The Persistence of Gender Inequality in Healthcare Leadership

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By

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Abstract

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With so much uncertainty in recent political times and the difficult changes healthcare faces, the need for more women in leadership has never been more essential. Countless studies demonstrate that with gender parity in leadership, organizations produce better overall outcomes. This article has reviewed and analyzed available data, information and published literature on the prevailing gender gap and the underrepresentation of women in executive leadership roles. The leadership gap is clear and now is the time to tap into the transformational leadership attributes of women to lead healthcare into the future. While all global regions are gradually moving closer to diminishing the gender gap, it is important to recognize that there is still a pressing need for better solutions to ensure and accelerate progress.
Section 1: Introduction

Former United Nations Secretary-General Kofi Annan once said, “Gender equality is more than a goal, in and of itself. It is a precondition for meeting the challenge of reducing poverty, promoting sustainable development and building good governance” (Bevelander, 2016, p. 10). Gender inequality in healthcare administration is still widely prevalent, regardless of equity in competency and performance scores. Further, though qualified women are coming out of the education system, many industries are failing to hire, retain and promote them, losing out on a wealth of capacity (World Economic Forum, 2017). Today, women account for more than half of the U.S. workforce and outpace men in the number of Bachelor’s, Master’s, and Doctorate degrees awarded (Saenz, 2017). Despite these achievements, only 5 percent of CEOs at Fortune 500 companies are women (Fortune, 2018). In fact, men outpace women in leadership roles across every sector in the world—corporate, not-for-profit, government, education, medicine, military, and religion (Andrews, 2018). Men and women score nearly equally in their ability to drive businesses, but fewer women can move beyond lower-level leadership positions (Eagly, Gartzia & Carli, 2013).

Brief History

Extensive knowledge exists about gender inequality in general, including the history and ways in which people experience it. However, our understanding of the causes is not as well known. Based on previous research on gender inequality in the workplace, we know that women continue to be highly underrepresented within the top ranks of healthcare leadership (McKinsey & Company, 2016). Women face a multifaceted labyrinth of challenges along their leadership paths. The greater difficulties that women, relative to men, encounter in leadership was originally dubbed the “glass ceiling” by two Wall Street Journal reporters in 1986 (Hymowitz &
Schellhardt, 1986). This term represents the invisible barrier blocking women’s rise into top corporate leadership positions. This barrier is also found within female-dominated occupations, professions where men ride a glass escalator up to the top roles (Maume, 1999). Women continue to represent most of the health workforce worldwide yet remain the minority in global health leadership. For example, only 31% of the world's ministers of health are women, and among the chief executives of the 27 health-care companies in the 2017 global Fortune 500, only one is female (Barry, et al., 2017).

Diversity in the workplace in the United States was fundamentally non-existent for the first century and a half following its establishment. We have slowly made progress, but the pipeline of future women leaders is still alarmingly thin, and gender inequality in the workplace persists across the world. The number of women occupying leadership roles has increased over the years, but the long-standing gender divide and unfair wage practices remain constant. Women leaders continue to experience prejudice, discrimination in pay and advancement, and difficulty in obtaining desirable developmental job opportunities (Eagly, Gartzia & Carli, 2013). The gender pay gap persists across educational levels and is worse for black and Hispanic women, even among college graduates (Miller & Benson, 2017). Analysis of research from a myriad of studies reveals that gender diversity in executive leadership leads to better performance and improved outcomes. The purpose of this study is to find more balanced, policy-focused approaches for closing the disparity gap between gender and leadership in healthcare administration.

Research Questions

It is an indisputable fact that women and men are different in many core ways, grounded in their neurobiology and their cultural training (Caprino, 2017). So much of men and women’s
behavior is programmed, hard-wired in our brains and culturally influenced (Brizendine, 2009). Even if their abilities differ, these differences between men and women are not fully understood or valued in the workplace. While we know that men and women can be equally competent leaders, corporate America remains male-dominated at the leadership levels (Gipson, Pfaff, Mendelsohn, Catenacci, & Burke, 2017). Healthcare organizations are not digging deeply enough to discover precisely why their organizations are not developing women leaders to their full potential. If women are just as proficient at leading healthcare organizations as men, what else might be contributing to the impediments for advancement into top leadership ranks and the salary disparities that exist once they attain such positions? The goal of this study is to determine the current and perpetual impediments for the advancement of women in healthcare executive and leadership roles.
Section 2: Literature Review

The Gender Gap Perpetuity

Women are much less likely than men to be in leadership positions, though there is no shortage of qualified women to fill them. Although women comprise almost 78 percent of the healthcare workforce, there remains a significant gender gap in top management and executive leadership in this sector (Lantz, 2008). A McKinsey & Company (2016) study of 30,000 employees at 118 North American companies across nine industries found that many organizations are afflicted by one of three common pipeline inadequacies: women are unable to enter, stuck at the middle, or locked out of the top (Appendix A). The impenetrable barriers between women and the executive suite were subsequently reaffirmed in the fact-finding report issued by the Glass Ceiling Commission in 1995 (Johns, 2013). At that time, the commission noted that only 3 to 5 percent of senior management positions in Fortune 500 companies were filled by women. Disturbingly, that number remains characteristic today, even after two decades of supposed progress. The commission also found that where women held senior positions, their compensation was lower than that of their male counterparts (Johns, 2013). Furthermore, the commission's findings showed that for women who were in senior positions, the types of positions they held were in areas such as human resources or research, which are not part of the usual pipeline or career pathway to executive positions (Johns, 2013). In addition, gender differences, such as salary disparities, still exist in the types of leadership roles that women do achieve (World Economic Forum, 2017). Previous research studies consistently reveal that across the advancement board, from entry level to manager and from Senior Vice President to executive rank, women are less likely to advance, with the greatest disparity occurring between manager to director. Women are only 79 percent as likely to reach that level, compared to 100 percent of men (McKinsey & Company, 2016). While there has been progress, albeit slow,
women continue to float remarkably underrepresented in today’s corporate pipeline. The persistence of the overall gender gap remains a concern and points to fewer women in leadership positions.

A McKinsey and Company (2016) study based on employee pipeline data from 132 companies found that on average, women are promoted and hired at lower rates than men, causing far fewer women to become senior leaders. Additionally, the study revealed that at more senior levels, women shift from line to staff roles, so very few end up on the path to becoming CEO. At every level, the representation of women declines and promotion rates for women crawl behind those of men. The study indicated that the disparity is largest at the first step up to manager and for every 100 women promoted, 130 men are promoted (McKinsey, 2016). Further, external hiring is not improving the representation of women, and companies are hiring fewer women from the outside than men, which is especially pronounced in senior management (McKinsey, 2016).

The American Association of University Women’s (AAUW) 2016 report examined how the pervasive gender pay gap in the United States affects women of all ages, races, and education levels including disability status, sexual orientation, and gender identity. The report, routinely updated with the most current statistics from the Bureau of Labor Statistics and the Census Bureau, found that women working full time in the United States were typically paid 80 percent of what men were paid, exposing a 20 percent gender gap (Miller & Benson, 2017). The study recognizes that the gap has narrowed since the 1970s, pointing to the progress women have made in terms of education and workforce participation, and because of men’s wages rising at a slower rate. The AAUW report found that based on the rate of change between 1960 and 2016, women are expected to reach pay equity with men in 2059 (Miller & Benson, 2017). Even so, the AAUW report indicates that the pay gap does not appear likely to close on its own and that
progress has even stalled in recent years. If advancements in closing the gap continue at the slower rate seen since 2001, the AAUW report projects women will not reach pay equity with men until 2119 (Miller & Benson, 2017). According to the World Economic Forum’s latest analysis, at the current rate of progress, the overall global gender gap is projected to close in 61 years in Western Europe, 62 years in South Asia, 79 years in Latin America and the Caribbean, 102 years in Sub-Saharan Africa, 128 years in Eastern Europe and Central Asia, 157 years in the Middle East and North Africa, 161 years in East Asia and the Pacific, and 168 years in North America (World Economic Forum, 2017).

A systematic review of 98 peer-reviewed journal articles, empirically investigating the presence of the gender pay gap along with the influences that uphold it in organizations, found that the gender pay gap is persistent across all sectors (Bishu & Alkadry, 2017). The review also concluded that the studies comparing the pay gap by sector reveal that the pay gap in the public sector is more tenuous than it is in other sectors. Even more interesting, the study found that although occupational segregation explains part of the gender pay gap, women who cross into traditionally male-dominated occupations are not able to overcome the pay gap (Bishu & Alkadry, 2017).

Perpetual Key Barriers

Despite widespread awareness of gender equality issues and gender disparity in the workforce, there seems to be a disconnect somewhere in the leadership pipeline. Data for where and why these barriers for women are occurring, along with more current policy recommendations, are largely inadequate. Recent studies have proven that the limited number of women in high-level leadership roles is not a result of lower competence or performance, yet women continue to endure greater hurdles and challenges along the path of advancement to
leadership in healthcare. Even with the strides women have made, they continue to be sorely underrepresented at the top of the political, economic and organizational ladder to this day.

Leading psychologists from the United States, Canada, and the European Union analyzed the psychological phenomena that block women’s access to the highest positions of power in society. Their empirical study examined the subtle barriers to women seeking leadership positions in the workplace, and a common finding was that gender discrimination has become more complex and subtle over time (Barreto, Ryan & Schmitt, 2009). In their quest for potential reasons for this persisting inequality, they found that women are regularly recruited for upper-level positions that are associated with a considerable risk of failure and that female managers are stereotyped as either competent or warm, but not both. Other obstacles associated with encountering or breaking through the glass ceiling includes more nuanced forms of gender stereotyping, tokenism, and sexual harassment (Barreto, Ryan & Schmitt, 2009).

Gender Bias, Perception and Stereotypes

Whether employees know it or not, there are often unconscious biases that people embody toward women holding positions of power. Women are often held back in their career pursuits due to a number of different barriers, including gender bias and stereotypes, role congruity beliefs, societal expectations about breadwinner and caregiver roles, and even women holding themselves back (Eagly, 2002). Specifically, people hold differing stereotypes about men and women that affect their managerial prospects. These notions are indeed the very foundation of stereotypes and sex roles that impede women’s upward mobility to leadership positions (Eagly & Sczesny, 2008).
A McKinsey (2013) survey of global executives found that corporate culture and a lack of convinced engagement by male executives are critical problems for women (Appendix C). Despite a lack of discriminatory intent, subtle, “second-generation” forms of workplace gender bias can obstruct the leadership identity development of a company’s entire population of women (Ibarra, et al., 2013). The resulting underrepresentation of women in top positions reinforces entrenched beliefs, prompts and supports men’s bids for leadership, thus maintaining the status quo (Ibarra, et al., 2013). Research has moved away from a focus on the deliberate exclusion of women and toward investigating “second-generation” forms of gender bias as the primary cause of women’s persistent underrepresentation in leadership roles. This bias erects powerful but subtle and often invisible barriers for women that arise from cultural assumptions and organizational structures, practices, and patterns of interaction that inadvertently benefit men while putting women at a disadvantage (Ibarra, et al., 2013).

One of the most important and persistent hurdles for women in organizations and in management is stereotypes. Men and women are raised in different cultures, beginning in childhood and later carried into the workplace. Research shows clear differences in how men and women work within a structure, network, conduct meetings, interpret information, take risks, communicate, work in teams, and lead (Andrews, 2018). These differences affect both perception and promotion, especially for women. Perception is powerful and a reality for many people. We form perceptions based on our first impressions, observations, past and current experiences, values and beliefs, and biases and stereotypes that we may hold (Andrews, 2018). For women, in particular, perception can negatively affect promotion and career advancement.

Motivated by the compelling under-representation of women in senior corporate positions, researchers conducted a study based on the theory that a potential root issue could be
biased perceptions of women’s leadership ability (Appelbaum, et al., 2003). The study examined whether women’s leadership styles were veritably different than men’s. They also looked at data to determine if the different styles were any less effective and whether or not women’s leadership styles are assessed based on fact or a perception that has become a reality. The authors determined that there is a difference in leadership style between men and women, but also noted that effective leadership is not exclusively owned by either gender and that both can learn from the other (Appelbaum, et al., 2003). It was also concluded from the study that women’s leadership styles are not in any way likely to be less effective. It was actually determined that women’s leadership styles were more effective than men’s leadership styles within the environment of modern team-based, mutually driven organizational structures. Overall, the study found that the notion that a woman’s leadership style is less effective than a man’s is not based on fact; rather, it is driven by socialization to an enduring perception (Appelbaum, et al., 2013).

A study addressing gender gap at the inaugural 2017 Women Leaders in Global Health Conference found that the barriers that impede gender parity in leadership are often deeply embedded in cultural norms, historical events, and stereotyping (Barry, et al., 2017). A key finding of a McKinsey (2014) study was the discrepancy of views between men and women executives, from middle management to the C-suite, on the difficulties women face in advancing. That problem is paired with lingering doubts among men about the value of diversity programs, particularly among men who are less familiar with the range of forces influencing women’s career trajectories (Appendix B) (Devillard, Sancier-Sultan, & Werner, 2014).

Further, a study examining perceptions held by senior managers, of which 34 percent of were CEOs, evaluated women’s and men’s effectiveness at 10 key leadership behaviors. Respondents generally perceived that women were more effective than men at care-taking leader
behaviors and that men were more effective than women at action-oriented, “take-charge” leader behaviors (Prime, Carter, & Welbourne, 2009). Additionally, male respondents perceived that the behavior at which men leaders most outperformed women was problem-solving. The study’s findings suggest that this perception could potentially undermine the influence of women leaders (Prime, Carter, & Welbourne, 2009).

We may be able to alter our cultural attitudes or policies to make a better world, but first we must understand the facts about how brain biology and the differences between men and women shape behavior. It is not a lack of aptitude, but rather brain-driven attitudes to the work involved, that causes women to stay out of these fields (Brizendine, 2009). Emotional intelligence (EQ) is another factor that affects perception. EQ assessments have found men and women to be strong in different areas considered gender-specific, and these differences can lead to bias toward both male and female leaders (Andrews, 2018).

**Primary Caretaker Responsibilities**

There seems to be a strong correlation between the gender gap and extended employment gaps due to caretaking roles. For working women managing family responsibilities, their careers are often interrupted, their absenteeism increases, and they seek flexible or part-time jobs (Eagly & Carli, 2003). Fewer women in leadership positions, accompanied by breaks in employment due to primary caretaking responsibilities, were found to be the two structural factors contributing to the persistence of the overall gender gap, according to a large Payscale survey (Appendix B) (Tarr, 2018). Data from Payscale’s report reflect that women are not only taking breaks from employment but are taking even longer breaks from the workforce to take care of children or other family members and are five times more likely than men to take breaks from working for child care taking (Tarr, 2018). The report also found that regardless of gender or the
reason for unemployment, if someone experiences a gap in employment for over a year, they could have to deal with a 7.3 percent wage penalty (Tarr, 2018).

Through an extensive survey, Zahidi and Ibarra (2010)’s assessment of the current state of integration of female talent in business in over 20 countries and 16 industries, found that there is a significant gender imbalance in the take-up of longer-term leave because women continue to be the primary caregivers. Child rearing has been a presiding explanation for the lacking representation of women in corporate boardrooms, C-suites and leadership positions. Interested in the experiences of those who are still in the workplace, Ely, Stone, & Ammerman (2014) surveyed more than 25,000 Harvard Business School (HBS) MBA graduates. The respondents included baby boomers (ages 49–67), Generation X (ages 32–48), and millennials (ages 26–31), also known as Generation Y. The data from their survey revealed that certain expectations regarding how couples will distribute career and family responsibilities may contribute to women’s hindered goals and lesser satisfaction in the workplace (Ely, Stone, & Ammerman, 2014). Additionally, researchers found that even though men and women actually have similar career priorities, the belief that women value career less is indeed widespread. According to the study, 77 percent of HBS graduates overall (73 percent of men and 85 percent of women) believe that prioritizing family over work is the number one barrier to women’s career advancement (Ely, Stone, & Ammerman, 2014).

The data revealed essentially the same numbers when restricting the analysis to graduates who are in top management positions and when Executive Education graduates were included. Overall, the study suggests that when high-achieving, educated, professional women leave their jobs after motherhood, only a small percentage do so because they prefer to devote themselves exclusively to child and family caretaking. In reality, the vast majority leave reluctantly and
when all else has failed because they find themselves in unfulfilling roles with weak prospects for advancement (Ely, Stone, & Ammerman, 2014). What organizations are starting to realize is that by not providing good benefits for fathers, they are making choices for families and telling women that their careers are less important. That is an antiquated paradigm, and we need to start allowing for a broader range of ways for both parents to work and care for families (Tarr, 2018).

Training and Development

Transformational learning and change take place at both the individual and organizational levels (Debebe, Anderson, Bilimoria, & Vinnicombe, 2016). Previous studies have shown that those who are mentored earn higher salaries, receive more promotions, and have greater career and job satisfaction than those who are not mentored (Allen, Eby, Poteet, Lentz, & Lima, 2004). In an analysis of over 300 research-based mentoring articles in the fields of education, business, and medicine, Ehrich, Hansford, & Tennent (2004) found that mentoring yields positive outcomes of learning, personal growth, and development of professionals. Additionally, Angel, Killacky, & Johnson (2013) found that there is a significant absence of professional network and support systems for women to receive assistance, guidance, mentoring, development and direction to effectively navigate the educational systems. Consequently, mentoring becomes essential in providing direction and support for women who aspire to advanced leadership positions.

A survey of National Institutes of Health (NIH) Mentored Career Development grant awardees determined that women benefit less from sponsorship than men, which may contribute to a gender gap in leadership (Patton, Griffith, Jones, Stewart, Ubel, & Jagsi, 2017). Additionally, any sponsorship experience, as well as specific sponsorship experiences, were
more commonly reported by men than women, with significant differences between men and women (Appendix D). The authors of a Harvard Business Review article found that too many corporate training programs value skills and competencies without also measuring how employees score on potential. They argue that this system overlooks many otherwise promising leaders, particularly women (Fernández-Aráoz, Roscoe, & Aramaki, 2017).

Leadership development programs provide an opportunity to foster transformational change by building learner awareness of challenging and characteristic patterns and by offering a safe space for envisioning and practicing alternative patterns. If these changes are sustained after the leadership development program, the new patterns of thinking, feeling, and behaving, grow and contribute to increased leadership effectiveness (Debebe, Anderson, Bilimoria, & Vinnicombe, 2016). A survey of 785 human resource professionals’ views about diversity issues in their organizations found that both training adoption and perceived training success were strongly associated with top management support for diversity. In addition, training adoption was associated with large organizational size, positive top management beliefs about diversity, high strategic priority of diversity relative to other competing objectives, presence of a diversity manager, and existence of many other diversity-supportive policies (Rynes & Rosen, 1995).

Benefits of Gender Parity and Better Business Outcomes

Numerous studies point to the fact that companies with diverse and inclusive workforces achieve stronger business results, increase their competitive advantage and drive more innovation. CEOs who have made attempts to prioritize gender diversity by setting goals for women in leadership roles, insisting on diverse selections of candidates for senior positions, and developing mentoring and training programs are finding their efforts to be somewhat futile. They
and their companies spend time, money, and good intentions on efforts to build a more robust pipeline of upwardly mobile women, and then not much happens (Ibarra, Ely & Kolb, 2013). Despite mounting evidence regarding the importance of women’s economic integration, there are still significant gaps in the job opportunities available to women and in the wages paid to women compared with their male counterparts (Zahidi & Ibarra, 2010).

The complexity of global health problems demands leadership that represents the diversity in society. The absence of gender parity in the leadership of key global health institutions in academic, governmental, and non-governmental organizations is evidence that this aspiration for diverse and inclusive leadership is not yet a reality (Barry, et al., 2017). Reducing gender gaps is correlated to positive regional economic growth (Wiley, Healy, & Acevedo, 2016). Supporting women in leadership roles could lead to measurable impacts on revenue for organizations. An analysis of 51 women-led companies in 2014 revealed that more gender-diverse companies also enjoyed a 27 percent higher return on equity and a 42 percent higher ratio of dividend payments (Fairchild, 2014). Hiring a demographically diverse workforce can improve a company's bottom line financial performance (Badal, 2014). Moreover, women, more than men, evince a transformational leadership style, which has been linked to enhanced leader and organizational performance (Li, Gupta, Loon & Casimir, 2016).

A survey of European companies by McKinsey and Company (2014) in partnership with the Women's Forum for the Economy and Society found that companies whose boards or top management included a strong representation of women financially outperformed companies that did not have this diversity. Specifically, these companies outperformed their sector in terms of return on equity, operating results, and stock price growth over the period from 2005 to 2007 (Devillard, Sancier-Sultan & Werner, 2014). In a study evaluating the relationship between
gender diversity and financial performance, Badal (2014) found that gender-diverse and engaged business units outperform those that are less diverse and less engaged. Another key finding was that gender diversity varies substantially across business units within a company, which in turn affects the business performance of these units (Badal, 2014). The need to diversify leadership is not only an aspiration for inclusivity but is also supported by evidence for better outcomes. Gender diversity in decision making and participation in the workforce results in stronger economies, more productive institutions, and more stable governance (Barry, et al., 2017).
Section 3: Theoretical Framework

The research has repeatedly shown that one of the greatest barriers to women in leadership is the prejudice and discrimination that stem from gender stereotypic beliefs and implicit theories of leadership. Using a social-psychological perspective, we can better understand the role of gender inequality in leadership, primarily how both social frameworks and perceptions influence leadership processes concerning gender. Social Role Theory is a social-psychological philosophy that relates sex differences and similarities in social behavior. The main idea is that differences and similarities arise primarily from the distribution of men and women into social roles within their society (Eagly & Wood, 2016). Through socialization and the formation of gender roles, the behaviors of men and women generally support and sustain the division of labor (Madsen, 2017).

According to Social Role Theory, gender stereotypes are derived from the fact that women and men are over- and under-represented in distinct societal roles (Ryan, et al., 2016). These stereotypes are shaped by social norms that influence individual decisions and are both descriptive and prescriptive in nature (Koenig, 2018). For example, men are associated with the traits that elicit competence in leadership such as aggressiveness, ambition, dominance, self-confidence, forcefulness, and self-reliance (Eagly & Carli, 2003). By contrast, women are linked to communal characteristics that encompass being affectionate, helpful, friendly, kind, sympathetic, sensitive, gentle, and soft-spoken (Eagly & Carli, 2003). Social psychological approaches to understanding gender and leadership expose how gender does matter in relation to how people respond to leaders and how leaders approach their roles, regardless of whether it should matter. Additionally, Social Role Theory aids our understanding of how stereotypes truly
shape expectations people have of female leaders, as well as how they influence women’s own thoughts and behaviors (Madsen, 2017). It is clear from the research that these stereotypes have significant effects on individuals’ cognitions, attitudes, and behaviors and contribute to sexism and gender inequality in a range of domains, including the workplace (Ryan, et al., 2018).
Section 4: Methodology

Research methods for this study include a qualitative analysis of archival research data on the prevailing gender gap and the underrepresentation of women in executive leadership roles. An extensive historical literature search was conducted using CSUN’s online library catalog, One Search. Using the following keywords: “women in leadership,” “gender inequality in leadership,” “women in healthcare leadership,” “gender gap,” and “gender stereotypes in leadership,” 55 peer-reviewed, full-text journal articles and books were identified and cross-examined for this study. Most of the literature used for this analysis was published within the last 10 years. More recent research and literature was best suited for the purposes of this study, as the goal was to uncover what factors are contributing to the relatively recent stall in progress on the gender gap. Any literature used for this analysis beyond 10 years was used for historical representation. While conducting the research for this analysis, titles and abstracts of literature relating to the key search terms, were screened for relativity to gender inequality and the gender gap perpetuity. Once literature was selected, full text articles were methodically analyzed and cross-examined to produce the findings of this study.
Section 5: Findings and Analysis

Policy Implications

Women make up a majority of the healthcare workforce but have not attained a proportional representation in top executive positions. This imbalance is driven by multiple causes including long held cultural attitudes about women in leadership and a lack of emphasis on corporate strategies to support the advancement of women to the top. It is quite perplexing that even after numerous studies and decades of targeted efforts to create opportunities for women, inequity in leadership remains constant. The United States has only one “comply or explain” mechanism, which was adapted in September 2010 by the Securities and Exchange Commission (SEC). This requires firms to disclose “whether diversity is a consideration when directors are named; if so, how the diversity policy is implemented and how effectiveness is evaluated” (Terjesen & Trombetta, 2017, p. 247). Moreover, it is important to realize that while the United States current corporate governance guidelines suggest certain national templates, organizations often deviate from such structure (Aguilera, et al., 2006).

It is imperative to fully understand the various issues that keep women from advancing, so that effective leadership development strategies and policies can be created and implemented. A negative perception of women’s abilities is one of the biggest reasons for the underrepresentation of women in senior management (Stoker, Van der Velde, & Lammers, 2012). Finding real solutions to change this is the first step toward gender equity in the leadership pipeline. Additionally, organizations are not fully accessing the talent of a majority of their employees (Keller & Meaney, 2017). With a perpetually small number of women in leadership roles, it is clear that only a small percentage of women are being developed for higher ranking roles, compared with men.
It is very important for organizations to directly address gender inequality by making sure that everyone, especially senior leadership, recognize and understand the biases that prevent women from succession (Parr, 2018). Organizational policies should be examined and developed in ways that help every configuration of family so that talent is fully brought back into the workforce after a break, shifting work culture away from operating as if every family has a stay-at-home mom (Tarr, 2018). Ensuring more diversity in organizations and leadership roles is beneficial and representative of the diverse global society we are a part of. There is a strong research connection between diversity and positive organizational financial performance.

Many organizations are not really providing equal opportunity, and steps need to be made toward acknowledging and recognizing this failure. Leaders of these organizations need to find ways to better understand why they have failed in this area and using that data, act toward creating better programs and policies to open up the pipeline for advancement of qualified women. Gender issues need to be embedded in mainstream governance, management and policy processes (Eagly, Gartzia & Carli, 2013). The development of future leaders in today’s healthcare organizations, including a focus on the equal development of the talent of women, is a pressing issue worldwide.

Policy Recommendations

There is a clear demand for increasing the number of women in top leadership positions in healthcare and in achieving gender parity for organizations. Doing so will only assist efforts to overcome the current challenges facing the healthcare industry. Much of the research reviewed show that existing recommendations lack depth and specificity and offer vague explanations for
the persistence of the gender gap. Recommendations put forth to date (i.e., women should avoid career disruptions, women should find a good mentor, etc.) are unrealistic or overly simplistic (Marcus, 2014). This suggests that apprehension and uncertainty remain about how to constructively address the problem. A deeper understanding of what the impediments for advancement into top leadership ranks are and the salary disparities that exist once they attain such positions is necessary. The research makes a compelling case for immediate intervention of this issue and development of strategies to fill the leadership gap with talented women leaders. Action agendas and concrete policy strategies need to be developed and embraced at the individual and organizational levels (Weil and Mattis, 2001).

Although attention to the problem is growing and consensus is emerging on defining the issues regarding the advancement of women and people of color in healthcare leadership, there is still a lack of understanding and a stall in progress. Recommended strategies to address the issue include development of an organizational priority for gender diversity in executive leadership with CEO and board accountability (Bersin, 2014). Healthcare administrators must prioritize this development and tackle it as a community committed to increasing diversity in its leadership. Additionally, effective succession planning and implementation of leadership development programs that focus on gender diversity would open up the roadblocks along the leadership pipeline (Conger & Fulmer, 2003). Development of practical strategies for building a more diverse and inclusive workforce, as well as individual career advancement strategies need to be taken into consideration. Gender-specific EQ competencies could help organizations recognize, value, and articulate the differences in the way men and women approach leadership (Mandell and Pherwani, 2003). In addition, strategies that help both men and women improve EQ can assist in overcoming barriers.
The Paycheck Fairness Act could improve the scope of the Equal Pay Act, which has not been updated since 1963, with stronger incentives for employers to follow the law, enhance federal enforcement efforts, and prohibit retaliation against workers asking about wage practices (Miller & Benson, 2017). To better understand why the gender gap persists and how it can be closed, scholars are studying a range of topics—from the career paths of highly educated women, to the experiences of female leaders, to how organizational structures and cultures create barriers to advancement (Johns, 2013). Scholars in the UK made considerable efforts to document women on boards and worked collaboratively with policymakers as well as C-suite executives, which is something the US should highly consider doing (Terjesen & Trombetta, 2017).

Future research recommendations include analyzing the results from companies that have implemented leadership development programs with a focus on women. Studying the percentage of women in executive roles in organizations that have robust succession plans and assessing the organizational performance results of gender diverse executive teams, is another recommendation. Additionally, more in depth and conclusive studies involving the identification and consideration of a variety of other contributing causal factors beyond gender roles could predict and influence leadership effectiveness and equality in leadership emergence (Appelbaum, et al., 2003). More comprehensive studies, examining the attitudes and behaviors of healthcare executives, leaders and managers in relationship to gender roles could help to identify why women are plateauing or not being promoted effectively into leadership.

If conclusive, this data may result in valuable information for encouraging parity in advancement opportunities, and ultimately the success of healthcare organizations. Evidence that gender-specific leadership differences are fostering roadblocks, could provide women a potential visual model for success. A large number of women are available and qualified to assume top
executive positions. Healthcare is in chaos now with tumultuous changes, disruption, and a need for transformational leadership. As healthcare organizations face an increasing demand for talent, it will be more difficult to ignore one half of the workforce that is capable of assuming top leadership roles.
Conclusion

The role of women in today’s healthcare organizations along with the development of tomorrow’s leaders is an ongoing issue. With the challenges of cost, quality, and an aging population, the time has come to take a closer look at promoting gender diversity in the development of policies. Key issues that remain serious challenges and require additional research and policy attention include the need for increased awareness of perpetual gender barriers for women in leadership succession, the need for more effective mentoring and training programs and exposure to board committees in leadership development. Accountability for closing the gender gap is crucial for advancing gender equality. Women have been trying to “break the glass ceiling” and to “lean in” for many years, but it has proven to be quite thick and progress has been slow. Diversity in leadership roles is highly beneficial for any organization functioning in our diverse global society and gender equality in leadership still has a long way to go. We can recognize and respect the tremendous progress we have made in terms of diversity overall, but we need to new, creative, and substantive approaches to overcome the challenges and barriers that remain.


Appendix A: Archetypes of Advancement into Leadership Roles

The challenge of advancing women into leadership roles varies considerably across industries, but three archetypes emerge.

% of women by role

Roles:
1 = Entry level
2 = Manager
3 = Senior manager/director
4 = Vice president
5 = Senior vice president
6 = C-Suite

Unable to enter
Automotive and industrial manufacturing
100%
1 2 3 4 5 6

Stuck at the middle
Logistics and transportation
48 30 21 22 17 15
1 2 3 4 5 6

Retailing and consumer goods
46 43 36 30 24 13
1 2 3 4 5 6

Locked out of the top
Energy and basic materials
35 22 24 25 25 14
1 2 3 4 5 6

Healthcare and pharmaceuticals
59 51 41 30 19 23
1 2 3 4 5 6

Media and telecom
47 46 40 37 32 25
1 2 3 4 5 6

Technology: software and hardware
37 30 25 20 19 15
1 2 3 4 5 6

Hospitality
64 50 46 35 30 25
1 2 3 4 5 6

Financial and professional services*
52 47 38 32 20 22
1 2 3 4 5 6

*Includes banking, consumer finance, and insurance.
Source: 2015 joint research by Leanin.org and McKinsey; data collected from 30,000 employees at 118 companies across nine industries.

McKinsey&Company
Appendix B: Representation of Women in the Talent Pipeline
Appendix C: Survey of Global Executives on Gender Diversity

Fewer men acknowledge the challenges female employees face at work.

% of respondents¹

“Even with equal skills and qualifications, women have much more difficulty reaching top-management positions.”

![Pie chart showing gender disparity in acknowledging challenges at work.]

¹ Responses for “strongly agree” and “agree” are combined, as are those for “strongly disagree” and “disagree.” Female respondents = 797; male = 624.

Source: 2013 McKinsey Global Survey of 1,421 global executives on gender diversity
Appendix D: Experiences of Sponsorship by Sex