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A MULTIPLE CASE STUDY APPROACH: BREAKING THE GLASS CEILING, DOES MENTORING HELP WOMEN RISE TO EXECUTIVE POSITIONS IN HEALTHCARE

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ABSTRACT

A majority of the workforce in healthcare organizations are comprised of women. Women are said to occupy 75 percent of entry level and mid-level manager roles. However, when it comes to executive level and senior level positions, women continue to be vastly underrepresented. While more women are receiving advanced degrees and hold many of the frontline positions, there seems to be an invisible barrier or "glass ceiling" preventing women from reaching the upper echelon of their organizations. The main objective of this qualitative case study was to understand the glass ceiling as perceived by women who were successful in achieving executive positions in healthcare. The researcher also sought to understand the role played by mentors and sponsors during their protégé's careers and the tools and resources they provided to them as they ascended in the ranks. Twenty-one in-depth, open-ended interviews were conducted with a diverse group of women healthcare executives. The conversations captured their lived experiences in the healthcare industry at the broad range of positions. The women opened a conversation surrounding a rarely discussed sponsor who helped them be in the right place to be recognized for their talents. The participants of this study provided valuable insight that will help women leaders, aspiring leaders, organizations, executive leaders, and mentors consider process and policy that takes seriously the need to cultivate more women into high level industry positions. Additionally, the findings of this thesis will not only assist aspiring women leaders learn from the experiences of executives who blazed past the glass ceiling, but will also enable organization leadership and boards gain a deeper understanding of the obstacles faced by women in healthcare.

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Chapter 1

Introduction

Women have made tremendous gains in the workforce over the last three decades. The proportion of women employed in the workforce has increased from one-third in 1970 to almost half in 2012 (Johns, 2013). This number is even higher in the healthcare sector with women accounting for more than 77.4 percent of the entire workforce including jobs like nursing, management, support staff etc. (Johns, 2013, p.2). Existing research demonstrates that having women in the executive suite is profitable and advantageous for the organization as a whole (Noland, Moran, & Kotschwar, 2016). Firms with female directors repeatedly have higher revenue returns, and healthcare startups with female executives raise more investments over time (The State of Women in Healthcare, 2015).

Despite supporting research, women continue to be significantly underrepresented in senior leadership positions at their organizations. Holden (1986) suggests that sex segregation in American industries is not only responsible for the dearth of women in senior level positions but also for the wage gap that currently exists (Holden, 1986; Wiggins, 1991). Healthcare reflects a pattern similar to other industries, where the executive structure of female dominated professions is primarily male (Hirama, 1986; Wiggins, 1991). A white paper by the American College of Healthcare Executives or ACHE (2012) reported that about 12 percent of women in healthcare achieve CEO status as compared to 22 percent of men. A higher percentage of men (62 percent) were employed in management positions as compared to women (46 percent). The paper found that women in management roles were employed in more specialized areas, such as nursing

services, human resources, planning, and marketing, areas that were not typically identified as standard routes to executive leadership positions. While the percentage of women executives being employed are a lot higher than previous years, prominent leaders such as Sheryl Sandberg (Chief Operation Officer of Facebook and founder of Lean In) argue that women continue to be vastly underrepresented at every level of their organizations. According to Sandberg (2018), progress is not just slow but stalled to a certain degree.

The "glass ceiling", first coined in a 1986 Wall Street Journal Report, was used to describe a "corporate world in which access to the top for women was blocked by corporate tradition and barriers glass" (Jackson, 2001, para. 2). Since then, the term "glass ceiling" has come to describe a metaphorical, transparent barrier that keeps women from rising above a certain level in organizations and corporations (Morrison et al., 1986). While the glass ceiling exists at different levels in organizations and industries, such as healthcare, it is typically suggestive of barriers faced by women into top-level management positions (Powell & Butterfield, 1994). These barriers constituting the glass ceiling are the product of older discriminatory laws, personnel practices, and beliefs about women's roles (Holden, 1986). The Glass Ceiling Commission (1995) identified four categories of barriers- societal, governmental, internal and structural barriers that prevent women from rising to senior leadership positions. Often subtle in nature, these barriers include gender stereotypes and expectations, lack of management commitment to gender equity, and lack of opportunities for development and growth within organizations (Bell, McLaughlin, & Sequeira, 2002). Most of these barriers are dependent on the beliefs and attitudes held by organization members and leaders. Additionally, factors such as organizational culture and social structure contribute to impede women's development within the organization (Jackson, 2001). Eiser and

Morahan (2006) write that the five biggest barriers experienced by women leaders in healthcare include organizational norms that favor men over women, gender stereotyping, work life balance challenges, lack of effective mentors, and exclusion from informal networks. These factors are detrimental towards a woman leader's career and impedes them from moving up the ranks to executive level positions.

In response to the growing attention to the barriers faced by women in leadership positions across industries, researchers conducted investigations and published papers with recommendations on how women could overcome the gender gap and shatter the glass ceiling. Mentoring is cited as one of the most important tools for professional progression of men and women as per health management literature because it enables the growth and development of both the mentors and mentees (Allen, Lentz, & Day, 2006; Eiser & Morahan, 2006; Castiglioni, Bellini, & Shea, 2004; Noe, 1988). While there is plenty of research relating mentoring to the advancement of men, its role in the career development of women is still not clearly defined, especially within the healthcare sector (Noe, 1988, LaPierre & Zimmerman, 2012). More research is required to better understand the role played by mentors in helping women overcome barriers in their rise to executive leadership positions within healthcare. This chapter will outline the problems faced by women in leadership positions, identify the purpose of the research study and its significance, explain the research questions, and define key terms used in the study.

The Problem

Historically, women have served as the primary care decision-makers and providers in society leading to their predominance as human service workers when human care was

bureaucratized (Hasenfeld, 1992, p.7). Even today, a majority of people employed in the U.S. healthcare industry are women. Reports suggest that women make up 80 percent of frontline healthcare workers and account for 84 percent of bachelor's degrees in health professions (Tecco, 2017; Diamond, 2014).

While women's representation in management, especially entry-level and mid-manager level, has increased over the last few decades, their advancement into top level administration has been conspicuously slow (LaPierre & Zimmerman, 2012). A survey conducted revealed that even after controlling for factors like age, education, and experience, women faced a 52 percent lower chance of being promoted to senior management positions. This was due to factors such as lack of sponsorship, time taken off work for family reasons, gender discrimination and even harassment, and less aspiration among women to take senior positions and missed opportunities as they were out of the office (LaPierre & Zimmerman, 2012)

McKinsey reports that the healthcare industry is facing a leaky pipeline, with 61 to75 percent of women being less likely to advance to senior positions than their male counterparts (Pawar & Huber, 2016). The Glass Ceiling Commission (2002) found that women who were a part of senior leadership usually held roles in more specialized areas, such as human resources, research, and nursing services (Johns, 2013; ACHE, 2002). In contrast, men dominated in areas such as general management, development, sales, and marketing (Morrison, 1987).With less than four percent of leadership positions in healthcare organizations occupied by women, the number of women in key managerial positions in healthcare is much less than those in corporate America (Reubens & Halperin, 1996; Crawford, 1993). Women are less likely to be promoted to executive level positions, even after controlling for individual and organizational characteristics, due to the

presence of invisible, artificial barriers that prevent them from rising up the corporate ladder into executive leadership positions (Jackson, 2001). These barriers include societal, governmental, and organizational barriers (Glass Ceiling Commission, 2015). Societal barriers experienced by women include prejudice, bias, stereotypes, and gender based differences obstructing access to opportunities and advancement. The Glass Ceiling Commission also describes three governmental barriers. The first is the lack of vigorous monitoring and enforcement with affirmative action programs. When enforcement and monitoring of affirmative action programs in organizations is weak, it tends not to have positive impacts on female employment. Additionally, weakness in collecting employment related data, and inadequate reporting of information related to the glass ceiling are barriers because they fail to provide information to the people who are affected by the glass ceiling, or those who are interested and need to know what is happening in order to explore solutions. Lack of recruitment and outreach, corporate climates alienating women, pipeline barriers, and lack of mentoring and development opportunities are examples of organizational barriers that directly impact the ability of women to rise to executive positions in their organizations (Glass Ceiling Commission, 2015; Johns, 2013).

According to Johns (2013, p.6), barriers faced by women within several industries, such as healthcare, not only prevents women's ascension to executive positions but also discourages women from aspiring to executive roles. Women that do break through the glass ceiling face additional challenges such as unequal pay. The ACHE (2002) reported that women in healthcare leadership positions earned 17 to 18 percent less than men with the same education and experience, with the difference in pay being most pronounced at the executive level or the c-suite level. The "glass ceiling" exists in spite of compelling evidence that supports the case for women in senior

leadership roles. Adler (1998) investigated the correlation of women in executive positions and their company's profitability and affirmed that Fortune 500 organizations with a high number of women in executive positions outperformed other companies on three measures of profitability: profits as a percentage of revenue, assets, and stockholder's equity. The study also found that organizations that had the best scores for promoting women were more profitable than organizations with average to good scores. There is a need for more women in senior leadership positions to close the gender gap in the healthcare industry.

Purpose of Study

Publications in almost every field of study discuss that the benefits of mentoring are not only substantial for the individual mentor and protégé, but their organization as well (Noe et al., Russel & Adams, 1997; Ensher & Murphy, 2011). As in other industries, mentoring and leadership serve an important role in healthcare organizations. While there is a considerable amount of research that discusses the importance and benefits of mentoring (Eiser & Morahan, 2006; Hezlett & Gibson, 2005; McAlearney, 2005; Allen, Ebby, & Poteet, 2004; Ragins & Cotton, 1999; Chao & Gardener, 1992; Jacobi, 1991; Dreher & Ash, 1990), very little research that examines the link between career outcomes and mentoring relationships exists (Dreher & Ash, 1990). Specifically, there is a notable lack of research exploring the function of mentoring in women's rise to executive leadership positions in healthcare. Moving beyond previous studies that provide a fragmented view on the "glass ceiling", the purpose of this qualitative phenomenological study is to gain a comprehensive understanding of the barriers faced by women executives and the role played by mentors helping these women overcome such barriers.

This study investigated the perception of women who held senior leadership positions in healthcare and their path to the executive suite. All participants included in the study are women who currently hold executive level positions or have held positions in the executive suite in the past. The researcher chose to exclude any women who did not hold senior leadership positions as well as women who only held clinical leadership positions such as Chief Nursing Officer. The researcher chose not to interview participants in clinical leadership because adequate studies and programs are present on mentoring in clinical settings.

Significance

Women in healthcare leadership continue to face barriers that impede them from moving to senior level positions in healthcare. Although the last few years have seen an increase in the number of women holding such positions, the industry still has a long way to go to reduce disparities (LaPierre & Zimmerman, 2012). The results of this study provide organizational leadership the opportunity to gain insight on the personal lives of women executives in healthcare and the barriers they needed to overcome during their career. Leadership can use this information to restructure internal processes, such as outreach and hiring process, and develop innovative solutions to institutional barriers within their organization. By focusing on developing an inclusive environment that provides equal opportunity to women, organization board of directors can fix their company's leaky pipeline and increase women's representation in the executive suite, thus driving up overall profits and allowing the organization to better serve their consumers (Kotschwar, Moran, & Noland, 2016; Adler, 1998).

Existing research shows that mentoring relationships are not only beneficial for mentees, but mentors as well. Mentoring facilitates relational skills competencies that can lead to enhanced career outcomes (Ghosh & Reio, 2012). Identification of what kind of mentoring support yields more positive personal and career results will enable mentors to focus both on the psychological functioning of mentoring that is well known, as well as the career functions of mentoring that would help mentees move to the next level of their organization. The results of this study can also be used to contribute to existing research on the benefits of mentoring relationships. This research will provide a deeper look into the individual, organizational, and societal barriers faced by women prior to analyzing how mentors helped these women shatter the glass ceiling they experienced on their journey to the executive suite. The advice provided by the women executive participants in this research could serve as an encouragement to aspiring women who wish to pursue senior positions in healthcare.

Research Questions

The research identifying the role a mentor plays in a woman leader's rise to an executive leadership position is limited and inconclusive (Noe, 1988; Kram, 1985). Interviews with women who have seen success could help develop a better understanding of the obstacles faced by women in healthcare. This, in turn, would not only provide aspiring women leaders valuable insight on experiences encountered, but also enable organization boards to implement initiatives that reduce the gender gap experienced in senior leadership in healthcare.

The study was guided by the following question: Does mentoring help women shatter the glass ceiling in order to rise to executive positions in healthcare? The following sub-questions were asked to support the overarching question:

1. What are the barriers and challenges faced by women while rising to an executive position in healthcare?
2. What is the role played by mentors in promoting their protégées to executive positions in healthcare?
3. What is the role played by sponsors in promoting their protégées to executive level positions in healthcare?

Key Terms

To establish an understanding and maintain consistency of common language instrumental to the research topic, key terms have been listed and defined. This section should be consulted as a reference for the author's meaning of these terms.

Mentoring

From a managerial/ organizational development perspective, one of the definitions of mentoring is given as "the relationship between a senior and a junior person for the purpose of providing advice, emotional support, and other assistance for the career advancement of novices as well as leaders" (Reubens & Halperin, 1996, p.24). Levinson (1978) writes that mentoring relationships are one of the most complex and developmentally necessary relationships an individual can have during their career. Words such as teacher, counselor, and advisor capture some of the elements of mentoring (Burke, 1984).

Executive Suite

The executive suite is the top of the echelon at an organization consisting of the most influential leaders at that company.

Executive Leaders

The most senior leaders of an organization who lead the company and work together to ensure the organization's strategies and operations, tend to align with its mission and vision (Chen, 2018). Positions may include, but are not limited to. the chief executive officer, chief operating officer, chief information officer, chief human resource officer, chief development officer, senior president, and president of a company.

Glass Ceiling

First mentioned in a 1986 Wall Street Journal Report, the term "glass ceiling", was used to describe a "corporate world in which access to the top for women was blocked by corporate tradition and barriers glass" (Jackson, 2001, para. 2). The U.S Department of labor (Martin, 1991, para 1.) defines the glass ceiling as "artificial barriers based on attitudinal and organizational bias that prevent qualified individuals from advancing upward in their organization". Although the glass ceiling exists at different levels in organizations and industries, it is typically used to describe a barrier to top-level management positions (Powell & Butterfield, 1994).

Grounded Theory

"Grounded theory is a general methodology with systematic guidelines for gathering and analyzing data. The analytic process consists of coding data; developing, checking, and integrating theoretical categories; and writing analytic narratives throughout inquiry" Charmaz & Belgrave, 2015, para.1). During this process, the researcher first codes the data based on themes initially

identified, compares the data and codes, and determines analytic leads and broad categories to develop through further data collection. Thus the process of developing grounded theory began with concrete data that was rendered in an explanatory theory.

Healthcare Organization

Organizations such as hospitals, health information technology firms, insurance companies, and public health firms involved in the management, treatment, and prevention of illness through the services being provided.

Open-Ended Questions

Open-ended questions require the interviewer to ask the interviewee a question in a manner that they are able to respond as they like. (Denzin & Lincoln, 2008). These questions encourage the depth and vitality required for new concepts to emerge.

Multiple Case Study Method

"In the proposed model of multiple-case study, individual cases, captured through intensive exploratory interviews, are brought into "conversation" with one another This permits shared realities to be reconstructed out of individuals' perspectival images" (Rosenwald, 1988, p. 239).

Semi-Structured Interview

"Semi-structured interviews are conducted on the basis of a loose structure consisting of open-ended questions that define the area to be explored, at least initially, and from which the interviewer or interviewee may diverge in order to pursue an idea in more detail" (Britten, 1995, para. 4). The nature of these interviews allowed the researcher to develop existing categories and identify themes or concepts that begin to emerge.

Leadership Pipeline

Zenger (2013) defined the leadership pipeline as a systematic and visible system used to identify candidates for succession management in combination with processes that promote their professional development. The term "leaky pipeline" is used to define the loss of minority groups and women leaders along the path to executive positions due to multiple factors that impedes their development and advancement (Surawicz, 2016).

Organization of Study

This study is comprised of five chapters. Chapter one provides an introduction to the study and identifies its significance. It also provides the purpose to the study, research questions, and key definitions that would orient the reader to the research. Chapter two details a literature review that provides readers with current literature on the barriers faced by women leaders in the healthcare industry and the role played by mentors in advancing their protégées' careers to the executive suite. Using keywords such as glass ceiling, women executives, healthcare, and mentors, the research developed themes that guided the literature review. Chapter three highlights the study's methodology and research design. It lists the research questions that directs how the interviews are conducted. Chapter four presents the research data and draws analytical themes based on the researcher's findings. Chapter five contains the conclusion and implications of the research study and provides the researcher's recommendations for future research considerations.

Chapter 2

Literature Review

The purpose of this chapter is to review available literature related to the role played by mentors in helping women healthcare leaders break past the glass ceiling. There is substantial research available that discusses the benefits of mentoring clinical professionals; however, there is a dearth of research that specifically looks at the women in executive roles in the healthcare industry. The current research provides a detailed description of the glass ceiling barriers in healthcare and the roles played by mentors in furthering their mentees' career advancement. This was achieved by exploring five key areas: (a.) healthcare; (b.) women executives; (c.) mentorship; (d.) glass ceiling; and (e.) sponsorship.

While leadership in many organizations has been historically dominated by men, an increasing number of studies have shown the benefits of having a more diverse leadership that includes women. The first section of this chapter will provide an overview of executive leadership and organizational performance, and gender equity in healthcare. The second section goes into detail about the glass ceiling and barriers faced by women within their careers. The third section reviews mentoring - the functions and benefits served by mentors as well as the "dark side" of mentoring (Ensher & Murphy, 2011). The fourth and final section will focus on the literature available on sponsorship and its impact on organizational leaders.

Many articles and related materials were obtained and reviewed by searching academic and public search engines using key words such as barriers in healthcare, leadership barriers, barriers faced by women, societal barriers, organizational barriers, glass ceiling, glass ceiling as

perceived by women, glass ceiling in healthcare, women executives in healthcare, career advancement, mentoring and career development, gender diversity, formal mentoring, informal mentoring, and leadership.. Each keyword was reviewed for relevant literature until the topic was exhausted.

Leadership and Women

Early definitions of leadership that emerged in the 1800s reflected male domination in society, first in politics and then in corporations. (Hoss, Bobrowski, McDonagh & Paris, 2011). Male dominated traits constituted the model of leadership while characteristics attributed to females such as relationship building and nurturing were not associated with the ability to lead effectively. It was in the 1900s that researchers began to study gender differences in leadership. However, studies conducted offered different views on gender differences and their correlation with effective leadership. A study by Eagly and Johnson (1990) demonstrated that men adopted a more autocratic or directive leadership style while women adopted a participative style. The study concluded that neither male nor female traits were more positively correlated with effective leadership. Subsequent studies, however, indicated that leadership traits demonstrated by women were linked with effective leadership known to produce superior results (McDonagh & Paris, 2013; McKinsey, 2010). According to McDonagh et.al (2014), women possess a collaborative and transformational style of leadership required to successfully manage companies in challenging times. Attributes of transformational leadership, such as providing motivation, intellectual stimulation, trust developing, building a shared vision, and individualized

consideration, are seen to be more closely aligned with female characteristics (McDonagh et al., 2014).

Adler (1998) conducted an empirical study that showed a positive correlation between a company's record of promoting women to executive positions and their profitability. The longitudinal study began in 1992 and examined performance data of 215 Fortune 500 firms between the years 1980 and 1998. The results of the study showed a clear correlation; Fortune 500 firms with higher numbers of women executives outperformed their industry median firms on measures of profits as a percent of revenue, assets, and shareholders' equity. On the measure of profits as a percentage of revenue, women friendly firms received an average profit of 6.4 percent as compared to the industry median which was 4.8 percent. Similarly, on the measure of profits as a percent of assets and stockholders equity, women friendly firms outperformed the industry medians by 18 and 69 percent (p.5). Adler (1998, p.6) wrote that one possible reason for the success of this organization is that the inclusion of women in the executive suite ensures that "the best brains are available to continue making smart, and profitable, decisions for the firm".

In 2004, a study conducted by the Catalyst, a survey company, demonstrated similar results to Adler's (1998) research. Having assessed the gender diversity and financial performance of 353 Fortune 500 organizations between 1996 and 2002, Catalyst determined that companies "with the highest representation of women in their top management teams experienced better financial performance than groups of companies with the lowest representation of women" (Catalyst, 2004, p. 7). The authors reported that women earn more than half of all bachelor's and master's degrees within the United States and comprise more than half of the paid labor force. Thus, companies that focused on diversity within their leadership

and developed female talent within their organization were better positioned to tap into a wider pool of highly educated and skilled individuals (Catalyst, 2004).

A survey conducted by Harvard Business Review revealed that women leaders were rated by peers, bosses, direct reports, and other associates as better leaders than their male counterparts in 12 out of 16 leadership competencies, such as taking initiative, communication skills, and problem-solving abilities (Folkman & Zenger, 2012, para.7). The article also revealed that women outperformed men at the two competencies long believed to be male strengths- taking initiative and driving results. McDonagh and Paris (2013) elaborated that women tend to possess a transformative leadership style based on trust, confidence, and role modelling which is aligned with leadership effectiveness and better financial performance. Women are capable of leading departments and organizations as effectively as men when they are given the opportunity to occupy executive positions.

Despite such results and evidence demonstrating the effectiveness of female leadership, McDonagh & Paris (2013, p.7) write that, "the pervasive culture in healthcare still embraces a male leadership model that does not allow for the optimal inclusion of women". While individuals believe that the glass ceiling was shattered years ago with the inclusion of women in executive positions, there is still a profound absence of gender diversity within organization boards and leadership. Women continue to face challenges related to stereotypes about female leadership, women's experience in advancing their careers, and organizational culture that prevents women from rising to top positions in healthcare. Women in leadership positions still find themselves unsupported because their career development and succession planning fails to

be a priority for healthcare leadership (Coffman, Gadiesh, & Miller, 2010; McDonagh & Paris, 2013).

Gender Equity in Healthcare

"Attracting, retaining, and developing women executives is vital to the success of healthcare organizations. While there have been great strides since the 1990's, there has been little progress regarding gender equity in the last six years" (Athey, 2014, para 1.). According to the ACHE (2002), women achieved the CEO status at half the rate of men. Eleven percent of women reported being the chief executive officer of an organization as compared to 22 percent of men. Additionally, the report found that a smaller proportion of women (37 percent) than men (66 percent) aspired to be CEOs of healthcare organizations within the next 15 years. Several factors were listed that attributed to this issue including work and family conflicts, and education and experience of female leaders, institutional factors, and difference in career aspirations.

While the gender gap is a problem, slow progress has been made to address it due to its perception by men and women. While the researchers found few differences between men and women regarding practices and policies, they noted a large disparity in their attitudes toward gender equity. Approximately 69 percent of women compared to 86 percent men believed that their organization was fair in promoting, hiring, and evaluating employees regardless of their gender (Johns, 2013, para.32). Furthermore, only 49 percent of men believe organizations need to put in more efforts to increase the percentage of women in senior management positions as opposed to 79 percent of women (Athey, 2014, p.44).

In order to eliminate the gender gap in healthcare and promote equity in promoting and

compensating women, the industry needs to focus on making changes at the senior level of organizations starting with the executive team and organizational board. The ACHE suggests that setting organizational goals and monitoring the number or proportion of women in upper management positions is an effective strategy in building an equitable culture. Additionally, CEOs can increase opportunities for female managers in their organization, ensure that there are training, promotion ladders, and development programs within their organizations (ACHE, 2002).

The Glass Ceiling

Originally coined by Carol Hymowitz and Timothy Scherllhardt in their *Wall Street Journal* article, the glass ceiling metaphorically encapsulated the obstacles or impediments that prevented women from rising into senior leadership positions (Dreher & George, 2003; Hymowitz & Schelhardt, 1986). In 1995, The Federal Glass Ceiling Commission released a report on the glass ceiling describing it as the "unseen, yet unbreachable barrier that keeps minorities and women from rising to the upper rungs of the corporate ladder, regardless of their qualifications or achievements" (1995b). The four categories of barriers that contributed to the glass ceiling are societal, governmental, internal, and business structure barriers (U.S. Glass Ceiling Commission, 1995; Johns, 2013). The definition provided by the Glass Ceiling Commission implied that the dearth of women in executive positions in organizations is not due to lack of skill, intellectual qualities or experience as previously believed, but rather the product of personal and institutional barriers that form the "glass ceiling" (Morrison et al., 1987).

In their research, Cotter, Hermsen, Ovadia, and Vanneman (2011) focused on race and

gender, and reported that the "glass ceiling" is a gender inequality that can be distinguished from other kinds of inequality. According to Cotter et al. (2011), there are four criteria that need to be met to qualify barriers as a glass ceiling. The first is that the glass ceiling "represents a gender or racial difference that is not explained by other job relevant characteristics of an employee" (p. 657). This implies that the glass ceiling refers to differences in perception due to gender after controlling for characteristics such as education, experience, and abilities. The second criterion states that the glass ceiling is experienced more at the higher levels of an organization than the lower levels. The third criterion is that glass ceiling represents an inequality in the chances of women advancing into higher levels rather than the proportions of women currently in those higher level positions. The authors argue that studies need to test glass ceilings in promotions and suggests using longitudinal data to understand the extent of its impact on individuals. The last criterion highlighted is that the glass ceiling "represents a gender inequality that increases over the course of a career" (Cotter et al., 2001, p. 661). While there are several differing opinions and theories on the glass ceiling, most researchers agree that the glass ceiling makes it extremely difficult for women to move past mid-level management into executive level positions (Dreher & George, 2003; Morrison et al., 1987). Though the magnitude of the gender gap in senior management differs by occupation, even female dominated industries such as healthcare continue to struggle with adding women into their senior most administrative positions.

Dreher and George (2003) wrote that the glass ceiling phenomenon poses a problem because it dampens the desire and motivation of lower level female managers to reach and compete at executive levels, it leads to a lack of diversity in the executive suite leading to poor decision making, and it reduces the supply of talent and resources available to organizations.

Despite supporting evidence in favor of women executives, most industries including healthcare are witnessing a slow progress toward gender equality and increased representation of women in leadership positions. According to a report by McKinsey & Company (Thomas et al., 2018, p.7), one reason why women still lag behind men in terms of promotions is because they are left behind from the outset. While women earn more bachelor's degrees than men, the report suggests that they are less likely to be hired into entry level jobs thereby impacting the talent pipeline from the very beginning. Until companies close the gap in hiring and promoting women, there will continue to be a lack of senior women executives. Another reason highlighted by the report is the uneven playing field. Women are more likely to deal with obstacles such as harassment and every discrimination within their jobs. They receive less support than their male peers and often enjoy less access to senior leadership. Women that are in leadership positions often find themselves being the only woman or one of the few women in the room. Being the "only woman" in the room can lead to a female executive being a stand in for all women, i.e., she is expected to represent what all women can do, is scrutinized heavily, and held to a higher standard than her male counterparts.

The Glass Ceiling in Healthcare

Women have an extensive presence in the healthcare industry, not only serving as a majority of the industry's consumers but also as a majority of its labor (78 percent) as well (Baker, 2015; McDonagh & Paris, 2013). Historically, women are known to predominate in direct service positions such as nursing, physical therapy, and health aids within the healthcare industry while men occupy a larger portion of the administrative positions (Hasenfeld, 1992). This is primarily due to the patriarchal ideology that views women as nurturers and men as

providers within families (Hasenfeld, 1992). While the last few decades have witnessed an increase in the proportion of women entering lower and mid-level management positions; the number of women achieving senior level positions has remained significantly small (Powell, 1999; Zimmerman & Mitchell, 2000; LaPierre & Zimmerman, 2012; Dreher & George, 2003). This trend is present despite an increase in the number of qualified women with bachelor's degrees entering the workforce and the rapidly increasing number of women in the healthcare sector (Thomas et. al., 2018; Johns, 2013; LaPierre & Zimmerman, 2018). Surveys conducted by the ACHE in 1990, 1995, 2000, and 2006 comparing key aspects of male and female executives career attainments, revealed that women leaders are more likely to be department heads or fill other staff positions while men are more likely to be chief executive officer (CEO), chief operating officer (COO), president, or vice president (Lantz, 2008; ACHE, 2002). A follow-up survey conducted by ACHE in 2006 noted that while more women were moving into senior leadership positions in healthcare, they continued to apply to more specialized positions and management areas, such as human resources and nursing management (Johns, 2013). Breaking the glass ceiling in a complex industry such as healthcare with deeply rooted stereotypes and prejudices in place, requires action taken by organizations and women themselves.

Barriers

The metaphorical glass ceiling is said to comprise of several barriers that impede women’s growth to the upper echelons of organizations and slows down progress toward gender equality. These barriers are subtle in nature and include gender stereotypes, lack of opportunities to gain relevant experiences, and lack of management commitment to promote gender equity

within the organization (Bell, McLaughlin & Sequeira, 2002). As mentioned previously, these barriers are often divided into 4 categories: societal, governmental, internal business, and business structure (Johns, 2013).

Societal Barriers

According to a report by McKinsey, one of the most impactful societal barriers is the "double burden syndrome" which is a combination of work and household responsibilities that makes it difficult for women to provide greater geographical mobility and total availability i.e., being available anytime anywhere (Desvaux, Devillard, & Sultan, 2010). Women continue to be primary caregivers and fulfil the largest portion of responsibilities of household duties in American households (ACHE, 2012). For every hour spent by a man on household activities, women spend 1.7 hours (Eagly & Carli, 2007; Baker, 2015). Despite the fact that household responsibilities are shared more equally today than at other previous times, the lack of flexible work hours combined with household commitments, and caregiving responsibilities contribute to women having less promotional opportunities, earning powers, and authority at the workplace (Johns, 2013; Baker, 2015).

Another societal barrier faced by women is the presence of gender based stereotypes (Oakley, 2000; Gregg, 2010). The American Heritage Dictionary and Merriam Webster (2019) defines a stereotype as an oversimplified opinion or conception that conforms to a fixed or general pattern. People tend to be influenced by stereotypes when they have little other information to rely upon. Gender stereotypes are an important factor determining organizational judgements and evaluation of men and women in the workplace. These stereotypes operate under the surface, and do not bubble up to conscious awareness making it difficult to counteract their

influence (Eagly & Carli, 2007). Initial studies on gender stereotype conducted by Broverman et al. (1972) and Heilman et al. (1989) revealed that while men were seen as independent, objective, confident, dominant, competitive, skilled, and logical, women were thought to exhibit the opposite of these male dominated competency traits. Women managers were perceived as less confident, analytical, consistent, and emotionally stable leading to the association of successful leadership characteristics with the male stereotype (Broveman et al., 1989; Offerman & Beil, 1992; Oakley, 2000). This stereotype and negative mental association often leads to a prejudice against female leaders and places two sets of separate expectations that tend to compete against each other- expectations based on gender and leader. According to Eagly and Carli (2007, p. 96), "when people's ideas about leadership do not match their view of women, they evaluate women less favorably as leaders". Since such prejudices are usually implicit and covert, it results in an attitudinal penalty and lower evaluation of the person who is stereotypically mismatched to the given role.

Factors such as physical attractiveness, tone and pitch of voice, and style of dressing are some other stereotypes faced by women in leadership positions. A study by Heilman and Stopek (1985) found that more attractive women were rated lower on their performances, received fewer promotions, and starting salaries as compared to unattractive women and attractive men. Additionally, women in leadership positions are coached to lower the pitch of their voices to seem more masculine and credible (Oakley, 2000). Regardless of whether industries are primarily male or female dominated, men seem to ascend to leadership positions quicker than women. The evidence is persuasive that gender based discrimination contributes to men having an advantage in promotions and wages.

Organizational Barriers

Organizational business barriers include factors such as lack of opportunities for women, mentoring, and training (Coronel, Moreno, & Carrasco, 2010; Johns, 2013) . The Glass Ceiling Commission (2015) reported that even CEOs that support diversity and inclusion within the workplace underestimated the upper and mid-level white male resistance to the inclusion of minorities and women. Since the CEOs do not experience this resistance on a daily basis, the advancement of women are not addressed with the urgency they deserve as organizations.

One example of an organizational barrier is the concept of a "good old boys network". The boys network suggests that a woman's place was meant to be at home and that a woman's leadership style was inherently inferior to a man (Elmuti et al., 2003; Gregg, 2010). Additionally, the boys network comprised of a clique of businessmen that influenced the business of organizations and industries. These networks were formed by groups of men that worked together and interacted with each other outside of their business functions. The formation of these cliques was driven by the desire of managers and executives to be surrounded by people they trusted. When such networks are present at organizations, individuals who are known to the network often face an unfair advantage in moving up into senior leadership positions. Women who were not considered a part of this boys network, or did not know anyone within the group, found it extremely difficult to break through the glass ceiling and move into top positions dominated no matter what their skills or abilities were (Elmuti et al., 2003). Women in management have to overcome several more obstacles to enjoy the same authority and privilege men do. Women face more restrictions in organizations such as lack of access to mentors, fewer

opportunities, exclusion from informal networks, and lower compensation leading to stress and reduced wellbeing (Coronel, Moreno, & Carrasco, 2010).

Another barrier faced by women is less access to senior leaders and the lack of effective mentors and sponsors who support their training and mobility within an organization. Mentors and sponsors are known to provide mentees with advice, organizational visibility, and access to development and networking opportunities (Eiser & Morahan, 2006). Noe (1998) writes that without a mentor, women are unable to navigate a male dominated business culture and fail to obtain a sponsor who can identify their talent and guide them in their career advancement. According to Thomas et al. (2018) women are more likely to report that they have not had substantive interactions about work or informal conversations with senior leaders. Compared to white women, more women of color say they do not interact with senior leaders with black women having the least access to mentors and sponsors

Wage Gap

The wage gap remains a huge problem faced by women administrators and executives in healthcare. It is a result of several factors such as occupational segregation, discrimination against working mothers, racial bias, and racial bias (Vagins, 2018). The gender wage gap in particular impacts women in all industries; in 2017, full time female workers earned 80.5 cents for every dollar earned by men. The gender wage gap is different among women as well with Black and Hispanic women earning the least as compared to Caucasian men. Additionally, research found that women with children face a “mommy penalty” and earn less when they return to the workforce while men with children experience the opposite. According to the

ACHE (2002), though men and women obtain equal education and experience, women earned an average of $19,400 less than men did representing a wage gap of 19 percent. For every position surveyed, women earned significantly less than their male counterparts, especially at the c-suite level. The Institute for Women's Policy Research (2019) wrote that at the current rate of change, it will take around 41 years for women to reach pay parity and possibly even longer for women of color. An article by Jeff Kauflin (2016) for Forbes shows that the healthcare has one of the largest wage gaps at 23.3 percent despite women occupying 80 percent of the jobs within the industry. Within healthcare, the men to women pay ratio is 77 percent with female medical and health service managers earning $67,129 to male managers' salary of $87,451 (Vagins, 2018).

Mentoring

Mentoring is considered to be one of the most important developmental tools for professional progression of individuals (Fagenson, 1989; Cotton & Ragins, 1999; Castiglioni, Bellini & Shea, 2004). The word mentor is derived from Greek Mythology. Homer's epic poem, the Odyssey, describes how the Greek champion Odysseus entrusted the education and counsel of his son to his trusted friend Mentor (Halperin & Reubens, 1996; O'Neill & Beard, 2002). The qualities exhibited by Odysseus's friend and his behavior towards his protégé Telemachus continue to guide the term mentor and dictate many of its functions including that of being a guide, counsellor, teacher, and friend to another. Due to the focus on mentoring and its functions over the last few decades, literature is inundated with several definitions of the term mentor or mentoring. One of the traditional definitions of mentoring is that it is an intense, interpersonal, developmental relationship in which the protégé receives a range of career and psychological

assistance from a senior manager over a long duration of time (Kram, 1985; Whitely, Dougherty & Dreher, 1991). According to this definition of mentoring, the mentor was perceived to be a individual employee while the mentee was the junior. The more experienced executive relates to a less seasoned employee and assumes the role of a mentor facilitating their personal and professional development (Kram, 1985; Noe, 1988). However, as organizational structures developed, there has been a movement towards redefining mentoring to encapsulate the changing structure of mentoring relationship to account for mentors from other organizations and industries, multiple mentors, mentee groups and peer mentors.

Formal and Informal Mentoring

There are two kinds of mentoring relationships- informal mentoring and formal mentoring. Informal mentorships involve two individuals that establish a relationship based on mutual identification of personal development needs (Noe, 1988).

Informal mentoring is unstructured, spontaneous, and often last longer than formal mentoring programs. Informal mentoring relationships occur at a hierarchical level or a peer level (Tourigny & Pulich, 2005). These mentorships stem from informal relationships and interactions between individuals who identify each other (Chao & Gardener, 1992).

Formal mentoring programs, on the other hand, are developed by an organization to replicate the benefits of informal mentoring relationships at an institutional level (Ragins & Cotton, 1999). Organizations establish mentoring objectives, select and match mentors and mentees, and organize an extensive orientation program that emphasizes the development of realistic expectations, states the responsibilities of mentors and mentees, and specifies the terms of the mentoring contract and overall length of the program (Tourigny & Pulich, 2005; Noe,

2005). Formal mentoring programs provide greater organizational control on mentoring objectives, activities, and roles while integrating the relationship into a broader career planning and personal/ professional development plan (Tourigny & Pulich, 2005).

A study conducted by Chao and Gardener (1992) investigated the differences in outcomes of formal and informal mentoring relationships by conducting a longitudinal study of the career development of alumni from a large Midwestern university and small private institute. The study revealed that protégés in informal relationships received more career related support from their mentees than protégés in formal relationships. However, the study did not find statistically significant differences in psychological functions because those functions are easier to provide than career related ones.

Mentor Functions

There is a consensus within mentoring literature that the functions served by mentors fall into two broad categories (Burke, 1984; Kram, 1985; Noe, 1988, Roemer, 2002). An initial research study conducted by Burke with 80 respondents (men and women) attending management courses found that mentors influenced personal development and career development (1984). Similarly, Kram's (1985) qualitative research and Noe's (1988) factor analysis, differentiated functions served by mentors into two categories based on career and psychological benefits. The career development function facilitates the protégé's advancement in the organization. These functions (a.) sponsoring promotions and lateral moves (sponsorship), (b.) coaching the protégé, (c.) Protecting the protégé, (d.) Challenging the protégé with assignments, and (e.) Increasing the protégé's exposure and visibility in the organization. (Kram, 1985). The second function provided by mentors is psychological. These functions included

acceptance, confirmation, counseling, friendship, and role modelling. Career development functions depend on the mentor's position and influence within organizations while the psychological functions depend on the quality of the relationship between the mentor and mentee (Cotton & Ragins, 1999). In contrast to Kram's observational deductions, Olian et al. (1988) conducted an empirical study that derived two dimensions similar to Kram's categories. The instrumental category is similar to Kram's career enhancing function where mentor behavior enhances protégé reputation. The intrinsic dimension is similar to Kram's psychological function incorporated mental behaviors and functions that enhanced the quality of the mentor mentee relationship. The one difference between Kram's and Olian et al.'s research is that the latter did not consider counseling and role modeling as psychological functions but rather viewed it as a third, separate mentoring function. Overall, there is an agreement that there are at least two distinct mentoring functions that protégés benefit from (Hezlett & Gibson, 2005).

Mentorship Benefits

The practice of mentoring has gained an increasing amount of attention due to substantial benefits offered to not only the individual mentors and protégés but also their organizations. Mentors provide their protégés with career functions such as sponsorship, visibility, exposure, protection, and coaching, offer acceptance, serve as a role model, and provide friendship (Kram, 1985; McAlearney, 2005). Having mentors is associated with several positive outcomes (Kram, 1985; Ragins & Cotton, 1999; Allen et al., 2004). According to research conducted, protégés with mentors earned greater compensation received more promotions, reported more mobility, and higher rates of career satisfaction than non-protégés (Fagenson, 1986; Scandura, 1992; Dreher & Cox, 1996; Allen et al., 2004; Ghosh & Reio, 2013).

In addition to providing mentors and mentees with several benefits, mentoring relationships have been found to have positive impacts on organizations. Ostroff and Kozlowski's (1993) study found that mentors were most instrumental in helping newcomers learn about the organizational domain, sensitizing them to organization culture, politics and other system wide features. Another benefit of mentoring to organizations is that it increases employee satisfaction and organizational commitment while reducing turnover rates. A survey conducted with 3000 employees from public accounting firms showed that employees with mentors were more likely to stay than those without mentors (Viator & Scandura, 1991). Another study conducted by Koberg, Boess, Chappell & Ringer (1994) within a hospital setting demonstrated that organizations that had mentoring relationships experienced a positive correlation with job satisfaction and a negative correlation with job alienation.

Mentoring in Healthcare Organizations

According to Walsh & Borkowski (1999), while numerous studies have been conducted on mentoring in management and mentoring in health education, there is little literature on mentoring in health administration. The earliest study detailing mentoring in health administration was conducted by Koberg, Boss, and Goodman in 1994. By providing a self-report questionnaire to 233 healthcare professionals from a large, private hospital, the researchers were able to identify issues that need to be addressed to improve the quality of work life in the hospital. Their study also found that men and women reported similar levels of psychological mentoring. Additionally, mentees received more psychological mentoring from members of the same race and the same sex. The one limitation of this research was that its scope was too narrowly defined for the dynamic industry it was inspecting (Koberg, Boss, & Goodman, 1998).

Another early study conducted by Walsh and Borkowski (1999) administered a survey to employed members of the ACHE and received 540 usable questions. They reported that a larger percentage of younger professionals had mentors as compared to older professionals. Additionally, the study found that individuals with mentors had more promotions in their organization than individuals without mentors. The authors stressed the importance of professionals cultivating interpersonal relationships that enable them to acquire expertise and knowledge that aids them in competing in the rapidly changing healthcare industry. A second study by Walsh and Borkowski in 1999 focused more on cross gender mentoring and career development. This study rejected the hypothesis that women faced more difficulty in accessing mentors than men. They did however report a significant difference in cross mentoring relationships. Women tended to have more female mentors while men had fewer females as mentors.

Research conducted by Roemer (2002) focused on women CEOs in healthcare and how they obtained those positions. Roemer conducted semi-structured interviews with 35 women, four-fifths of whom were CEOs of hospitals, health systems, and other healthcare organizations. Among the 35 women interviewed, 19 said they had mentors who provided them with an advantage during their careers (p. 59). Most of the mentors described in this study were work related and provided support, encouragement, and coaching. On the basis of her findings, Roemer concluded that having a mentor was not critical to the success of a woman leader.

The Dark Side of Mentoring

While mentoring has been proven to be extremely useful, it is not always beneficial to individuals. Toxic mentoring towards mentees can be classified into five major themes. The first

theme, mismatch within the dyad, reflects the difference in mentor and mentee based on values, work style, and personality. The second theme is distancing behavior which refers to mentors that do not have time for their mentees and intentionally exclude them from important meetings. Another theme, manipulative behavior, shows a mentor that wields their power at the expense of their mentee. The fourth theme is lack of mentor technical and interpersonal mentor experience. The final theme identified is general dysfunctionality highlights a mentors inability to serve as a resource due to a negative outlook on the organization or due to personal problems. Toxic mentoring can have a negative impact on the mentee and can cause them to leave the relationship and even withdraw from their job (Hezlett & Gibson, 2005).

Sponsorship

Travis, Doty, & Helitzer (2013, p.1) define sponsorship as "public support by a powerful, influential person for the advancement and promotion of an individual within whom he or she sees untapped or unappreciated leadership talent or potential". Sponsors are known to improve their protégés' visibility by opening doors for them, enhancing their credibility, and increasing their recognition within their organization. Hewlett et al., (2010) wrote that both men and women benefited from having sponsors; however, fewer women (13 percent) than men (19 percent) had sponsors. Given that men reap the benefits of the "good old boys network", women need to leverage powerful alliances with other leaders within the organization and as a career advancement strategy. In addition to these institutional barriers, women's reluctance to take on higher leadership positions because of the lack of confidence in their own abilities serves as a barrier to advancement. Sponsors help women executives gain the confidence needed to apply

for challenging assignments while helping them realize the value of their accomplishments (Travis, Doty, & Helitzer, 2013).

Sponsors versus Mentors

According to Deborah Elam, Director of Diversity at General Electric, the distinction between sponsoring and mentoring is that, "sponsors put their name next to their protégé performance thus linking their reputation to their protégé" (Hewlett et al., 2010, p.50). Unlike mentors who can be superiors, peers, and subordinates, sponsors are usually individuals with high positions within the organization with the ability to have significant influence on decision making. Additionally, while mentoring provides back end support, sponsoring provides front and center leverage. Like mentors, sponsors improve protégé appearance and career advice. However, they also go one step ahead, and connect their protégés to career opportunities by promoting visibility to leaders within and outside the organization. Sponsors ensure their protégés get the next opportunity by weighing in on their behalf at the decision making table.

Summary

The literature review explored the historical perspective of leadership as related to gender and the various challenges faced by industries in promoting gender equity. Despite efforts within several organizations to promote female presence in the executive leadership, current literature supports the fact that many women in industries such as healthcare still experience gender inequality.

The literature demonstrated that several barriers faced by women in healthcare including stereotyping, bias, pay disparity, and unfair organizational practices are still prevalent and create

significant challenges. These barriers often overt in nature not only prevent women from advancing in their careers but also limit their ability to be effective within their role. Mentoring and sponsoring were other concepts highlighted by the literature review. Mentors and sponsors provide advice to their protégés, develop them, and increase their visibility within the organization thus promoting their upward mobility. For mentoring relationships to be beneficial, mentors need to provide a combination of psychological and career functions. A combinations of these functions enables the development of mentees professionally and personally. The next chapter presents the research method and design used to study the role played by mentors and sponsors in helping women leaders reach the upper echelon of their organization. Additionally, the chapter will detail population, sampling and data collection, and validity of the data.

Chapter 3

Methodology

The Chapter 2 literature review discussed the glass ceiling phenomenon experienced by women in healthcare and the role played by their mentors and sponsors in enabling their rise to executive level positions. The purpose of this qualitative case study approach was twofold. The first was to gain insight on the barriers faced by women leaders through their lived experiences. The second was to dissect the aspects of mentoring and sponsoring relationships that influenced and contributed to the success of women leaders in healthcare. A qualitative approach was utilized to provide a deeper understanding of their journeys and the opinions formed as a result of those lived experiences. Unlike survey responses that would provide an incomplete and superficial image of the glass ceiling, qualitative interviews provide readers with a deeper knowledge of the barriers faced by women and the resources provided by mentors and sponsors in moving past these barriers. Chapter 3 will outline the research methodology including the (a.) study questions, (b.) populations sampling and data collection, and, (c.) data validity.

Research Questions

This research attempted to understand how women leaders in healthcare perceived the glass ceiling and the limitations (if any) it placed on their careers. Additionally, the study also sought to identify the tools, resources, and interactions shared by mentors and sponsors that contributed to the success of these women and helped them get promoted to executive leadership

positions. This research was guided by the primary research question: Does mentoring help women rise to executive leadership positions in healthcare? The following sub questions were asked to support the primary research question.

1. What are the barriers and challenges faced by women while rising to an executive position in healthcare?
2. What is the role played by mentors in promoting their protégées to executive positions in healthcare?
3. What is the role played by sponsors in promoting their protégées to executive level positions in healthcare?

Research Method

The study used a qualitative, multiple case study, grounded theory approach to investigate the glass ceiling as perceived by women leaders in healthcare and the resources provided by mentors that helped them overcome it. The researcher conducted in depth semi-structured interviews and reviewed similar themes among respondents' answers to develop the study results.

Qualitative research "refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and description of things" (Berg, 2001, p. 3). It seeks to answer questions by examining various social settings and the people who inhabit those settings. The value of qualitative research comes from its role in investigating the processes leading to certain outcomes. Qualitative research is able to capture "meaning that is socially constructed by individuals in interaction with their world" (Hoyo & Allen, 2006, p.1). Using this method,

researchers are able to gain a first-hand account of the participants' lived experiences and knowledge (Gregg, 2010). Researchers are then able to "produce a low interference description of a phenomenon" (Sandelowski, 2000; Kahlke, 2014, para. 11) and focus on the "naturally emerging language and meanings individuals assign to an experience" (Berg, 2001, p. 10).

A commonly employed study design in qualitative research is the case study approach. A case study approach is a type of research strategy that is used in a single setting and contributes to the knowledge of an individual or a group in an organizational, social or political phenomenon. The greatest advantage of the case study method is that it enables researchers to retain the holistic and meaningful characteristics of the event or phenomenon studied (Yin, 2009). Additionally, the case study design is appropriate when the research is exploratory in nature and aims to explain and trace operational links of a phenomenon over time.

One strength of using the case study approach in qualitative research is the likelihood of generating a new theory. Eisenhardt (1989) writes that creative insight arising from the juxtaposition of contradictory and paradoxical evidence can lead to the reconciliation of contradictory information and reframe perceptions into a new gestalt. The multiple case study approach has the ability to produce a theory with less researcher bias than theories built from incremental studies. Additionally, the multiple case study approach will most likely lead to the generation of a valid theory because the theory building process is deeply linked to the empirical observations and evidence. Since the aim of this case study approach was to construct grounded theory, "intimate interaction with the evidence (interviews) will develop a theory that closely mirrors reality" (Eisenhardt, 1989, p. 547). Qualitative research has three methodologies that are used to analyze and interpret data: phenomenology, ethnography, and grounded theory

(Holloway & Todres, 2003; Kahlke, 2014). The grounded theory methodology, the choice for this research, is a general methodology used to provide a viable explanation for the phenomenon being examined and develop a theory with data that is systematically collected and analyzed. A key feature of this methodology is the constant comparative analysis of the data collected. This methodology is one of the most widely used modes of conducting qualitative research whose primary goal is to generate theory (Corbin & Strauss, 1998).

Grounded theory is able to gain a fresh perspective in a familiar situation and/or investigate topics with little to no past research conducted. Grounded theory is especially instrumental in analyzing complex areas of study where salient variables have not been identified (Stern, 1980). A major argument for grounded theory is that it seeks to incorporate multiple perspectives while building a conceptual relationship (Corbin & Strauss, 1998). It is able to explore how complex phenomena occurs and exploration and with that understanding, develop an understanding of how they can be modified. Using grounded theory enables researchers to gain an understanding of what is happening to their data without having to sacrifice their details (Charmaz, 2009). "When combined with insight and industry, grounded theory offers sharp tools for generating, mining, and making sense of data" (Charmaz, 2009, p. 15). The five goals of grounded theory that were used to guide this research are: (a.) to build a research theory rather than to test a theory, (b.) to adopt a small exploratory sample to focus that enables the researcher to focus on theory generation rather than data management, (c.) to use analytic methods to find alternative meanings to a phenomenon, (d.) to have a systematic and creative approach to build the theory, and (e.) to have procedures that assist the researcher in developing and relating concepts that contribute to the emerging theory (Carlin & Finch, 2007).

Design Appropriateness in Study

The current research study was qualitative in nature and used data collected from semi-structured interviews and a variety of documents, books, and scientific articles. Through interviews, participants were able to share a first-hand account of their experiences with the investigator. Participants spoke of their interactions, opinions, and concerns with the glass ceiling in healthcare and the barriers it created. They were also able to recount interactions with mentors and sponsors during their career. Using the information provided by the interviewees, the researcher was able to connect the two concepts and analyze the role played by mentors and sponsors in overcoming the glass ceiling in healthcare.

The goal of the multiple case study approach was to replicate findings across cases. While the researcher focused on women executives in the healthcare industry, they were employed in different organizations and held a variety of positions within them. A multiple case approach enabled the researcher to analyze each individual within their role and explore similarities and differences between them to draw comparisons (Baxter & Jack, 2008).

A qualitative case study approach was considered the best approach for the research to collect detailed information that provided a first-hand account of the participants' lived experiences (Gregg, 2010). The case study approach not only enables the researchers to understand a real life phenomenon that encompassed important contextual conditions pertinent to the study (Yin, 2009). For instance, in this study, the company culture and preconceived roles of women in society were some of the contextual conditions encountered.

Data Collection

This study sought to examine the impact of the glass ceiling phenomenon and if it had an impact on women healthcare executives career trajectory. Additionally, the study also addressed the role played by mentors and sponsors in helping these women move past barriers encountered in order to achieve senior level positions. Subjects were sought using a snowball sampling and a total of twenty-one diverse women participated.

Human Subjects Approval

Prior to conducting the study, the researchers filed a report with the University Institutional Review Board and was approved to conduct a study with human participants. A copy of the report is available in Appendix A.

Research Population

In qualitative research, the researcher identified participants and sites based on purposeful and snowball sampling. The individuals chosen to participate in the study were the people who could best help the researcher understand the central phenomenon being studied (Creswell, 2012). Participants included in this study were executives or past executives in healthcare organizations, with a minimum of three to five years of experience in the health industry. A minimum of three years' work experience was determined so that individuals included in the study had significant time to experience obstacles (if any) within the industry. Healthcare organizations include any companies or organizations that provide healthcare or healthcare related services. This study included settings such as hospitals, academic medical centers, law firms, insurance companies, and other healthcare entities.

Study Sample

A sample of 21 executive women in healthcare were identified using a snowball sampling technique. The researchers contacted an initial group of women executives within their respective networks and invited them to participate in the research via email. Snowball sampling added additional participants by using recommendation from an executives who was previously interviewed and professional connections from the researchers. The initial introduction email contained a summary about the study and a consent to participate in the research. Subsequent communication determined date and time of the interview as well as a confirmation of the interview.

Data Collection Strategy: Individual Interviews

Previous research employed various methods of collecting data on barriers faced by women in their industry. While no method was determined to be more effective that another for collecting data, the researcher determined that open-ended, semi-structured interviews in an individual setting would be most successful because it would encourage interviewees to share their personal experiences with the researcher. Interviews were approximately 45 minutes to an hour long and were guided by predetermined interview questions with probes to allow for a deeper understanding. All interviews were conducted via phone or video calls and involved an active interaction between the researcher and participant leading to "negotiated, contextually based results" (Denzin & Lincoln, 2008, p. 119). To ensure accuracy of data being collected, interviews were recorded and transcribed using a transcription software named Temi. The use of an audio recorder allowed the researcher to focus on the interview questions and conversation without having the distraction of taking notes. The researcher was able to visit the transcriptions

multiple times following the interviews and conduct detailed analyses to determine trends and results.

Confidentiality

The participants were provided with a consent form to sign prior to the interview (Appendix B). The consent form provided participants with the purpose, process, and risks associated with the research. Participants were notified that the research was voluntary and they could refuse to answer a question and or cease the interview at any given point. They were also assured that they would remain anonymous during the study to maintain confidentiality.

Propositions

One proposition of this study was to identify the barriers experienced by women administrators in healthcare. While identifying barriers that impede women's upward progression was important, the researcher understood that not all women faced explicit challenges within their organizations that limited their development. This did not mean that those women did not face any barriers at all. Instead, it could have been that the challenges faced were more overt in nature and limited their effectiveness as leaders. Thus, a second proposition was made to determine whether the glass ceiling existed in healthcare and the challenges it imposed on women leaders. Another proposition was to determine the benefits of mentors and sponsors on the women's rise to executive positions. The researcher used an interview guide that enabled

participants to focus on the characteristics of their mentors, the specific advantages they provided, and the nature of their relationship.

Linking Data to Propositions and Criteria for Interpreting Findings

The researcher developed an interview guide that helped the researcher maintain consistency and relevance throughout the conversation. The guide served as a structure for each interview but additional probing questions were asked to provide necessary detail to answer the research questions. Table 1. shown below highlights the connection between the research and interview questions. The full interview guide can be found in Appendix C.

To ensure that the interviews conducted assessed the concepts based on the study, a set of propositions were put forward. The study's propositions arose from the "how" and "why" research questions and were used to guide the study's goals (Tellis, 1997). Yin (2009, p.28) writes that "only if you are forced to state some propositions will you move in the right direction".

Table 1: Research Questions

Research Questions	**Interview Questions**
What are the barriers and challenges faced by women while rising to an executive position in healthcare?	Q 1, 2,3, 6
What is the role played by mentors in promoting their protégées to executive positions in healthcare?	Q 4, 7
What is the role played by sponsors in promoting their protégées to executive level positions in healthcare?	Q 5, 7

Judging the Quality of the Research Design

Since case studies are a form of empirical social research, their quality can be judged using four tests: construct validity, internal validity, external validity, and reliability (Yin, 2009, p.41). The following section illustrates how the researcher ensured the trustworthiness and validity of their study.

Construct Validity

Construct validity is met when the researcher "identifies correct operational measures for the concepts being studied" (Yin, 2009, p.40). Yin wrote that there were multiple ways of ensuring construct validity during data collection and composition. This included using multiple sources of evidence, establishing chain of evidence and having key informants review drafts of the case study. The concepts of mentoring, barriers to women leaders, and the glass ceiling were defined by the women executives participating in the research. Their perception and definitions on these concepts matched previously established research.

Member checks were conducted to ensure construct validity. According to Creswell (2000), member checks transfer the validity procedure from the researcher to the participants. It involves taking data and interpretations to the participants to confirm the credibility of information. Participants of this study were provided transcripts of their interviews to make corrections, deletions and additions. The feedback of participants was included and requested changes were made. Additionally, participants were also provided with the emerging themes and results to assess and assure accuracy.

Internal Validity

Internal validity is usually determined in explanatory studies where it seeks to establish a causal relationship. Internal validity is established during data analysis on the basis of pattern matching, explanation building, addressing rival explanations, and using logical models (Yin, 2009, p.41). Coding, and peer debriefing were utilized by the researcher to reach internal validity. Qualitative coding was the first step in making analytical interpretations of the data. It was the link between collecting data and developing a theory that explained the data. Coding involved categorizing data under labels that accounts for each piece of data while simultaneously summarizing them (Charmaz, 2006). Grounded coding consisted of two phases, the initial coding that involved naming each word, line, or segment followed by the focused phase that used the most frequent initial coding to sort, synthesize, and organize the data. First, the researcher read all the data repeatedly to achieve immersion and make sense of the whole (Hsiu & Shannon, 2005). Initial coding was then done line by line to highlight the exact words from transcripts that captured key concepts. These codes were then sorted into categories and themes based on their similarities and were given labels that account for their meaning. Following the initial coding process, the researcher then used secondary coding - focused and axial coding. Focused coding was used to "synthesize and explain larger segments of data" by using the most significant or frequently used codes (Charmaz, 2006, p.57). This enabled the researcher to determine which initial codes made the most sense to categorize data incisively and completely. The last step of the secondary phase, axial coding, is then used to specify the dimensions of each category. Axial coding aims to link categories and subcategories by including the circumstances that form the structure of the phenomena, the participant's responses to issues, events, and problems, and the outcomes of these interactions (Charmaz, 2006, p. 61). The axial codes were used to define the

various barriers experienced by women executives during their career and the different benefits provided by mentors that assisted these executives in overcoming the glass ceiling.

Peer debriefing refers to the review of data by an individual who is a subject matter expert (SME) on the research or phenomenon being explored. All transcripts were shared with Dr. Maureen C. Jones who has an extensive experience in research, specifically in healthcare leadership. As the subject matter expert, Dr. Jones served as an advisor in the review of findings and completed the same review and coding process that the researcher did. Each transcript was reviewed thoroughly in search of similar themes and findings. The themes identified by Dr. Jones were compared to those identified by the researcher. A subsequent conversation between the SME and researcher led to the determination of theme definitions and labels. If a theme from both the SME and researcher's list could be added to a theme label, it would be included in the main list. If a theme could not be classified under an existing theme label, a conversation occurred to review the theme. Themes that could not be agreed upon by the SME and research, would be removed from the main list and placed on the future research list that could be addressed if further research was conducted.

External Validity

The third test, external validity, defined the domain to which a study's finding could be generalized (Yin, 2009, p. 40). Yin wrote that external validity in multiple case studies used replication logic as a tactic to prove trustworthiness. The researcher chose to interview 21 women executives in a variety of positions and organizations in the health industry to increase chances that the results of one case study could be applied to a broader setting (Yin, 2009). Since generalization was not automatic, the results of the interviews were compared to each other to

check for replications in the findings. The direct replication found in the cases provides strong support for the theory being generated.

Developing thick, rich descriptions was another method of assuring external validity and credibility of the data. Thick descriptions produce statements that provide vivid details that transport the reader to the event being described. By providing a rich contextualized analysis of the participants accounts, the researcher helps readers determine how applicable these findings are to other contexts or settings (Creswell & Miller, 2000).

Reliability

The fourth test of the study design was reliability. Yin (2009, p.40) defined reliability as the test that demonstrated whether the operations of the study could be repeated multiple times with the same results. The reliability of a qualitative research lies in the consistency with which themes are assigned to a given category by different researchers or the same researcher on different instances (Long & Johnson, 2000). For this study, the researcher conducted 21 interviews with female healthcare executives while following the same interview protocol. These interviews as well as the analysis protocol created were documented by the researcher so that future researchers could replicate and review the process.

Assumptions and Limitations of the Research

This study has several assumptions and limitations. Given that the participants interviewed have at least five years of experience executive level experience, it was assumed that they possessed the necessary knowledge required to discuss the barriers women need to overcome to achieve senior positions and the role played by their mentors in helping their

promotions. The researcher used purposeful sampling to ensure only women in senior level positions were invited to participate in these interviews. Since the sample size of the study was restricted to 21 female executives in healthcare, the findings of this research cannot be generalized to represent all women holding different level positions across various industries. The study also used self-reported information which involved asking participants to share their lived experiences, thoughts, and opinions. This method has validity issues as it places trust in the participant's responses and assumes that their responses are unbiased to the best of their abilities.

Summary

This chapter described the research methodology that was used to conduct data for this study. The researcher used a qualitative, multiple case study approach based on grounded theory. 21 female executives in healthcare participated in open-ended interviews that provided them the opportunity to share their lived experiences with the researcher. The chapter outlined how potential participants were identified and the interview protocol that was followed. This chapter also presented the research design and methodology, data collection, and validity of research.

Chapter 4

Results and Analysis

The purpose of this qualitative multiple case study embedded in grounded theory was to examine the lived experiences of women who shattered the glass ceiling and achieved executive level positions within the healthcare industry. In all, 21 participants were interviewed for this study. Analyzing the lived experiences of the participants allows the researcher to explore their perceptions of the glass ceiling and the barriers it creates, and their feelings and judgements on the mentoring relationships they experienced. Data for this research was collected via open-ended, semi-structured, one-on-one interviews with the participants. The broad, open-ended nature of the questions facilitated the collection of rich, vital, substantive descriptions of the participants experiences that was conveyed in their own language without any influence from the researcher (Moustakas, 1994).

This chapter presents the results of the research and the emerging themes that were populated from analyzing the participant's interview transcripts. First, a brief description and demographics of the women is provided. Next, the research analysis and themes are discussed, followed by the summary of the results.

The research questions used to guide this study are as follows:

1. What are the barriers and challenges faced by women while rising to an executive position in healthcare?
2. What is the role played by mentors in promoting their protégée's to executive positions in healthcare?

3. What is the role played by sponsors in promoting their protégées to executive level positions in healthcare?

Data Saturation

According to Morse (1995), reaching data saturation is the key to excellent qualitative research. The saturation point in qualitative data is used to define the sample size since it indicates that adequate information was collected to conduct a credible comprehensive analysis (Kerr, 2010). When saturation occurs, gathering fresh data does not spark new theoretical insights, instead, the patterns identified before recur (Charmaz, 2006). There are no standard tests that estimate the sampling population in advance; instead the saturation point is determined by the researcher while keeping in mind the scope of the study, research design, qualitative method employed, amount of useful information collected, and purposeful sampling strategy (Kerr, 2010). In order to reach data saturation in this study, the researcher conducted 21 interviews with women executives ranging from diverse backgrounds in the healthcare industry. The interviews were structured to facilitate asking the interviewees the same questions as means to collect as many perspectives on the same topic (Fusch & Ness, 2015). While the researcher approached women executives in diverse roles and organizations, it was ensured that the sample selected was a cohesive group to achieve saturation within the short time frame provided. All women in this sample held executive positions and had a minimum of five years' experience in the healthcare industry. The interviews conducted were detailed in nature and open-ended to collect data that was rich, full, and complete. The researcher continued conducting interviews

with new participants using the snowball sampling technique until saturation was achieved and no new themes emerged from interviews.

Participant Demographics

To comply with the confidential nature of the study, the participants' names, geographic locations, and company names have not been reported. Additionally, data for participant position, education, and personal background information was aggregated. An interview guide was used to structure each interview. It provided an introduction to the research, and a reminder that the interview was voluntary and could be stopped at any point if requested. The guide also provided an overview of the interview as well as sought to gather some personal background information about the participants. Table 2. provides the demographic information on the participants.

Table 2. Participant Demographic

Participant Number	Highest Degree	Executive Position
A025	BS	Senior Vice President
A036	MBA	Chief Network and Operations Officer
A051	MBA	Chief Growth Officer
A093	MBA	President
A066	JD	Chief Human Resources Officer
B021	MHA	President
B034	JD	Associate General Counsel
B042	MHA	Vice President, Operations

B067	MHA	Vice President, Operations Excellence
B077	JD	Senior Vice President and Chief Compliance Officer
C001	BA	Associate Vice President for Govt. Health Relations
D022	MBA	CEO
E019	MHA	CEO
F059	BS (nursing)	CEO
G065	MHA	President
H097	MHA	CEO
I040	MHA	Vice President
J084	MHA	Vice President
K037	MHA	CEO
L081	MHA	Vice President
M074	JD	CEO

In terms of education degrees, 48 percent had earned a master's of health administration degree, 19 percent had earned a master's of business administration degree, 19 percent had earned a law degree (JD), and 14 percent had earned a bachelor's degree. The types of facilities in which participants of the study were employed varied. The women interviewed held executive leadership positions in the following settings: academic medical centres, insurance companies, hospitals, and universities. The participants reported varying lengths of employment within the healthcare industry ranging from around five years to 40 years. Table 3. given below highlights the length of employment reported by participants.

Table 3. Experience Range

Experience Range	Participant Numbers (n=21)
0-10 years	1
10-20 years	5
20-30 years	9
30+ years	6

Cross Case Analysis

This section shares the results of the coding process that resulted in the identification of the themes. Each interview was analyzed for phrases and words that supported the research questions of the study. In order to validate the results of this study, the researcher used triangulation. One strategy of triangulation is to have "two or more persons independently analyze the same qualitative data and compare their findings" (Patton, 1995, p. 665; Merriam & Tisdell, 2016, p. 245). As written by Patton (2015), triangulation in whatever form, increases credibility and quality by countering the concern (or accusation) that a study's findings are simply an artifact of a single method, single source, or a single investigator's blinders" (p. 674). Each interview or case was compared to the other cases to identify common characteristics and shared beliefs. The transcribed interviews were examined by both the researcher and subject matter expert to identify consistencies and inconsistencies among participant responses. The process was iterative and occurred for each of the 21 interviews conducted for the research.

Below, each theme is categorized and listed by research question. Each theme is followed by a brief explanation and quotes from participants that provide thick descriptions of that particular theme. Themes were developed if at least 10 of the executive women interviewed shared content that fit into that category.

Research Question 1: *What are the barriers and challenges faced by women while rising to an executive position in healthcar*e?

Women in leadership positions experience barriers that comprise the metaphorical "glass ceiling". This glass ceiling impedes their advancement into the upper echelons of their organizations and slows down progress toward gender equity. The barriers experienced by women can be subtle or more explicit in nature and include gender stereotypes, lack of opportunities to gain relevant experience, and lack of management commitment to promoting gender equity within the organization. The 21 women interviewed for this study shared relevant experiences of moving past the barriers comprising the "glass ceiling" and climbing to the top. This section will discuss the themes that developed from the thematic analysis. In all, three themes were identified. Each theme will be defined and then quotes that represent the theme will be shared.

Competing Priorities

One of the biggest challenges faced by women leadership in healthcare is the competing priority between their work and their personal lives. Unlike their male counterparts, women have to take on additional responsibilities at the end of the day that requires them to leave work and focus attention to the family and home. Known as the double burden syndrome, this experience is a combination of work demands and "out of work" household responsibilities that make it difficult for women to provide greater geographical mobility and total availability to the job. While household work is now shared more equally between spouses now, women continue to work about 1.7 hours for every hour men work (Eagly & Carli, 2007). Married women are

known to have more housework than single women and neither having a partner not having a bigger pay check decrease women's housework. Similarly to housework, women dedicate more time to childcare than men. For every hour contributed by men, women spend 2.1 hours on childcare. Even top female executives at the peak of their careers perform more childcare as compared to male counterparts in similar positions (Eagly & Carli, 2007). Many women executives face the challenge of balancing work and family that most men do not face. This is typically because most male executives have stay at home wives but female executives have employed husbands.

> *Typically we're the ones who have to be with the kids and the kids' life and it's hard to do that in this job. And I think if I was married and had kids at this point it would be really difficult.*

> *We tend to not only be the leader at work or home. We have the responsibility of not only taking care of our families, oftentimes our parents or children, and making sure that we are communicating and being that CEO responsible for the health care...the sustenance, schoolwork, and the overall responsibilities at home 100 percent while also carrying the role at work.*

> *I don't have a wife, you have a wife and she stays home. Look at all the other men on the leadership team. They have wives who stay home, which means, they have a different life than what I have, and you are relieved of a number of things because you have a wife. And so he was like, oh, I've never really thought of it that way.*

While both men and women face the issue of competing priorities, women are more commonly scrutinized and judged based on both their personal lives and job performances. Women that place an importance on their family responsibilities are not considered as reliable as men. A result of this suspicion is that a woman's advancement could be slowed.

> *I think a dynamic that directly coincides to how women are perceived and somewhat potentially even inhibited from those roles can be directly related to do*

> *they have a family, did they take off to raise their children. There are a lot of biases, unconscious biases that happens. I've got kids and people go, oh yeah, what kind of mother would you be if would never be at home, but you had a career.*
> *I used to say, I need a wife to help when the baby was sick or when you had a snow day. Those were times where I might have to miss a meeting and there was judgment that came from that.*

Women leaders often face the dilemma of having to trade-off between having a family or kids and advancing in their careers. Some executives choose to sacrifice their personal lives, while others juggle between the two to the best of their abilities. Still other women decide to postpone having a family or choose not to have one at all to pursue their professional ambitions. Similarly, some women with excellent job prospects make time for family responsibilities by taking a step back in their role or relinquishing their job entirely. The routes women take to leadership are convoluted and obstructed, especially for those with additional family commitments and children.

> *I have to relinquish some of my maternal instincts. So I say, okay, well I wouldn't have done the laundry that way, but it's getting done right. So we make it work for us in our home and there's challenges every day.*

> *Did I give up a lot? Yes. I mean, one of my kids played hockey. I saw him play once in his whole career...when he was in high school because I worked for a CEO that wouldn't give me time off.*

> *When I took this job I actually took a little bit of a step back to work full time because my kids were still little...I'm thinking that it would be difficult for me to be in a management role when I still had little ones....*
> *...Now that I'm married, my husband and I are like family planning and I'm not ready to not be able to work like this and we're not having kids yet. So there's things like that that I think women have to be mindful of. You know, you can have it all, but you have to figure out how to balance it.*

> *...So that's a life choice and it does matter on the organization that you're with. I think females have to decide how much of a family life and responsibility do you want...and then is your institution supportive of that kind of work life balance or*

> *are there expectations that, we don't care if you have a family and you go find a nanny and then you work really hard and watch the extra hour because it doesn't matter…*
>
> *I don't have children, and that was a conscious choice...I also am not married. And then if you want other things in your life that are different, you have to figure out how to juggle all of those things and know that it isn't going to be a job where that really promotes being at every school event and every field trip and that sort of thing. I've heard other female leaders get really offended and say, well, you know, that's not right and you shouldn't have to choose. Well, sorry, you do have to choose. And men choose every day but their expectations for choice are different than ours because of what society puts on us. I think some of the things that are different about me are my very clear focus on my career, I'm made a clear choice not to have a family and those sorts of things made it easier for me to be successful...I'm just telling people they should know there expectations of the role. These are everybody's expectations. It's not going to be different because you're a parent or you want to be a parent because it's still work.*

Think Leader, Think Male

"Leadership has traditionally been construed as a masculine enterprise with special challenges and pitfalls for women" (Carli & Eagly, 2001, p.633). Research reports that stereotypical male qualities are more frequently aligned with stereotypical views of leadership roles than stereotypical female qualities (Hopkins, O'Neil, & Bilmoria, 2006). When describing a woman's qualities, people use communal traits such as being gentle and helpful. However, more agentic characteristics such as being assertive, dominant, ambitious, and independent that are associated with being an effective leader are strongly ascribed to men (Retamero, Zafra, 2006; Braun, Stegmann, Hernandez, Junker, & Van Dick, 2017). According to Schein (2001), if the managerial position is viewed as masculine, then holding all other factors equal, a male candidate is believed to be more qualified by virtue of their sex than a female candidate. Many individuals believe that women are unfit to lead because they would not be tough enough in

negotiations and not decisive enough in crisis (Eagly & Carli, 2007). Even in this study, the executives shared that they were told or given the advice to be more “male”. This was represented in different ways. Some were told to change how they communicate, how they dress, what colors to wear, how they run a meeting or make a proposal, and even where they sit in a room.

> *I had two professors that said to us, to the women in the program, you're going to have to be stronger and you're going to have to not ever use the female card....They told us how we had to dress, how we had a carry ourselves, what we had to learn. They told us, learn how to golf, get good at it. You're going into a man's world. Know your wines, don't ever get drunk. Know higher level things because that's going to differentiate you and so, and they taught us how to look respectful in a dress. And I know that sounds weird, but we were judged differently coming up through the ranks.*
>
> *When I was CEO at the last hospital, I'm 5.5 and a half, average size woman. I had somebody say, we don't know if you should be a CEO, you're not tall enough...I can't be 6 feet tall, you know? And that just itself, because I'm not a tall white male.*
>
> *Going back to this idea of women being held back potentially in their career...lots of friends of mine, especially some who are older than me, felt that they had to behave like a man.*
>
> *So when I was interviewing, I had to go through a process to be the president of the company because the president of company is succession to the CEO. So the board is involved in it. You do a 360 process, you do interviews, outside consultants come in and talk to you...and the outside consultant, a man came in and said these are the best survey results I've ever seen, leadership off the charts, but I have to tell you, you don't look the part. You're, you're blonde, you're too short, your voice isn't deep enough. And so as you think about taking the role of president, you're going to have to take voice lessons.*
>
> *I think how I developed personally was to neutralize my gender, you know, and not be a woman or a man. Just be, you know, a person that's a, you know, strong and competent leader.*
> *I remember thinking I wanted to write a book about what it was like to be a woman in business and how many women had to act like a man in order to get ahead.*

I had a lady that I worked with and she was the only other vice president of the company. But she was my go to person I remember her telling me one time, she said, "you need to dress like a 60 year old woman. You only need to wear black and white". And I said, why? And he said, because that's the culture here. And you know, I felt like in that culture what I learned was that in order to rise above that glass ceiling, you had to adjust to the norms of what men there expected. And I couldn't be my true self.

There's a little bit of a stereotype in health care that I think women tend to have a better fit into healthcare by virtue of how people perceive women to be versus men up until a certain point. Right? So then once you hit that higher executive level, I think that it's a little harder for women to get in and to be successful with longevity.

I think that if you aren't a certain weight or dress in a certain way...people are much more likely to have an opinion and comment and that that becomes part of the way that they perceive you. I don't see that with men. There is a little bit of pressure to look a certain way or to act a certain way in order to... I don't want to say compete but just exist in that upper level.

I do think that the males have somewhat have an advantage. Generally they are a lot taller when they walk into a room, they have a presence about them that women don't. I'm 5'4, have a really high pitched voice and I'm really petite. And so there's things that, you know, you could perceive as a disadvantage.

It's hard to sometimes exhibit the types of behaviors or style of communication that you need in certain circumstances and have certain kinds of people take you seriously as a woman...I don't feel like I've missed opportunity because I've been a woman but I think that sometimes it's hard for me to be as effective as I can be depending on who I'm working with because perhaps I'm not taken as seriously.

I think there were times when I felt that, it may not have even been my voice alone, but others in the room where we kind of dismissed and not necessarily listened to all the time. But then in other cases it depended upon who was leading the meeting...what I've learned through my career is how to sort of modify my communication style depending upon who I'm talking to.

The stereotypical image of the role played by women in society conflicts with the image of how women should behave in the executive suite. This "double bind" or "feminine/competency bind" faced by women executives, is that they must exhibit certain

behaviors such as being tough or autocratic to be taken seriously but still display a narrow band of acceptable feminine traits so as to not alienate themselves from their superiors and colleagues (Morrison et al., 1987; Oakley, 2000; Barreto, Ryan, & Schmitt, 2009). The double bind serves as a barrier which penalizes women executives for displaying too much or too little assertiveness, competitiveness, and independence (Carli, 2006; Johns, 2013). The prejudice that follows from this disjunction between stereotypes of women and leaders can reduce women's access to leadership roles or foster bias and discrimination against women that do occupy such roles (Barreto, Ryan, & Schmitt, 2009).

> *...Certainly had been given feedback around softening my communication style, which would be an example of sort of gendered feedback, because I was not saying anything any differently than anyone else... I once was sitting in a women's leadership program...When I sat in this class, my table was like you communicate like a man...so you get told to soften and I've talked to a number of women that have had that same kind of feedback and I have lots of very close male colleagues who are similarly situated in their career and none of them have ever been told to soften. That's just not feedback that is given to men. Um, it's primarily given to, women who tend to speak more definitively and have probably less gendered communication style than what is typical.*

> *The senior leaders were a generation ahead of me and not necessarily used to having women in leadership roles. So that's why I was saying it wasn't overt, but there were times when I didn't even pick up on it. I would say it was very subtle where I was definitely treated differently at the table. Then maybe the other men at the table and it was the way they communicated with each other and the way they communicated with me.*

> *...Because when you're strong they think you're, they used to B word. When you are weak we get told we are not tough enough. So there's these labels that I think men put on women because I'm not sure that they know how to necessarily interact with them...*

“Like Me” Syndrome

The fact that similarity breeds interpersonal attraction is one of the most robust findings in social science (Mackinnon, Jordan, & Wilson, 2011, p. 879). When men are hiring for a new executive there may be a tendency to hire someone who they can relate to easily and who are more like them. Additionally, in male dominated environments, women in leadership positions encounter the barrier of a “good old boys network” that inadvertently shut them out of the loose social structure such as after work happy hours and golf games where business contacts are made, business information is shared, and business deals are negotiated. The old boys network is an informal social system within and across organizations that commonly excludes less powerful males and females from becoming members. This network helps members transfer the power advantages from the formal structure of the organization into friendships and alliances of the informal network (Oakley, 2000).

According to the report by McKinsey & Company (2018), women are more likely to say that they had little to no substantial interactions with senior leaders about their work or even informal interactions such as conversations or lunch meetings. Oftentimes, this exclusion of women is not overt. Men often forget to include women colleagues in their social gatherings. Many women leaders may choose not to engage in these activities, may not enjoy these events, or have competing demands on their time after the work day is over that make them unable to participate in such gatherings. Women that are excluded from these networks find themselves at a disadvantage with limited access to business contacts, mentors and sponsors, and information (Wiggins, 1991).

You have to know how to play the boys game and I'm not kidding about golf. I'm a good golfer....golf is something I needed to be good at because people watched me and I got invited to a lot of golf things with powerful people.

From a social networking perspective it's important to learn that when you're coming from a female or a different ethnic background, it's hard to assimilate because you do not have the same hobbies and preferences. So that networking time in between meetings or after work where I watch some of my male counterparts that are the same age, same education be invited for golf and cigars and whiskey and poker and I won't. And I think that they have opportunity to do relationship building differently than I do, which I think affects promotion.

... I saw that myself, you had to behave like a man, you have to be willing to have a drink at the bar at night at a business meeting. That's when I say it was subtle things, you know, if you didn't play golf, you know, you missed a lot...A conversation I had with someone about how a lot of men have the boys network and how men pretty much like to pull each other all the time. I don't know if it's like a subconscious thing that they're just brought up doing or not. But…it's like women are taught to compete for that one seat and it's not true because there's so many seats.

The men on the team, they're a force, you know, so that's good because that's how we look at them. It's just something that I don't think women do well. Part of it is because it hasn't been a lot of women at the table. Secondly, I think people thought there was only room for one when there was always room for more...there's a an unsaid way men work and I think they're more comfortable working with one another than they are with women.

And it was very, very difficult since there was a very strong good old boys network. But I was very successful there because I just didn't try to be like a man. I just thought, well, I am who I am and I found ways to make relationships that were different than that.

...There are a lot of women moving up into higher level positions, but at the same time I do see there's plenty of those, you know, the good old boy network is still a thing. It's still a thing we have to deal with. And there's still a lot of stereotype to be managed…

I think it's still an old boys club and I think oftentimes when men work together they form these different types of bonds. And I think I have seen that in this organization and others where it's a lot of men group together in senior positions.

there are a lot of men with whom you're competing that simply don't tell you everything you need to know that they would likely tell another man.

> *I just don't think that people of the next generation above me are as comfortable inviting women from younger generations to the table...I don't know if they're afraid. I don't know if they don't know how to relate to it. But I just think they're more comfortable with my male colleagues…*
>
> *It's just human nature. I think it's natural to bring people on that are of your likeness. So right now a lot of the workforce is actually female in health care, but the leadership typically male, right?*

The cross analysis in this section provides evidence via themes for both research questions two and three. **Research Question 2:** What is the role played by mentors in promoting their protégées to executive positions in healthcare? **Research Question 3:** What is the role played by sponsors in promoting their protégées to executive level positions in healthcare? "Mentoring is widely touted in health management literature as providing advantages to both men and women" (Roemer, 2002, para.2). Mentoring is described as a developmental tool that enhances an individual's growth and advancement. In her book, mentoring at work, Kram (1988) listed mentoring functions into two broad categories- career and psychological. The career functions are those aspects that enhance an individual's professional skills and prepare them for advancement within an organization. The psychological functions are those aspects of the relationship that enhance an individual's sense of competence, personal growth, and clarity of identity (p. 23). The women interviewed shared details about their mentoring relationships and what aspects of the relationship helped them further their career and advancement. This section will highlight and discuss the three themes that emerged from the interviews.

Creating a Core Advisory Group

According to Morrison et al. (1987), executives need to rely on individuals to help get work done and receive recognition for it, to obtain good work assignments, to learn how the organization system works, and to cope with the pressures they face. As different individuals are able to provide different kinds of support, it is recommended that women executives should develop a broad network of supporters instead of relying on a single person. This network or core advisory group provides mentorship and sponsorship to women by supplying professional and personal support. Members of the core advisory group can be an executive's superiors, , trusted friends, industry experts, outside industry specialty experts, peers, and even subordinates within and outside their organization.

> *And to me, your personal board, right? Those people that sit at your table on your board are your sponsors, but then maybe not all professional related, right? They are not all higher than you. Some of them are your peers and some of them, believe it or not can be even your subordinates and you know again, as I came through my career, I look at the opportunities I had and you know, sometimes at one, you know, at one point I remember my career people looked at, especially when I broke into the payer side of the world...for me, my success and progression was a lot about building relationships than more than just what we sometimes think support our resume...I think it's just we need in any career, in any situation, you need people to surround you...your personal board, people who are helping to guide you.*
>
> *The more that you have a network of people that are aware of you, your interests, and your aptitude, I think that helps your advance. We should not underestimate the opportunities for mentoring and networking*
>
> *My support system that I have with executive team with two members of my board really gave me the strength to do the negotiation...and they've been really, really good. So I think it does take the right mix of people in those positions to help you kind of breakthrough that (glass ceiling). Because without the support system, you're the only voice and we tend to minimize what we're worth. And I think it's something that, I think it's just, you know, partly our nature…there are definitely*

people that I lean on in the community to help me kind of stay the course...because it's so important in my position, when you're in a position and you're getting ready to kind of enter into the next role, you do need to surround yourself with people that know more than you do that can open you up to other possibilities.

I have a network of people who I consider advisors to my career and that's a mix of men and women and those are relationships that I actively maintained. That's a group of people that I've worked with throughout my career. Some are former bosses, some are people who I've worked with, and who work in the consulting field...I'd say there's probably about eight people that I call on a regular basis and just check in with and talk to.

I had lots of mentors, and I have a personal board of directors and I still have a personal board of directors. So a personal board of directors is really a group of people that you get advice and counsel from that can be people at work...these are people that when I am struggling with something, they're my go to people and they're going to tell you the real truth because people are going to tell you sort of political stuff.

You need to find people who are not mainstream and they can help you think out of box. So that helps not just taking the cliche way over a barrier, but either approaching it differently, seeing it differently, and embracing it differently.

I have a couple of colleagues, female colleagues...who are at the same level that I am, who have more experience than I do, but I think we sort of act as internal mentors for each other just to, just to listen and provide insight and feedback and this is what I would do, or here's what I think, or here's who you could call.

I have had tons of them (mentors) and they've all professional friends. That gets back into being engaged in the broader community...don't just stick with those in your current environment. Broaden it because you never know how they can help you

I think by developing a broad network and just watching people in this work and identifying a certain skill set about them that I thought would be particularly helpful for me. And it's not as one particular mentor had one characteristic that I would need an understanding of. Maybe it's somebody else in the room that I run into had. In any room you know, I could look around and I think it's networks of colleagues that I have and there could be 5 of them in there I considered mentors for maybe specific things for each one.

Building a Toolkit for (Professional) Success

The participants interviewed commented that their mentors provided them with several tools and that were beneficial to their personal and professional growth as they ascended the ladder. This toolbox or toolkit being built by women executives comprised of several resources that would enhance their professional knowledge, skills, and abilities needed for them to be noticed by other senior executives and be deemed as competent leaders that will benefit the organization. This toolkit can be divided into four sub themes of advice and guidance, technical and interpersonal/ communication skills, and navigating the organization.

> *… Your toolbox needs to have a lot of different tools and the more people you meet, the broader you become...I think that being female made me work harder and always like my friends will say, why do you push so hard and why do you do so much? I always keep adding things to my toolbox, to make me have more tools than who I may have come up against.*

> *It was mentors. It's much like sometimes giving you coaching on paths-well you could look at this task or look at that path, here's how technically you can be better. Or it could be career advice. A mentor could give me career advice...you know, go to a mentor and say, you know, what should I do with this? So it could be career advice, it could be technical, you know, advice on how to handle a specific situation. It could be how I can be a better leader. I think it's in all those areas where mentors can help you.*

Advice and Guidance

One of the functions of mentors is to guide, direct, provide insight, and impart knowledge to their mentee to elevate their understanding of the organization and help them navigate the

corporate world (Kram, 1988; Reubens & Halperin, 1996). This act of providing advice or "coaching" is instrumental to healthcare leaders throughout their career. In early career stages, mentors provide their mentees advice on the requirements of a new position in the organizational hierarchy, opportunities they need to look for, and career paths that could benefit them (Kram, 1985). At later stages of their career, female executives continue to need access to information available through connections in the senior leadership team.

> *I went to college first for to be a nurse and graduated with my nursing degree...and I was just with my bachelor's degree then and in those days, the head of nursing was called the vice president of patient services, not as chief nursing officer. I worked in a big teaching medical center and she came up to me, I was looking at my, getting my master's in nursing. She said, no, I want you to get your MBA. Came up to me out of the blue and I was in my early twenties and I said okay.... I was young and I did what she told me to do, but she saw something in me…*
>
> *...I guess that person who has helped me...as an adult and as a woman in leadership, she's able to give me advice from a manager's perspective that unfiltered advice.*
>
> *Early on in my career I got really good advice from my mentor to make that decision so that was a mentoring moment. When I was trying to decide to go to grad school or to the workforce...she says to me, "I know that you feel dedicated to who you're working with today to make a change or impact. But essentially she said, you go to school now you're going to be able to do that on a greater level. " So I said, well, okay. So she kind of changed my mind and I went back to school.*
>
> *I think that that advice and perspective has always been very helpful. It depends kind of on their background to let you know if they enter through some networking that helps elevate their opportunities for success*
>
> *I think there's advice...after meetings they'll say, "hey, you could have done this a little bit differently. You could have done that a little bit differently". I think the important part about mentoring and coaching is It needs to be just in time so that you can adjust that skill or say, "you're right. I could have done it a little bit differently".*

> *I think there was also situational advice on how to handle those times when you're walking into more difficult types of situation depending on who you're working with. But then even just advice on like how to dress.*
>
> *My old boss...I talked to him about sort of my career objective and I would build in time with him, um, to talk about professional development, career progression, those sorts of things.*

Developing Technical and Interpersonal/ Communication Skills

In industries such as healthcare, women face higher expectations than their male counterparts for similar roles. As a result, "high achieving women today realize that they often need to take decisive steps to make sure that their skills, performance, and special qualities get developed, noticed, appreciated, and rewarded (Ruderman & Ohlott, 2004, p. 45). Participants of this study noted that having mentors who helped them develop technical and interpersonal expertise was important factor of success.

> *I think probably the communication, right? They're all kind of a sounding board for me with communication and I can try to get different perspectives from them.*
>
> *My CFO...he's given me so many tools to help me with communication and with record keeping and he basically taught me how to use anything. All of those tools, those are things you have to have in your toolbox and you have to be able to make a presentation, you have to keep your personal notes files and be organized and know how to get your teams on the same page when it comes to documentation and sharing that stuff. He didn't teach me everything, but he did teach me that I didn't know everything and taught me that were other resources out there for me. And now I feel much more confident and how I communicate.*
>
> *I've always reported to the CEO and he has always taken a really active role in my development. And in addition to him, the COO before him was really tremendous in helping me develop and build the skill set to be able to do the job.*

> *I could tell you my first mentor... he's the one who originally taught me how to use excel, kind of telling me this was a tool that I was going to use for the rest of my career. He was the one who taught me how to really develop professionally and how to communicate with people professionally. How to start presentations, how to lead, how to manage. I mean, he taught me so much of my groundwork, my foundation...meeting preparation, meeting minutes, follow through. That was incredibly important. That was driven home to me, making sure you follow through and making sure you're prepared. If you don't know the answer to a question, say "I don't know the answer, I'm going to get back to you"...being able to fit and think quickly on your feet. That was huge for me to um, so they gave me a lot of skill sets that I still employ today.*
>
> *She helped me with the typical stuff like setting up a good resume, walking me through ways to interview and gave me a lot of tools that I needed because I was competing at that point in a male dominated profession.*
>
> *I was not shy about asking her advice or opinion on how to best position myself in this new role or who it was that I needed to make sure I connected within the company that was an influential person or another person that I would enjoy working with and learning from.*

Navigating the Organization

Kram (1988) writes that an individual with a mentor has the advantage of using their knowledge of the organization to successfully navigate the environment they are in. Mentors provide this function to mentees' by providing exposure and visibility, stretch assignments and lateral moves that promote personal and professional growth, and help developing mentee "brand" or identity (Hewlett et al., 2010). This career function serves as a socializing force, it not only prepares women executives for positions of greater authority and responsibility but also provides them the opportunity to break into their network and be seen as a viable candidate (Kram, 1985).

Certainly these folks are people who have lived through a lot of these similar situations. So game planning, how to approach different leaders or different physicians with them, sort of role playing in terms of how things may unfold was really helpful. And then when it came time for getting promoted or pursuing or a promotion, they were the ones that helped me navigate the system because it's not as simple as applying for a position, interviewing, and getting it. There's a lot of backend communication and these people are folks that I involved in that process so they would help me navigate all of that.

But I think it's networking...it's like having a strong network of leaders, male or female. I don't just have female mentors, but people who I just have tremendous respect for and who may have been challenged by in similar ways.

I think there was also situational advice on how to handle those times when you're walking into more difficult types of situation depending on who you're working with. And also I would say just setting a really good example, these are people who have been successful and permitted me to see how they would behave and how they handle situations…

I would say attending meetings and then debriefing after the meetings to discuss the steps of why we do things, why we put certain protections in place. That has been most helpful. Like she will loop me in even when I don't understand the context for why I'm moved into something. She will look in very early so that I can see things at its fledgling stage and see a big project as it evolved and not just come in for one discrete part…

Putting me in situations that I could stretch and might've been fearful about before, but yet he would have my back and encourage me. Like I said, I could turn and sort of ask the embarrassing question to him before I would fall on my face. Him putting me in those situations to have that stretch and growth where others weren't doing that was probably the biggest beneficial, at least what I saw in terms of my confidence building at that time where I was 23, 24.

If I didn't turn to mentors, I didn't feel the network. That was the other thing I did learn from that formal program was to build a network...Linkedin was just beginning and what they said was you got to find five people outside of your business, you've got to find external mentors. And that was really powerful message because when you're first starting out, you may not know that...

It starts with observation and runs into being a mutually beneficial relationship whether it be career guidance for networks, if they introduced me to someone I should meet, connections I have and someone that they know that I should meet, the smallest connections that I have had with people from respective organizations.

Role Modeling

As noted by Kram (1988, p. 33),"Role modeling is one of the most frequently reported psychological functions" of mentoring. This is important because it provides women leaders the opportunity to learn from individuals who are in similar positions or those positions they might aspire to reach during their career. The identification process is complex and involves the mentee emulating certain aspects of their mentor's style that would be beneficial to them. This could be done through a conscious modeling process where the mentee observes the skills, attitude, and values exhibited during a mentor's approach to handling daily interactions and high stress situations. This gives women executives the opportunity gain insight on the culture of the healthy system through the lens of their mentors (U.S. Glass Ceiling Commission, 1995).

> *I was fortunate to be able to not only have the telephone conversations, the feedback and the one-on-one time. But I was fortunate to be able to see him as a peer engaging and interacting in the same situations that I had to perform it.*
>
> *I think the female executive president and the way that they articulate their message or maneuver networking and how to garner respect from audiences that are different. Especially the ones that are ahead of you in experience and title...just kind of watching them work has always been interesting.*
>
> *The formal mentor I had certainly was a model for what not to do in several areas if you want to call that a tool because that's how I utilized those sessions. I would listen and then decide what you know and often I would decide, that's probably a good example of what not to do. So was it beneficial in that sense.*
>
> *Observation is key. I always found that looking at certain leaders that you're impressed with how they hold themselves, how they articulate and you can model behaviors of leaders that are particularly impressive to you or pieces of skillsets that various individuals have. Some of it is just like a meeting and you sort of do*

> *like a post mortem on how would you have handled that differently? What am I learning from this situation or even using other people's mistakes as examples and walking through those to learn from them as an illustration for learning.*
>
> *I kept notes about a lot of things. So after every meeting I would always scribble down the gist of it, so I didn't forget it. If people would say really smart things in my mind. I write it down and say, how can I use that? How can I do it? Just keep track of what they're doing.*
>
> *Kind of observing my mentor in how she conducted herself, on how she presented, her method of preparing, whether it be for a meeting, presentation or whatnot. I think the most valuable thing was the opportunity to observe and glean from that, what I thought was important.*

Sponsoring

Sponsorship is a frequently observed career function of mentoring that is effectively used to advance individuals in their careers (Kram,1988). Sponsorship is the public support by a powerful influential person that enables the promotion and advancement of an individual whom they see potential within. The power of the sponsor comes from being in a position to advocate for an individual with unrecognized talent at the leadership table (Hewlett et al., 2010; Travis, Leihani, & Helitzer, 2013). Sponsors spotlight their protégés, open doors for them, enhance their credibility and help them gain recognition within the organization. Sponsors also challenge women leaders to volunteer for stretch assignments rather than wait to be asked to take them on (Hewlett et al., 2010). While all the participants interviewed did not have sponsors, the individuals that did believed that having a sponsor was more impactful than having a mentor because they went one step ahead of mentors and invested in their protégés.

> *Sponsors are going to be willing to risk their own personal brand for you with the expectation that you will deliver for them...they are looking to help to elevate you*

as talent and they want you to succeed, but the expectation in return is you're going to deliver since they're willing to take a risk on you. I've had sponsors who have said, I know this board is looking for a female, would you be interested? I've been given those opportunities... it's also because of what I've delivered on and executed, but I'm fortunate to be elevated within the enterprise and to be asked to take different roles.

He was one of the biggest advocates for me on my board. He gets what I'm trying to do in our organization and he will straight up asked me some of the hardest questions I've ever been asked in my life. So I know I have to bring my a game for him and I appreciate that because it keeps me honest.

I worked with the CEO who was my preceptor at the city of hope in California. She was now the CEO of the University of Wisconsin and recruited me to come with her when she assumed that role...I think early in my career she was also a mentor, but I think she was a sponsor for sure because she gave me opportunities early in my career... My boss was a sponsor as well. He really promoted me and helped me grow and develop in my role...He has continued to be a sponsor even after I left the organization...I think just giving job opportunities is the key, giving me opportunities to expand my role and be promoted and then also looking out for other jobs that may be of interest outside the organization and recommending me for those.

I think they're helping you because they want to help, but they're helping you because they feel like you're going to be an asset, the company.

Don't underestimate the importance and the value of having relationships with colleagues because at some point in time, your colleagues are going to be the ones that are promoting you. You don't get the promotion just because of your talent and skills. It's called followership and your followership is really at the end what will propel you to get to the most senior levels in the organization...I attribute my career success to sponsors versus mentors. They opened the door so to speak, and then it was my skills that mattered.

As a sponsor, she also provided me with different areas or with additional areas of responsibility. And all the moves that she made with regards to me and my career were targeted to prepare me for more operational type responsibilities... I was promoted to a senior vice president overseeing enterprise risk management because that was an area that she had me develop while I was at the smaller corporations. So that the whole purpose there was to set me up for a more operational responsibility. She was strategically placing me in positions to ultimately get me into like a health system COO or CEO role.

The advantages are really like your name gets mentioned for a job that you probably wouldn't otherwise be mentioned for. That's a huge advantage, you know, someone who has a voice that's going to be heard.

So you have somebody who helps you to learn from your mistakes, their mistakes, and then also have somebody who believes in you, places you in different opportunities to get more knowledge and more exposure. I think that's one of the keys. And that sort of helps you grow because sometimes if you don't have those influential people around you that see that you have can be a diamond in the rough.. but they also then create opportunities for you to grow and develop rather than just do your job every day.

It was a sponsor and because he recognized something in me that I would never have recognized and he took a risk on me. So I do think sponsors also take risks on behalf of the folks that they support.

He kind of fought for me to get that spot so I could learn. And so that was an example of some experience and exposure that I got that really helped me to expand my role… I see the sponsor is someone who's willing to use their name and position, authority and relevance to push forward or to highlight something outside of themselves and to help me. I don't see it so much as sort of the coaching and the teaching as with the mentoring. I've had the opportunity with a few individuals that stand up for me and put me through a leadership program, give me a stretch assignment, or let me explore a new opportunity for advancement. And most of the times to me, the sponsors who have helped me have not even been in my part of the business.

Feedback

Another benefit of mentoring to women executives is the provision of honest, constructive feedback. According to Jackson (2001), it is equally important for men and women to receive timely, regular and accurate feedback on their performance. Supportive constructive feedback provided to women executives can help them gain self-understanding and self-clarity (Ruderman & Ohlott, 2004). Constructive feedback provided to women allows them to broaden

their goals and venture into stretch areas (Gregg, 2010). Feedback provided by mentors can be seen as a double edged sword that not only enables their mentees' to improve but also holds them to a certain evaluative expectation or standard (Korver & Tillema, 2014). Several women executives in this study noted the importance of having mentors provide feedback that gave them insights on how to improve their performance as employees and leaders.

> *I think it's a lot of feedback. These are folks that know me and know what I'm good at and maybe where my blind sides are and that they're willing to point out where I may be blind to my own perspective. All of these folks are truth tellers and they're folks that I trust and appreciate that.*
>
> *For the ones that I worked with directly...giving me feedback about what I did really well and what I did not and how they would recommend re-spinning it to communicate in a different way. So just feedback. I think if anything, that clarity that they can provide*
>
> *I actually find mentors who are in roles at my level or even slightly above will be more honest with each about things.*
>
> *My whole concept of feedback is a gift, you know, and, and mentoring is a form of feedback and I think if you think about feedback, I always say it's a gift. You can take it or you can leave it. But when I tell people I'm giving you feedback, I'm giving you coaching advice, it may not be who you are, but try it on and see how it feels. If you don't like it, move on and you know, take it off.*
>
> *You get feedback from them along the way and so, you know, I'd have to adjust because particularly in this last phase of my career, you know, our CEO would say, here's some of the things you need to think about if you want the field job.*
>
> *I want to know how can I be better or how can I make this program better? Or how can I make this company better?...the first CHRO who started giving me candid feedback...he was good at giving feedback and he would say, "sometimes I worry you're moving too fast and you're not bringing your team along with you". Initially I thought he doesn't know what he's talking about. I'm used to everybody telling me you're doing great...then I realize he's actually observing things that I might not see. And so I learned pretty quick and pretty early go seek that out. It's the most important gifts you can give someone...when are you not seeing something? And so I learned pretty early to go out and, and ask for that kind of feedback...I say to people, I really want you to tell me not what I'm doing well, but*

what I'm doing not well...It was somebody in a different organization who would give me a different perspective, someone on my team even that was working for me. When you see me doing something that might be perceived in a way that that's not good, I need you to tell me and that's incredibly valuable.

Feedback has always been an interesting concept to me because, it depends on the spirit in which it's given, but typically feedback from a mentor is valuable and actionable...that type of feedback that we receive from a mentor can be very valuable because it helps list style issues, not necessarily the quality of work, but oftentimes it's sort of in a style or approach or a tone that you don't necessarily recognize in yourself that then you can evolve based on honest feedback

So that transparency is a big one...he was always very forthcoming with input and that to me is more valuable than anything. So feedback, you didn't tell me what I wanted to hear. He would tell me what he thought I needed to hear.

She gave me one of the most thorough and helpful performance reviews I've ever had in my whole career. And she is also probably one of the first people that ever given me constructive criticism in the appropriate way. Yeah. So that's what helps me the most. Good feedback.

I was in a yearlong program. And with that came like six months of formal executive coaching. And so I was able to have an outside sort of mentor to help me understand, interpret and apply feedback from a 360 that I got and helped me really look at how I was functioning on a day to day basis and what I could do to keep improving...it's something that I think anybody, especially women and in healthcare should have the opportunity to have between 12 and 15 of your, the people that you work with who have various relationships with you, giving you feedback on how you're doing and, and what you should continue to do and what you should stop doing to be a better leader is just worth its weight in gold.

Additional Themes

In addition to identifying themes that form the basis of this data analysis, the researcher also explored additional areas related to the glass ceiling and mentoring that are of interest to the

study. Given below are the topics found to be influential to our understanding of these phenomena.

Perspectives on the Glass Ceiling

While women executives in healthcare have managed to blaze past barriers in the healthcare industry and enter the managerial ranks of their organizations, there is still much progress to be made to ensure equal opportunity for women. Most of the challenges presented by the glass ceiling are overt in nature; while it does not necessarily prevent all women from advancing to the next level, it prevents them from being efficient in their role as leaders. All but one of the participants interviewed for this study believed that the glass ceiling existed in healthcare but were divided on whether it directly impacted them or not because they did not find themselves held back. They attributed this to a positive and encouraging work culture within their companies. However, even those executives that said they had not experienced the impacts of the glass ceiling themselves, acknowledged that they were often the only women at the table and thus knew it continued to exist in the healthcare industry. Additionally, these women highlighted that the difference in the compensation for women and men executives was indicative of the changing role of the glass ceiling and how it negatively impacts women leaders.

> *I always try to anchor myself when date out there definitely appears that whether or not we call it a glass ceiling. We do know that all the sudden almost big drop off of women progressing. There's a lot of studies that have been done about what time did that happen in a career? Does it coincide directly with child bearing years or what is it that's driving? Here's what I would say. I think it gets harder as you climb up because and I am not sure that it necessarily is all gender driven.*

I'm in North Carolina right now, I just went to the health care association meeting and we had a special CEO session. .and it was literally maybe myself and two or three other women so it was really obvious...a lot of the workforce is actually female in health care, but the leadership typically male, right? And it's typically Caucasian men. So that's what the room was filled with...I think there's definitely a glass ceiling and I think that it does affect pay. I've had the feeling myself that my pay hasn't been equal. But I have the opportunity to be successful and demonstrate value and then hope for the best.

I certainly didn't in my career and I don't know that I'm expert enough on the topic to comment on whether there is or isn't (a glass ceiling). I worked with a male CEO, who promoted me a number of times within the organization. So I haven't experienced that. I've experienced the subtle discrimination around communication style and those sorts of things. But I haven't experienced with the glass ceiling per se.

I think it depends on the organization and what kind of culture it has. I could see the statistics played out in our system because it quite senior executive perspective. A lot of the CEOs are men, but I don't feel like being a woman has been a barrier to career progression within this company.

I very much believe there is a glass ceiling. And I believe that affects compensation. I probably can't prove that, but I do believe that my peers are probably compensated differently than I am. And I do believe there is a glass ceiling when it comes to the opportunities for women to advance.

I think there is a glass ceiling. I don't think that it's overt. I've experienced it depending upon who might've been in a leadership role at the time.

There is a distinction, there is a difference when men negotiate, they negotiate really hard when women negotiate hard and I just had this experience and they think that you're greedy...it wasn't like I was saying, "I want to be paid more, I want to be paid equal", and that another area that women in their careers have to pay attention to because they fall back if they're not paying attention to negotiating that is commensurate with sort of the jobs that they have.

I've been sponsored by men mostly in my career because I've been the only woman sitting at the table for my entire career...history would tell you that a lot of women, when they sit at the table with other women, they don't feel supported by that other one...it's okay to have two females...people thought there was only room for one when there was always room for more.

I's interesting because women are pretty much everywhere in healthcare. I started as a nurse; however they're not found very often at the top.

I think the industry's been more progressive in terms of putting women in leadership positions, which is great. But if there's still a glass ceiling...I definitely believe there's still a lot of work to be done.

I look at the c suite here in this very few women right now. We do have a female president, which is great, and I know I'm at least I recall from the search process that the people that were responsible for recruiting, that was a desire because I think they realized that women are underrepresented in the executive level jobs here... Have I experienced it? If you look at my resume, maybe, maybe not. I've definitely had an upward progression that I'm pleased with. A lot of times you can assume that you're hitting the ceiling, but you're not really totally sure why. So you make assumptions because no always going to blatantly say to you that we didn't hire you because...you can assume I'm not going further and it must be because I'm a woman. It's hard to manage that because then you sort of make yourself a victim if you will, and then people look at you differently. So it's a very delicate balance in assessing that and what's the line between discrimination and the glass ceiling…

I do think there is such a thing. I never really faced it myself until the end, which is interesting because I was very lucky in having lots of promotions and lots of credit...my first job as CEO, there were 18 CEOs in my group and I was the only woman...as I started getting promoted, I did detect a lot of animosity from some of the gentlemen who then started navigating their own roots and try to undermine me...The glass ceiling really did exist and I think women have to advocate for their careers and their competencies differently than men. I think it's assumed that a man is competent and I think it has to be proven 10 times harder by a woman.

There have been times where I've been cognisant of being the only woman in the room or you know being left out of critical discussions but it would be difficult for me to say that it was only because I was a woman.

I'd like to believe being part of Aetna that there is no glass ceiling...One of the things that I'm most proud of is being part of an organization like that that recognizes female leadership. However, I do think it's the exception not the rule.

Formal Versus Informal Mentoring

Several organizations have noted the importance of mentoring relationships for developing leaders and have attempted to replicate them by creating formal mentoring programs

within their organizations. The key difference between formal and informal mentoring relationship is that informal relationships develop spontaneously while formal mentoring relationships develop with organizational assistance (Ragins & Cotton, 1999). There is plenty of research available discussing the implementation of formal mentoring programs, its impact on organizations, and the differences between formal and mentoring programs (Chao & Gardener, 1992; Ragins & Cotton, 1999; Murray, 2001; Castiglioni, Bellini, & Shea, 2004; Tourigny & Pulich, 2005). Most of these studies reported similar findings that formal mentoring relationships were not as effective as informal ones with respect to providing better career outcomes, promotions, and compensation. These results are relevant to developing women leaders in healthcare for two reasons. The first is that they are more likely to seek formal mentoring relationships as a substitute to the informal mentoring relationships. The second is that more organizations target women for formal mentoring programs as a means to help their advancement. During this study, the researcher asked every participant whether they had participated in formal mentoring programs through their healthcare organizations. Seven women (n=7) provided affirmative responses and were asked to further describe the benefits of these relationships and the differences they noted between formal mentors and informal mentors. Of the seven women executives, three acknowledged that their relationships seemed force and were not too beneficial. The remaining four women noted that they did enjoy some benefits of participating in the formal mentoring program whether it was being able to observe their mentor, or interact with their network. A majority of these women however, did not remain in contact with their mentors once the program concluded.

A major distinction noted between formal and informal mentoring was the familiarity and trust factor that informal mentoring relationships contained. Most women executives did not prefer having a male versus a female mentor as long as they built a candid relationship with them built on trust. The biggest benefit of having an informal mentor and/or personal board of advisors was that it enabled these women to confide in and brainstorm ideas related to work with people they trusted and respected.

> *I was fortunate to find someone that I first of all trusted, had a good working relationship with and aligned with my skills, personality traits, and things like that. So for me it was, a lot of it was about a trust, right? I wanted somebody that I could develop that I had to trust and relationship with. And so that's how many of my mentors came into play...I think again it comes down to who you select as your mentor and what's important to you. For me it's more about likeness in personality and building trust.*
>
> *I think the major thing is to develop a good candid constructive relationship...but I think that this person in particular I trusted because I knew they cared about me.*
>
> *I find what's most beneficial about these relationship is I have people that I trust who are really smart, who've often been similarly situated or are similar, similarly situated.*
>
> *I think you just talk to people and build relationships and some people you tend to connect with at a deeper level. And for some reason I had that connection with these folks and they, they've I think enjoyed mentoring me. So it was just really natural...They were just somebody that I supported, if they needed help with projects or had thought to question, they would run by me and I would just do the same thing. And they just became individuals that I trusted and they trusted me, and so for a major career decisions or turning points, they were just the ones that I naturally spoke to.*
>
> *With Informal Mentors, I developed those relationships because I was courted to both of those individuals that they were also people that I trusted. You know, there's, it was their management style. It was um, you know, their candor, their openness. it was kind of a judgment free zone and so that's, that's more or less how we developed a mentoring relationship.*

> *I think I found my most valuable mentors or people where we've become friends. it's a mutual relationship so we can each bounce things off of each other. And I found that that relationship has lasted longer as a result where I've had a formal mentor and layers you can see I've lost touch with the formal mentor, but it felt like more of they're doing me a favor and it was more of a job and you know, it worked well. But I think the informal mentors who I've sought out and looked at me as somebody that they can turn to in addition to someone I can turn to.*

Summary

This chapter provided support for each of the research questions that were posed during the study. This study sought to identify the barriers faced by women executives climbing through the ranks in healthcare. This study was also designed to understand the role played by mentors and sponsors in helping their protégés during their careers. Twenty-one women executives were identified to participate in this study using the snowball sampling technique. These women participated in a one-on-one, semi-structured interview with open-ended questions. The data collected from these interviews was analyzed to develop data themes that provided insight on how the participants perceived the glass ceiling in healthcare, what barriers they faced, and the resources provided by their mentors that helped them overcome these barriers and shatter the glass ceiling in healthcare. A summary of the findings, recommendations for future research, and implications for practice will be shared in Chapter 5: Discussion

Chapter 5

Discussion

This chapter provides a discussion of the research findings and the implications of those findings. The chapter includes a brief summary of the study, conclusions, strengths and limitations, implications for practice, and possible future research. The purpose of this study was to twofold. The first was to identify the glass ceiling barriers experienced by women executives in healthcare and the impact it had on their careers and experiences. The second was to analyze the role played by formal and informal mentors in helping these women break past the glass ceiling to achieve senior management positions within their organizations. The researcher interviewed several senior executive women leaders in healthcare and captured their sentiments, opinions, and experiences into coded themes.

The following research questions were addressed:

1. What are the barriers and challenges faced by women while rising to an executive position in healthcare?
2. What is the role played by mentors in promoting their protégées to executive positions in healthcare?
3. What is the role played by sponsors in promoting their protégés to executive level positions in healthcare?

The first research question was designed to understand the challenges and barriers experienced by women executives in healthcare. According to the comments recorded in chapter 4, most of the women executives did experience not any blatant form of discrimination during their careers; instead, the barriers they faced were more implicit in nature such as a difference in the manner executives communicated with them versus their male counterparts, that taking time off for family was more frowned up for women, and that they were dismissed more easily during conversations. The data collected during the interviews provided support for research question one. All participants provided a rich description of how they perceived the current way the glass ceiling is still exhibited in healthcare and what specific barriers were experienced during their careers. On the basis of these responses, the researcher identified three themes:

1. Competing priorities
2. Think leader, think male, and
3. Like me syndrome.

The second and third research questions were framed to gain a deeper insight into the benefits provided by mentors and sponsors in promoting women to executive level positions. To develop an understanding in a broader context, the researcher asked the participants questions on whether they had formal and informal mentors and the benefits they experienced with both, whether they had sponsors and the benefits of having them, and the difference between male mentors and female mentors/sponsors. The responses provided by the women executives served as the basis for the eight themes developed by the researcher. They include:

1. Creating a core advisory group

2. Building a toolkit for success
3. Advice and guidance
4. Technical and communication skills
5. Navigating the organization
6. Role modeling
7. Sponsoring, and
8. Feedback.

This study is important because women face a leaky pipeline (Zenger, 2013) between middle manager level and senior executive positions. While more organizations in healthcare have declared their commitment to improving gender diversity at the executive level, their commitment has not translated into meaningful progress (McKinsey & Company, 2018). As the president of a hospital commented, "a lot of the workforce is actually female in health care, but the leadership typically male, right? And it's typically Caucasian men". This comment underlines the importance of this study. With more women earning bachelor's and advanced degrees and entering the workforce, the industry needs to close the gap between the number of men and women in leadership positions. Healthcare should maximize the available talent pool and leverage the female talent within the company by developing and sponsoring high potential females. Additionally, an organization's ability to identify the most beneficial aspects of mentoring relationships will help them improve formal mentoring programs that enable the leadership to leverage relationships with developing talent and development the next generation's leaders.

Data Collection

The researcher conducted interviews with 21 female executives over a five month period. The interviews conducted were a combination of telephone, in-person, and video interviews. Each interview lasted between 30 minutes to an hour. The interviews were recorded and then transcribed to maintain data validity. These transcriptions were then emailed to participants for review and were edited to reflect updates or changes received from the participants. Then, recurring patterns identified during these interviews were coded into different labels or themes.

The coding process had two phases: initial and secondary. During the initial phase, the researcher went through the transcripts line by line to identify implicit and explicit statements and their meaning (Charmaz, 2006, p.50). The following strategies were employed by the researcher to develop codes: remaining open to the data, looking for tacit assumptions, crystalizing significance of points, keeping codes simple and precise, and comparing data with data. The secondary coding phase involved focused coding for which codes are more selective and conceptual, and axial coding, in which codes are synthesized and reassembled together in a coherent whole (Charmaz, 2006, p.60). The subject expert also followed a similar process of identifying and coding themes. A strategy termed triangulating analysts, i.e., having two or more individuals analyzing the same data independently to compare and assess their findings was employed to enhance the credibility of the findings (Patton, 2015).

Strengths

One of this study's strengths is the employment of a robust and thorough qualitative framework and methodology to guide the research. The researcher adopted qualitative inquiry as a powerful source of grounded theory, which is generated from observations and interviews in the real world rather than in the laboratory (Patton, 2015, p.18). In this study, the researcher used qualitative research to understand how the women executives interpreted their experiences, and what meaning they attributed to them (Sharan & Tisdell, 2016)

Another strength of this study is that its findings partially bridges the gap in research connecting the barriers experienced by women leaders in healthcare, and the resources provided by mentors that help these women overcome those barriers. While there was a gap in the literature that highlighted the beneficial aspects of mentoring relationships that influenced promotions, there is now a list of resources available for organizational leaders, women aspiring to executive positions, mentors, and board members. This list is not based on arbitrary thoughts and opinions shared by the women executives, rather, it is offered with the broader context of situational obstacles and interactions experienced by these women during their own careers. The women executives were able to identify specific instances when they experienced the glass ceiling barriers hinder their progress as well as instances when their mentors provided advice and feedback to them or advocated for them as their sponsors.

The inclusion of 21 women executives with diverse backgrounds and experiences enabled the researcher to evaluate data from different regions within the U.S, organizations, and departments. While the experiences of these women cannot be generalized to represent the experiences of all women leaders, it does increase the transferability of data to a wider

population. Additionally, the thick, rich description provided by the participants during the interview allows for thematic saturation. Qualitative research that uses semi-structured interviews, thematic data saturation determines the sample size of the participants (Francis et al., 2009). According to Guest (2006, p.60), "saturation has become the gold standard by which purposive sample sizes are determined in health science research". For this study, the researcher observed the emergence of recurring themes around the 20th interview and decided to stop the interview process after the 21st interview due to a limited time frame in which to complete the study.. While saturation was achieved for the scope of this study, the researcher acknowledges that there are opportunities for additional research which is discussed later in this chapter.

The researcher was able to identify three themes related to barriers in healthcare and eight themes related to the benefits provided by mentors to their female mentees'. Since little to no research exists that connect the two phenomena and studies them within the same context, this list forms the foundation of a set of mentoring functions that can be used to help women leaders break past the glass ceiling in healthcare. Additionally, the results of this research can be used to expand and further validate these findings.

Limitations

The researcher fully recognizes the study's limitations such as the sample size and time frame. One limitation of this study was that the researcher focused solely on women executives in healthcare. In order to increase generalizability and transferability to other studies, this research would benefit from including women executives in other industries. Furthermore, the current sample size of this study is limited to executive women in the healthcare industry and not

middle management or emerging leaders experiences. The participants of this research brought their perceptions, biases and assumptions to the interview process and therefore provided a specific perspective on the research questions. This method of data collection can impact the validity of the research as it assumes that the individuals that participated in this study shared unbiased responses to the best of their abilities.

Another limitation of this study is that in the quest to understand the women's experiences, only the only the benefits provided by mentors was considered. While additional factors such as leadership attributes do contribute to a woman leader's ability to ascend to senior executive positions, the scope of this study was limited to the benefits of mentors to gain an in-depth understanding of the phenomenon within a limited timeframe. Despite facing several limitations, the results of this study has implications to various aspects of the healthcare industry and highlights a need for continuing research in this field.

Practical Implications

Information collected in this research led to the discovery of themes specific to women executives in healthcare. Three themes were related to barriers in healthcare and eight themes were related to benefits provided by mentors. These labels, derived from interviews with 21 women executives, have implications on various stakeholders within the healthcare industry including current healthcare executives, healthcare boards, mentors, and aspiring women leaders. This section aims to identify and outline many of these implications in order to provide usefulness from the study and improve the situation women executives and those aspiring to leadership roles.

Women in Leadership Positions

Empirical evidence suggests that the presence of women executives in healthcare organizations drives up organizational profitability (Adler, 1998). Most women leaders are well educated, have a myriad of experiences, possess desirable leadership qualities, and effectively execute their role within their organizations (Rhode, 2007). With more women earning bachelor's and master's degrees, and entering the workforce, industries such as healthcare find themselves being primarily female dominated. However, while women compose the primary workforce in healthcare, they still continue to be underrepresented at senior management roles due to barriers such as leadership biases, political behaviors, networking opportunities, and self-promotion (Rhode, 2007). A majority of the participants in this study believed that hard work could only get them so far, beyond that, it was important and necessary for them leverage their networks and mentors to improve visibility and increase chances of getting promoted. Entry level and mid-level women employees and managers seeking to advance their careers can use this study to better understand the major barriers faced by successful women leaders. This information will help them to detect these barriers or biases early in hopes that this knowledge could mitigate the impact or allow them to avoid them all together. Additionally, the themes regarding the benefits provided by mentors will enable women to maximize their relationship and effectively use mentors as resources and sponsors who could help them get recognized and promoted within the organization. They should identify formal and information mentors in an effort to drive their way upward in an organization. The participants in this study were clear that informal mentors played a solid role in their development, advocated for them, and served as a

sounding board during their progress to a leadership position. This supportive and beneficial relationship should be cultivated in an many forums as possible. Furthermore, the experiences shared and the success demonstrated by these women executive serves as inspiration to future leaders in the healthcare industry. These success stories from women executives serve as reminders to other women that they are able to overcome any obstacles and barriers as long as they advocate for themselves, develop their networks, and dedicate themselves to pursuing their ambitions. It also is evident that seeking out other women can provide a community to use as resources along the way.

Health Care Organization and Boards

According to Klenke (2006, p. 23), when organizations have "more men than women or visa versa in influential positions, the culture tends to adopt attributes that favor the dominant gender. Such corporations are called gendered organizations". Healthcare organizations can take many lessons from this research. They can use the experiences of this cohort of women executives to change or adjust their current practices to support and elevate women into executive positions.

Many organizations in healthcare face the challenge of developing a culture at work, that provides opportunities for women to interact and build relationships with peers and senior executives, attend events outside of work without having to constantly choose between their familial responsibilities and work obligations, and advance to senior level positions. All three themes related to barriers faced by women in healthcare are directly or indirectly impacted by organizational culture and practices. One of the benefits of the thick descriptions provided by the

executives interviewed is that healthcare organizations and hospital boards can review the list and use it as a guideline to identify gaps and areas of improvement within their own organizations. For instance, one of the participants identified a leadership development program within her organization that enabled her to complete leadership rotations in different departments to gain lateral experience and growth, as well as access to senior leadership. This idea can be replicated and updated by organizations to fulfil their own requirements. Another woman shared that executives in higher positions reached out, shared the potential they saw, and actively sought out opportunities for them to grow and be seen in the organization. This is critical and rather simple to make a standard practice. Additionally, boards can create a culture that communicates the expectation that these practices be demonstrated by every leader, male or female. Increasing opportunities for women to develop their leadership skills and advance to senior level positions results in organizational success and is evidence-based. Boards who are able to leverage their female talent internally and provide incentives for other women executives to apply and join their organizations will experience the impact at many levels.

Mentors and Sponsors

Recent research has begun to acknowledge the benefits associated with mentoring for individuals serving as mentors (Allen, Lentz, & Day, 2006; Ghosh & Reio, 2013). Serving as mentors to peers and subordinates helps mentors gain self-satisfaction and self-confirmation. Additionally, being a mentor provides managers and executives the opportunity to develop talent within the organization and pass on skills and connections they had accrued during their career thus ensuring the continued growth of the organization. This research uncovered eight functions

provided by mentors that contributed to the advancement of women executives within their hospitals or companies. This list is beneficial to individuals serving as mentors in different capacities in several ways. The first is that these individuals can use these themes as a checklist of the psychological and career support they can provide to their mentees. For novice mentors, this list is succinct yet comprehensive enough to provide relevant information on the most impactful experiences they can provide to their mentees. Also, this list can be used by mentors to evaluate their own mentoring skills and determine whether there is a function they could provide more of because it was proven to be helpful, or decrease another function because it was not as beneficial.

Another implication of this research is the development of the theme, "sponsoring". According to one of the participants, "sponsors are like mentors on steroids". Unlike mentors who simply provide advice and guidance, sponsors actively invest in their protégés, nominate them for different positions, and advocate for their advancement. They also actively seek opportunities for their "person" to enter into new arenas and find "level-up" assignments. These assignments allow others to see them function in a higher role while in their current role. While sponsoring is one of the more beneficial career functions of mentoring (Kram, 1988), it is not provided to women as frequently as it is to men (Hewlett et al., 2010). By learning of and understanding the sponsoring theme from the results of this research, mentors and sponsors can enhance their own relationships with their protégé. Additionally, the implications of this study open doors, and provide opportunities to increase visibility and responsibility within the organization thus increasing their chances of receiving promotions.

Recommendations for Future Research

This research is a foundation that can be utilized by future researchers to drive the discussion of the advancement of women leaders to the forefront of conversation in the healthcare industry. There are numerous opportunities to expand on this research and close the gap in the leadership literature that describe how women can rise to senior leadership positions within the healthcare industry.

The women interviewed for this study were senior leaders who managed to break past the glass ceiling and occupy executive level positions. It would be interesting is to either conduct a similar study with or increase the demographic group of participants to include women in mid-level management positions in healthcare so as to understand what barriers are experienced at different levels of organizations and what resources would help these women overcome them.

Ethnicity was not taken into consideration for this study. Future research should look into whether women of color are challenged by additional barriers and how mentors/ sponsors can help them overcome these barriers. The study's findings will be more generalizable when a more diverse group of women executives are included in the sample group.

Expanding sites to additional geographic locations in different regions of the United States could provide insight on the additional challenges such as culture, resources etc. brought about by a different environment. For example, how the cultural expectations of leadership in a hospital in the south would differ from those in an organization on the east coast.

The literature is still lacking research surrounding the glass ceiling, women executive's compensation, and mentor's influence on compensation attainment. On average, women still make $0.79 for every dollar earned by men. In healthcare, this gap is smaller but still persistent

across all levels of the organization including the executive level. It would be interesting to analyze the differences in compensation as a result of the glass ceiling and the benefits provided by mentors that specifically address worker compensation.

Another area that could be explored is the changing dynamic in male and female mentor-mentee relationships brought about by the me too movement. While the "me too" movement has empowered individuals to speak up about being harassed, one unintended consequence is that executives might minimize contact between female employees and senior male executives so as to minimize the risk of sexual misconduct or harassment claims, thereby depriving women of mentorship (Bennhold, 2019). Additional research should bring awareness to the professional roles mentors and sponsors can take in development and that anything outside that role is not helpful or needed.

Currently, there is a dearth of research on sponsorship and its impact on women's advancement. While conducting a literature review for this thesis, the researcher found little to no articles on sponsoring individuals let alone sponsoring women leaders in healthcare. There needs to be more research conducted on sponsorship, the difference between mentorship and sponsorship, and the use of sponsorship to advance women so that more women can take advantage of this resource during their careers.

Final Summary

A gap in the literature regarding the role played by mentors in helping women advance to executive leadership positions was identified which led to the need for this study. Three research questions were identified: a.) What are the barriers and challenges faced by women while rising

to an executive position in healthcare? b.) what is the role played by mentors in promoting their protégées to executive positions in healthcare? And c.) what is the role played by sponsors in promoting their protégées to executive level positions in healthcare? The researcher developed a rigorous qualitative inquiry based on the framework highlighted by Yin's (2009) case study model and Charmaz's (2006) analysis using grounded theory and the coding process resulting in the identification of categories and themes. In order to understand the variables being studied in this research, a literature review was conducted on women and leadership, gender equity, the glass ceiling, barriers, mentoring, and sponsoring.

In order to answer the above research questions, the investigator designed a qualitative, multiple case study research based on grounded theory. This study interviewed 21 women executives who shattered the glass ceiling and advanced to senior level positions within their organizations in the healthcare industry. The researcher conducted open-ended interviews with the participants to learn about their experiences with barriers and mentors during their careers. Themes were derived from the data if at least ten of the executives provided context that supported the specific topic.

Research question one yielded core themes that prevented women from obtaining senior leadership positions. These barriers include competing priorities, think leader think male, and like me syndrome. Research question two and three yielded eight themes that outlined assistance provided by mentors in helping their female mentees overcome the glass ceiling. These themes included creating a core advisory group, building a toolkit for (professional) success, advice and guidance, developing technical and interpersonal communication skills, navigating the organization, role modeling, sponsoring, and feedback.

This study is characterized by its sound research methodology, credible research design, and identification of themes. However, this study is limited by an ungeneralizable sample size and bound timeframe. Despite the study's limitations, the research conducted has practical implications for various stakeholders in the healthcare industry including organization boards and executives, women leadership, and mentors. The results of this study will enable healthcare boards and organizations to create training programs and other initiatives that aid in the development of women leaders within their organization and help reduce the organizational barriers they face during their careers. Additionally, this research will benefit mentors and sponsors by providing them a checklist of support they could provide to their mentees and protégés in order to help them overcome the glass ceiling and ascend to higher leadership positions. The results of this research also added to the literature on women aspiring to reach executive level positions in healthcare organizations. While this study serves as a foundation for researchers and inspiration for those aspiring towards senior leadership positions, there is much more to be highlighted and studied in this field. Future research should explore additional areas such as barriers faced by women of color, and mid-level managers to gain a better understanding of glass ceiling in healthcare and the tools aspiring women leaders can use to overcome it.

Appendix A
Case Study Protocol

Protocol Title: *A Multiple Case Study Approach: Breaking the Glass Ceiling, Does Mentoring Help Women Rise to Executive Positions in Healthcare?*
Principal Investigator: Maureen Jones, Ph.D., RN
Co-Principal Investigator: Noorein Ahmed
Version Date: 10-11-2018

I. Study Objective

The research aims to explore the barriers and challenges faced by women while rising to an executive position in healthcare and assess what role mentoring plays in women rising to executive healthcare positions.

II. Primary Study Endpoints

a. Gather qualitative feedback from women healthcare executives.
b. Identify common characteristics from the interviews that will build themes for future research.

III. Study Rationale

Moving beyond previous studies that provided a fragmented view on the "glass ceiling", this research provides readers a more holistic view of mentoring and how it can reduce institutional barriers faced by women. The literature currently does not provide an answer to whether mentors help women rise to executive level positions in healthcare.

IV. Study Design

a. Multiple case study design
b. Interviews using an interview script
c. Information will be analyzed using qualitative methods, themes will be identified, and results provided to participants.

V. Study Procedure

a. Exclusion Criteria
    i. Healthcare executives who do not identify as women.
b. Inclusion Criteria
    i. Women.
    ii. Current or former executives in healthcare organizations.
c. Identification of Participants

i. Subjects will be recruited by researching female executives using inclusion criteria on google, Modern Healthcare, and Becker's Hospital Review.
ii. Additional subjects will be recruited using snowball sampling method by contacting some known female executives.

d. Recruitment Process
   i. Potential subjects for participation will be approached via email, phone calls, and LinkedIn. All potential subjects will be provided a study information sheet.
   ii. Follow-up communication will occur with anyone interested in the study or willing to share other potential participants.
e. Recruitment Material
   i. Participation information sheet.
   ii. Participation consent form.
f. Recruitment Procedure
   i. Recruitment will occur using snowball sampling.
   ii. Consent will be obtained via a letter explaining study objectives.
   iii. Primary investigator will be the person obtaining consent.
g. Eligibility of Subjects
   i. Once a potential participant is identified, the primary investigators will establish the potential participant's position within their company to determine whether they are eligible for the study. This can be verified by looking at their credentials on LinkedIn or their organization website.
   ii. Once verbal and written consent are obtained, the participant will be asked to state their current position, company and past positions.
h. Timing and Location of Consent
   i. Research will begin as soon as IRB approval is obtained.
   ii. Potential participants will be identified and contacted immediately after.
   iii. Participants will be provided a written copy of the consent form after verbal consent if provided on initial phone call.
   iv. Participants will be provided a written copy of the consent form after they have provided initial consent via email.
i. Duration of Participation
   i. The participant will be interviewed for approximately one hour and may have follow-up phone calls and/or emails to gain clarification.
   ii. Transcripts will be shared with participants to check for accuracy
   iii. Final paper will be sent to participant.
j. Consent Documentation
   Consent forms will be emailed to and signed by participants, then collected by the primary investigator and kept in a locked file drawer with the co-investigators. Adults unable to consent will be excluded from the study.
k. Interview Procedure
   i. Email/ call potential participant.

ii. Introduce researcher and credentials, explain purpose and goals of the study, primary research questions, and interest in participant for the study.
iii. Obtain consent to audio tape.
iv. Obtain necessary consent.
v. Begin interview.
vi. Follow interview script.
vii. Answer questions that may arise from participant during interview.
viii. Thank participant for her participation in the research.
ix. Obtain permission for future follow-up if necessary.

VI. Subject Numbers and Statistical Plan

a. Number of Subjects
20 women executives in healthcare.
b. Sample Size Determination
Sample size is set to 20 in order to facilitate saturation of the data. Once similar themes are heard from multiple participants, the findings will be more reliable.
c. Statistical Methods
Thematic analysis following qualitative research protocols.

VII. Subject Privacy

a. The participant's privacy will be treated with utmost importance. All subjects will sign a consent form that outlines study procedures and describe all the benefits/risks of participation. Participants will be reminded that they are able to retract consent at any point during the study and will be able to direct any questions and concerns to the primary investigator.
b. Soundproof recording studios at Penn State will be reserved and used for the interview to ensure confidentiality of the conversation.

VIII. Confidentiality

Participants will be asked if their name and organization(s) can be used in research and subsequent publications.

IX. Risks

Since identifiers are being collected, loss of confidentiality is an associated risk.

X. Potential Benefits

a. Potential Benefits to Subjects.
i. Provides opportunity to the subjects to reflect upon their own experiences and reinforce their skills and abilities.
ii. Provide subjects the opportunity pass on knowledge they have accumulated through their career and give back to the profession.
b. Potential Benefits to Others

i. Results of the study could provide hospital boards insight on the challenges faced by women leaders in healthcare.
ii. Results of the study could provide healthcare executives with insight on the importance of mentoring women in the workplace as a form of professional and personal development.
iii. This study has potential implications that will encourage organization boards to invest in women's leadership initiatives through mentoring.

XI. Sharing Results with Subjects

a. Transcripts will be shared with participants to review accuracy.
b. Final document will be shared with participants via email once study is complete.
c. Any publication will be available to all participants.

XII. Resources Available

a. Feasibility
    i. The investigators know many people in the industry and feel is it very feasible through snowball sampling to gain this number of participants.
b. Facilities and Locations
    i. Recruitment will take place via email, phone, or LinkedIn.
c. PI time devoted to conducting research
    i. The primary investigator will dedicate a notable amount of time each week to research. Ideally, 10 hours a week will be allocated to recording and analyzing data.

XIII. Literature Cited

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Appendix B

Research Participation Consent Form

Hello,
My name is Noorein Ahmed and I am a Bachelor of Science student at The Pennsylvania State University. I am completing my undergraduate degree and honors thesis through the Department of Health Policy and Administration and Schreyer's Honors College. I am the Primary Investigator of this project under the supervision of Dr. Maureen C. Jones (Faculty, Penn State Master of Health Administration Programs).

The purpose of this research is to explore the barriers faced by women while rising to the ranks of a healthcare executive and also analyze the role mentoring played within their journey. I would like to interview you to better understand your perception of "the glass ceiling", and how having a mentor (if applicable) impacted your ascension through the ranks.

During an interview that will last approximately 60 minutes, I will ask you questions about your experience as a female healthcare executive, the personal and institutional barriers you faced in your rise to your current position, and the value of having a mentor throughout your career. If there are any questions that I ask that you prefer not to answer, please feel free to tell me and we will move on to another question. If you would like to stop the interview at any time, please tell me and we will end our interview immediately. During our interview, I will take some notes of the things that you say, but also will audio record you so that I can have a record of everything that we both say to accurately reflect your thoughts. The coded transcript will be provided to you to give you an opportunity to review and confirm that I captured the information from the interview correctly. All recordings will be destroyed at the end of the data analysis and publication process.

There are no risks to you in this study. Noorein Ahmed and Dr. Maureen C. Jones will publish the results of this study. If you would prefer we not use your name please inform us by the end of the interview. If you would like a copy of the study, please provide me with your address and I will send you a copy in the future.

Your participation in this interview is completely voluntary and you may refuse to answer a particular question or to participate at any time without penalty. If you have any questions about this research, you can call email Noorein Ahmed at noorein18@gmail.com. You also may contact Noorein Ahmed's thesis advisor, Dr. Maureen Jones, at maureen@psu.edu.

Thank you for your consideration. I will give you a copy of this form to take with you. If you agree to participate in this research project, please sign below:

Thank you for your time and participation in this study.
Maureen C. Jones, Ph.D., RN, and Noorein Ahmed

PARTICIPANT SIGNATURE
Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document, and that your questions have been satisfactorily answered. You will receive a copy of the written informed consent prior to your participation in the study.

Participant Name (Printed): _____

Participant Signature: _____ Date: _____

Appendix C

Interview Guide

Pre-Interview Script

Thank you for your participation in the study of women executives who "broke the glass ceiling". Specifically, we would like to speak to women who have risen to an executive level position in healthcare. I would like to go over a couple of reminders before we get started. First, I want to reiterate for you that participating in this study is completely voluntary. If you feel uncomfortable answering a particular question, please let me know and we will move onto the next question. Also, you can request to stop the interview at any time for any reason.
The structure of the interview is as follows:

I. Background information on your career
II. Understanding your perception of the glass ceiling
III. Analyzing the value of mentors and sponsors in your career
IV. Deconstructing the mentors role: men vs women mentors
V. Concluding questions

Do you have any questions regarding your participation in this study before we start?
Next, I would like to ask your permission to record this interview. Do you agree to be recorded?
Thank you. I will now begin recording.

Interview Questions

The following questions are designed to be conversational. I may ask more questions for clarification. You may decline to answer any question or to stop the interview at any time.

Background Information

I. Please tell me about your professional career.
    a. Can you please describe the career path to your current position in healthcare?
    b. Was the transition to your current position within the same work environment or did you make moves across the institution or between different institutions with the intentions of advancing your career?

Glass Ceiling

I. Do you think women in healthcare face a "glass ceiling"? Why do you believe there is or is not a "glass ceiling in healthcare"?
II. What are challenges you faced due to the "glass ceiling" or rising to your current position:
    a. At an individual level

b. At an institutional level

III. Were there barriers you were unable to overcome and had to come to terms with? Could you please give me a few examples?

Mentoring

I. Have you had any mentors (or anyone who helped you navigate the executive/promotion process) during your career? Please share both formal and informal relationships.
   a. Tell me about your formal mentor(s)?
      i. Was your mentor assigned in a formal program or was he/ she an informal mentor
      ii. Was there a formal program?
      iii. What experiences did you find was the most beneficial?
      iv. Did you keep in touch after the program finished?
      v. Did they help you outside your organization?
      vi. How specifically did they help you advance - what skills/tools did you learn from them?
   b. Tell me about your informal mentor(s)?
      i. How did you develop this relationship?
      ii. What experiences did you find were the most beneficial?
      iii. How specifically did they help you advance - what skills/tools did you learn from them?
   c. Do you believe having a mentor gave you an advantage in your path to the c-suite? Did they help you overcome any of the barriers you mentioned earlier?
   d. How did your mentor help you in your executive career?
   e. Were your mentors men or women?
      i. What was the reason for having a male versus female mentor
      ii. If you had both male and female mentors during your career, what were the similarities, differences, and benefits of both?

Sponsoring

Another element I am looking into is sponsorship. Unlike a mentor who guides or advises their mentee, a sponsor is said to actively invest in their protégé's career and help advance it by making connections to senior leaders; promoting his or her visibility; and opening up career opportunities.

I. Have you had any sponsors? (someone who has actively invested in your career, helped you gain promotions etc)
   a. How did you develop this relationship?
   b. How did your sponsor help you in your executive career?

c. How specifically did they help you advance - what skills/tools did you learn from them?
d. Do you believe having a sponsor gave you an advantage in your path to the c-suite? Did they help you overcome any of the barriers you mentioned earlier?
e. Were your sponsor's men or women?
f. What was the reason for having a male versus female sponsor
g. If you had both male and female sponsor during your career, what were the similarities, differences, and benefits of both?

Conclusion

I. Is there anything else about yourself that pertains to your advancement to your current position that you would like to share with me?
II. Is there anything else about mentoring/sponsoring and rising to the executive suite that you would like to share with me?
III. Are there any question you wish I had asked you?
IV. Are there any other women healthcare executives that you think would be interested in participating in this study?

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ACADEMIC VITA

Noorein Ahmed

Education

The Pennsylvania State University, Schreyer Honors College
Bachelor's in health policy & Administration | Minor in Information Sciences and Technology

Experience

Administrative Intern 05/18-07/18
Johns Hopkins Bayview Medical Centre, Department of Medicine

- Conceptualized an onboarding training module for Medical Office Coordinators to assist hospitalists
- Collected and analyzed data in Excel for numerous operations
- Mapped workflows and generated streamlined solutions to improve endoscopy unit inefficiencies

Operations Excellence Intern 05/17-06/17
Milton S. Hershey Medical Centre

- Developed and presented an interdepartmental mentoring program for Hershey Medical Center employees
- Conducted focus groups and created a recommendations report based on an employee engagement survey
- Collaborated with the administrative fellow to redesign the undergraduate intern experience

Student Life Director 04/18-Present
University Park Undergraduate Association, PSU

- Host leadership roundtables with 30+ organizations to discuss and develop initiatives on mental health awareness and sexual assault prevention
- Organize mental health awareness and sexual assault prevention week at University Park

Leadership

- Student Representative, Women's Leadership Initiative, College of Health and Human Development, PSU, 08/18-05/18
- Education and Knowledge Management Captain, Penn State IFC/ Panhellenic Dance Marathon, 09/17-04/18
- Alumni Engagement Director, Blue & White Society, 08/17-05/18
- Director of Team Leader Development, Fresh Start, PSU, 11/16-08/17
- Onsite Coordinator, LeaderShape, 2017

- Donor and Alumni Relations-Alumni Engagement Captain, Penn State IFC/ Panhellenic Dance Marathon, 09/16-04/18

Awards and Honors

- HPA Senior Showcase Winner, 2019
- Ardeth and Norman Frisbey International Undergraduate Student Award, 2019
- The Frances DiGeso Women's Leadership Award, 2019
- Smile for Sam Award, 2018-2019
- Guide State Forward Award, Homecoming 2018
- USG Scholarship, 2017-2018
- Dean's List, 2015-2018
- President's Freshman Award, 2016