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## Addressing Gender Equity in Healthcare Organizations

Department of Member Services, Research  
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**CEO Circle White Paper  
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## Abstract

The continued success of healthcare organizations depends on their ability to attract and retain talented women executives. In 2018, ACHE conducted a survey of 647 women and men healthcare executives to examine the impacts of 28 pro-diversity initiatives on women executives' views about their workplaces in three dimensions: (1) their feelings about whether their organizations had gender equity, (2) their satisfaction with their current positions and (3) their plans to remain with their organizations in the coming year. Establishing a zero tolerance policy for sexual harassment, offering rotations to develop senior executives and ensuring that women are on the short list of candidates for senior positions were three of the initiatives that positively impacted women executives' views of their workplaces.

## Introduction

The demand for capable healthcare administrators is as high now as it has ever been. With healthcare providers striving to do more with less, the advent of new technologies and a rising consumerism among patients, organizations need large forces of highly talented leaders at all levels to succeed. In addition, the field is facing the retirement of a generation of senior leaders in the next several years, creating a considerable hole in the top ranks and leaving some wondering if there will be enough fully developed executives ready to step into those positions (Foundation of the American College of Healthcare Executives, 2016, pp. 7-8).

Organizations that can attract and retain talented women executives have the advantage over their peers. Women represent a large, qualified talent pool. They currently make up over half of the U.S. population and three-quarters of the current healthcare workforce. Women are obtaining college and graduate degrees at higher rates than men (U.S. Department of Education 2019). Further, the merging of healthcare providers into larger systems makes such leadership traits as emotional intelligence, cooperation, ability to establish trust and empower others even more important, and these are management strategies at which women excel (Foundation of the American College of Healthcare Executives, 2016, p.4; Foundation of the American College of Healthcare Executives 2013, p.1).

There are data showing that organizations with women in senior leadership roles and on the board perform better financially (e.g., Turban, Wu & Zhang, 2019; Morgan, 2017; Carter & Wagner, 2004; Carter & Wagner 2011). Further, having senior leadership and board membership reflect the community served is one of the three recommended steps toward eliminating healthcare disparities and improving quality of care (Totten, 2015). With women being both the major users of healthcare and often the healthcare decision makers for their families (Luce & Kennedy, 2015), it is important that healthcare organizations have leadership that reflects this reality. There is evidence to suggest that true commitment to diversity

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initiatives and representative leadership has positive effects on employee satisfaction (Hunt, Layton & Prince, 2015) and retention (Hoss, Bobrowski, McDonagh & Paris, 2011). Finally, leaders should note that the up-and-coming generation of healthcare executives, in general, expect a greater degree of gender equity both at home and in the workplace and choose where they prefer to work accordingly (Rau & Williams, 2017).

Gender equity in workplaces is something with which organizations have wrestled for decades, and the issue is not yet resolved. There is no doubt that women occupying leadership positions are far more commonplace now than it was 20 years ago. Yet, there remain numerous indications that women still tend to be hired into more junior positions than their male counterparts, be paid less and be less likely to be promoted into the most senior positions (Foundation of the American College of Healthcare Executives, 2013, p.1; Mangurian, Linos, Sarkar, Rodriguez & Jagsi, 2018; Waller, 2016). Using data from the American Hospital Association's 2017 Annual Survey and ACHE's member files, ACHE estimated that women head a little less than one-third of U.S. hospitals. While women developing into leaders today do not have to contend with the overt exclusion from generations past, they may face more subtle, less visible forms of discrimination, sometimes referred to as "second generation biases" (Ibarra, Ely & Kolb, 2013). In addition, the #MeToo movement brought to light the pervasiveness of sexual harassment of women at work (Williams & Lebsack, 2018).

In late 2018, ACHE conducted the sixth in a series of Gender and Careers in Healthcare Management surveys, which compared the career attainments between samples of men and women healthcare executives who were ACHE members. Earlier surveys were conducted in 1990, 1995, 2000, 2006 and 2012. In 2018, as in previous surveys, questionnaires were sent to a sample of ACHE members with five to 20 years' experience in healthcare management.

Among other things, the 2018 survey examined how pro-diversity initiatives undertaken by organizations impacted the job-related attitudes of women healthcare executives. In fact, some programs were more highly associated than others with women feeling more positively about their employment in three important dimensions. These three dimensions were: (1) women feeling there was gender equity in their organizations, (2) women reporting being very satisfied with their jobs and (3) women intending to remain with their current employers in the coming year. This white paper looks at the rationales for, and prevalence of, programs to promote gender diversity related to: (1) recruiting, (2) advancement, (3) strategy/policy, (4) forms of flexibility and (5) programs and services to assist with work/life balance.

## Findings

### *How women and men feel about gender equity in healthcare workplaces*

So, how do executives feel about gender equity in healthcare workplaces in 2018? The answer depends on whether you ask women or men. The groups of women and men who responded to the 2018 Gender and Careers in Healthcare survey on average gave quite different answers. Perhaps not surprisingly, women saw the lack of equality in the workplace as a larger issue than men. For example:

- Eighty-eight percent of men, but only 64 percent of women, agreed with the statement: “All in all I think there is gender equity in my organization.”
- Eighty-six percent of women, but only 62 percent of men, felt that an effort should be made to increase the percentage of women in senior healthcare management positions.
- Sixty-nine percent of men, but only 38 percent of women felt that, based on their own experiences, healthcare workplaces are better at providing fair opportunities to women executives than they were five years ago.

This is a significant finding for those who wish to gauge the degree to which their own organizations are fairly providing opportunities and welcoming workplaces to both women and men. It is important to segment the information by gender; a “not too bad” rating may be covering up widely disparate ratings from female and male employees.

### *Workplace programs to help promote gender equity: what’s working*

Organizations have put a number of programs in place to attempt to address gender equity issues. Respondents to the 2018 Genders and Careers in Healthcare Management survey were asked whether their organizations had a specific list of programs, and we computed the prevalence of these different programs based on respondent answers. Those results are shown in Figures 1 through 5.

We also looked at how the presence of these programs in organizations was related to the proportion of women reporting satisfaction with their current employment in three important dimensions. (Again, the dimensions were: (1) how likely women were to say that there was gender equity in their organizations, (2) how likely they were to report that they were very satisfied with their jobs and (3) how likely they were to report that they intended to remain with their employers for the coming year.) While we cannot establish causation, women’s reported satisfaction levels varied considerably in relation to the presence or absence of the different gender equity programs.

In the sections that follow, we review each of the different types of programs designed to address gender equity, the rationales for having them and their prevalence in organizations as reported by survey respondents. We also examine which programs were associated with higher proportions of women reporting satisfaction with their employment in three dimensions. It is important to review this analysis to get a complete picture for each program. However, the following are 14 programs where the proportions of women reporting positive feelings in any of the three dimensions of job-related satisfaction were at least 25 percent higher in those organizations with these programs than in organizations without them. Those programs were:

- A zero tolerance policy for sexual harassment
- Rotations provided to develop senior-level executives
- Women candidates required to be on the short list for senior executive positions
- Target set for promoting women managers or executives
- Senior executives evaluated in part on mentoring
- Skill and knowledge criteria for advancement publicized
- Diversity goals tied to business objectives
- Senior executives encouraged to mentor women
- Formal succession planning
- Women's representation on key committees ensured
- Formal mentoring program to develop senior-level executives
- Board (or corporate officials) reviews track record on promoting gender and racial/ethnic equity in their organization
- Women sought out to be on the board
- Target set for hiring women managers or executives

*Please see the sections below for a more complete listing and analysis of how programs were related to women scoring positively regarding the different dimensions of job satisfaction listed above.*

The following is a more in-depth analysis looking at each group of programs separately.

## **1. Recruiting**

*Rationale:* Making sure that women are included and considered fairly in the hiring process for positions at all levels of the organization is key to improving gender diversity. An executive task force comprised of almost 200 top leaders recommended setting targets for hiring and advancing women as a means of ensuring women's representation in organizations (Hoss et al., 2011). Diversity goals can also help battle unconscious bias in the hiring process (Knight, 2017). Setting targets for hiring women in senior positions, ensuring that women are included on the short lists for senior positions and a disciplined practice of succession planning are all ways in which organizations can help ensure a pool of qualified women candidates for leadership roles.

*Prevalence:* The rates at which survey respondents reported the presence of different recruiting strategies in their organizations are shown in Figure 1. As we discovered in our earlier surveys, the recruiting programs considered in the study were fairly rare in healthcare organizations. In 2018, only 14 percent of survey respondents reported their organizations set targets for hiring women leaders, and 13 percent said their organizations required women to be included on the short list for senior positions. A somewhat higher proportion said their organizations conducted formal succession planning, but this 36 percent is still well short of even half.

*Impact:* Table 1 shows how the presence or absence of different organizational gender equity programs was related to the proportion of women who reported there was gender equity in their workplaces. Similarly, Tables 2 and 3 examine how the presence or absence of these programs was related to the likelihood of women reporting that they were very satisfied with their current positions, and saying they intended to stay with their current organizations in the next year, respectively.

Focusing specifically on recruiting programs, our ability to determine how these different gender equity initiatives were related to women's feelings about their employment is somewhat limited, because the percentage of organizations that had these programs was small (according to our survey respondents). So, the following results need to be viewed with some caution due to the small sample sizes.

The differences in the proportions of women being very satisfied with their current positions and reporting that they were likely to remain with their employers for the next year were 37 percent and 28 percent higher, respectively, in organizations that required women candidates to be on the short list for senior-level executive positions. Having such a requirement made little difference in the proportions of women feeling there was gender equity in their workplaces.

The presence of formal succession planning was associated with women have more positive views about their current employment, but to a lesser degree. The presence of formal succession planning was associated with a 26 percent increase in the proportion of women who reported being very satisfied with their current positions, a 20 percent increase in the proportion of women saying that there was gender equity in their organizations, and an 18 percent increase in the proportion of women saying they intended to stay with their current employer for now.

As can be seen in Tables 1, 2 and 3, somewhat higher proportions of women reported positive feelings about their employment in the three dimensions being considered when targets were set for hiring women executives. However, the very small number of organizations with such programs make it difficult to accurately assess these results.

## **2. Advancement**

*Rationale:* The survey considered a number of different programs to help advance leaders. These included development initiatives such as formal career development programs, courses for teaching healthcare management principles to former clinicians and rotations to develop senior-level executives. Also considered were a number of promotion practices such as a

preference for filling senior management positions with internal candidates, being transparent about the skill and knowledge criteria for advancement and setting targets for promoting women managers or executives. Mentoring practices were addressed in the questionnaire, including formal mentoring programs, having senior executives evaluated in part on their mentoring and having the organization encourage senior executives to mentor women.

Offering leadership development programs, as well as preparing leaders through developmental job experiences, have been suggested as effective advancement strategies to promote gender diversity (Hoss et al., 2011; Eagly & Carli, 2007). Organizations with a commitment to promoting from within can help even the playing field for advancement for men and women, as there is evidence to suggest that women are valued more for proven performance and so often advance more rapidly within their organizations than when they change employers (Carter & Silva, 2011). Openness about the requirements for advancement can help build trust among employees. Setting targets for promoting women can help maintain focus on equity and create accountability for ensuring it, although there were indications from the survey that formal quota systems should be avoided. Almost all—85 percent of women and 80 percent of men responding to the 2018 Gender and Careers in Healthcare survey—said that mentors had been important to them in advancing their careers. Formal mentoring programs that assure that both men and women are mentored by senior staff can help ensure that executives of both genders are being positioned for advancement (Ibarra, Carter & Silva, 2010). Holding both male and female leaders accountable for ensuring gender equity and routine review of metrics is a good way of maintaining focus in this area (Waller, 2016).

*Prevalence:* The prevalence of advancement programs considered in the survey, as reported by survey respondents, is shown in Figure 2. The most commonly encountered advancement initiatives are the offering of career development programs, reported by 60 percent of survey respondents as having been implemented in their organizations, and a preference for filling senior management positions with internal candidates (50 percent). The following were also reported as having been implemented in their organizations by about one-third or more of respondents: publicizing skills and knowledge criteria for advancement (47 percent), providing courses for former clinicians to learn healthcare management principles (36 percent) and the existence of formal mentoring programs to develop senior executives (30 percent). Less than one-quarter of respondents reported that their organizations formally encouraged senior executives to mentor women (22 percent), evaluated senior executives on their mentoring (19 percent), had leaders participate in rotations to prepare them for senior roles (19 percent) or set targets for promoting women managers or executives (9 percent).

*Impact:* Again, data on the relationships between the presence of the different advancement programs and women's positive feelings about their employment in three important dimensions are shown in Tables 1, 2 and 3. The proportion of women feeling that there was gender equity in their workplaces and that they were very satisfied with their current positions were both 32 percent higher in organizations where the skills and knowledge criteria for advancement were published. The percent of women expecting to remain with their employers over the next year was also 24 percent higher in such organizations. Having rotations provided to develop senior staff was associated with the percent of women saying they were very satisfied with their current positions being 39 percent higher than in organizations without such a program. The



proportions of women respondents perceiving their organizations to have gender equity, and saying that they intended to stay with their employers in the coming year were 26 percent and 18 percent higher, respectively, in organizations with rotation programs.

Organizations that evaluated their senior executives on mentoring also had higher proportions of women reporting that they were highly satisfied with their positions (a 34 percent difference from those in organizations that did not), that their organizations had gender equity (a 32 percent difference) and that they intended to remain with their current employers for the present (a 22 percent difference). With respect to almost all of the other advancement initiatives considered in the survey, women in organizations that had implemented these programs were more likely to feel positively about their organizations on these three dimensions. The proportions of women reporting positive feelings about their organizations on these three dimensions were between 13 and 27 percent higher for employers with these other advancement programs. The only exceptions were organizations that set targets for promoting women managers or executives, and only with respect to the single dimension of whether women intended to remain with their organizations for the coming year. The use of such promotion targets had no significant relationship to whether women planned to stay with their current employers.

### **3. Strategy/Policy**

*Rationale:* Organizations may have a number of strategies or policies to promote gender equity including a zero tolerance policy for sexual harassment and ensuring that women are sought out as board members and included on key committees. In addition, organizations may tie diversity goals to business objectives and ensure that boards or other corporate oversight bodies track metrics measuring promotion of racial/ethnic and gender diversity in the organization.

Zero tolerance policies are very common now in organizations, although the #MeToo movement has reopened the question of the effectiveness of such policies (Dougherty, 2017; Green Carmichael, 2017). It remains as true today as in 2012 when the Gender and Careers in Healthcare survey was last conducted, that for organizations to be sustainable, they need to be as diverse as the stakeholders they serve (Committee for Economic Development, 2012). With women being the primary healthcare consumers and often the healthcare decision makers for their families (Luce & Kennedy, 2015), the boards of healthcare organizations should therefore contain substantial proportions of women. Increasing the number of women board members can also create role models for other women and help with promoting more women to senior roles (Johnson & Davis, 2017). Similarly, inclusion of women on key committees is important both to align the decision-making bodies with the populations served and to prepare women for more senior roles. Making racial/ethnic and gender diversity a business priority for the organization, and monitoring metrics to assess progress in this area, is key to maintaining a focus on these issues (Morgan, 2017; Wittenberg-Cox, 2016).

*Prevalence:* The prevalence of the different programs regarding organizational policies and strategies to promote gender equity, according to survey respondents, is shown in Figure 3. As expected, zero tolerance policies for sexual harassment are nearly ubiquitous, with 93 percent

of survey respondents reporting such a policy being in place at their workplace. Also very common were requirements that women be sought out as board members (reported by 67 percent of respondents), ensuring women's representation on key committees (55 percent) and tying diversity goals to business objectives (46 percent). About one-third of respondents, 35 percent, reported that board or other overseers monitored the organization's performance with respect to racial/ethnic and gender diversity.

*Impact:* Again, how women's feelings about their employment in three important dimensions differed in relation to the presence or absence of specific gender equity initiatives in their workplaces are shown in Tables 1, 2 and 3. Having a zero tolerance policy for sexual harassment was highly associated with women feeling more positively about working for their organizations. The proportion of women feeling there was gender equity in their workplaces was 52 percent higher in organizations with a zero tolerance policy. This proportion was 42 percent with respect to women being more likely to remain with their organizations for the next year, and 28 percent with respect to women being very satisfied with their current positions.

Proportions of women satisfied with their current employment in all three dimensions were also higher when organizations had boards or other corporate officials tracking their performance with respect to ensuring racial/ethnic and gender diversity. The proportion of women saying they were highly satisfied with their current positions was 26 percent higher in organizations with careful oversight and tracking of organizational diversity. This proportion was 23 percent with respect to women feeling that their workplaces had gender equity, and 20 percent with respect to women feeling they would like to stay with their current employer for the next year. All other strategy/policy initiatives regarding gender equity listed in Figure 3 had some relationship with women feeling positively about their employment in all three dimensions. The proportions of women reporting positive feelings about their organizations on these three dimensions were between 13 and 29 percent higher for employers that had implemented these strategies and policies regarding gender diversity.

#### **4. Forms of Flexibility**

*Rationale:* The 2018 Gender and Careers in Healthcare Management survey considered several forms of work schedule flexibility including flexible arrival and departure times, telecommuting or other work-from-home options, reduced or part-time work schedules and compressed workweeks. The survey also looked at the prevalence and impact of offering leaves and sabbaticals.

With women having the majority of family and homecare responsibilities, flexible working hours attempt to accommodate these demands with the aim of better retaining women executives (Mangurian et al., 2018). Offering leaves and sabbaticals, particularly effective parental leave arrangements, can make organizations more attractive to women executives (Rau & Williams, 2017).

*Prevalence:* The prevalence of the different flexible work time programs in healthcare organizations, according to survey respondents, is shown in Figure 4. Flexible time arrangements, such as those considered in this survey, were common in healthcare

organizations according to survey respondents. Eighty-six percent of respondents reported that their organizations offered flexible arrival and departure times, 55 percent said they offered telecommuting or other work-from-home arrangements, 49 percent reported they offered leaves and sabbaticals, 40 percent said they offered reduced work schedules and 23 percent reported they offered a compressed workweek. Only 18 percent of respondents reported that job sharing was offered by their organization.

*Impact:* Again, how women's feelings about their employment in three important dimensions differed in relation to the presence or absence of specific gender equity initiatives in their workplaces are shown in Tables 1, 2 and 3. Offering of flexible work time arrangements appeared to have less association with women feeling positively about their workplaces than most of the recruiting, advancement and strategy/policy initiatives considered above. The offering of leaves and sabbaticals had some effect on women's satisfaction with their employment. The proportions of women saying their organizations had gender equity, who expressed the intention of remaining with their current employers at present and who said they were very satisfied with their positions were 20 percent, 13 percent and 11 percent higher, respectively, in organizations offering such time away programs. The offering of reduced or part-time work schedules was associated with 18 percent increases in the proportion of women who expressed that their workplace had gender equity and that they were very satisfied with their positions. The presence of the remainder of the flextime options considered in this survey showed little relationship to how women felt about their employment in any of the three dimensions. One possible explanation for this general lack of association between the offering of flextime arrangements and women's satisfaction with their current employment is that they do not contribute to women's positive feelings about their workplace; another might be that these have become expected employment benefits.

## **5. Programs Assisting With Work/Life Balance**

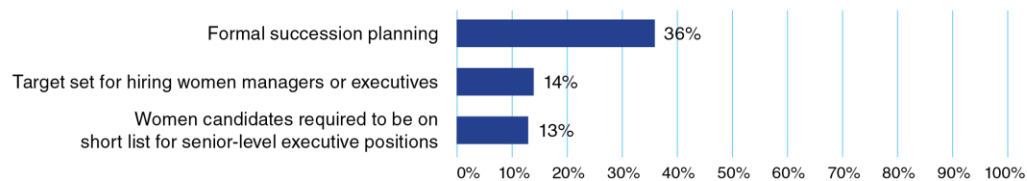
*Rationale:* The survey examined the prevalence and impact of several programs intended to assist with work/life balance on women's opinions about their workplaces. These included a number of programs to assist with child care, including offering child care resources and referrals, subsidized on-site child care, subsidized near-site child care and sick child care. They also included offering elder care resources and referrals.

Again, the intent of these programs is to assist women who shoulder most of the responsibilities for the care of children and elderly relatives. It has been proposed that the provision of routine or backup child care and elder care options can decrease absenteeism and increase productivity (Cabrera, 2009) and make the organization providing these benefits more attractive to talented women executives.

*Prevalence:* The prevalence of the different programs to assist with work/life balance considered in the survey, according to survey respondents, is shown in Figure 5. Less than one-third of organizations represented in the study offered any of these programs. Thirty-two percent offered child care resources and referrals, and 26 percent offered similar resources and referrals for elder care. Sick child care was offered by 18 percent of employers, and subsidized on-site or near-site child care were each offered by 14 percent of employing organizations.

*Impact:* As can be seen in Tables 1, 2 and 3, the programs and services to assist with work/life balance considered in the survey showed almost no relationship with how women felt about their workplaces in the dimensions of feeling their organizations had gender equity, being very satisfied with their current positions or intending to remain with their employers in the coming year. This is not to say that such programs would not be impactful in particular organizations where they address issues specific to those staffs. On average, however, these programs did not appear to be related to women’s positive feelings about their places of employment.

**Figure 1: Percent of organizations with programs to promote gender diversity targeting recruiting, as reported by survey respondents**



**Figure 2: Percent of organizations with programs to promote gender diversity targeting advancement, as reported by survey respondents**

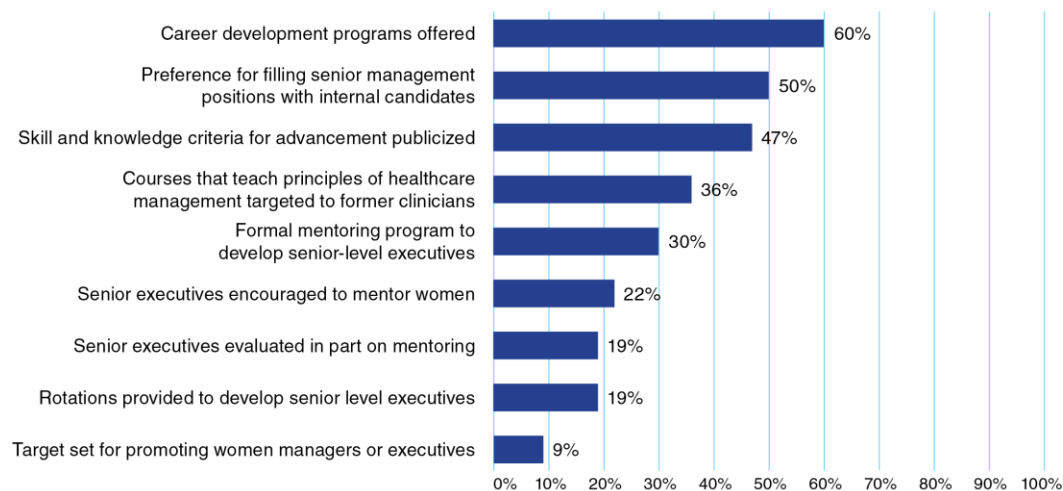


Figure 3: **Percent of organizations with programs to promote gender diversity targeting strategy/policy, as reported by survey respondents**

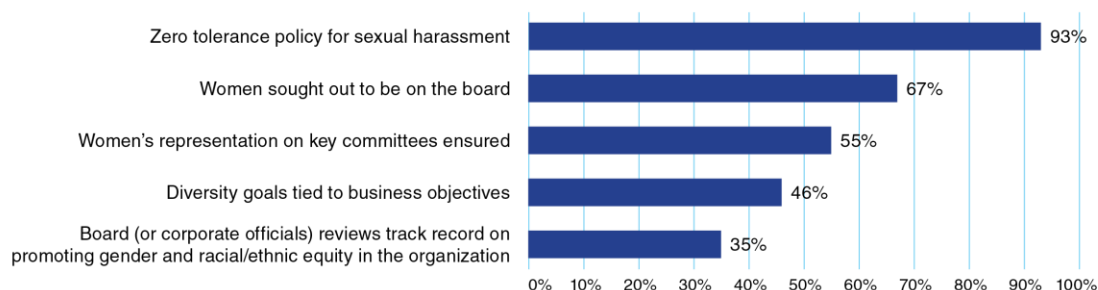


Figure 4: **Percent of organizations with programs to promote gender diversity targeting forms of flexibility, as reported by survey respondents**

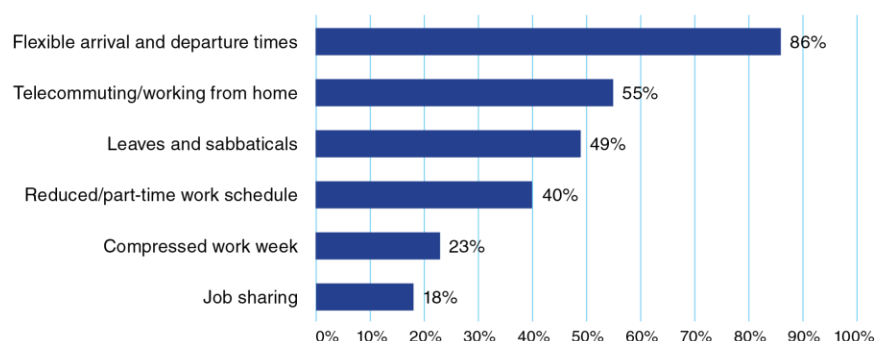


Figure 5: **Percent of organizations with programs to promote gender diversity targeting work/life programs/services, as reported by survey respondents**

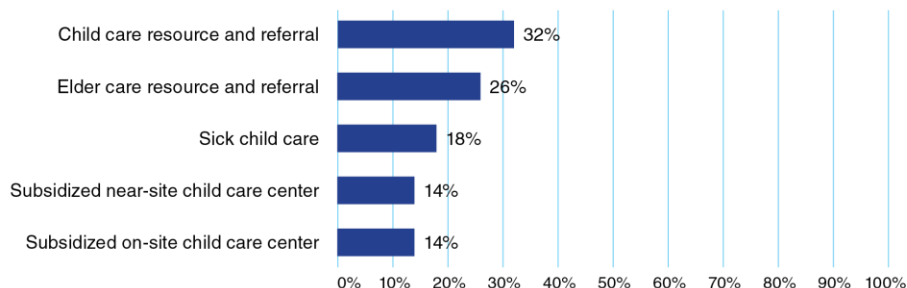


Table 1: **Percent of women executives who perceive there is gender equity in their organization when different organizational programs are implemented**  
(Programs are listed in descending order of differences in percentages when programs are implemented and not implemented.)

Program Category	Program	Percent of women executives who perceive there is gender equity in their organization when the program is...		Difference
		Implemented	Not Implemented	
Strategy/Policy	Zero tolerance policy for sexual harassment	70%	18%	52%
Advancement	Skill and knowledge criteria for advancement publicized	79	47	32
Advancement	Senior executives evaluated in part on mentoring	88	56	32
Strategy/Policy	Diversity goals tied to business objectives	78	49	29
Advancement	Rotations provided to develop senior-level executives	80	54	26
Strategy/Policy	Women's representation on key committees ensured	77	51	26
Strategy/Policy	Women sought out to be on the board	72	47	25
Flexibility	Job sharing	84	60	24
Advancement	Courses that teach principles of healthcare management targeted to former clinicians	76	53	23
Strategy/Policy	Board (or corporate officials) reviews track record on promoting gender and racial/ethnic equity in the organization	75	52	23
Advancement	Target set for promoting women managers or executives	77	55	22
Recruiting	Formal succession planning	76	56	20
Advancement	Formal mentoring program to develop senior-level executives	76	57	20
Advancement	Preference for filling senior management positions with internal candidates	74	54	20
Flexibility	Leaves and sabbaticals	73	53	20
Flexibility	Reduced/part-time work schedule	76	58	18
Recruiting	Target set for hiring women managers or executives	74	56	18
Advancement	Senior executives encouraged to mentor women	74	56	18
Advancement	Career development programs offered	71	53	18
Flexibility	Compressed work week	74	62	12
Work/Life	Subsidized on-site child care center	72	62	10
Flexibility	Telecommuting/working from home	66	61	5
Work/Life	Elder care resources and referral	67	62	5
Work/Life	Child care resource and referral	65	63	2
Flexibility	Flexible arrival and departure times	63	65	<0
Work/Life	Sick child care	62	64	<0
Recruiting	Women candidates required to be on short list for senior-level executive positions	56	59	<0
Work/Life	Subsidized near site child care center	60	64	<0

Table 2: **Percent of women executives who are very satisfied in their current positions when different organizational programs are implemented** (Programs are listed in descending order of differences in percentages when programs are implemented and not implemented.)

Program Category	Program	Percent of women executives who are very satisfied with their current positions when the program is...		Difference
		Implemented	Not Implemented	
Advancement	Rotations provided to develop senior-level executives	68%	29%	39%
Recruiting	Women candidates required to be on short list for senior-level executive positions	72	35	37
Advancement	Target set for promoting women managers or executives	69	33	36
Advancement	Senior executives evaluated in part on mentoring	68	34	34
Advancement	Skill and knowledge criteria for advancement publicized	54	22	32
Strategy/Policy	Zero tolerance policy for sexual harassment	42	14	28
Advancement	Senior executives encouraged to mentor women	58	31	27
Recruiting	Formal succession planning	58	32	26
Strategy/Policy	Board (or corporate officials) reviews track record on promoting gender and racial/ethnic equity in the organization	58	32	26
Advancement	Formal mentoring program to develop senior-level executives	57	31	26
Recruiting	Target set for hiring women managers or executives	57	32	25
Advancement	Preference for filling senior management positions with internal candidates	50	27	23
Advancement	Courses that teach principles of healthcare management targeted to former clinicians	54	32	22
Flexibility	Reduced/part-time work schedule	50	32	18
Strategy/Policy	Women's representation on key committees ensured	48	30	18
Strategy/Policy	Women sought out for board membership	47	30	17
Flexibility	Job sharing	51	35	16
Strategy/Policy	Diversity goals tied to business objectives	47	33	14
Advancement	Career development programs offered	44	31	13
Work/Life	Subsidized near-site child care center	47	36	11
Flexibility	Leaves and sabbaticals	43	32	11
Work/Life	Elder care resource and referral	45	35	10
Work/Life	Child care resource and referral	43	34	9
Flexibility	Flexible arrival and departure times	39	30	9
Flexibility	Compressed work week	44	36	8
Work/Life	Subsidized on-site child care center	44	36	8
Flexibility	Telecommuting/working from home	40	35	5
Work/Life	Sick child care	40	37	3

Table 3: **Percent of women executives who intend to remain with their current employer in the coming year when different organizational programs are implemented**  
(Programs are listed in descending order of differences in percentages when programs are implemented and not implemented.)

Program Category	Program	Percent of women executives who intend to remain with their employer in the coming year when the program is...		Difference
		Implemented	Not Implemented	
Strategy/Policy	Zero tolerance policy for sexual harassment	70%	28%	42%
Recruiting	Women candidates required to be on short list for senior-level executive positions	89	61	28
Advancement	Skill and knowledge criteria for advancement publicized	77	53	24
Advancement	Senior executives evaluated in part on mentoring	80	58	22
Advancement	Career development programs offered	75	53	22
Advancement	Formal mentoring program to develop senior-level executives	80	59	21
Strategy/Policy	Board (or corporate officials) reviews track record on promoting gender and racial/ethnic equity in the organization	76	56	20
Advancement	Preference for filling senior management positions with internal candidates	75	55	20
Advancement	Rotations provided to develop senior-level executives	78	59	19
Strategy/Policy	Women sought out for board membership	72	53	19
Work/Life	Subsidized on-site child care center	80	62	18
Recruiting	Formal succession planning	78	60	18
Flexibility	Compressed work week	78	62	16
Advancement	Senior executives encouraged to mentor women	75	60	15
Flexibility	Telecommuting/working from home	72	57	15
Strategy/Policy	Women's representation on key committees ensured	71	56	15
Flexibility	Flexible arrival and departure times	67	52	15
Advancement	Courses that teach principles of healthcare management targeted to former clinicians	73	59	14
Strategy/Policy	Diversity goals tied to business objectives	71	57	14
Flexibility	Leaves and sabbaticals	71	58	13
Recruiting	Target set for hiring women managers or executives	74	61	13
Work/Life	Subsidized near-site child care center	74	63	11
Flexibility	Reduced/part-time work schedule	71	62	9
Advancement	Target set for promoting women managers or executives	69	61	8
Flexibility	Job sharing	68	64	4
Work/Life	Sick child care	68	64	4
Work/Life	Elder care resource and referral	68	64	4
Work/Life	Child care resource and referral	67	64	3



## Recommendations for CEOs

For many years, the focus of creating gender equity had to do with working with women to make them better and more acceptable leaders. While being a senior leader requires a commitment to continual self-evaluation and improvement, there is mounting evidence to suggest that there is work to be done in fixing the systems in which women are trying to lead (O'Neil & Hopkins, 2015).

The good news is that as your organization's leader, you have considerable influence over what women experience when they come to work every day under your direction. The better you are in creating a desirable work environment for all genders, the more attractive your organization will be to the top talent you are seeking.

The following are recommendations for leaders looking to create gender equity in their organizations:

- Examine your own commitment to gender equity. The rest of the organization will take it as seriously as you do. This includes ensuring the representativeness of women on the senior leadership team and on the board.
- Knowledge is power. Use data to understand how your employees experience gender equity in your organization. This includes auditing your hiring, assignment, development and promotion programs to make sure that women and men are treated fairly and equally in those processes. Use data to evaluate to what extent your leadership teams reflect the talent pool and communities being served. One of the most common comments, made three times more often by women than men responding to the 2018 Gender and Careers in Healthcare survey, was that while there are certainly women in leadership roles, women still are considerably underrepresented in the most senior positions in healthcare organizations. Having the data you need also means conducting confidential surveys of your staff, asking questions related to gender equity including how they feel about how they are treated and evaluated in the workplace, how they feel about their jobs and assessing such things as their confidence that sexual harassment will be dealt with fairly. These surveys are also a good means of determining what programs and benefits are most valued by your particular staff members so you can adjust accordingly.
- Consider implementing some of the programs associated with women feeling more satisfied with their jobs and more equitably treated by their organizations as reviewed in this white paper, if they do not already exist.
- The comments submitted by survey respondents to the 2018 Gender and Careers in Healthcare survey, as well as a review of the literature, suggest that there are a number of questions that senior leaders also need to be asking themselves to truly assess whether they are meeting the needs of their male and female employees fairly. There are programs and initiatives instituted with the best of intentions that can have unforeseen consequences. Below is a list of some of these questions for consideration and discussion.

The following are questions looking at aspects of workplace gender equity based on comments received from respondents to the 2018 Gender and Careers in Healthcare survey, and supported by a review of the literature, that organization leaders need to consider as they strive to create fair workplaces. These questions are intended as items for consideration and discussion.

- 1. How strongly are you committed to gender equity?** This point was noted above, but is worth repeating. It is the CEO who makes the difference between staff at all levels being committed day-to-day to treating men and women fairly and putting in the effort to monitor adherence to these goals (Hart, Dahl Crossley & Correll, 2018; Wittenberg-Cox, 2016). For women to move into equal status with men regarding hiring, development and promotion, men in the organization need to be willing to make that happen (Sherf & Tangirala, 2017; Wittenberg-Cox, 2017b, Wittenberg-Cox, 2013). And, that will depend on whether you are setting that as a value for your organization (e.g., Wittenberg-Cox, 2017a).
- 2. Do you really have a zero tolerance policy?** It is hard to imagine that any organization would *not* state they have a zero tolerance policy for sexual harassment and, in fact, 93 percent of respondents to the 2018 Gender and Careers in Healthcare survey reported that their organizations had such a policy in place. And, having such a zero tolerance policy was significantly associated with women feeling there was gender equity in their organization, reporting being very satisfied with their current position and reporting that they intended to stay with their current employer for the next year (Tables 1, 2 and 3).

Forty-seven women and nine men responding to the survey reported having experienced sexual harassment in the workplace in the past five years. Of those, only about one-third, 17 women and two men, reported the incidents to their employers. Of those, almost half of the women (eight) and both men rated their satisfaction with how the incident was handled by the organization as 1 or 2 on a scale of 5, where 1 was “not at all satisfied” and 5 was “very satisfied.” Common reasons for not reporting the incidents were: they did not feel the reports would be handled fairly by the organization, they were concerned about retaliation from the persons involved, they did not feel safe reporting the incident, they preferred to handle the situation on their own, they did not want the stigma of having made the report or felt it was not worth the effort, or the harassment was perpetrated by clients. These responses were made by small numbers of respondents and should be interpreted with some caution. But, they certainly raise the question of whether zero tolerance policies are being executed as intended. These delicate situations need to be handled expertly. It is worth checking about how your zero tolerance for sexual harassment policy is viewed by your staff, and to be sure it is being applied seriously with the appropriate sensitivity to all parties involved.

- 3. What are you rewarding?** Organizations that overtly or unthinkingly reward executive employees for consistently putting in long hours may be disadvantaging women on their staffs. It remains true in our culture that women on average shoulder more of the responsibilities outside of the workplace than their male counterparts. Having those who are more willing to put in long days receive better assignments and promotions may make your organization less attractive to talented women executives (Carter & Silva, 2011). It

may also position you poorly for the future as millennials look for work opportunities that allow them a more balanced lifestyle.

4. **How are you developing leaders at all levels?** One common comment from respondents to the Gender and Careers in Healthcare 2018 survey was that they thought the best person for the job should be selected for each position, regardless of gender. A number of respondents made a point of saying how there should not be quota systems for ensuring that women executives be hired. This is most certainly the goal of any organization seeking gender equity. It assumes, however, that men and women executives are being equally developed to be the best person for senior positions.

As noted earlier, while women leaders are far more common than they were in the past, it remains true that the senior-most ranks of healthcare organizations are still largely male. This is not, however, an issue of an impenetrable glass ceiling at the top for women. Women face a myriad of challenges at all levels that can keep them from moving into executive positions, causing many women to leave healthcare management well before they achieve those levels (Eagly & Carli, 2007).

Some insight into this issue can be found by examining the comments submitted by survey respondents. Women spoke of being evaluated differently from their male counterparts and having to take on responsibilities not required of men in their positions. They also spoke about being more likely to be assigned to project work as opposed to more “line” responsibilities, therefore not accruing a broader base of operational experience needed to advance to positions that are more senior.

These comments were made by a small numbers of respondents and, again, should not be taken to be universal. However, it is worth examining whether leadership development at all levels, including assignment of mentors, providing formal leadership training opportunities, evaluations and assignment of responsibilities even at more junior levels, is being carried out with an even hand in your organization. Leadership training, which involves developing both skills and confidence, begins early in management careers (Ibarra et al., 2013; Stohlmeyer Russel & Moskowitz Lepler, 2017).

5. **How are women and men mentored in your organization?** About 83 percent of men and women responding to the 2018 survey said that having a mentor was important to the advancement of their careers. Having senior staff responsible for mentoring others was clearly associated with women feeling more satisfied with their current employment as shown in the analysis discussed earlier in this paper. Making sure you have an effective mentoring program that assists with moving qualified men and women along in their careers is worth attention (Ibarra & Silva, 2010).
6. **Overseeing a diverse staff.** As noted earlier, there are data to suggest that organizations with women represented in senior leadership positions and on boards perform better (Morgan, 2017; Turban et al., 2019). But, diversity has its challenges. Effectively overseeing a diverse staff means having a respect for different approaches and communication styles (Morgan, 2017; Stohlmeyer Russel & Moskowitz Lepler, 2017).

One of the most commonly reported issues that women face is being judged differently from male executives on how they communicate. What would be considered assertive communication from a man is often judged as unbecomingly aggressive or angry when it comes from a woman. A man may be considered a “go-getter” while a woman displaying the same behaviors is considered “pushy.” One female respondent to the survey summed up a number of comments well by saying that she was placed in the bewildering position of being told by one supervisor that she was not assertive enough and by another that she was too aggressive. Evidence shows that women who have been coached to be more assertive and ask for what they want still are not met with success (Carter & Silva, 2011), suggesting that the debate about communication styles may be masking other underlying issues. Having the same communication from men and women received differently is an issue in our culture that extends beyond the workplace, and will not completely be solved in your organization. Awareness that this can be happening, having leaders examine how they are receiving communication from men and women, and fostering a respect for various styles and approaches are all steps in the right direction.

7. **Addressing inherent biases.** Human beings have biases; it is a fundamental part of our nature (Bartlett, 2017). These biases need to be identified and addressed when they interfere with fair treatment in the workplace. The Implicit Association Test is a well-respected way for senior leaders to identify biases that may be negatively impacting their judgments about other staff. The IAT was developed by Banaji and Greenwald at Harvard University and the University of Washington. This web-based self-assessment asks users to link words with images on the computer screen. This test can be accessed at <https://implicit.harvard.edu>. Research conducted since the introduction of this tool suggests some good news; that having a bias does not necessarily predict it will be acted upon (Bartlett, 2017). Nevertheless, self-knowledge is a critical factor in being a successful leader, and use of this tool might be a good way for leaders to better understand their own motivations (Emerson, 2017).
8. **Is your flextime program doing what you think it is?** Flextime, that is, flexible arrival and departure times, was a common program in healthcare organizations, as reported by survey respondents. Eighty-six percent of men and women answering the survey said that flexible time policies were implemented in their workplaces. However, the presence of flextime programs did not appear to be very strongly associated with women feeling there was gender equity in their workplaces, being very satisfied with their current positions or their propensity to want to remain with their current employer for now, based on the survey results (Tables 1, 2 and 3). This is puzzling, since flextime appears to be a logical way to address work/life balance for women, who still on average carry the lion’s share of responsibilities in home and family life.

Women answering the survey and elsewhere have mentioned, however, that while flextime is offered, they are discouraged from using it. Using flextime can be viewed as a sign of not being committed to the work and women taking flextime can be disadvantaged when it comes to salary and advancement. Men, on the other hand, may not only be significant users of flextime, but may not be similarly disadvantaged by it (Burkus, 2017). If flextime is a significant part of your strategy for attracting talented women to the organization, it

might be good to audit who is using it and how use of flextime is viewed by supervisors at all levels.

9. **Are your parental leave policies serving you?** While not at the very top of the list, offering leaves and sabbaticals did positively influence women's perceptions of workplace equity, being satisfied with their positions and their intentions to remain with their current employers. With younger workers seeking more gender equity in and out of the workplace, a review of parental leave policies might be warranted. These policies have generally evolved from maternity leave policies and may still carry the implicit assumptions and economic incentives making it more likely that much higher proportions of women than men will use them (Rau & Williams, 2017).

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