A Racial/Ethnic Comparison of Career Attainments in Healthcare Management

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Study Committee

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Executive Summary
A Racial/Ethnic Comparison of Career Attainments in Healthcare Management
Summary Report—2008

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Background

A 1992 joint study by the American College of Healthcare Executives (ACHE), an international professional society of healthcare executives, and the National Association of Health Services Executives (NAHSE), whose membership is predominantly black, compared the career attainments of their members. Follow-up studies were conducted in 1997 and 2002. The study groups were broadened to include Hispanic and Asian healthcare executives. Sponsorship was correspondingly enlarged to include the Institute for Diversity in Health Management, the National Forum for Latino Healthcare Executives and the Asian Health Care Leaders Association. The central objective of this fourth cross-sectional study is to determine if the racial/ethnic disparities in healthcare management careers have narrowed.

Methods

A survey instrument was prepared consisting mainly of items from the previous instruments and was administered in 2008. The sample of white healthcare executives, containing equal numbers of men and women, was drawn from among ACHE affiliates. Black executives were sampled from ACHE and NAHSE membership databases. The survey was also administered to all currently employed Hispanic and Asian affiliates of ACHE, to the Hispanic members of the National Forum for Latino Healthcare Executives (NFLHE) and to the board members of the Asian Health Care Leaders Association (AHCLA).

The breakdown of responses and response rates to the survey was: blacks—492 or 32 percent; whites—654 or 41 percent; Hispanics—250 or 39 percent; and Asians—237 or 41 percent. Aggregating all these groups, the survey was sent to a total of 4,422 individuals. By the end of the study, 1,633 responses were received, of which 1,515 were useable. The overall response rate was 37 percent. (Table 1)

To control for the effects of gender, findings are reported separately for women and men in each of the racial/ethnic groups. In this summary, results for the gender groups are aggregated when their differences were unimportant. A non-response analysis based on ACHE data showed respondents were not significantly different from non-respondents in age, highest degree attained and field of highest degree. However, black women who held vice president positions were more likely to respond while those who were in “other” positions were less likely to respond. Also, black and Asian men in system hospitals were more likely to respond. (See Appendix 1.)

Major Findings

Section 1: Demographic Comparisons

Table 2 presents the general table configuration for all the data in the study. Each table is divided into male and female responses. This allows us to control for the effects of gender on career attainments and focus only on race/ethnicity. When the effects of gender are not material, we cite the statistics for the two groups combined, listed under "All." Statistical tests for the comparison groups are made by gender and for both combined. Finally, important differences between the results observed in 2008 with prior studies, notably 2002, are noted in the text.

By design, approximately half of the 1,515 respondents are male. Whites are significantly older than the other groups; their median age is 52. Asians are the youngest on average; their median age is 40. A higher proportion of whites are married or partnered than nonwhites. Except for Asians, a higher proportion of men are married or partnered than women. Eighty percent or more of all groups have attained a graduate degree.

Section 2: Career Outcomes

More white males achieved CEO posts than other males. The difference is possibly, in part, due to the fact that minority men attained fewer years of healthcare management experience than white men. (Table 16) However, few differences in achieving CEO status were evident among female respondents. The proportion of top-level management positions (defined as CEOs, COOs and senior vice presidents) varies by gender. Among men, whites continue to lead with 56 percent in such positions, a decline of 6 percent when compared to 2002, when 62 percent were in top positions.

Only a minority of women in the current study held upper-level positions. The highest proportion, 37 percent, was held by Hispanic women followed by white women, where 31 percent were in top-level posts. This contrasts markedly with results obtained in 2002 where more white women held upper-level positions (40 percent) when compared to minorities, e.g., Hispanics at 25 percent. (Table 3)

Between one-half and two-thirds of men and lower proportions of women are in general management roles. However, consistent with their greater proportion in high management positions, more Hispanic women (65 percent) occupy such roles in general management than other women. Not unexpected, more women than men have managerial roles in clinical departments or departments that support clinical activities. (Table 4)

Employing Organization. Between 60 and 70 percent of men are employed in hospitals or systems. Higher proportions of women than men in each racial/ethnic group are employed in such settings. (Table 5)

A higher proportion of black and Asian than white or Hispanic men are employed in system hospitals. Conversely, a higher proportion of white and Hispanic men than black and Asian men are employed in freestanding hospitals. (Table 5)

Healthcare executives who are racial/ethnic minorities state that their hospitals employ a high percentage of their racial/ethnic groups. (Table 5)

The most prevalent diversity programs in place were social gatherings for employees.

Such gatherings were indicated by over 80 percent of whites, three-quarters of Hispanics and Asians and two-thirds of blacks. (Table 6) Overall, about 50 percent of blacks agreed that race relations in their organizations are good. This response rose to two-thirds of the Asians, three-fourths of Hispanics and nearly 90 percent of whites. When we removed organizations that are majority white, this pattern persists. (Table 6)

In calendar year 2007, responding white males earned a median of $168,200 while black males earned $117,500. This represents a 30 percent difference. Hispanic men earned $132,300, which is 21 percent less than white men, and Asian men earned $111,300, which is 34 percent less than white men. White women earned a median of $126,700, which is 25 percent less than white men. Black women earned a median salary and bonus of $97,700, which is 23 percent less than white women. Hispanic women earned $101,200, which is 20 percent less than white women. Asian women earned an average of $98,900 in 2007, which is 22 percent less than white women. (Table 7)

Controlling for educational level attained and years of healthcare management experience, white men earned a median of $168,200 in 2007; black men earned $142,400 or 15 percent less than white men. Hispanic men earned 144,700 or 14 percent less than white men. Asian men earned $131,700 or 22 percent less than white men. (Table 9)

A narrower gap is evident when comparing the earnings of women. In 2007, white women earned a median of $126,700 or 25 percent less than white men. Black women earned a median $126,000 (again controlling for educational level attained and years of healthcare management experience) or one percent less than white women. Hispanic women earned $114,000 or 10 percent less than white women. Asian women earned $112,600 or 11 percent less than white women. (Table 9)

More than three out of four respondents stated they were either satisfied or very satisfied in their present position. Still there were differences between the racial/ethnic groups. Black women express the lowest levels of satisfaction, while whites express the highest levels. Hispanics and Asians take intermediate positions. (Table 10)

Most respondents express high or very high levels of identification with their employing organization. Typically, whites express higher levels of organizational identification when compared to others and blacks express somewhat lower levels. While 71 percent of whites agreed that they act like a typical member of their organization to a great extent, only 58 percent of blacks concurred. Hispanics and Asians took on intermediate values. (Table 11)

Section 3: Accounting for Different Career Outcomes

The first factor thought to account for disparate career attainments concerns education. The second factor is experience and the third factor we will examine is expectations to achieve high-level positions.

1. Education. Virtually all respondents have completed college; the highest proportion of respondents majored in general business and biological sciences. Health administration was the chosen major of more blacks (18 percent) than other racial/ethnic groups. Notably higher numbers of women majored in nursing—especially white women, 37 percent of whom claim this as their undergraduate major. (Table 12)

Over 90 percent of male respondents and nearly as many female respondents completed a graduate degree. Just 51 percent of whites majored in healthcare management compared to 57 percent of blacks and over 60 percent of Hispanic and Asian respondents.

Conversely, more whites majored in Business Administration (general business). (Table 13)

Early socialization experiences. In general, more blacks and Asians participated in internships and fellowships than whites did. More than half of those who participated in a residency eventually were hired by that organization. Even higher proportions of those who took fellowships were subsequently hired there. (Table 14)

Mentors. Two-thirds or more of all respondents stated they had a mentor. While more than 70 percent of all women cited a mentor, the percentage varied more among men. More white men, 81 percent, than others stated they had a mentor while fewest Asian men, 64 percent, had one. (Table 14)

More white men were identified as mentors by all men regardless of race/ethnicity. Among women, white males were cited as the most common mentor by whites and Asians. Black women's mentors were most commonly other black women. Hispanic women most often cited white women as a mentor. (Table 14)

2. Experience--Career Origins. Overall, 70 percent or more began their careers in hospitals. Significantly more whites began their careers in freestanding hospitals than did persons of color. Conversely, a higher proportion of racial/ethnic minorities began their careers in systems, either at corporate headquarters or at member hospitals. Overall, 70 percent or more of all racial/ethnic groups chose their first firm expecting to build their careers in that organization. This represents a 10 percent increase when compared with the results obtained in the 2002 study. (Table 15)

Considering each racial/ethnic group, whites have accrued more experience than Hispanics. Hispanics have accrued more experience than blacks, and Asians have accrued the least experience. This pattern holds for both women and men and for number of years in healthcare (any position) as well as specifically in healthcare management. A higher proportion of men than women are currently in a different organization from the one where they initiated their healthcare management career. Over 70 percent of men compared to about 60 percent of women have located positions in different organizations. (Table 16)

Racial/ethnic minorities were more likely to have taken a less desirable position when compared to whites for two reasons: (1) financial needs and (2) lack of opportunity. Among men, for example, 30 percent of blacks compared to only 14 percent of whites took a less desirable position because of financial needs. Moreover, 42 percent of black healthcare executives compared to 20 percent of whites said they took a less desirable position because of lack of opportunity. In both examples, Hispanic and Asian respondents took on intermediate values between the black and white extremes. (Table 17)

Five year review. A higher proportion of blacks than other racial/ethnic groups said they failed to be hired because of their race/ethnicity during the past five years. Even higher percentages of racial/ethnic minorities stated they had failed to be promoted, failed to receive fair compensation, and were evaluated with standards that they felt were inappropriate because of their race/ethnicity. Black women affirmed these acts of discrimination to a greater extent than black men.

When asked if in the past five years they had been discriminated against in career advancement because they had an accent or spoke in a dialect, more Asians affirmed this than any other racial/ethnic group. (Table 17)

Overall Career Assessment. Respondents demonstrated important differences when asked if they had been negatively affected by racial/ethnic discrimination in their careers. Only 10 percent of whites stated this was so, while 52 percent of blacks acknowledged that they had been discriminated against. Twenty-seven percent of Hispanics and 31 percent of Asians stated they had been negatively affected. (Table 17)

First and Current Position. A quarter of white and Hispanic men report that their first position in their current firm is at the CEO level. In contrast, 10 percent of blacks and 4 percent of Asian men had CEO positions as their first position in their current firm.

Among women, few outstanding features are evident. Perhaps most interesting is that more Hispanic women than women in other racial/ethnic groups began their tenure in their current organization in the COO/senior vice president position. Conversely, fewer of them began in department head positions. (Table 18)

Promotions in Current Firm. The highest proportion of respondents stated they are currently in the position for which their organization initially recruited them. (Table 19)

3. Career Expectations. A third set of factors thought to give rise to different career attainments is the executives' level of career expectations and aspirations. Differences in career plans and desires can result from psychological bases such as childhood socialization patterns, sociological factors such as perceived or real discrimination or even consciously chosen goals like preferences for more time with family. This section of the report compares the racial/ethnic groups' intent to remain in their current position, preferred future jobs and their involvement in professional societies.

Type of employing organization. Five years from now, two-thirds of the men in all racial/ethnic groups and almost as many women expect to be employed in a hospital or system. The remainder expect to be spread between working in other direct provider settings (e.g., long-term care, medical group etc.), consulting or in other settings such as public health agencies, associations, suppliers or non-healthcare settings. Overall, few (less than 5 percent) expect to retire. (Table 20)

Expectations to be CEO. As in prior research, we asked whether or not the respondents expected to become CEOs in five, ten and fifteen years. (The data presented include current CEOs in the enumeration.) Nearly 40 percent of white men stated they planned to be a CEO in five years, about 10 percent more than black and Hispanic men and 22 percent more than Asian men.

After ten years, the percentage of white men who aspire to CEO positions stays about the same as the percentage who wanted this after five years. After ten years, a higher proportion of black men than any other group aspire to be CEOs, 46 percent. Hispanic men also show an increase in desire to be a CEO, as did Asians. By 15 years into the future, the lowest proportion of men aspiring to be CEOs is white, at 41 percent. About half of the racial/ethnic minority men aspire to CEO posts by then.

Fewer than 20 percent of women, regardless of race/ethnicity, aspire to be CEOs in five years. After ten years, about the same proportion of white women, 15 percent, aspire to be CEOs, but the proportion rises among the racial/ethnic minorities. After 15 years, again, fewer white women express CEO aspirations; about a quarter of black women and a third or more of Hispanic and Asian women seek to be in CEO posts. (Table 20)

Involvement with professional associations. Often, career aspirations are achieved by becoming involved with professional associations. Not only do some offer credentials that lend credibility to the training and competence of those certified, but membership often entails attending continuing educational events to help ensure that the professional remains current. Also, professional society membership enhances opportunities to build and maintain a network of peers and mentors who can aid in career attainments.

Table 21 shows that the respondents to this survey are predominantly members of ACHE. The highest proportion of all respondent groups stated that they had attended an ACHE event in the previous three years, i.e., since January 2005. About 70 percent of whites, Hispanics and Asians stated they had attended an ACHE event in that time period. Also, 61 percent of black respondents attended an ACHE event in the prior three years. Forty-one percent of NAHSE members had attended a NAHSE event since January 2005. Overall, a clear majority of executives in all racial/ethnic groups had participated in a professional society event in the recent past. (Table 21)

Best Practices Respondents were asked to list best practices that have promoted diversity in healthcare management. Listed are five types of initiatives: education, management structures, management processes, government solutions and financial assistance. (Table 22)

Conclusions

The bottom line question is, "Have we made progress in reducing the disparities observed in previous studies concerning the career attainments of racial/ethnic minorities in healthcare management?" If we consider the principal findings of the last report written in 2002, the following can be concluded:

Update to positive outcomes observed in 2002:

1. In 2002 the ratio of black to white women in CEO positions rose to 85 percent. In 2008, there has been little change in this ratio. However the proportion of Asian and especially Hispanic women who are CEOs has increased relative to white women.
2. While black men earned approximately the same compensation as white men in 2001, black men in 2007 earn 15 percent less than white men. The gap between compensation to Hispanic and white men also increased from 4 percent in 2001 to 14 percent in 2007. (There were too few Asian respondents in the 2002 survey on which to base comparisons.)
3. In 2002, fewer blacks reported their careers were negatively affected by discrimination than in the prior studies; in 2008, the proportions have not changed compared to 2002. Fewer Hispanics report discrimination today than they did in 2002. Asians reported discrimination as negatively affecting their careers at about the same rate today as in 2002.

Update to negative outcomes observed in 2002:

1. In 2002, the ratio of black to white men CEOs declined to 51 percent. In 2008, the ratio dipped further to 47 percent even though blacks and whites had about the same number of years of experience as they did in 2002. Hispanic men who had accrued the same number of years of experience narrowed the gap relative to whites in CEO roles. But among Asian men, the gap increased possibly in part due to the fact that the number of years of experience they had in healthcare management declined from 16 to 9.
2. In 2001, black women's compensation declined relative to white women's (to 83 percent). In 2007, black women earn 99.9 percent of what white women did, a clear improvement. Among Hispanic women, the gap increased from 95 percent of white women's compensation in 2001 to 90 percent of white women's income in the current study. (There were too few Asian respondents in the 2002 survey on which to base comparisons.)
3. In 2002, there were few changes observed in job satisfaction over time. In 2008, a higher proportion of black women and men are satisfied with their pay and fringe benefits and in other features of their jobs including their job security and the sanctions and treatment received when they made a mistake. Other measures showed little change. Among Hispanic men and women, a higher proportion was satisfied with the security of their positions; also more women were satisfied with their autonomy and more men were satisfied with their pay. Finally, more Asian women were satisfied with a number of job related features but no change was evident among the men.

Recommendations

Equal pay for equal work. The study attempted to examine various facets of executives' career outcomes including position level, type of employing organization, job satisfaction and compensation. The array of measures taken together point to continued disparities in career attainments when comparing racial/ethnic minorities with their white counterparts. This is especially evident in the findings that compared compensation levels for 2007. Even when level of education and number of years of experience are controlled, white men continue to earn significantly higher salaries than minority men and all women. While not definitive because the specific accountabilities of each executive in the study were not examined, the compensation results suggest that pay is not entirely equitable in the field of healthcare management. It is imperative that remuneration be provided that is based on the accountabilities of the employed executive and in no way reflects biases relative to his/her gender or race/ethnicity**.**

Residency and Fellowship. Based on the survey findings, it appears that more than half who participated in a residency eventually were hired by that organization. Even higher proportions of those who took fellowships were subsequently hired there. Therefore, healthcare organizations need to offer residency and fellowship opportunities to qualified graduates to assist their launch into careers in healthcare management.

Mentors. Mentors are prevalent among the respondents to the survey. We need to credit those executives who take the time and energy to offer advice and model ideal behaviors to others in the field. This includes individuals beginning their careers and also mid-level and even senior-level executives who seek feedback and opportunities for professional development. Given the importance of mentoring in our field, we should promote and embrace mentoring at both the individual and organizational level.

Transitioning to new organizations. The survey revealed that a higher proportion of men than women are currently in a different organization from the one where they initiated their healthcare management career. Over 70 percent of men compared to about 60 percent of women have located positions in different organizations. Transitions to new organizations should be considered as acceptable and even desirable today. Executives today need to alter their views of managers who depart as "uncommitted" or "disengaged." Instead, they should encourage their team members to transition and experience the challenges of managing in new work environments.

Transparency in organizational decisions. Organizations are being asked to disclose increasing amounts of data regarding their core operating functions such as mortality rates, infection rates, complications, costs for specific services, etc. Other useful measures reflecting management practices should be published as well. For example, hospitals and systems could report the proportion of minorities in executive positions as it relates to the demographic composition of the community. Internally, executives in decision-making roles need to be more forthcoming regarding hiring, promoting, evaluating and compensating their managers. Finally, executive search firms could be encouraged to share the criteria used in recommending candidates for senior level positions.

Programs that promote diversifying executive ranks. The study showed that relatively few respondents reported proactive diversity programs in their organizations. For example, fewer than half of black respondents stated that their organizations have a diversity committee and even fewer said their organizations offered diversity training for managers at least every three years. As shown in the analyses, attitudes about racial equity appear to be linked with the presence of such programs. Therefore, healthcare

leaders are advised to pursue pro-diversity initiatives as well as implement efforts to overcome social isolation through such programs as promoting social gatherings for employees and offering mentoring programs. Other potentially useful initiatives include establishing an affirmative action plan, assigning a manager to be responsible for diversity and evaluating managers relative to their diversity adroitness. Finally, organizations need to initiate succession planning to include identifying talent that would come from a diverse work force.

Professional Societies' Policy Statements and Data. The study showed that this respondent group was principally allied with ACHE. Nevertheless, a scan of other healthcare executive professional societies' policies showed that nearly all have public policy statements advocating their members endorse equal employment opportunities. Specifically, American Organization of Nurse Executives, the Healthcare Financial Management Association and the Medical Group Management Association have such statements.

Follow-up Study in 2014.
A follow-up study should be conducted again in five or six years to determine whether career outcomes have improved for minority healthcare executives compared to their white counterparts.

A Racial/Ethnic Comparison of Career Attainments in Healthcare Management Full Report—2008

Background

A 1992 joint study by the American College of Healthcare Executives (ACHE), an international professional society of healthcare executives, and the National Association of Health Services Executives (NAHSE), whose membership is predominantly black, compared the career attainments of their members. The study found that, although blacks and whites had similar educational backgrounds and years of experience in the field, blacks held fewer top management positions, less often worked in hospitals, earned 13 percent less and were less satisfied in their jobs. A set of specific actions was recommended to leaders in the field, employers of black healthcare executives and black healthcare executives themselves. The report also concluded that another study should be conducted in three to five years to determine whether career outcomes improved for black healthcare executives compared with their white counterparts.

Following the study's publication, ACHE, the American Hospital Association, and NAHSE sponsored the formation of the Institute for Diversity in Health Management (IFD. The Institute for Diversity in Health Management is committed to expanding healthcare leadership opportunities for racially/ethnically diverse individuals and increasing the number of these individuals entering and advancing in the field.

In 1997, ACHE, the Association of Hispanic Healthcare Executives (AHHE), and NAHSE, in collaboration with the IFD, conducted a national survey of white, black, Hispanic and Asian healthcare executives. That research showed that disparities in the proportion of top-level management positions held by white women and minority women continued to exist but that there were no significant differences in the proportion of top positions held by male managers in the various racial/ethnic groups. Other measures of career attainment continued to show disparities between whites and minorities; whites were more often employed in hospitals and expressed higher levels of satisfaction with various aspects of their jobs. While the earnings gap grew between white and black women, it narrowed between white and black men. (Other minority executives' earnings fell between the white and black averages.)

The 2002 research showed that disparities in the proportion of top-level management positions held by white women and minority women continued to exist and that disparities in the proportion of top positions held by male managers in the various racial/ethnic groups re-emerged. Moreover, differences in the proportion of whites versus minorities employed in hospitals persisted. When we modeled minorities' education and experience levels so that they were identical to whites, the gap in earnings between white women and minorities persisted. However, the model applied to men showed that black and Hispanic men's salaries and bonuses would have approximated that of their white counterparts. (There were too few Asian men in the study to develop reliable estimates.) Finally, minorities continued to express less satisfaction than whites in most aspects of their jobs.

Methods

A survey instrument was prepared consisting mainly of items from the previous instruments and was administered in 2008. The sample of white healthcare executives, containing equal numbers of men and women, was drawn from among ACHE affiliates. Black executives were sampled from ACHE and NAHSE membership databases. The survey was also administered to all currently employed Hispanic and Asian affiliates of ACHE, to the Hispanic members of the National Forum for Latino Healthcare Executives (NFLHE) and to the board members of the Asian Health Care Leaders Association (AHCLA).

The breakdown of responses and response rates to the survey was: blacks—492 or 32 percent; whites—654 or 41 percent; Hispanics—250 or 39 percent; and Asians—237 or 41 percent. Aggregating all these groups, the survey was sent to a total of 4,422 individuals. By the end of the study, 1,633 responses were received, of which 1,515 were useable. The overall response rate was 37 percent. (Table 1)

To control for the effects of gender, findings are reported separately for women and men in each of the racial/ethnic groups. In this summary, results for the gender groups are aggregated when their differences were unimportant. A non-response analysis based on ACHE data showed respondents were not significantly different from non-respondents in age, highest degree attained and field of highest degree. However, black women who held vice president positions were more likely to respond while those who were in “other” positions were less likely to respond. Also, black and Asian men in system hospitals were more likely to respond. (See Appendix 1)

Findings

Section 1: Demographic Comparisons

Table 2 presents the general table configuration for all the data in the study. Each table is divided into male and female responses. This allows us to control for the effects of gender on career attainments and focus only on race/ethnicity. When the effects of gender are not material, we cite the statistics for the two groups combined, listed under "All.” Statistical tests for the comparison groups are made by gender and for both combined. Finally, important differences between the results observed in 2008 with prior studies, notably 2002, are noted in the text.

Age. Whites in the study are older than the persons of color; their median age is 52. Asians are the youngest of the groups; the median age is 40.

Gender. Table 1 describes the gender composition of the groups. Men constitute 51 percent of the respondents. In the case of ACHE affiliates, regardless of race/ethnicity, men and women were sampled to account for 50 percent each of the study group.

Marital status. Eighty-five percent of whites are married, but more white men (92 percent) than women (77 percent) are married. In contrast, 67 percent of blacks are married—81 percent of black men are married, and 55 percent of black women are married. As in many comparisons in this report, whites and blacks often anchor poles on a continuum while Hispanic and Asians take intermediate values.

While Asians have the fewest median number of children (averaging one), the other groups, on average, have two children. In general, healthcare executive men have more children than women do. Over a third of black, white and Hispanic men have three or more children, but the proportion of women with three or more children is 20 percent or fewer.

Level of education. Among all groups, the modal level of education is a graduate degree. In fact, over 80 percent of respondents have graduate degrees. Asian men are distinguished in that a higher proportion of them (18 percent) compared to others have attained a post-graduate degree (doctorate or professional degree).

Section 2: Career Outcomes

Current position. As Table 3 shows, 34 percent of white men are CEOs compared to 28 percent of Hispanic men, 16 percent of black men and 5 percent of Asian men. These disparities are not apparent among women, however, where all racial/ethnic groups occupy between 10 and 13 percent of CEO positions. These findings for white men should be considered along with their older age (median of 52) especially when compared to Asian men (median of 40) in the study. The difference is possibly, in part, due to the fact that minority men attained fewer years of healthcare management experience than white men. (Table 16) When we consider all senior executive positions adding chief executive officer and chief operating officer/senior vice president, the proportion of white men in such positions continues to exceed that of minority men. However, among women, a higher proportion of Hispanic women than others are in such positions.

The twin factors of race/ethnicity and gender are evident especially when comparing blacks and whites. For both blacks and whites, only about half as many women attained CEO or COO/senior vice president posts as their male counterparts.

Area of Responsibility. Respondents are most often in positions of general management. Between one-half and two-thirds of men and lower proportions of women are in general management roles. However, more Hispanic women occupy such roles (65 percent) than other women. Not unexpectedly, more women have managerial roles in clinical departments or departments that support clinical activities than men. (Table 4)

Employing Organization. Between 60 and 70 percent of men are employed in hospitals or systems. Higher proportions of women than men in each racial/ethnic group are employed in such settings. (Table 5) As was true for positions attained, there is greater variability among men than among women respondents in the type of hospital currently employing them. Just over 50 percent of black and Asian men are employed by system hospitals (or their headquarter offices) compared to 40 percent of whites and only 32 percent of Hispanic men. Conversely, a higher proportion of white and Hispanic men are employed in freestanding hospitals (about 30 percent) which is twice the rate of black and Asian men.

Black and Asian men report their hospitals are larger than whites' and Hispanics' organizations. The median bed size of black executive's hospitals is 410, for Asian executives it is 330. Thirty-three percent of black men compared to only 13 percent of white men manage hospitals with more than 600 beds.

About half of the women report they are employed in system hospitals or their corporate headquarters. The average bed size ranges from 300 to 379, showing few differences by race/ethnicity.

Between a third and a half of respondents are employed in not for profit secular work settings. The remainder are most often employed in either not for profit church-related organizations or government-operated (non-military) facilities.

While ownership does not really differentiate the racial/ethnic groups' employing organizations, the overall racial/ethnic composition of the employees does. Table 5 shows that in contrast to other racial/ethnic groups, over a fifth of black respondents work for organizations employing a majority of black staff. Similarly, nearly a quarter of Hispanic respondents work in organizations employing a majority of Hispanic/Latino(a) staff. Asians, too, manage organizations where 9 percent of employees are also Asian, one percent higher than other racial/ethnic groups. Finally, about 80 percent of whites work in organizations whose staff is composed of a majority of whites.

Organizational Culture. We showed that the organizations at which respondents are employed are composed of staff that are often like themselves in terms of race/ethnicity. We then probed further to understand if special programs and initiatives were present to enhance interracial relationships. Table 6 demonstrates these findings.

Diversity Programs in Place. Affirmative action plans are in place in respondents' organizations to varying degrees. At the lower end, about half of black respondents said they were present while on average two-thirds of the other racial/ethnic groups said affirmative action exists. More prevalent were social gatherings for employees. In this case, about two-thirds of blacks acknowledged such events, three-quarters of Hispanics and Asians and even higher percentages of whites noted that social gatherings characterized their organizations.

Other diversity programs were less evident. For example, having diversity committees, employing a manager responsible for diversity, and implementing diversity training for managers at least every three years were mentioned by approximately 40 to 50 percent of respondents. Nearly 60 percent of whites compared to 40 percent of blacks said that mentoring programs were in place, while just less than 50 percent of Hispanics and Asians said they were present.

Still less common, according to respondents of all race/ethnicities, were organizational practices such as managers being evaluated on diversity. Only about 20 percent of the respondents stated such practices were present. Being rewarded for fluency in Spanish was cited by even fewer respondents. Respondents were asked to list best practices that have promoted diversity in healthcare management. (See Table 22) Thus, apart from social gatherings and affirmative action plans, only a minority of the managers and executives in the study attested to organizational diversity initiatives.

Even though many of the organizational initiatives are not commonplace, it is interesting to determine if they promote positive race relations where they have been implemented. Figures 1 through 3 show the impact of eight initiatives on black, Hispanic and Asian perceptions that race relations are good in their organizations. Figure 1 demonstrates that while 49 percent of blacks agreed that race relations in their organizations were good, a higher percentage stated this was the case especially in organizations that (1) had established a diversity committee, (2) provided diversity training for managers at least every three years, (3) offered social gatherings for employees and (4) provided mentoring programs.

In Figure 2, Hispanic healthcare executives' views of race relations in organizations where pro-diversity structures and programs are in place are compared with responses of Hispanic executives in organizations where they are not. Overall, over three-quarters of

executives felt that race relations in their organizations were good. This was evident in organizations where pro-diversity structures and programs were in place, and in most cases, where they were not in place. However, one program appears to impact Hispanics' perception of race relations favorably—having social gatherings for employees.

Overall, 68 percent of Asians reported that race relations in their organizations were good. (Figure 3) However, important differences are evident when social gatherings and mentoring programs are offered. While 51 percent of Asians reported positive race relations in organizations where social gatherings for employees are not offered, 75 percent report that race relations are good in organizations where social gatherings are offered. Similar differences are evident in regard to organizations that do and do not offer mentoring programs. (Figure 3)

Informal Socializing. Informal socializing between managers of different race/ethnicities is also quite uncommon. Ten percent or fewer of women managers said they socialized monthly or more often with those of other race/ethnicities at informal dinners, after work, at cultural or sporting events or playing sports. More men engaged in all these activities—especially Hispanic men. In general, the most common informal socializing events acknowledged by 30 to 40 percent of respondents occur via informal lunches.

Attitudes About the Organization. What are respondents' subjective appraisals of their organization's cultures? The reactions of the respondents in Table 6 suggest that black women are most disaffected by their organizations, followed by black men. Hispanic and Asian executives are next most discouraged by their organizations' interracial culture, and whites are most satisfied.

Five attitudinal questions display the different reactions that racial/ethnic groups are experiencing. For example, only about half of blacks agreed that race relations in their organizations are good. This response rose to two-thirds of Asians, three-fourths of Hispanics and nearly 90 percent of whites. When we removed organizations that are majority white, this pattern persists.

Other attitudinal questions that confirmed blacks' greater alienation included their higher agreement percentages to assertions that: (1) minority managers usually have to be more qualified than others to get ahead in my organization, (2) the quality of relationships between minority and white managers here could be improved, (3) the quality of relationships between minorities from different racial/ethnic groups could be improved and (4) a greater effort should be made in my organization to increase the percentage of racial/ethnic minorities in senior healthcare management. In each instance, high percentages of black women—ranging from 63percent to 83 percent—agreed with these assertions; the assertions were agreed with by a descending percentage of black men, then Hispanics, Asians and, finally, a minority of whites.

Compensation. Table 7 displays a key outcome in this career attainment study—the median salary earned in 2007 including bonus, if any, from professional work from respondents' employers before deducting retirement contributions and taxes. The reader is cautioned that these salaries are not necessarily reflective of actual salaries in the field since (1) higher earning executives may not have responded to the survey, (2) individuals who did respond to the survey may not have provided these data or (3) respondents may have not responded accurately.

In calendar year 2007, responding white males earned a median of $168,200 while black males earned $117,500. This represents a 30 percent difference. Hispanic men earned $132,300, which is 21 percent less than white men, and Asian men earned $111,300,

which is 34 percent less than white men. White women earned a median of $126,700, which is 25 percent less than white men. Black women earned a median salary and bonus of $97,700, which is 23 percent less than white women. Hispanic women earned $101,200, which is 20 percent less than white women. Asian women earned an average of $98,900 in 2007, which is 22 percent less than white women.

Mean salaries by position level are presented in Table 8. The black, white and Asian men who have attained CEO positions earn similar salaries on the order of $280,000 per year. Hispanic men CEOs earned approximately 25 percent less. A different picture emerges when considering men who are COOs or senior vice presidents. In this case, whites earned an average of $244,000 in 2007 while blacks earned $186,000, Hispanics $183,000 and Asians $169,000.

Among women CEOs, whites earned a mean of $213,000, which is 14 percent higher than the $187,000 average earnings of black women in the study. Hispanic CEOs earned $205,000 and Asian women earned $191,000. Again, as was true for the men, significant variation in earnings is seen among COOs/senior vice presidents. White COOs averaged $207,000 while Asians earned the least in this category, $118,000.

Many factors can account for differences in salaries earned including organizational features such as size and ownership, as well as individual features such as tenure, experience as a CEO, educational attainments and negotiating skills. While all of these may contribute to different salaries earned, we consider two in Table 9: (1) level of education attained and (2) years of healthcare management experience. Specifically, respondents were categorized as having earned a bachelor's, master's or doctorate degree. These two features were used as controls in the calculation of estimated medians seen at the bottom of the table.

Controlling for educational level attained and years of healthcare management experience, white men earned a median of $168,200 in 2007, black men earned $142,400, or 15 percent less than white men. Hispanic men earned 144,700, or 14 percent less than white men. Asian men earned $131,700, or 22 percent less than white men.

A narrower gap is evident when comparing the earnings of women. In 2007, white women earned a median of $126,700, or 25 percent less than white men. Black women earned a median $126,000 (again controlling for educational level attained and years of healthcare management experience), or one percent less than white women. Hispanic women earned $114,000 or 10 percent less than white women. Asian women earned $112,600, or 11 percent less than white women. (Table 9)

Gaps in income earned can be further explained by the type of degree obtained, e.g., healthcare management, clinical or general business. Moreover, differences can be attributed to the organizational setting such a hospital, consulting firm or governmental agency; the region of employment; or size of place, to name a few. Further analyses are required to account for these confounding factors in explaining income differences.

Job Satisfaction. Table 10 shows that for the most part, all racial/ethnic groups are satisfied with various aspects of their positions and their job overall. In fact, more than three out of four respondents stated they were either satisfied or very satisfied in their present position. Still, there were differences between the racial/ethnic groups. As we observed in Table 6's depiction of organizational cultures, black women express the lowest levels of satisfaction, while whites express the highest levels. Hispanics and Asians take on intermediate positions.

For example, blacks were least satisfied with the amount of pay and fringe benefits they receive based on their contributions to their organizations. Moreover, they were less satisfied than the other groups with procedural aspects of their jobs including the sanctions and treatment they received when they made a mistake. Black women were least satisfied with the degree of respect and fair treatment received from their supervisors, the degree of respect and fair treatment received from the employees they supervise, and the amount of independent thought and action they can exercise in their job.

However, men were about equally satisfied regardless of their race or ethnicity with (1) the amount of job security they had, (2) the degree of respect and fair treatment received from those who supervised them, (3) the amount of independent thought and action they could exercise in their job and (4) their overall level of job satisfaction.

Identification with Job. A new series of questions inserted this year form a scale to measure identification of respondents with their employing organization. Table 11 shows that most respondents express high or very high levels of identification with their employing organization. For example, 95 percent or more of all racial/ethnic group respondents said they were very interested in what others thought about their organization. Nearly as many agreed with the statement, "When I talk about my organization, I usually say, 'we' rather than 'they.'" Of course, this is a survey of managers and executives whose role is, in part, to embody the philosophy and positions of the employing organization.

Between 85 and 95 percent of all respondents agreed that "The organization's successes are my successes." Also, from 80 to 90 percent agreed that, "When someone praises my organization, it feels like a personal compliment."

Nevertheless, racial/ethnic differences appeared in these measures of identification. Typically, whites express higher levels of organizational identification when compared to others and blacks express somewhat lower levels. For example, 77 percent of whites agreed that, "When someone criticizes my organization it feels like a personal insult." Only 62 percent of blacks agreed with this statement. Also, while 71 percent of whites agreed that they act like a typical member of their organization to a great extent, only 58 percent of blacks concurred. Hispanics and Asians took on intermediate values.

Section 3: Accounting for Different Career Outcomes

The first group of factors thought to account for disparate career attainments concerns differences in education. The second set of factors concerns professional experience. The last factor concerns the motivation to achieve high-level positions including becoming involved in professional societies.

1. Undergraduate education. Table 12 compares the undergraduate experiences of the various groups. It can be seen that virtually all respondents have completed college. However, differences appear in the field of undergraduate concentration. The highest proportion of respondents majored in general business and biological sciences. Asians were more likely to major in biological sciences and less likely to major in business than other racial/ethnic groups. In addition, health administration was the chosen major of more blacks (18 percent) than other racial/ethnic groups. Notably higher numbers of women majored in nursing—especially white women, 37 percent of whom claim this as their undergraduate major.

Reflecting their older median age noted above, whites also graduated from college at an earlier decade than the respondents of color. Thus, the largest group of whites, 38 percent, said they graduated in the decade between 1972 and 1981. In contrast, the greatest proportion of blacks, Hispanics and Asians graduated in the decade between 1992 and 2001.

Graduate education. Over 90 percent of male respondents and nearly as many female respondents completed a graduate degree. (Table 13) Fewer white women, 89 percent, than women of color completed a graduate degree. While the plurality of all groups majored in healthcare management, there were differences between them. Overall, just 51 percent of whites majored in healthcare management compared to 57 percent of blacks and over 60 percent of Hispanic and Asian respondents. Conversely, more whites majored in business administration (general business). The findings noted above concerning the modal year of undergraduate graduation are evident at the graduate level as well. More whites graduated in the decade 1982 to 1991, while more respondents of color graduated between 1992 and 2001.

Early socialization experiences. Table 14 shows, that in general, more blacks and Asians participated in internships and fellowships than whites did. Part of the reason for this may be that a higher proportion of these groups than whites completed graduate school in the decade between 1992 to 2001 when fellowships were established nationwide. Hispanics were similar to whites in that proportionately fewer of them participated in internships and fellowships.

Overall, between 20 and 30 percent of respondents took a residency. However, exceptions were that few white women, 13 percent, and more Asian women, 36 percent, participated in a residency. More than half of those who participated in a residency eventually were hired by that organization. Even higher proportions of those who took fellowships were subsequently hired there. Clearly, residency and fellowship opportunities are one key method to embark on a career in healthcare management.

Mentors. As was true in prior studies, having a mentor was the most common of the various early socialization experiences. For example, two-thirds or more of all respondents stated they had a mentor. While more than 70 percent of all women cited a mentor, the percentage varied more among men. More white men, 81 percent, than others stated they had a mentor, while fewest Asian men, 64 percent, had one.

More white men were identified as mentors by all men regardless of race/ethnicity. For black and Hispanic men, the next most common mentor group was someone from their own race/ethnic (and gender) background. The second most frequently cited mentor for Asian men was white women.

Among women, white males were cited as the most common mentor by whites and Asians. Black women's mentors were most commonly another black woman. Hispanic women most often cited white women as mentors.

2. Career Origins. Table 15 shows the first position taken by the respondents in healthcare management. Only a few patterns are worth noting. First, a larger number of Asians, about a third, began their careers in departmental staff positions. Second, only about 10 percent of whites began their careers as managers, supervisors or program directors, but more than expected, nearly half of this group, began as department heads.

Among men, regardless of racial/ethnic group, the most common area to start a management career was in general management. In contrast, general management was the most common first area of responsibility for black and Hispanic women only. For Asian women the most common area to begin their careers was in a single business discipline such as finance or human resources. Among whites, more women began in their management careers in clinical management or management of clinical support areas.

Overall, 70 percent or more of all respondents began their careers in hospitals. Significantly more whites began their careers in freestanding hospitals than did persons of color. Conversely, a higher proportion of racial/ethnic minorities began their careers in systems, either at corporate headquarters or at member hospitals. Table 15 also shows that the median number of beds at these hospitals is quite large—ranging from 300 to nearly 400 beds. A plurality of respondents stated their first employing organization was under not for profit secular auspices. Finally, 70 percent or more of all racial/ethnic groups chose their first firm expecting to build the careers in that organization. This represents a 10 percent increase when compared with the results obtained in the 2002 study.

Career experience. Table 16 provides an overview of the years of experience attained—another potential explanation for differences in career outcomes. Considering each racial/ethnic group, whites have accrued more experience than Hispanics. Hispanics have accrued more experience than blacks and Asians have accrued the least experience. This pattern holds for both women and men and for number of years in healthcare (any position), as well as specifically in healthcare management. In addition, there is a larger gap between black women's and white women's experience in any healthcare position when compared to positions in healthcare management than for their respective male counterparts. This is likely due to women's different career paths—more women had initially served in clinical roles.

The second section of Table 16 shows respondents' transitions from one organization to another during their careers. Overall, a minority are currently in their first healthcare management position. Among men, Asians are more often found in such positions, which corresponds to their younger age. A higher proportion of men than women are currently in a different organization from the one where they initiated their healthcare management career. Over 70 percent of men compared to about 60 percent of women have located positions in different organizations.

Approximately 60 percent of respondents have served or are currently serving as a mentor for someone in healthcare management. This proportion drops to about 50 percent for Asians who, again, are younger and less experienced in healthcare management.

Table 17 presents elements of the respondents' career histories that have special significance for a study on the impact of race/ethnicity on attainments. The first panel demonstrates that healthcare executives sometimes take less desirable positions for various reasons. For example, about 30 percent of each racial/ethnic group said they took a less desirable position due to family demands (e.g., spouses' career, child care, etc.). Very few—approximately 5 percent or less of each racial/ethnic group—took a less desirable position because they lacked education.

However, racial/ethnic minorities were more likely to have taken a less desirable position when compared to whites for two reasons: (1) financial needs and (2) lack of opportunity. Among men, for example, 30 percent of blacks compared to only 14 percent of whites took a less desirable position because of financial needs. Moreover, 42 percent of black healthcare executives compared to 20 percent of whites said they took a less desirable position because of lack of opportunity. In both examples, Hispanic and Asian respondents took on intermediate values between the black and white extremes. Questions concerning career interruptions garnered few affirmative responses from any of the respondents.

Five year review. The third section of Table 17 concerns events that occurred in the past five years, i.e., between 2003 and 2008. Again, black healthcare executives acknowledged events that stymied their careers to a greater extent than other racial/ethnic groups. A third of blacks said they failed to be hired because of their race/ethnicity during the past five years. This compares to 23 percent of Asians, 19 percent of Hispanics and 2 percent of whites. Even higher percentages of racial/ethnic minorities stated they had failed to be promoted, failed to receive fair compensation, and were evaluated with standards that they felt were inappropriate because of their race/ethnicity. Black women affirmed these acts of discrimination to a greater extent than black men.

When asked if in the past five years, they had been discriminated against in career advancement because they had an accent or spoke in a dialect, more Asians affirmed this than any other racial/ethnic group. Fully, 17 percent of Asians compared to 7 percent of blacks and Hispanics stated this was the case. Only 1 percent of whites acknowledged such discrimination. Finally, 13 percent of Asians, 12 percent of blacks, 8 percent of Hispanics and one percent of whites said they received preferential treatment in hiring because of their race/ethnicity during the past five years.

Career Overview. Moving now to a more general, pan-career assessment, the fourth section of Table 17 shows that about 80 percent of all respondents felt their education adequately prepared them for the challenges they faced in their first management position. There were no significant differences between the various racial/ethnic groups when gender was considered. Second, respondents in the racial/ethnic groups were quite similar in their ability to maintain balance between work and personal lives. Overall, about two-thirds of respondents were able to maintain an acceptable balance.

Respondents showed important differences when asked if they had been negatively affected by racial/ethnic discrimination in their careers. While 10 percent of whites stated this was so, 52 percent of blacks stated that they had been discriminated against. Twenty-seven percent of Hispanics and 31 percent of Asians stated they had been negatively affected.

In addition, respondents were variously satisfied with the progress they had made toward meeting their overall career goals. Almost 90 percent of whites compared to 68 percent of blacks were satisfied with the progress they had made. Overall, 78 percent of Hispanics

and 75 percent of Asians were satisfied. One factor that might explain more whites being satisfied is that, as a group, they are older in this study and thus have had more time to realize their career goals.

The final question on Table 17 asks respondents if they had witnessed racial/ethnic discrimination's impact on the career of a fellow worker. While more than 60 percent of blacks and between 30 and 40 percent of Hispanics and Asians stated they had witnessed this, only 16 percent of whites recalled such experiences. This research is unable to determine the extent to which respondents are more attuned to such discrimination or whether the professional circles are very different among the racial/ethnic groups. It is likely that both factors are at work.

First and Current Position. Table 18 presents information about the respondents' first position in their current firm and compares this to their current position. The first position in the current firm may, or may not be, their first ever healthcare management position. Their current position may or may not be their first position. This table is intended to help show within firm mobility of the various racial/ethnic groups.

Considering the first position, there are two observations of interest regarding men. First, a quarter of white and Hispanic men report that their first position in their current firm is at the CEO level. In contrast, 10 percent of blacks and 4 percent of Asian men had CEO positions as their first position in their current firm. Second, a disproportionate number of Asian men, 28 percent, joined their current firm in department staff positions.

Among women, few outstanding features are evident. Perhaps most interesting is that more Hispanic women than women in other racial/ethnic groups began their tenure in their current organization in the COO/senior vice president position. Conversely, fewer of them began in department head positions.

Current position. Table 3 described the current position of the racial/ethnic groups. Here it is important to note that whites have devoted a significantly longer period of time in their current firms than the other racial/ethnic groups. For example, whites have been in their current firms a median of seven years compared to four years for blacks and three years for Hispanics and Asians. (Table 18)

Promotions in Current Firm. Table 19 shows the transitions of the respondents from their first position in their current firm to their current position. In a number of cases, there were fewer than 25 respondents, which preclude a statistical presentation of that particular racial/gender group. The main observation is that the highest proportion of respondents is currently in the position for which their organization initially recruited them.

Specifically, nearly all respondents who began as CEOs are currently CEOs as well. In addition, over 80 percent of those who began as COO/senior vice presidents are currently in that position. Similarly, over 70 percent of those executives whose first position was at the vice president or assistant administrator position are currently in the same position.

Thirty-nine percent of whites who began as department heads, managers, supervisors or program directors are currently in those positions. But 40 percent of those that started in such positions are now higher in the management hierarchy; they are either vice presidents (22 percent), COO/senior vice presidents (11 percent) or CEOs (7 percent).

This pattern of ascendancy is not as evident among the racial/ethnic minorities. For example, of the blacks that began their first position in the current organization at the

department head position, 53 percent remain in that position and only 20 percent ascended the organization's hierarchy. Recall, however, that whites have been in their firms a median of seven years compared to blacks' four-year tenure.

3. Career Expectations A third set of factors thought to give rise to different career attainments is the executives' level of career expectations and aspirations. Differences in career plans and desires can result from psychological bases such as childhood socialization patterns, sociological factors such as perceived or real discrimination or even consciously chosen goals like preferences for more time with family. This section of the report compares the racial/ethnic groups on intent to remain in their current position, preferred future jobs and their involvement in professional societies.

Table 20 shows considerable variation in the proportion of racial/ethnic groups planning to leave their current organization in the coming year. Twenty-three percent of blacks, 22 percent of Asians, 17 percent of Hispanics and 13 percent of whites plan to leave in the coming year.

Type of employing organization. When asked whether in the next five years they would rather remain in their current type of employing organization (e.g., hospital, consulting firm) or if they would like to change the type of employing organization, less than 60 percent of black and Asian respondents stated they wanted to remain in their current organization compared to approximately 70 percent of Hispanic and white respondents. A high proportion of black women—29 percent—stated they planned to change the type of organization they worked for in the next five years. The highest proportion (25 percent) of respondents who said they had no preference in the type of organization they would work for was Asian men.

In data not shown, those that planned on leaving their current type of employing organization suggested where they might end up in five years. While almost 20 percent of whites planned to be retired, this was planned by less than five percent of the other racial/ethnic groups. About 50 percent of the black men planned to work in a hospital or a system, but only 30 percent of black women planned this. Instead, about a third of black women compared to 12 percent of black men were planning to work in "other settings" such as a public health agency, an association, a supplier or not in healthcare at all. Asian and Hispanic men expressed similar aspirations with over half planning to work in hospitals or health systems.

Five years from now, two-thirds of the men in all racial/ethnic groups and almost as many women expect to be employed in a hospital or system. The remainder expect to be spread between working in other direct provider settings (e.g., long-term care, medical groups, etc.), consulting or in other settings such as public health agencies, associations, suppliers or in non-healthcare settings. Overall, few (less than 5 percent) expect to retire.

Aspirations to be CEO. As in prior research, we asked whether or not the respondents aspired to become CEOs in five, ten and fifteen years. (The data presented include current CEOs in the enumeration.) Nearly 40 percent of white men stated they planned to be a CEO in five years, about 10 percent more than black and Hispanic men and 22 percent more than Asian men. Fewer than 20 percent of women, regardless of race/ethnicity, aspire to be CEOs in five years.

After ten years, the percentage of white men who aspire to CEO positions stays about the same as the percentage who wanted this after five years. But, among the current responding groups, a higher proportion of black men than any other group aspires to be

CEOs, 46 percent. Hispanic men also show an increase in desire to be a CEO as did Asians. By 15 years in the future, the lowest proportion aspiring to be CEOs among men is white, 41 percent. About half of the racial/ethnic minority men aspire to CEO posts by then.

After 10 years, about the same proportion of white women, 15 percent, aspire to be CEOs, but the proportion rises among the racial/ethnic minorities. After 15 years, again, only 16 percent of white women express CEO aspirations; whereas 27 percent of black women and a third or more of Hispanic and Asian women seek to be in CEO posts.

Involvement with professional associations. Often, career aspirations are achieved by becoming involved with professional associations. Not only do some offer credentials that lend credibility to the training and competence of those certified, but membership often entails attending continuing educational events to help ensure that the professional remains current. Also, professional society membership enhances opportunities to build and maintain a network of peers and mentors who can aid in career attainments.

Table 21 shows that the respondents to this survey are predominantly members of ACHE. Between 85 percent (blacks) and 100 percent (Hispanics) are ACHE affiliates. More than half, 52 percent, of blacks are members of NAHSE, but only six percent of Asian respondents are members of the Asian Health Care Leaders Association and only 9 percent of Hispanics are members of the National Forum for Latino Healthcare Executives. The latter two organizations are newly established societies, however.

The highest proportion of all respondent groups stated that they had attended an ACHE event in the previous three years, i.e., since January 2005. About 70 percent of whites, Hispanics and Asians stated they had attended an ACHE event in that time period. Also, 61 percent of black respondents attended an ACHE event in the prior three years. Forty-one percent of NAHSE members had attended a NAHSE event since January 2005. Overall, a clear majority of executives in all racial/ethnic groups had participated in a professional society event in the recent past.

Discussion and Conclusions

This study has documented both continuing and narrowing of formerly observed disparities in the career attainments of racial/ethnic minorities in healthcare management. When compared with white men, 56 percent of whom achieved top-level positions, fewer minority men achieved top management positions. But among women, the highest proportion of top level positions was held by Hispanic women; 37 percent held such posts compared to 31 percent of white women. Thus, race/ethnicity does not necessarily predict level of position attained in 2008.

While more than three-quarters of all respondents were satisfied with their present positions, there were differences observed in particular elements of their jobs. For example, black women were least satisfied with features such as pay and fringe benefits based on their contributions to the organization, sanctions they received when they made a mistake and the respect their receive from their supervisors, the respect they receive from their direct reports and their autonomy.

While many of these attitudes cannot be evaluated objectively, some, such as pay and fringe benefits, are only loosely associated with the reported compensation black women actually receive. When education and experience were controlled, black women earned one percent less than white women. Hispanic and Asian women earned 11 and 13 percent less than white women using the same controls.

In contrast, men, regardless of race or ethnicity, were about equally satisfied with a number of features about their jobs such as job security, respect from their managers and their autonomy. On the other hand, about 60 percent of black and Asian men and 70 percent of Hispanic men were satisfied with their pay and fringe benefits compared to about 80 percent of white men. These feelings may be related to the findings that controlling for education and experience, black men earned 15 percent less, Hispanic men earned 14 percent less and Asian men earned 22 percent less than white men in 2007.

A whole different set of issues is raised when we questioned respondents about perceived discrimination, as we discovered in previous research. While a negligible numbers of whites affirmed discriminatory behavior during the past five years, about a third of blacks and 20 percent of Hispanic and Asians said they were not hired or did not receive appropriate evaluations because of their race/ethnicity. Nearly 40 percent of blacks said they were not promoted because of their race/ethnicity. These damning perceptions can only be overcome through greater transparency on the part of those in hiring and evaluating positions.

Apart from enacting the recommendations noted in this report, the next stage of investigation should include an examination of best practices determined to be successful. (See Table 22) Case analyses of such initiatives may suggest how organizations can overcome the negative perceptions and continued disparities that this study has again documented. For now, boards and senior executives should be encouraged to pursue the recommendations set forth in the Executive Summary.

TABLE 1

POPULATION, SAMPLE AND RESPONSE RATES

	2008				
	Black	White	Hispanic	Asian	All
Population	2761[1]	16929	650[2]	586[3]	20926
Sample	1554[4]	1602	633[5]	582[6]	4371
Responses	492[7]	654	250[8]	237[9]	1633
Response Rate (%)	31.7	40.8	39.5	40.7	37.4
Analyzed	436	641	219	219	1515
Males	205	321	130	119	775
%	47	50	59	54	51
Female	231	320	89	100	740
%	53	50	41	46	49

[1] 1,140 ACHE affiliates + 1,621 NAHSE members
[2] 573 ACHE affiliates + 77 NFLHE members
[3] 575 ACHE affiliates + 11 AHCLA members
[4] 800 ACHE affiliates + 800 NAHSE members, 94 of whom were found to be ACHE affiliates. 46 questionnaires sent to other NAHSE members were undeliverable.
[5] 573 ACHE affiliates + 65 non-affiliated NFLHE members, 11 of whom were found to be ACHE affiliates. 5 questionnaires sent to other NFLHE members were undeliverable.
[6] 575 ACHE affiliates + 7 non-affiliated AHCLA members
[7] 338 ACHE affiliates + 154 NAHSE members
[8] 235 ACHE affiliates + 15 NFLHE members
[9] 233 ACHE affiliates + 4 AHCLA members

TABLE 2

DEMOGRAPHIC INFORMATION
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Age												
< 35	12	7	12	30*	20	9	24	40*	17	8	17	34*
35 - 44	31	19	25	30	30	17	25	29	30	18	25	29
45 - 54	34	37	43	23	28	39	32	16	31	38	39	20
55 +	23	37	20	17	22	35	19	15	22	36	20	16
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(202)	(319)	(129)	(117)	(227)	(316)	(88)	(98)	(429)	(635)	(217)	(215)
Median	47	52	48	40	45	52	45	40	46	52	47	40
Marital status												
Married/Partnered	81	92	87	71*	55	77	71	74*	67	85	80	72*
Single	19	8	13	29	45	23	29	26	33	15	20	28
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(204)	(321)	(129)	(117)	(231)	(318)	(89)	(100)	(435)	(639)	(218)	(217)
Number of children												
0	21	12	19	38*	39	31	31	47*	31	21	24	42*
1	11	10	13	9	18	14	24	17	15	12	17	13
2	29	42	30	35	26	35	33	27	28	39	31	31
3 or more	39	36	38	17	17	20	13	9	27	28	28	14
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(202)	(318)	(128)	(116)	(229)	(316)	(88)	(98)	(431)	(634)	(216)	(214)
Median	2	2	2	2	1	2	1	1	2	2	2	1

*Chi-square significant p<.05

TABLE 2 (continued)

DEMOGRAPHIC INFORMATION
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Highest educational level completed												
Some college	0	1	0	0*	†	0	0	0	†	†	0	0*
College graduate	7	9	6	4	7	11	6	3	7	10	6	4
Graduate degree	82	83	82	78	83	82	87	87	83	83	84	82
Postgraduate degree	11	7	12	18	10	7	8	10	10	7	11	14
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(204)	(320)	(130)	(119)	(230)	(319)	(89)	(100)	(434)	(639)	(219)	(219)

*Chi-square significant p<.05
† Less than 0.5%

TABLE 3

CURRENT POSITION
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Chief Executive Officer	16	34	28	5*	10	13	12	10*	13	24	22	7*
Chief Operating Officer/Senior Vice President	23	22	15	17	10	18	25	11	16	20	19	14
Vice President	20	22	20	19	16	26	12	18	18	24	17	18
Department Head	27	14	22	31	39	25	27	25	33	20	24	28
Manager/Supervisor Program Director	6	2	5	6	8	5	9	10	7	4	7	8
Department Staff	4	3	7	18	14	8	10	18	9	6	8	18
Consultant	3	2	1	4	1	4	4	7	2	3	2	6
Other	0	0	2	1	2	0	0	0	1	0	1	†
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(205)	(321)	(130)	(118)	(231)	(320)	(89)	(99)	(436)	(641)	(219)	(217)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 4

CURRENT AREA OF RESPONSIBILITY
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
General management	53	66	65	49*	41	47	65	46*	47	57	65	48*
Single business discipline (finance, human resources)	19	14	13	19	22	19	6	27	21	16	10	23
Clinical/clinical support	11	9	9	11	15	22	16	16	13	15	12	13
Ancillary/non-clinical support	7	7	9	10	7	3	5	9	7	5	7	10
Sector management (ambulatory, association)	7	3	2	6	11	5	8	1	9	4	4	4
Other	1	2	2	4	3	3	1	1	2	3	1	3
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(202)	(320)	(130)	(118)	(228)	(318)	(88)	(96)	(430)	(638)	(218)	(214)

*Chi-square significant p<.05

TABLE 5

CURRENT EMPLOYING ORGANIZATION
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
System hospital/ headquarters	51	40	32	52*	47	50	49	54*	49	45	39	53*
Freestanding hospital	14	30	32	15	21	27	20	22	18	28	27	18
Other direct provider	14	11	15	15	14	8	18	8	14	10	16	12
Public health agency/ military (non-hospital)	9	4	8	5	8	3	2	7	8	3	6	6
Non-provider (e.g., consulting, education)	11	13	11	12	9	12	8	8	10	12	10	10
Other	2	2	2	1	1	1	2	1	2	1	2	1
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(205)	(321)	(130)	(119)	(231)	(320)	(89)	(99)	(436)	(641)	(219)	(218)
Number of beds												
200 or fewer	18	37	37	23*	20	35	33	25	19	36	35	24*
201 - 400	31	35	31	43	39	30	25	31	35	33	28	37
401 - 600	18	15	14	11	20	15	19	18	19	15	16	14
601 +	33	13	18	23	21	20	23	26	27	17	20	25
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Median	410	260	300	330	379	300	376	360	400	282	313	350
n	(114)	(193)	(71)	(65)	(129)	(212)	(57)	(61)	(243)	(405)	(128)	(126)

*Chi-square significant p<.05

TABLE 5 (continued)

CURRENT EMPLOYING ORGANIZATION
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Not-for-Profit Church	18	14	14	18*	18	18	13	12	18	16	14	16*
Not-for-Profit Secular	38	49	35	39	44	45	36	42	41	47	35	40
Investor owned	5	9	15	7	7	7	10	8	6	8	13	7
Other for profit	14	10	13	13	7	14	16	12	10	12	14	13
Military	9	5	9	7	4	3	1	8	6	4	6	7
Other government	17	11	13	15	20	13	22	16	19	12	17	16
Self	1	2	2	1	1	†	1	0	1	1	1	†
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(200)	(318)	(129)	(119)	(226)	(316)	(89)	(97)	(426)	(634)	(218)	(216)
Composition of employees:												
Majority Black (non-Hispanic)	23	2	4	4*	19	2	6	6*	21	2	5	5*
Majority Hispanic/Latino(a)	†	1	23	3	2	1	25	3	1	1	24	3
Majority White	61	83	50	59	60	79	48	62	61	81	49	60
Majority Asian	0	†	0	9	†	†	0	9	†	†	0	9
Majority American Indian/Aleut	0	0	0	1	0	0	0	0	0	0	0	†
No racial/ethnic majority (mixed)	16	14	23	24	18	18	22	20	17	16	22	22
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(204)	(321)	(130)	(118)	(227)	(318)	(88)	(99)	(431)	(639)	(218)	(217)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 6

CURRENT ORGANIZATION'S CULTURE
BY RACE/ETHNICITY AND SEX
(PERCENT IN PLACE)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Diversity Programs in Place												
Affirmative action plan	48	59	66	61*	54	77	68	66*	52	67	67	63*
Diversity committee	43	39	35	49	47	43	43	48	45	41	38	48*
A manager responsible for diversity	41	36	39	39	44	43	37	42	43	40	38	41
Diversity training for managers at least every 3 years	45	50	43	48	43	54	51	40	44	52	46	45
Diversity evaluations for managers	15	18	19	17	20	22	24	19	18	20	21	18
Social gatherings for employees	62	87	72	77*	67	80	74	74*	64	84	73	75*
Mentoring programs	34	58	41	45*	46	60	59	50*	40	59	48	47*
n	(187)	(293)	(119)	(110)	(202)	(298)	(80)	(82)	(389)	(591)	(199)	(192)
Rewards for Fluency in Spanish												
Yes, with additional pay	17	11	14	13	18	8	10	11*	18	10	12	12*
Yes, by providing greater visibility	13	14	19	11	18	11	8	12	16	13	15	11
Yes, by offering more promotional opportunities	5	8	10	4	10	5	8	8	8	7	9	6
n	(192)	(309)	(125)	(113)	(219)	(296)	(86)	(93)	(411)	(605)	(211)	(206)

*Chi-square significant p<.05

TABLE 6 (continued)

CURRENT ORGANIZATION'S CULTURE
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Interracial interethnic socializing monthly or more often												
Informal lunches	30	38	44	39	28	30	34	28	29	34	40	34*
Informal dinners	10	11	11	10	6	7	8	4	8	9	10	7
Socializing after work	11	13	20	15	8	7	10	9	9	10	16	12
Attending cultural events	6	8	11	3	5	5	6	3	5	7	9	3
Attending sporting events	6	7	11	3	1	3	5	1	3	5	8	2*
Participating in sports	5	7	11	3	†	2	3	2	3	4	8	3*
n	(193)	(303)	(122)	(116)	(220)	(300)	(87)	(96)	(413)	(603)	(209)	(212)
Views on racial/ethnic interactions												
Race relations within my organization are good	58	90	79	76*	40	82	75	59*	49	86	77	68*
Minority managers usually have to be more qualified than others to get ahead in my organization	58	5	31	33*	74	8	21	39*	67	6	27	35*
The quality of relationships between minority and white managers here could be improved	59	13	39	36*	64	14	30	43*	62	13	35	39*

*Chi-square significant p<.05
†Less than 0.5%

TABLE 6 (continued)

CURRENT ORGANIZATION'S CULTURE
BY RACE/ETHNICITY AND SEX
(PERCENT AGREE OR STRONGLY AGREE)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
The quality of relationships between minorities from different racial/ethnic groups could be improved here	58	23	40	40*	63	26	32	50*	61	24	37	45*
A greater effort should be made in my organization to increase the percentage of race/ethnic minorities in senior healthcare management	79	41	56	53*	83	41	60	59*	82	41	58	56*
n	(194)	(304)	(122)	(115)	(223)	(302)	(86)	(96)	(417)	(606)	(208)	(211)

*Chi-square significant p<.05

TABLE 7

SALARY AND BONUS—2007
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Less than $30,000	1	1	0	2*	†	0	1	0*	1	†	†	1*
$30,000-45,000	2	0	1	1	3	1	5	2	2	†	2	1
$45,001-60,000	6	2	4	8	11	4	2	9	9	3	3	8
$60,001-75,000	12	4	6	12	11	6	16	18	12	5	10	15
$75,001-90,000	11	5	12	15	17	7	14	11	14	6	13	13
$90,001-105,000	11	7	9	9	15@	11	17@	16@	13@	9	13	12@
$105,001-120,000	9@	10	9	10@	8	14	13	15	8	12	10@	12
$120,001-135,000	6	8	11@	8	5	13@	6	11	6	11	9	9
$135,001-150,000	8	6	11	5	7	7	9	4	7	7@	10	5
$150,001-165,000	4	5	5	6	5	6	3	2	4	6	4	4
$165001-180,000	4	7@	6	5	3	7	2	3	4	7	4	4
$180,001-200,000	5	7	3	4	4	4	1	2	4	6	2	3
$200,001-225,000	7	4	3	8	3	3	3	3	5	4	3	6
$225,001-250,000	3	5	6	1	3	4	0	0	3	4	4	†
$250,001-300,000	4	8	8	2	3	6	2	1	3	7	6	1
$300,001-350,000	2	7	2	3	0	1	2	0	1	4	2	1
$350,001-400,000	1	4	1	1	1	2	1	1	1	3	1	1
$400,001-450,000	1	3	0	0	1	1	2	0	1	2	1	0
$450,001-500,000	1	3	2	0	0	1	0	1	†	2	1	†
More than $500,000	5	4	2	2	†	1	0	0	2	2	1	1
Mean	157,386	206,791	158,878	134,160	120,680	151,787	122,301	109,747	137,741	179,377	143,907	123,073
n	(198)	(314)	(127)	(119)	(228)	(312)	(88)	(99)	(426)	(626)	(215)	(218)
Median[1]	117,500	168,200	132,300	111,300	97,700	126,700	101,200	98,900	104,500	141,800	118,000	104,200
n	(190)	(309)	(127)	(118)	(224)	(309)	(85)	(99)	(414)	(618)	(212)	(217)

*Chi-square significant p<.05 †Less than 0.5% @ Median bracket

[1] Footnote is denoted in Table 9

TABLE 8

MEAN SALARY AND BONUS—2007 BY POSITION, RACE/ETHNICITY AND SEX ($000's)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Chief Executive Officer	282	276	208	283	187	213	205	191	241	258	207	225
n	(29)	(104)	(35)	(6)	(22)	(41)	(11)	(10)	(51)	(145)	(46)	(16)
Chief Operating Officer/ Senior Vice President	186	244	183	169 [ae]	192	207	161	118 [e]	188	227	171	151 [ade]
n	(48)	(69)	(18)	(20)	(22)	(58)	(22)	(11)	(70)	(127)	(40)	(31)
Vice President	172	172	183	178	159	148	129	144	165	159	168	163
n	(38)	(70)	(26)	(22)	(38)	(80)	(10)	(18)	(76)	(150)	(36)	(40)
Department Head	96	103	103	106	97	107	94	97	96	106	99	102
n	(54)	(46)	(29)	(36)	(89)	(80)	(24)	(25)	(143)	(126)	(53)	(61)
Manager/Supervisor Program Director	66	102	102	95 [abc]	77	115	71	87	73	111	86	90 [ad]
n	(13)	(7)	(7)	(7)	(19)	(15)	(8)	(10[ad])	(32)	(22)	(15)	(17)

Footnotes are denoted in Table 8 on the following page

TABLE 8 (continued)

MEAN SALARY AND BONUS—2007 BY POSITION,
RACE/ETHNICITY AND SEX
($000's)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Department Staff	94	88	94	70	76	88	58	67	80	88	76	69
n	(9)	(11)	(9)	(21)	(32)	(24)	(9)	(18)	(41)	(35)	(18)	(39)
Consultant	93	130	123	150	83	165	79	85	90	153	89	115
n	(7)	(7)	(1)	(5)	(3)	(14)	(4)	(6)	(10)	(21)	(5)	(11)
Other	--	--	98	143	133	---	--	---	133	---	98	143
n			(2)	(1)	(3)				(3)		(2)	(1)

[a] t-test significant p<.05 between Blacks and Whites
[b] t-test significant p<.05 between Blacks and Hispanics
[c] t-test significant p<.05 between Blacks and Asians
[d] t-test significant p<.05 between Whites and Hispanics
[e] t-test significant p<.05 between Whites and Asians
[f] t-test significant p<.05 between Hispanics and Asians

TABLE 9

MEDIAN AND PREDICTED MEDIAN TOTAL COMPENSATION 2007 CONTROLLING FOR EDUCATION AND YEARS OF EXPERIENCE

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Median ($)[1]	117,500	168,200	132,300	111,300	97,700	126,700	101,200	98,900	104,500	141,800	118,000	104,200
n	(190)	(309)	(127)	(118)	(224)	(309)	(85)	(99)	(414)	(618)	(212)	(217)
Median controlling for education and experience[2]	142,400	168,200	144,700	131,700	126,000	126,700	114,000	112,600	129,200	141,800	134,700	124,200

[1]Respondents did not state their exact income, but assigned themselves into income brackets. This 'interpolated median' estimates the median (50th percentile) from the percentiles of the brackets on either side of the median. For example, if the $60-75,000 bracket were at the 40th percentile, and the $75-90,000 bracket were at the 60th percentile, the 50th percentile would be estimated as midway between $75,000 and $90,000, and the 'interpolated median' would be $82,500.

[2]To standardize the results for the other groups onto the education/experience distribution of whites, cases from the other groups were reweighted to force the education/experience distribution for the gender/ethnicity group to be equal to that of the distribution for the white female or male respondents. To do this, crosstables of education by experience were computed for men and women of each racial/ethnic group. Then, cases in each of the six minority gender/ethnic combinations were reweighted so that their education/experience cell frequencies matched the cell frequencies of white men or women respectively. Where there was a higher proportion of whites in the education/experience cell, the case weights were greater than 1; where the proportion of whites was lower, the case weights were less than 1. When cases in either the white or minority groups had no counterparts in the corresponding cell for the other group (a cell frequency of zero), they were combined with cases in nearest-neighbor cells as necessary to allow weights to be computed. Interpolated medians were then computed for the weighted cases.

TABLE 10

JOB SATISFACTION BY RACE/ETHNICITY AND SEX
(PERCENT SATISFIED OR VERY SATISFIED)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
The amount of job security I have	78	82	83	78	69	82	75	89*	73	82	80	83*
The amount of pay and fringe benefits I receive for what I contribute to this organization	58	79	69	57*	57	73	58	61*	57	76	65	59*
The sanctions and treatment I receive when I make a mistake	66	80	72	62*	66	78	67	68*	66	79	70	65*
The degree of respect and fair treatment I receive from those who supervise me	79	83	79	79	67	82	76	77*	73	82	78	78*
The degree of respect and fair treatment I receive from the employees I supervise	91	96	95	85*	79	93	88	81*	84	94	92	83*
The amount of independent thought and action I can exercise in my job	80	86	81	81	75	87	85	85*	78	87	83	83*
Overall, how satisfied are you in your present position	82	87	84	78	75	88	85	82*	78	87	84	80*
n	(205)	(320)	(130)	(118)	(229)	(319)	(89)	(99)	(434)	(639)	(219)	(217)

*Chi-square significant p<.05

TABLE 11

JOB IDENTIFICATION WITH EMPLOYING ORGANIZATION
BY RACE/ETHNICITY AND SEX
(PERCENT AGREE OR STRONGLY AGREE)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
When someone criticizes my organization it feels like a personal insult	67	78	71	66*	57	75	66	67*	62	77	69	66*
I am very interested in what others think about my organization	96	97	96	96	94	97	96	95	95	97	96	95
When I talk about my organization, I usually say "we" rather than "they"	95	97	98	94	90	98	99	96*	92	97	98	95*
This organization's successes are my successes	90	93	95	86	84	95	94	86*	87	94	95	86*
When someone praises my organization, it feels like a personal compliment	84	92	87	86*	76	89	89	87	80	90	88	87*
I act like a typical member of my organization to a great extent	59	74	71	62*	58	69	69	70*	58	71	70	66*
n	(204)	(319)	(130)	(117)	(229)	(318)	(89)	(100)	(433)	(637)	(219)	(217)

*Chi-square significant p<.05

TABLE 12

UNDERGRADUATE EDUCATION
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Percent completing college	100	99	100	100	100	100	100	100	100	100	100	100
n	(204)	(320)	(130)	(119)	(230)	(319)	(89)	(100)	(434)	(639)	(219)	(219)
Field of undergraduate degree												
Health Administration	20	10	11	9*	16	11	14	10	18	11	12	9*
Biological Sciences	27	22	25	39*	22	18	28	46*	24	20	26	42*
Physical Sciences	5	8	7	15*	3	3	5	7	4	5	6	12*
Social Sciences	17	23	14	18	21	13	16	11*	19	18	15	15
Humanities/Fine Arts	5	7	6	7	3	7	6	9	4	7	6	8
General Business	27	29	36	20*	19	14	17	12	22	22	28	16*
Nursing	2	3	5	3	19	37	17	12*	11	20	10	7*
Social Work	1	1	0	1	2	1	0	1	2	1	0	1
Other	2	1	2	5	3	1	1	2	3	1	2	4
n	(203)	(316)	(129)	(117)	(227)	(318)	(87)	(100)	(430)	(634)	(216)	(217)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 12 (continued)

UNDERGRADUATE EDUCATION
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Year of graduation												
Prior to 1962	1	1	0	0*	1	†	0	0*	1	†	0	0*
1962-1971	6	17	6	9	4	6	6	2	5	12	6	6
1972-1981	23	37	26	17	24	39	16	21	23	38	22	19
1982-1991	30	29	24	22	26	31	25	22	28	30	25	22
1992-2001	32	13	33	35	34	17	36	39	33	15	34	37
2002-2008	8	4	12	16	11	6	17	15	10	5	14	15
n	(201)	(313)	(129)	(116)	(225)	(317)	(87)	(98)	(426)	(630)	(216)	(214)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 13

GRADUATE EDUCATION
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Percent completing graduate Degree	93	90	94	96	93	89	94	97*	93	90	94	96*
n	(204)	(320)	(130)	(119)	(230)	(319)	(89)	(100)	(434)	(639)	(219)	(219)
Field of graduate degree												
Health Administration	60	55	61	61	55	46	61	68*	57	51	61	64*
Business Administration	23	29	24	27	22	28	23	9	22	28	24	19
Public Health (not health administration)	5	2	1	1	6	5	6	4	6	4	3	2
Public Administration/ Policy	3	3	5	2	5	4	6	2	4	3	6	2
Other	8	11	9	9	13	17	4	17	11	14	7	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(181)	(282)	(115)	(111)	(200)	(278)	(79)	(94)	(381)	(560)	(194)	(205)
Year of graduation												
1971 or before	0	4	1	0*	1	0	1	0*	†	2	1	0*
1972-1981	16	26	17	14	13	13	6	10	15	19	13	12
1982-1991	18	31	20	18	17	35	13	11	18	33	17	15
1992-2001	36	28	35	31	37	31	33	40	36	30	34	35
2002-2006	27	9	19	26	29	19	39	36	28	14	27	31
2007-2008	3	2	9	12	4	2	8	3	3	2	8	8
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(179)	(281)	(113)	(111)	(196)	(274)	(79)	(92)	(375)	(555)	(192)	(203)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 14

EARLY SOCIALIZATION EXPERIENCES IN HEALTHCARE MANAGEMENT
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Percent with:												
Internship	40	29	22	42*	43	25	31	59*	41	27	26	50*
Residency	30	29	27	22	23	13	23	35*	26	21	25	28
Fellowship	20	9	9	19*	22	9	8	28*	21	9	9	23*
n	(187)	(286)	(117)	(113)	(210)	(280)	(83)	(94)	(397)	(566)	(200)	(207)
Percent subsequently hired by:												
Organization of residency	63	57	47	§	48	64	§	53	56	59	57	57
n	(54)	(82)	(32)	(24)	(44)	(36)	(17)	(32)	(98)	(118)	(49)	(56)
Organization of fellowship	73	92	§	§*	75	§	§	60	74	78	§	64
n	(37)	(26)	(12)	(20)	(48)	(24)	(7)	(25)	(85)	(50)	(19)	(45)

*Chi-square significant p<.05

§Too few observations for statistical reliability

TABLE 14 (continued)

EARLY SOCIALIZATION EXPERIENCES IN HEALTHCARE MANAGEMENT
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Percent with any mentors:	78	81	71	64*	74	77	71	72	76	79	71	68*
Race/ethnicity and sex of those with mentors:												
Black female (non-Hispanic)	43	6	8	11*	60	6	11	16*	52	6	9	13*
Black male (non-Hispanic)	62	16	14	11*	42	9	5	12*	52	12	10	11*
White female (non-Hispanic)	38	46	35	51	52	73	64	66*	45	59	46	58*
White male (non-Hispanic)	76	90	74	81*	54	76	57	71*	65	83	67	76*
Hispanic/Latina female	4	2	10	1*	6	4	15	3*	5	3	12	2*
Hispanic/Latino male	5	4	36	4*	5	3	16	6*	5	3	28	5*
Asian female	3	2	0	8*	1	2	2	13*	2	2	1	10*
Asian male	3	2	8	16*	1	2	3	10*	2	2	6	13*
American Indian/Aleut female	1	0	0	1	1	0	0	0	1	0	0	1
American Indian/Aleut male	1	†	0	1	1	†	0	0	1	†	0	0
Mixed (more than one race/ethnicity) female	3	2	4	5	2	1	7	7*	3	1	5	6*
Mixed (more than one race/ethnicity) male	5	2	9	9*	2	3	5	1	4	2	7	6*
n	(159)	(254)	(92)	(75)	(170)	(243)	(61)	(68)	(329)	(497)	(153)	(143)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 15

CAREER ORIGINS
BY RACE/ETHNICITY AND SEX
(PERCENT)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
First Position												
Chief Executive Officer	3	3	6	1*	3	1	5	1*	3	2	6	1*
Chief Operating Officer/ Senior Vice President	5	6	5	2	†	1	6	2	3	4	5	2
Vice President	11	14	8	9	4	6	5	3	7	10	7	6
Department Head	35	44	44	31	42	50	40	37	39	47	42	34
Manager/Supervisor Program Director	14	6	14	17	16	14	17	19	15	10	15	18
Department Staff	25	23	19	38	28	24	26	32	27	24	22	35
Consultant	3	3	2	2	3	3	2	5	3	3	2	3
Other	2	†	2	1	4	2	0	1	3	1	1	1
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(202)	(320)	(130)	(119)	(231)	(318)	(88)	(100)	(433)	(638)	(218)	(219)
First Area of Responsibility												
General management	46	33	38	36*	29	23	39	22*	37	28	38	30*
Single business discipline (finance, human resources)	18	24	18	20	18	23	12	34	18	24	16	27
Clinical/clinical support	18	23	22	24	27	45	28	24	23	34	25	24
Ancillary/non-clinical support	8	15	14	14	15	5	15	14	12	10	14	14
Sector management (ambulatory, association)	8	2	5	5	9	3	6	6	9	3	5	6
Other	†	2	3	1	2	1	0	0	1	1	2	†
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(202)	(321)	(130)	(118)	(231)	(316)	(89)	(100)	(433)	(637)	(219)	(218)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 15 (continued)

CAREER ORIGINS
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
First employing organization												
System hospital/ headquarters	40	26	30	38*	45	30	40	49*	43	28	34	43*
Freestanding hospital	29	52	37	31	27	48	35	28	28	50	36	29
Other direct provider	9	7	15	15	12	8	15	10	11	8	15	13
Public health agency/military (non-hospital)	14	8	14	6	7	5	1	4	10	6	9	5
Non-provider (e.g., consulting, education)	6	7	3	10	9	8	9	9	8	7	5	10
Other	1	1	2	0	†	1	0	0	1	1	1	0
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(204)	(321)	(130)	(118)	(231)	(318)	(89)	(100)	(435)	(639)	(218)	(218)
Size of hospital												
Median number of beds	354	305	299	350	400	313	310	375	384	305	300	352
n	(127)	(238)	(79)	(76)	(149)	(233)	(58)	(64)	(276)	(471)	(137)	(140)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 15 (continued)

CAREER ORIGINS
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Ownership of organization												
Not for profit (Church-related)	16	15	20	19*	15	19	16	13	15	17	18	16*
Not for profit (Secular)	37	47	25	39	47	46	36	39	42	47	30	39
Investor-owned	6	6	3	4	6	5	8	6	6	5	5	5
For-profit (other)	11	8	15	14	14	14	18	16	13	11	16	15
Military	15	12	15	8	5	4	2	7	10	8	10	8
Other government	14	12	21	14	13	12	19	19	14	12	20	16
Self-employed	0	1	1	0	†	1	1	0	†	1	1	0
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(202)	(320)	(130)	(119)	(231)	(318)	(89)	(100)	(433)	(638)	(219)	(219)
Picked first firm expecting to build career in that organization (percentages)	81	78	78	68	72	69	76	77	76	74	78	72

*Chi-square significant p<.05
†Less than 0.5%

TABLE 16

CAREER EXPERIENCE OVERVIEW
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Median years of experience												
in any healthcare position	17	25	22	13	17	27	19	12	17	26	21	13
in healthcare management	14	23	16	9	12	21	13	8	13	22	15	9
n	(201)	(320)	(130)	(119)	(231)	(319)	(89)	(100)	(432)	(639)	(219)	(219)
Migration from first position												
Currently in first healthcare management position	12	4	8	19*	16	7	7	16*	14	5	8	18*
Currently in same organization but in a different position	15	22	19	25	28	32	35	41	22	27	26	32
Currently in a different organization	73	75	72	55	56	61	58	43	64	68	67	50
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(204)	(320)	(130)	(119)	(230)	(318)	(89)	(100)	(434)	(638)	(219)	(219)
Have served or currently serve as a mentor for someone in healthcare management	71	63	66	44*	68	66	58	53*	69	64	63	48*
n	(202)	(320)	(130)	(117)	(230)	(319)	(88)	(100)	(432)	(639)	(218)	(217)

*Chi-square significant p<.05

TABLE 17

CAREER HISTORY
BY RACE/ETHNICITY AND SEX
(PERCENT AFFIRMING)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Took less desirable position:												
Family demands (e.g. spouses' career, childcare)	30	28	26	29	28	32	24	31	29	30	25	30
Financial needs	30	14	28	19*	25	18	21	19	27	16	25	19*
Lack of opportunity	40	19	35	33*	43	21	29	30*	42	20	32	32*
Lack of education	4	2	6	5	4	4	5	2	4	3	6	4
Career interrupted due to:												
Family demands (e.g. spouses' career, childcare)	5	3	2	4	13	16	15	10	9	10	8	7
Financial needs	8	3	4	5*	10	5	4	3*	9	4	4	4*
Lack of opportunity	13	5	11	6*	14	7	4	6*	13	6	8	6*
Lack of education	1	†	3	2*	2	1	0	1	1	1	2	1
n	(192)	(318)	(127)	(116)	(220)	(306)	(81)	(98)	(412)	(624)	(208)	(214)
Five year review												
Failed to be hired because of your race/ethnicity	34	2	23	27*	32	2	12	19*	33	2	19	23*
Failed to be promoted because of your race/ethnicity	34	3	21	27*	42	5	21	28*	38	4	21	28*
Failed to receive fair compensation because of your race/ethnicity	35	1	19	20*	48	6	21	26*	42	3	20	23*

*Chi-square significant p<.05
†Less than 0.5%

TABLE 17 (continued)

CAREER HISTORY
BY RACE/ETHNICITY AND SEX
(PERCENT AFFIRMING)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Were evaluated with standards that you believe were inappropriate	25	6	12	14*	36	9	11	26*	31	8	12	19*
Were discriminated against in career advancement because you have an accent or speak in a dialect	7	1	6	18*	7	1	9	16*	7	1	7	17*
Received preferential treatment in hiring because of your race/ethnicity	12	†	9	11*	11	1	6	15*	12	1	8	13*
n	(202)	(319)	(130)	(118)	(227)	(318)	(89)	(99)	(429)	(637)	(219)	(217)
Evaluating features of the career												
I feel my education adequately prepared me for the challenges that faced in my first management position	88	82	85	80	83	75	81	82	85	79	83	81*
In my career, I have been negatively affected by racial/ethnic discrimination	51	10	28	32*	54	10	27	30*	52	10	27	31*

*Chi-square significant p<.05
†Less than 0.5%

TABLE 17 (continued)

CAREER HISTORY
BY RACE/ETHNICITY AND SEX
(PERCENT AFFIRMING)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
I am satisfied with the progress I have made toward meeting my overall career goals	70	87	80	74*	67	86	76	77*	68	87	78	75*
Overall I am able to maintain balance between my work and my personal life	72	72	69	67	68	62	75	61	70	67	72	64
n	(201)	(321)	(130)	(118)	(230)	(318)	(88)	(100)	(431)	(639)	(218)	(218)
Witnessed a fellow worker's healthcare management career affected by racial/ ethnic discrimination	59	13	37	37*	69	19	34	42*	64	16	36	39*
n	(202)	(319)	(129)	(118)	(223)	(319)	(89)	(100)	(425)	(638)	(218)	(218)

*Chi-square significant p<.05

TABLE 18

FIRST AND CURRENT POSITION WITHIN CURRENT FIRM
BY RACE/ETHNICITY AND SEX

	FIRST											
	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Chief Executive Officer	10	25	24	4*	7	9	10	4*	8	17	18	4*
Chief Operating Officer/ Senior Vice President	17	18	9	10	5	11	15	2	10	15	11	7
Vice President	21	18	13	18	10	14	13	8	15	16	13	13
Department Head	32	26	36	28	44	42	25	36	38	34	31	32
Manager/Supervisor Program Director	6	3	5	8	10	6	13	18	8	4	9	13
Department Staff	11	7	9	28	20	15	19	27	16	11	13	27
Consultant	4	3	2	3	1	4	4	5	3	3	3	4
Other	0	†	2	1	3	0	0	0	2	†	1	†
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(204)	(320)	(129)	(118)	(229)	(317)	(89)	(97)	(433)	(637)	(218)	(215)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 18 (continued)

FIRST AND CURRENT POSITION WITHIN CURRENT FIRM
BY RACE/ETHNICITY AND SEX

	CURRENT								ALL			
	Males				Females							
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Chief Executive Officer	16	34	28	5*	10	13	12	10*	13	24	22	7*
Chief Operating Officer/ Senior Vice President	23	22	15	17	10	18	25	11	16	20	19	14
Vice President	20	22	20	19	16	26	12	18	18	24	17	18
Department Head	27	14	22	31	39	25	27	25	33	20	24	28
Manager/Supervisor Program Director	6	2	5	6	8	5	9	10	7	4	7	8
Department Staff	4	3	7	18	14	8	10	18	9	6	8	18
Consultant	3	2	1	4	1	4	4	7	2	3	2	6
Other	0	0	2	1	2	0	0	0	1	0	1	†
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(205)	(321)	(130)	(118)	(231)	(320)	(89)	(99)	(436)	(641)	(219)	(217)
Years of experience in current firm												
Mean	6.3	9.7	6.7	5.3	7.7	10.4	7.3	7.1	7.1	10.0	6.9	6.1
Median	3.3	7.0	3.5	3.0	5.0	7.7	2.9	3.2	4.4	7.5	3.5	3.0
n	(200)	(319)	(128)	(117)	(225)	(314)	(87)	(96)	(425)	(633)	(215)	(213)
Years in current position												
Mean	3.7	5.7	3.7	2.7	4.0	4.8	3.4	2.9	3.9	5.3	3.6	2.8
Median	2.0	3.2	1.9	1.8	2.3	2.7	1.7	1.5	2.1	3.0	1.8	1.7
n	(199)	(315)	(127)	(115)	(224)	(310)	(84)	(94)	(423)	(625)	(211)	(209)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 19

PROMOTION IN CURRENT FIRM
BY RACE/ETHNICITY AND SEX
(PERCENT)

First Position	Current Position	Male				Female				All			
		Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
CEO	CEO	§	96	87	§	§	96	§	§	97	96	85	§
	Chief Operating Officer/ Senior Vice President		3	10			4			0	3	8	
	Vice President		1	3			0			0	1	3	
	Department Head		0	0			0			0	0	3	
	Manager/Supervisor Program Director		0	0			0			0	0	3	
	Department Staff		0	0			0			3	0	0	
	Consultant		0	0			0			0	0	0	
	Other		0	0			0			0	0	0	
			100%	100%			100%			100%	100%	100%	
	n		(80)	(31)			(27)			(36)	(107)	(40)	
COO/Senior VP	CEO	15	17	§	§	§	6	§	§	13	13	§	§
	Chief Operating Officer/ Senior Vice President	82	81				86			84	83		
	Vice President	3	2				0			2	1		
	Department Head	0	0				3			0	1		
	Manager/Supervisor Program Director	0	0				0			0	0		
	Department Staff	0	0				0			0	0		
	Consultant	0	0				6			0	2		
	Other	0	0				0			0	0		
		100%	100%				100%			100%	100%		
	n	(34)	(58)				(35)			(45)	(93)		

§Too few observations for statistical reliability

TABLE 19 (continued)

PROMOTION IN CURRENT FIRM
BY RACE/ETHNICITY AND SEX
(PERCENT)

		Male				Female				All			
		Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
First Position	Current Position												
VP/Asst. Administrator	CEO	7	12	§	§	§	9	§	§	6	11	0	3
	Chief Operating Officer/ Senior Vice President	14	12				16			15	13	17	14
	Vice President	76	76				76			77	76	83	72
	Department Head	2	0				0			2	0	0	3
	Manager/Supervisor Program Director	0	0				0			0	0	0	3
	Department Staff	0	0				0			0	0	0	0
	Consultant	0	0				0			0	0	0	3
	Other	0	0				0			0	0	0	0
		100%	100%				100%			100%	100%	100%	100%
	n	(42)	(59)				(45)			(66)	(104)	(29)	(29)
Department Head/ Manager/Staff	CEO	3	11	11	0	3	5	6	8	3	7	9	4
	Chief Operating Officer/ Senior Vice President	13	12	6	7	4	11	14	9	7	11	9	8
	Vice President	8	19	15	8	11	23	4	16	10	22	10	12
	Department Head	54	40	45	47	52	39	45	31	53	39	45	39
	Manager/Supervisor Program Director	13	6	11	9	11	8	14	12	12	7	12	10
	Department Staff	9	10	11	28	17	14	18	23	14	12	14	25
	Consultant	0	1	0	1	1	1	0	1	§	1	0	1
	Other	0	0	2	0	0	0	0	0	0	0	1	0
		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	n	(100)	(114)	(65)	(76)	(168)	(198)	(51)	(77)	(268)	(312)	(116)	(153)

§Too few observations for statistical reliability

TABLE 20

CAREER ASPIRATIONS
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Plan to leave current organization in coming year												
Definitely will leave	7	5	5	5*	9	5	6	8*	8	5	5	7*
Good chance will leave	15	9	13	18	15	6	11	12	15	8	12	15
Situation is uncertain	25	15	14	26	19	20	14	17	22	18	14	22
Chances are slight	25	32	32	26	33	32	29	30	29	32	31	28
Definitely will not leave	28	38	37	25	25	37	40	33	26	38	38	29
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(198)	(314)	(126)	(116)	(226)	(313)	(87)	(98)	(424)	(627)	(213)	(214)
Plan to leave type of organization in coming five years												
Remain in current type of organization	62	68	69	53*	55	70	77	61*	59	69	72	57*
No preference	16	13	12	25	15	12	8	18	16	13	10	22
Change type of organization	22	19	19	22	29	18	15	20	26	18	17	21
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(199)	(320)	(130)	(116)	(226)	(315)	(88)	(98)	(425)	(635)	(218)	(214)

*Chi-square significant p<.05

TABLE 20 (continued)

CAREER ASPIRATIONS
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Anticipated setting in five years:												
Hospital/system	67	66	65	69	63	71	69	71*	65	68	67	70*
Other direct provider	13	9	12	12	9	7	16	8	11	8	14	10
Consulting	10	7	8	8	13	5	5	9	12	6	6	9
Other (public health agency, association, supplier not healthcare	10	14	15	10	14	14	10	10	12	14	13	10
Retirement	1	4	1	1	1	3	0	1	1	3	0	1
Other												
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
n	(198)	(317)	(130)	(118)	(226)	(316)	(88)	(98)	(424)	(633)	(218)	(216)
Career aspirations to be a CEO												
in 5 years	28	37	28	15*	14	14	19	14	20	26	25	14*
in 10 years	46	40	36	30*	21	15	26	19*	33	28	32	25*
in 15 years	50	41	46	47*	27	16	35	32*	38	29	42	40*
n	(203)	(321)	(130)	(117)	(227)	(311)	(89)	(99)	(430)	(632)	(219)	(216)

*Chi-square significant p<.05

TABLE 21

INVOLVEMENT IN PROFESSIONAL ORGANIZATIONS
BY RACE/ETHNICITY AND SEX
(PERCENT AFFIRMING)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Member of American College of Healthcare Executives	89	97	100	98*	83	97	99	98*	85	97	100	98*
Attended event since 1/05	68	73	68	65	55	66	64	70*	61	70	67	67*
Member of American Organization of Nurse Executives	1	2	4	3	4	23	8	8*	3	12	5	6*
Attended event since 1/05	0	2	3	3	5	16	4	3*	3	9	4	3*
American College of Physician Executives	4	2	2	5	0	1	1	1	2	1	2	3
Attended event since 1/05	4	2	2	3	0	0	2	1*	2	1	2	2
Healthcare Financial Management Association	10	11	16	13	7	10	10	13	8	11	14	13
Attended event since 1/05	10	14	15	8	7	9	11	12	9	12	14	10
Healthcare Information and Management Systems Society	2	5	5	8	†	3	7	0*	1	4	5	5*
Attended event since 1/05	3	4	6	7	1	3	3	2	2	4	5	5
n	(203)	(321)	(130)	(118)	(229)	(319)	(89)	(100)	(432)	(640)	(219)	(219)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 21 (continued)

INVOLVEMENT IN PROFESSIONAL ORGANIZATIONS
BY RACE/ETHNICITY AND SEX

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Medical Group Management Association	10	7	15	10	6	7	10	2	8	7	13	6*
Attended event since 1/05	5	6	8	8	5	6	6	5	5	6	7	7
n												
Asian Healthcare Leaders Association	0	†	0	6*	0	0	0	6*	0	†	0	6*
Attended event since 1/05	†	†	0	4*	0	0	0	5*	†	†	0	5*
n												
Institute for Diversity in Health Management	11	2	6	6*	14	1	3	8*	13	1	5	7*
Attended event since 1/05	18	2	6	6*	14	2	7	8*	16	2	6	7*
n												
National Association of Health Services Executives	53	1	2	0*	51	1	1	1*	52	1	1	†
Attended event since 1/05	42	1	2	0*	40	1	2	1*	41	1	2	†
n												
National Forum of Latino Healthcare Executives	†	0	11	0*	1	†	7	0*	1	†	9	0*
Attended event since 1/05	1	†	10	2*	1	†	8	0*	1	†	9	1*
n	(203)	(321)	(130)	(118)	(229)	(319)	(89)	(100)	(432)	(640)	(219)	(219)

*Chi-square significant p<.05
†Less than 0.5%

TABLE 22

RESPONDENTS' WRITTEN BEST PRACTICES PROMOTING DIVERSITY IN HEALTHCARE MANAGEMENT

EDUCATION	MANAGEMENT STRUCTURES	MANAGEMENT PROCESSES	GOVERNMENT SOLUTIONS	FINANCIAL ASSISTANCE
Training, leadership academy	Community advisory group	Strategic organizational goal (diversity scorecard)	Laws and regulations that monitor equal employment opportunities	Loan repayment programs
Fellowships, internships, residencies (try before you buy)	Project teams	Shadowing staff		Providing financial opportunities to obtain education
Web site	Mentoring, buddy system	Translators and translation, language classes		
More attention by professional societies, search firms, boards, media	Peer review teams (Studer group)	Support from CEO		
Student competition	Chief Diversity Officer reporting to CEO	Diversity awards		
Guest speakers	Supplier diversity program	Peer interviewing		
Broaden diversity's definition to include age, gender, disability status, gay, lesbian, bisexual and transgendered persons	Participation in quality and process improvement focus group and implementation team	Hiring immigrants		

TABLE 22 (continued)

RESPONDENTS' WRITTEN BEST PRACTICES PROMOTING DIVERSITY IN HEALTHCARE MANAGEMENT

EDUCATION (con't)	**MANAGEMENT STRUCTURES (con't)**	**MANAGEMENT PROCESSES (con't)**	**GOVERNMENT SOLUTIONS (con't)**	**FINANCIAL ASSISTANCE (con't)**
Diversity newsletter, workplace affinity groups	Establishing a diversity department that conducts SWOT analyses regarding diversity opportunities in the organization	Minorities required for short list of senior management positions	Laws and regulations that monitor equal employment opportunities	
New cuisine, theme days in cafeteria	Offer career counseling/planning for lead level staff	Performance based interviewing		
Expanding entry to academic programs based on more than grade point average		Encouraging multiracial socializing		
Relationships with historically minority colleges		Encouraging internal promotions		
Showcasing successful leaders				

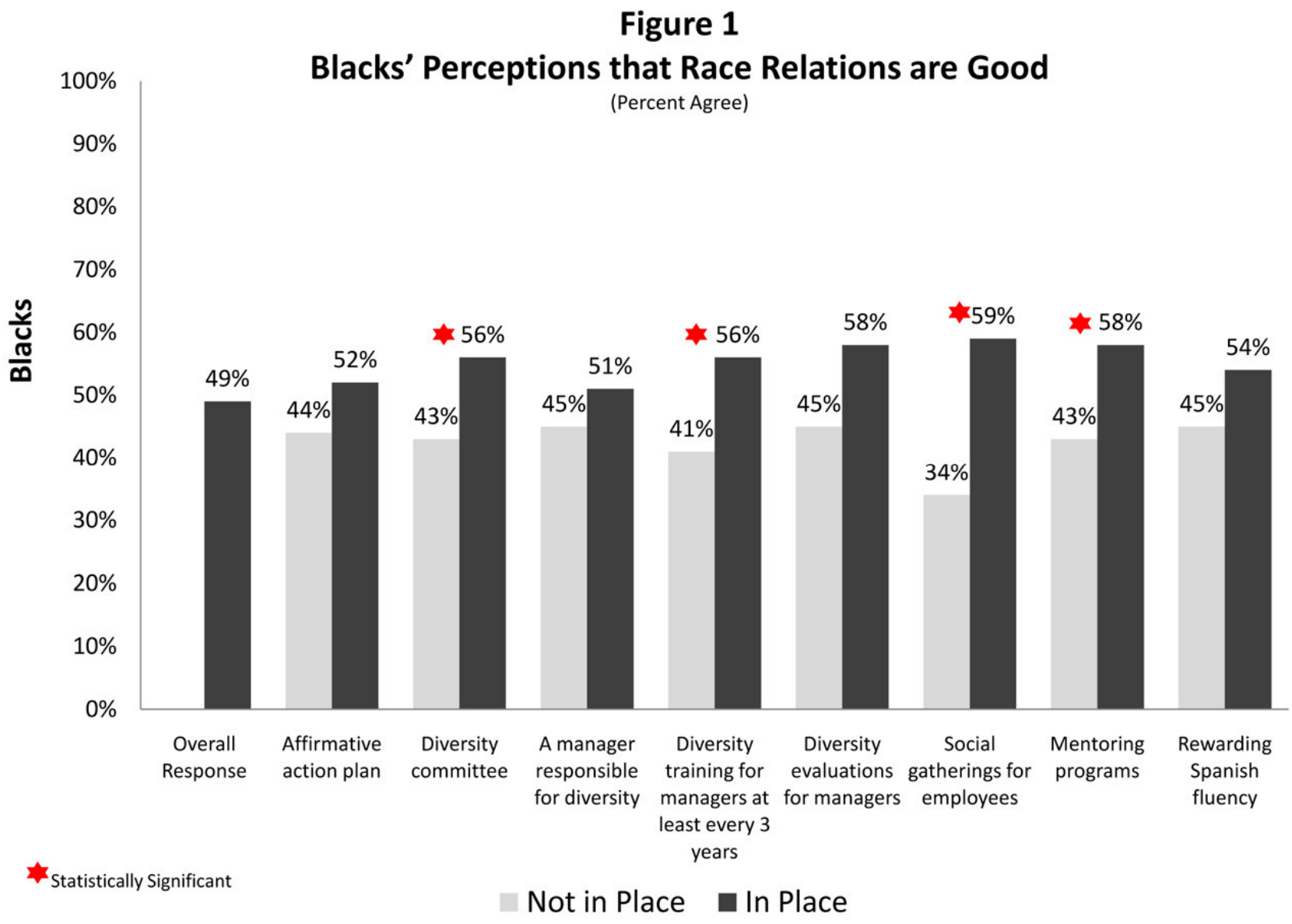
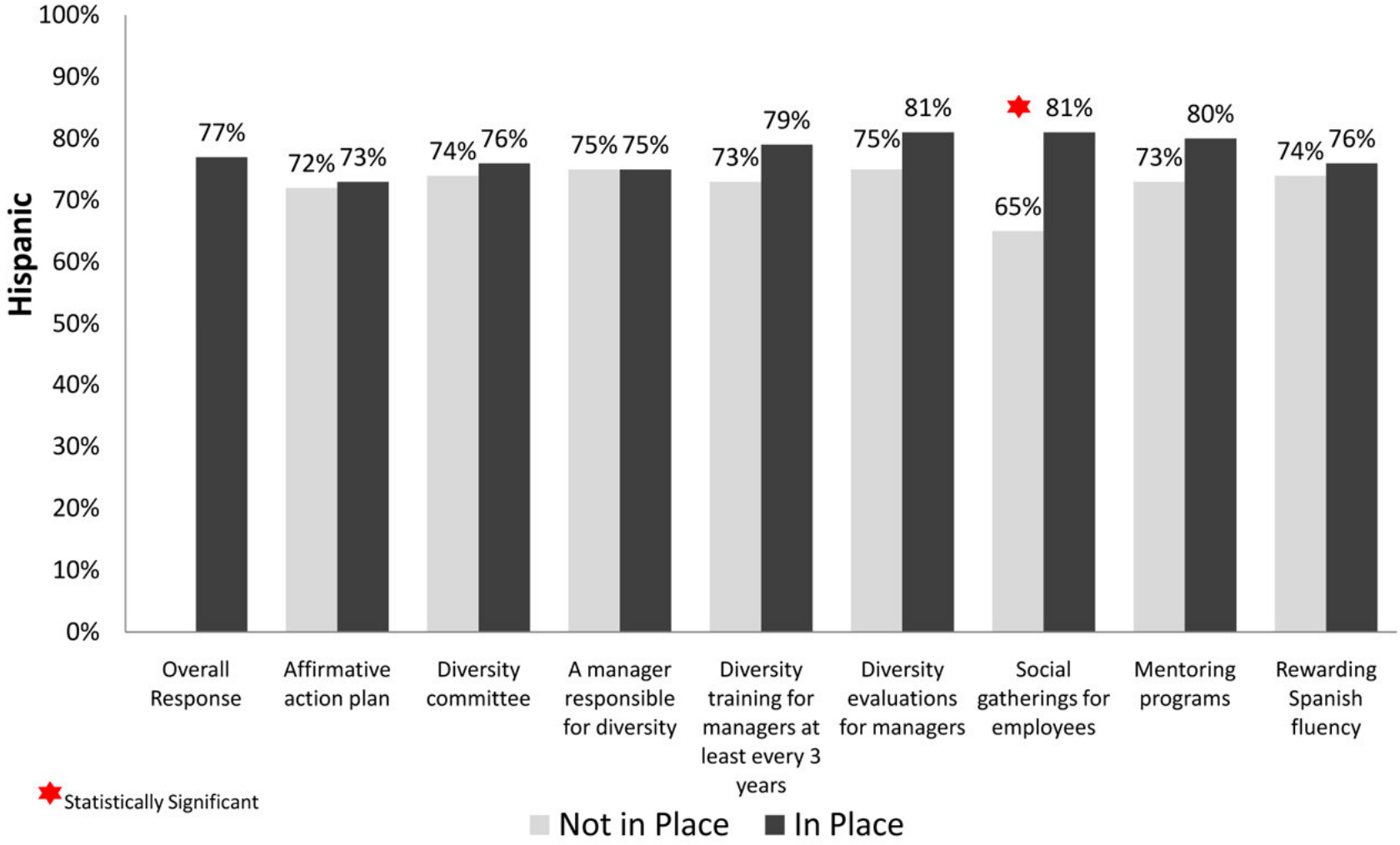


Figure 1
Blacks' Perceptions that Race Relations are Good
(Percent Agree)
Blacks
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
49%
44%
52%
43%
56%
45%
51%
41%
56%
45%
58%
34%
59%
43%
58%
45%
54%
Overall Response
Affirmative action plan
Diversity committee
A manager responsible for diversity
Diversity training for managers at least every 3 years
Diversity evaluations for managers
Social gatherings for employees
Mentoring programs
Rewarding Spanish fluency
Statistically Significant
Not in Place
In Place

Figure 2
Hispanics' Perceptions that Race Relations are Good
(Percent Agree)



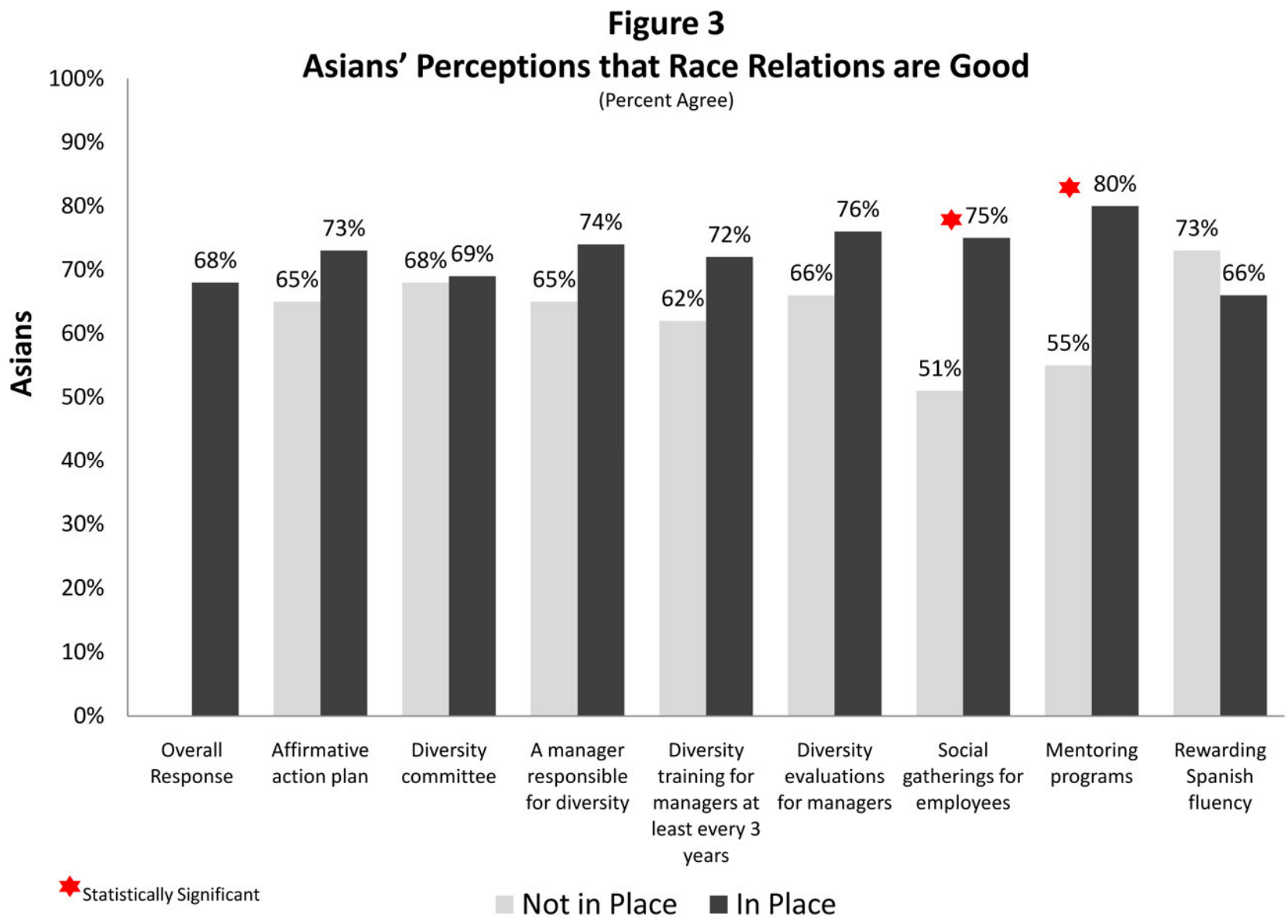


Figure 3
Asians' Perceptions that Race Relations are Good
(Percent Agree)
Asians
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
68%
65%
73%
68%
69%
65%
74%
62%
72%
66%
76%
51%
75%
55%
80%
73%
66%
Overall Response
Affirmative action plan
Diversity committee
A manager responsible for diversity
Diversity training for managers at least every 3 years
Diversity evaluations for managers
Social gatherings for employees
Mentoring programs
Rewarding Spanish fluency
Statistically Significant
Not in Place
In Place

APPENDIX 1

NON-RESPONSE ANALYSIS—BY RACE—MALES
(PERCENT)

	Black		White		Hispanic		Asian	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
Age								
<35	16+	19	7	10	12	16	34	27
35-44	35	33	19	21	25	36	21	30
45-54	31	26	38	35	44	32	27	29
55+	19	22	36	34	19	16	19	14
	100%	100%	100%	100%	100%	100%	100%	100%
n	(173)	(216)	(308)	(450)	(131)	(190)	(112)	(175)
Highest Degree								
Bachelors	9	11	11	11	11	14	6	4
Masters	77	83	83	81	81	76	82	82
Doctorate	13	6	7	8	8	10	12	13
	100%	100%	100%	100%	100%	100%	100%	100%
n	(173)	(222)	(316)	(467)	(132)	(198)	(125)	(187)
Field of Highest Degree								
Healthcare Management	63	55	55	51	55	54	53	58
Public Health/Public Administration	4	3	2	3	3	3	2	1
Business	18	28	25	30	24	23	22	21
Clinical/Allied Health	9	5	6	7	12	11	13	13
Other	7	9	12	10	5	10	11	8
	100%	100%	100%	100%	100%	100%	100%	100%
n	(169)	(216)	(309)	(456)	(130)	(190)	(120)	(184)

+ Percentages may not total to 100 due to rounding error.

NON-RESPONSE ANALYSIS—BY RACE—MALES (PERCENT)

	Black		White		Hispanic		Asian	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
Position Level								
CEO	15	17	31	29	23	20	8	17
COO	11	6	11	8	10	8	6	5
Vice President	25	19	25	23	16	22	24	14
Department Head/Staff	39	47	22	27	40	37	41	43
Other	9	11	11	12	11	12	20	20
Unknown	1	0	0	1	0	0	2	1
	100%	100%	100%	100%	100%	100%	100%	100%
n	(179)	(233)	(323)	(478)	(141)	(206)	(128)	(189)
Employing Organization								
Freestanding Hospital	21	15*	34	28	28	28	16	25*
System Hospital	47	40	37	41	35	38	47	37
Other direct provider	11	15	9	5	15	11	15	6
Managed Care/HMO	3	2	2	4	2	1	6	2
Other	17	26	17	21	18	21	16	30
Unknown	0	1	0	1	1	0	1	0
	100%	100%	100%	100%	100%	100%	100%	100%
n	(179)	(233)	(323)	(478)	(141)	(206)	(128)	(189)

*Chi-square significant $p<.05$

NON-RESPONSE ANALYSIS—BY RACE—FEMALES (PERCENT)

	Black		White		Hispanic		Asian	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
Age								
<35	21	28	9	12	29	34	43	50
35-44	28	29	17	20	22	21	29	28
45-54	32	31	42	41	31	33	14	15
55+	18	12	32	27	18	12	13	7
	100%	100%	100%	100%	100%	100%	100%	100%
n	(169)	(226)	(321)	(434)	(87)	(119)	(97)	(138)
Highest Degree								
Bachelors	5	9	11	14	9	18	4	8
Masters	91	85	82	80	84	80	87	86
Doctorate	4	6	6	6	7	2	9	6
	100%	100%	100%	100%	100%	100%	100%	100%
n	(177)	(238)	(322)	(454)	(90)	(127)	(101)	(145)
Field of Highest Degree								
Healthcare Management	65	60	45	41	64	56	66	71
Public Health/Public Administration	2	2	2	2	2	3	1	4
Business	17	16	24	26	15	23	10	12
Clinical/Allied Health	9	11	17	19	11	11	13	9
Other	8	10	11	12	8	7	9	4
	100%	100%	100%	100%	100%	100%	100%	100%
n	(172)	(231)	(314)	(437)	(89)	(122)	(98)	(143)

NON-RESPONSE ANALYSIS—BY RACE—FEMALES (PERCENT)

	Black		White		Hispanic		Asian	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
Position Level								
CEO	9	5*	12	16	9	13	7	5
COO	5	6	7	4	13	7	4	1
Vice President	19	13	29	27	16	17	13	11
Department Head/Staff	53	52	39	37	44	45	55	60
Other	14	24	14	14	18	16	19	22
Unknown	0	1	0	1	1	2	2	2
	100%	100%	100%	100%	100%	100%	100%	100%
n	(184)	(248)	(331)	(470)	(94)	(132)	(104)	(153)
Employing Organization	18	21	31	29	26	20	25	27
Freestanding Hospital	48	42	42	37	35	36	43	44
System Hospital	14	10	7	8	16	17	7	8
Other direct provider	3	2	1	3	6	3	4	3
Managed Care/HMO	16	23	18	22	16	23	18	18
Other	0	1	1	1	1	0	3	1
	100%	100%	100%	100%	100%	100%	100%	100%
n	(184)	(248)	(331)	(470)	(94)	(`132)	(104)	(153)

*Chi-square significant p<.05

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Study team members included the following individuals.

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