization, compensation compared with others in their organization at their level and availability of mentors/coaches, their satisfaction levels in the 2006 study were similar to men's.

However, some results in this fourth cross sectional study of ACHE affiliates 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 18 percent less than men. 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 10-15 percent fewer women than men characterize their organizations as equitable.

The research in 2006 represents the continued commitment of ACHE to monitor the progress of women in the field of healthcare management. Additional research is now underway to determine if pro-diversity policies and practices have a unique effect on women's perceptions and attitudes toward their organizations. 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.

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Appendix A. Comparison of Respondents and Non-respondents

Table 1

**Replication Study
Sample and Response Rates**

	Sample				Responses				Percent			
	1990	1995	2000	2006	1990	1995	2000	2006	1990	1995	2000	2006
Cohort 1 (in field 15-19 years):												
Men	163	200	266	264	106	105	147	141	65	53	55	53
Women	<u>142</u>	<u>200</u>	<u>267</u>	<u>266</u>	<u>106</u>	<u>131</u>	<u>176</u>	<u>156</u>	<u>75</u>	<u>66</u>	<u>66</u>	<u>59</u>
Total	305	400	533	530	212	236	323	297	70	59	61	56
Cohort 2 (in field 10-14 years):												
Men	174	200	266	266	112	105	139	126	64	53	52	47
Women	<u>194</u>	<u>200</u>	<u>266</u>	<u>269</u>	<u>133</u>	<u>128</u>	<u>195</u>	<u>152</u>	<u>69</u>	<u>64</u>	<u>58</u>	<u>57</u>
Total	368	400	532	535	245	233	294	278	67	58	55	52
Cohort 3 (in field 5-9 years):												
Men	161	200	268	267	101	119	134	121	63	60	50	45
Women	<u>185</u>	<u>200</u>	<u>268</u>	<u>265</u>	<u>132</u>	<u>134</u>	<u>155</u>	<u>141</u>	<u>71</u>	<u>67</u>	<u>58</u>	<u>53</u>
Total	346	400	536	532	233	253	289	262	67	63	54	49
All												
Men	498	600	800	797	319	329	420	388	64	55	53	49
Women	<u>521</u>	<u>600</u>	<u>801</u>	<u>800</u>	<u>371</u>	<u>393</u>	<u>486</u>	<u>449</u>	<u>71</u>	<u>66</u>	<u>61</u>	<u>56</u>
Total	1019	1200	1601	1597	690	722	906	837	68	60	57	52

Table 2

Position by Gender and Year

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

*** Chi square significant $p < .001$

Table 3

Reporting Level by Gender

	2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
CEO	24	9***	20	11***
Report to CEO	40	38	41	37
2-3 level from CEO	31	47	37	46
4-6 level	4	5	2	6
7-9 level	1	0	0	0
10+ level	0	0	0	0
	100%	100%	100%	100%
n	(413)	(473)	(381)	(442)

	2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Line	50	45	52	45
Staff	14	13	8	12
Both line and staff	35	41	37	39
Do not know	<u>2</u>	<u>2</u>	<u>3</u>	<u>4</u>
	100%	100%	100%	100%
n	(414)	(471)	(381)	(440)

*** Chi square significant $p < .001$

Table 4

Employing Organization									
	1990		1995		2000		2006		
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
Type of organization:									
Corporate headquarters									
of a health system	12	10	7	6	11	7	8	8**	
Member hospital of a									
health system	33	29	22	29	32	32	25	27	
Freestanding hospital	39	36	45	38	32	32	42	35	
Other direct provider	4	5	11	6	9	10	12	14	
Managed care	2	5	3	4	4	4	0	5	
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>	
	100%	100%	100%	100%	100%	100%	100%	100%	
n	312	354	312	371	413	471	381	439	
Median FTEs:							1200	1700	
Ownership:									
Not-for-profit religious	}	68	76*	20	18	14	14	18	18*
Not-for-profit secular		47	51	42	48	40	51		
Investor-owned		20	14	20	19	26	24	28	21
Federal gov't		3	1	3	4	5	7	5	4
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>
	100%	100%	100%	100%	100%	100%	100%	100%	
n	317	365	311	368	206	236	377	436	

* Chi square significant p < .05

** Chi square significant p < .01

Table 5

**Current Area of Responsibility
by Gender and Year**

Responsibility area:	1990		1995		2000		2006	
	<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	69%	45%***	50%	34%***	62%	46%***	57	44***
Clinical services	6	8	8	8	9	9	11	6
Planning/marketing/QA	7	14	9	12	11	17	11	18
Ancillary services	4	6	3	1	5	3	4	2
Financial management	3	3	6	4	7	6	10	8
Nursing services	0	4	1	7	0	10	2	12
Human resources	1	1	3	1	2	1	2	2
Continuum of care	8	12	11	14	4	7	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>
	100%	100%	100%	100%	100%	100%	100%	100%

*** Chi square significant $p < .001$

Table 6

Current Position—Related Information

		1990		1995		2000		2006	
		<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	<u>na</u>	<u>na</u>	<u>4</u>	5	5	6	6	8
In current position									
	median	<u>na</u>	<u>na</u>	<u>3</u>	2	2	2	3	4
First person of respondent's gender to hold position:									
	Yes (percent)	<u>na</u>	<u>na</u>	<u>9</u>	38 ^{***}	11	33 ^{***}	14	28 ^{***}
Immediate supervisor:									
	Male	88	80 ^{***}	77	73 ^{***}	78	72	78	66 ^{***}
	Female	12	20	16	25	19	26	19	33
	No Supervisor	<u>---</u>	<u>---</u>	<u>7</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>3</u>	<u>1</u>
		<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	100%	100%	100%	100%

Table 6 (continued)

		Current Position—Related Information							
		1990		1995		2000		2006	
		<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Immediate reports:									
Male									
median		3	1	2	1	2	1	2	1
Female									
median		4	4	4	4	4	4	4	5
Serve as mentor (%)		45	55 ^{**}	44	60 ^{***}	54	63 ^{**}	48	54
Number of male protégés									
mean		.8	.6 ⁺	2.2	1.5 ⁺⁺	2.2	1.4 ⁺⁺	2.1	1.1 ⁺⁺⁺
Number of female protégés									
mean		.7	1.4 ⁺⁺⁺	2.0	3.3 ⁺⁺⁺	2.2	3.2 ⁺⁺⁺	2.1	2.6 ⁺

+ t-test significant p < .05
 ++ t-test significant p < .01
 +++ t-test significant p < .001
 ** Chi square significant p < .01
 *** Chi square significant p < .001

Table 7

Median Salary (Full-time only)

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

** Chi square significant p < .01

*** Chi square significant p < .001

Table 8

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

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

Note: Numbers in parentheses represent the number of respondents in that category.

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

	1990	
	<u>Females (No Interruption)</u>	<u>Females (Interruption 3+ Months)</u>
Overall median (\$1,000s)	57.5	57.0
CEO	70.0*	---
COO/Sr. VP/Assoc. Admin.	73.9	---
VP/Asst. Admin.	57.1	60.0*
Dept. Head/Staff	43.9	---
1995		
	<u>Females (No Interruption)</u>	<u>Females (Interruption 3+ Months)</u>
Overall median (\$1,000s)	71.9	70.2
CEO	98.2*	---
COO/Sr. VP/Assoc. Admin.	89.5	69.4*
VP/Asst. Admin.	73.5	82.9*
Dept. Head/Staff	54.8	56.3*

Table 9 (continued)

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

	2000	
	<u>Females (No Interruption)</u>	<u>Females (Interruption 3+ Months)</u>
Overall median (\$1,000s)	84.2	87.8
CEO	118.1	---
COO/Sr. VP/Assoc. Admin.	94.1	---
VP/Asst. Admin.	98.8	---
Dept. Head/Staff	69.6	76.8
	2006	
	<u>Females (No Interruption)</u>	<u>Females (Interruption 3+ Months)</u>
Overall median (\$1,000s)	109.4	106.4
CEO	130.9	---
COO/Sr. VP/Assoc. Admin.	136.0	---
VP/Asst. Admin.	130.9	---
Dept. Head/Staff	91.1	86.8*

--- Too few observations for statistical reliability.

* Number of cases 30 or less—computed median somewhat unreliable.

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

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

* Chi square significant $p < .05$ ** Chi square significant $p < .01$

Table 11

Organizational Commitment (2006 only)
(percent agreeing)

	<u>Male</u>	<u>Female</u>
I do <u>not</u> feel a strong sense of belonging to my organization	16	14
I do <u>not</u> feel "emotionally attached" to this organization	17	15
This organization has a great deal of personal meaning for me	75	74
I do <u>not</u> feel like "part of the family" at this organization.	19	17
Likelihood of leaving current employer voluntarily within the next year:		
Definitely will leave	4	5
Good chance will leave	13	7
Situation is uncertain	18	19
Chances are slight	35	36
Definitely will not leave	$\frac{30}{100\%}$	$\frac{32}{100\%}$

Table 12**Education
(percent)**

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Percent with master's degree or doctorate degree	95	95	91	88	91	87	88	82*
Major:								
Health administration	75	61***	60	44***	59	53***	54	48***
Business	9	13	22	24	27	19	32	26
Clinical/Allied Health	--	--	--	--	--	--	6	15
Public health/administration	4	4	4	4	1	5	1	2
Other	<u>12</u> 100%	<u>22</u> 100%	<u>14</u> 100%	<u>29</u> 100%	<u>19</u> 100%	<u>24</u> 100%	<u>7</u> 100%	<u>9</u> 100%
Years in management since master's degree	10	8+++	11	8+++	13	11+++	12.9	12.3

* Chi square significant $p < .05$ *** Chi square significant $p < .001$ +++ t-test significant $p < .001$

Table 13

**Residency, Fellowship, and Experience with Mentors
(percent)**

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Percent completing:								
Residency	64	49 ^{***}	48	27 ^{***}	41	25 ^{***}	31	19 ^{***}
Fellowship	8	13 [*]	15	12	18	15	14	14
Had mentor:								
Yes (percent)	70	81 ^{***}	67	82 ^{***}	75	79	72	80 ^{**}
Most influential mentor:								
Male	90	75 ^{***}	85	64 ^{***}	87	54 ^{***}	82	51 ^{***}
Female	<u>10</u> 100%	<u>25</u> 100%	<u>15</u> 100%	<u>36</u> 100%	<u>13</u> 100%	<u>46</u> 100%	<u>18</u> 100%	<u>49</u> 100%
Number of years in this relationship (median)	na	na	na	na	na	na	5	5

* Chi square significant p < .05

** Chi square significant p < .01

*** Chi square significant p < .001

Table 14
Career Origins
(Experience)

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Previous experience as a clinician:								
Yes (percent)	21	47***	26	56***	30	56***	31	56***
Number of years median	na	na	7	6	6	7	6	7

Table 14 (continued)

**Career Origins
(Experience)**

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
First employing organization:								
Freestanding hospital	44	43	54	55	48	51	49	56
Hospital in system	31	27	21	21	28	24	20	18
Corporate headquarters	9	8	2	2	5	3	4	3
Other provider	8	8	8	8	9	9	12	11
Managed care	1	2	2	2	2	4	3	4
Consulting firm	2	4	4	3	3	3	4	2
Association	1	3	0	2	1	1	1	1
Educational institution	3	3	2	2	2	3	2	1
Military	---	---	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>
	100%	100%	100%	100%	100%	100%	100%	100%
Ownership:								
Not-for-profit religious	na	na	19	22	18	17**	20	25
Not-for-profit secular			45	50	39	55	41	45
Investor-owned			19	17	23	15	20	18
Federal gov't			8	4	11	9	10	6
State and local gov't			<u>9</u>	<u>6</u>	<u>10</u>	<u>4</u>	<u>8</u>	<u>6</u>
			100%	100%	100%	100%	100%	100%
n			313	369	210	237	377	432

* Chi square significant $p < .05$

** Chi square significant $p < .01$

*** Chi square significant $p < .001$

Table 15

First and Current Position within Current Firm

Position in current firm:	2000				2006			
	First		Current		First		Current	
	<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	16	5 ^{***}	25	11 ^{***}	12	6 ^{***}	19	12 ^{**}
COO/Assoc. Admin.	14	9	19	16	16	11	23	19
VP	19	15	26	29	18	12	27	24
Dept. Head	32	41	20	28	33	34	23	35
Dept. Staff	12	21	4	7	15	30	5	6
Consultant	5	6	3	6	4	5	2	2
Other	<u>2</u>	<u>2</u>	<u>2</u>	<u>4</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>1</u>
	100%	100%	100%	100%	100%	100%	100%	100%

** Chi square significant p < .01

*** Chi square significant p < .001

Table 16

Promotion within Current Firm by First Position
(percent)

<u>First Position</u>	<u>Current Position</u>	1995		2000		2006	
		<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
	COO/Sr. VP.	5	0	2	0	0	8
	VP/Asst. Admin.	0	0	0	0	1	4
	Dept. Head/Staff/Other	<u>0</u>	<u>0</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>0</u>
		100	100	100	100	100	100
COO/Sr. VP/Assoc. Admin.	CEO	10	8	24	12	20	19
	COO/Sr. VP	86	90	72	82	77	79
	VP/Asst. Admin.	4	0	4	1	0	2
	Dept. Head/Staff/Other	<u>0</u>	<u>2</u>	<u>0</u>	<u>5</u>	<u>3</u>	<u>0</u>
		100	100	100	100	100	100
VP/Asst. Admin.	CEO	10	5	17	4	10	14
	COO/Sr. VP	21	25	12	13	20	11
	VP/Asst. Admin.	68	66	71	83	70	72
	Dept. Head/Staff/Other	<u>1</u>	<u>4</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>3</u>
		100	100	100	100	100	100
Dept. Head/Staff	CEO	6	4	6	5	5	4
	COO/Sr. VP	16	15	13	12	14	12
	VP/Asst. Admin.	27	31	26	25	26	21
	Dept. Head/Staff/Other	<u>51</u>	<u>50</u>	<u>54</u>	<u>58</u>	<u>55</u>	<u>62</u>
		100	100	100	100	100%	100%

Table 17
Current Marital Status
(percent)

	1990		1995		2000		2006	
	<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>Marital Status</u>								
Married to:								
First spouse	77	49***	72	51***	77	56***	74	54***
Second spouse	10	14	16	24	13	19	16	22
In a marriage-like relationship	1	4	2	3	2	3	2	2
Divorced	6	11	5	9	3	11	1	1
Separated	1	1	0	0	1	2	4	13
Widowed	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>
	100%	100%	100%	100%	100%	100%	100%	100%
n	318	371	266	318	419	485	382	446

*** Chi square significant $p < .001$

Table 18
Characteristics of Spouse
(percent)

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Working full-time	34	93 ^{***}	36	87 ^{***}	34	86 ^{***}	35	80 ^{***}
Share of family income contributed by married respondents:								
median (percent)	90	55	85	60	86	60	90	60
mean	84	55 ⁺⁺⁺	82	58 ⁺⁺⁺	83	61 ⁺⁺⁺	85	64 ⁺⁺⁺

+++ t-test significant $p < .001$

*** Chi square significant $p < .001$

Table 19
Children and Child Care

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Number of children mean	1.9	1.0 ⁺⁺⁺	1.9	1.4 ⁺⁺⁺	2.0	1.5 ⁺⁺⁺	2.1	1.6 ⁺⁺⁺
Number under 6 mean					0.5	0.3 ⁺⁺⁺	0.7	0.4 ⁺⁺⁺
Number 6-16 mean					1.0	0.5 ⁺⁺⁺	1.1	0.6 ⁺⁺⁺
Number under 16 mean	1.8	1.2 ⁺⁺⁺	1.7	1.1 ⁺⁺⁺	1.5	0.7 ⁺⁺⁺	1.8	1.0 ⁺⁺⁺
Who cares for sick children:								
Self	1	20 ^{***}	2	27 ^{***}	2	35 ^{***}	1	31 ^{***}
Spouse	75	6	65	10	75	17	66	12
Take turns	16	46	23	41	21	37	28	44
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>
	100%	100%	100%	100%	100%	100%	100%	100%

⁺⁺⁺ t-test significant p < .001

^{***} Chi square significant p < .001

Table 20**Impact of Children on Careers (2006 only)**

	<u>Male</u>	<u>Female</u>
Percent with children under 6	43%	25%***
Percent with plans to adopt a child or children in next few years	11	9
Yes	8	8
Maybe	<u>80</u>	<u>83</u>
No	100%	100%

(Table continued on next page.)

Table 20 (continued)

Impact of Children on Careers (2006 only)

How responsibilities for children has affected or will affect respondent's career in healthcare⁺

		(row percentages)				
		<u>Already occurred</u>	<u>Yes will occur</u>	<u>Most likely will occur</u>	<u>Uncertain</u>	<u>No</u>
No impact—others (will) care for child	M	35	10	8	23	24*
	F	22	7	16	21	33
I am/will be reticent to take on additional professional responsibilities	M	4	5	10	28	53***
	F	13	15	16	35	22
It is (will be) difficult to work long hours	M	24	13	22	13	29**
	F	35	22	26	7	10
It is (will be) difficult to relocate for a better position	M	9	19	21	20	31
	F	12	22	23	23	21
I am seeking (will seek) a new position in healthcare, e.g., consulting, self-employment, etc	M	8	13	12	18	49
	F	5	10	13	29	44
I am working (plan to work) part-time for more than one year	M	2	1	1	3	93***
	F	5	4	5	26	60
I will leave employment in healthcare management for more than a year	M	2	0	1	6	91**
	F	2	1	5	17	75
I will leave the field of healthcare management permanently	M	2	0	1	13	85
	F	0	2	2	16	80

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

* Chi square significant p < .05

** Chi square significant p < .01

*** Chi square significant p < .001

Table 21

**Percent That Voluntarily Withdrew from Workforce
for Three Months or More**

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Spouse career moves	1	6 ^{***}	2	9 ^{***}	0	3 ^{**}	0	2 ^{**}
Childbearing/child rearing	1	16 ^{***}	1	19 ^{***}	0	8 ^{***}	0	7 ^{***}
Elder care	0.3	0.3	0.6	0.6	0	0.4	0	0.3

** Chi square significant $p < .01$

*** Chi square significant $p < .001$

Table 22**Attitude about Work/Family Conflict
(percent agreeing)**

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Family/home obligations fall disproportionately on me	9	38***	6	37***	8	39***	16	41***

*** Chi square significant $p < .001$

Table 23

**Organization's Policies
(percent)**

	2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
<u>Forms of Flexibility Offered</u>				
Flexible arrival and departure times	84	85	83	83
Reduced work schedule/part time	34	38	65	63
Leaves and sabbaticals	37	53 ^{***}	59	59
Telecommuting/working from home	25	36 [*]	46	43
Compressed workweek	19	21	43	31 ^{***}
Job sharing	15	18	40	33

Table 23 (continued)**Organization's Policies
(percent)**

	2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
<u>Work/Life Programs and Services Offered</u>				
Child care resources and referral	14	19	30	31
Elder care resources and referral	13	14	21	24
Subsidized on-site child care	20	15	19	18
Subsidized near-site child care center	12	10	17	16
Sick child care	17	11 [*]	19	15

* Chi square significant $p < .05$

*** Chi square significant $p < .001$

Table 24

Organization's Initiatives - 2006
(row percentages)

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

Table 24 (continued)

Organization's Initiatives - 2006
(row percentages)

		<u>Implemented</u>	<u>Being Considered</u>	<u>Not in Effect</u>	<u>Don't Know/ NA</u>
Courses that teach principles of healthcare management targeted to former clinicians	M	27	10	45	18
	F	26	8	51	15
Formal mentoring program to develop senior level executives	M	21	17	52	10
	F	25	12	57	6
Senior executives evaluated in part on mentoring	M	18	9	52	22
	F	13	5	60	21
Rotations provided to develop senior level executives	M	13	12	61	14
	F	12	8	69	12
Senior executives encouraged to mentor women	M	11	4	57	29 ^{***}
	F	10	3	71	16
Target set for promoting women managers or executives	M	7	3	56	34 [*]
	F	4	3	66	28

Table 24 (continued)
Organization's Initiatives - 2006
(row percentages)

		<u>Implemented</u>	<u>Being Considered</u>	<u>Not in Effect</u>	<u>Don't Know/ NA</u>
(Strategy & Policy)					
Ensuring women's representation on key committees	M	46	3	29	23
	F	42	2	38	18
Seeking out women to be on the board	M	52	4	16	27 ^{***}
	F	40	6	27	27
Tying diversity goals to business objectives	M	35	10	32	23
	F	33	11	38	18
Having a zero tolerance policy for sexual harassment	M	95	1	1	3 [*]
	F	89	1	5	5
Reviewing track record on promoting gender and racial/ethnic equity in the organization by board (or corporate officials)	M	17	6	36	41
	F	23	3	37	38

* Chi square significant $p < .05$

** Chi square significant $p < .01$

*** Chi square significant $p < .001$

Table 25
Gender of Predecessor
(percent)

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Male	66	38***	55	31***	52	29***	56	30***
Female	11	25	18	29	18	35	21	40
Newly created	23	36	26	40	29	35	22	29
Do not know	<u>0</u> 100%	<u>1</u> 100%	<u>1</u> 100%	<u>0</u> 100%	<u>1</u> 100%	<u>2</u> 100%	<u>1</u> 100%	<u>1</u> 100%
n	317	369	258	306	211	242	378	440

*** Chi square significant p < .001

Table 26

**Mentors in Current Organization
(2006 only)**

	<u>Male</u>	<u>Female</u>
Percent with mentor current or previous	54	62
Of those,		
Number of informal mentors	2.4	2.4
Women (mean)	.8	1.1 ⁺⁺
Men (mean)	1.6	1.2 ⁺
Percent who were respondent's supervisors:	80	83
Number of formal mentors	.7	.5 ⁺
Women (mean)	.2	.2
Men (mean)	.5	.3 ⁺
Percent who were respondent's supervisors	43	28 ^{**}

Definitions

Informal mentors arise spontaneously between a mid career or late career mentor and someone who they view as younger versions of themselves. 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 usually last about a year.

** Chi square significant $p < .01$

+ t-test significant $p < .05$

++ t-test significant $p < .01$

Table 27

**Socializing with Other Executives
(percent affirming at least monthly)**

	1990		1995		2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Lunches	66	61	50	45	58	39 ^{***}	48	34 ^{***}
Dinners	22	15 [*]	17	14	17	7 ^{***}	15	7 ^{**}
Health/fitness clubs, bars, restaurants, other social activities	na	na	na	na	18	7 ^{***}	17	11 ^{**}
Culture	7	5	5	5	6	3 ^{**}	7	3 [*]
Attend sports	10	2 ^{***}	6	3 [*]	7	2 ^{***}	6	3 [*]
Play sports	18	6 ^{***}	9	3 ^{***}	11	3 ^{***}	9	4 ^{**}
Family activities	na	na	3	1	3	2	5	2 [*]

* Chi square significant p < .05

** Chi square significant p < .01

*** Chi square significant p < .001

Table 28

**Work Environment Five-Year Review (1995, 2000 and 2006)
(percent affirming)**

	1995		2000		2006	
	<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>						
Failed to be hired because of gender	4	12 ^{***}	5	9 [*]	3	6 [*]
Failed to be promoted because of gender	4	33 ^{***}	7	20 ^{***}	3	14 ^{***}
Failed to receive fair compensation because of gender	0	48 ^{***}	3	43 ^{***}	1	29 ^{***}
Received preferential treatment in hiring, promotion or compensation because of gender:						
	4	2	1	2	1	2
	3	2	0	1		
	2	1	0	1		
Been evaluated with inappropriate standards	13	24 ^{***}	16	20	9	15 [*]
Experienced sexual harassment	5	29 ^{***}	6	23 ^{***}	3	10 ^{***}
Personally witnessed sexual harassment	na	na	24	27	11	18 ^{**}

* Chi square significant p < .05
 ** Chi square significant p < .01
 *** Chi square significant p < .001

Table 29

Perception of Gender Equity - 2006
(percent agreeing)

	<u>Males</u>	<u>Females</u>
Executives here have a track record of hiring employees objectively, regardless of their gender	84	74 ^{***}
Executives here have a track record of promoting employees regardless of their gender	86	71 ^{***}
Executives here give feedback and evaluate employees fairly, regardless of the employee's gender	85	74 ^{***}
Executives here make management downsizing decisions fairly, regardless of employees' gender	86	80
Executives apply human resource policies (such as sick leave) fairly for all employees	91	87
Executives here give assignments based on the skills and abilities of employees	80	73 ^{**}
I feel that one or more senior managers in this organization are interested in advancing my career	72	67
All in all, I think there is gender equity in my organization	86	69 ^{***}
I feel I have been treated differently because of my gender	9	21 ^{***}

Table 30

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

* Chi square significant $p < .05$
 ** Chi square significant $p < .01$
 *** Chi square significant $p < .001$

Table 31

**Career Advancement Attitudes
(percent agreeing or strongly agreeing)**

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

*** Chi square significant $p < .001$

Table 32

**Views of Respondents About Increasing
the Proportion of Women Senior Managers
(percent)**

	2000		2006	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Favor	53	90 ^{***}	42	81 ^{***}
Oppose	<u>47</u>	<u>10</u>	<u>58</u>	<u>19</u>
	100%	100%	100%	100%
n	204	239	381	440

*** Chi square significant $p < .001$

Appendix A

Comparison of Respondents and Nonrespondents (percent)

	<u>Respondents</u>	<u>Non-respondents</u>
Age		
<35	10	7
35-44	40	44
45-54	39	37
55 +	<u>11</u>	<u>11</u>
	100%	100%
	(797)	(718)
Sex		
Male	46	54**
Female	<u>54</u>	<u>46</u>
	100%	100%
	(837)	(760)
Race/Ethnicity		
White (non-Hispanic)	90	86
Black (non-Hispanic)	5	9
Hispanic/Latino	3	3
Asian or Pacific Islander	2	2
American Indian, Eskimo, or Aleut	<u>0</u>	<u>1</u>
	100%	100%
	(532)	(365)

Appendix A (continued)

**Comparison of Respondents and Nonrespondents
(percent)**

	<u>Respondents</u>	<u>Non-respondents</u>
Highest Degree		
Doctorate	7	6
Master's	79	77
Bachelor's	14	17
Other/none	<u>0</u>	<u>0</u>
	100%	100%
	(766)	(694)
 Field of Highest Degree		
Healthcare management	51	42*
Business	28	30
Clinical/Allied Health	11	15
Public health/public administration	2	3
Other	<u>8</u>	<u>10</u>
	100%	100%
	(745)	(667)

Appendix A (continued)

Comparison of Respondents and Non-respondents (percent)

Position Level	<u>Respondents</u>	<u>Non-respondents</u>
CEO	17	20
C Suite	21	20
Senior Vice President	16	17
Vice president	30	26
Department head/staff	7	7
Consultant	3	5
Other	<u>5</u>	<u>6</u>
	100%	100%
	(814)	(732)
 Employing Organization		
Hospital system:		
Corporate headquarters	7	10 ^{**}
Member hospital	27	28
Freestanding hospital	37	28
Other direct provider	8	8
Managed care/HMO	2	3
Other	<u>18</u>	<u>23</u>
	100%	100%
	(726)	(569)

^{**} Chi square significant $p < .01$