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American College of
Healthcare Executives
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Report:

A Racial/Ethnic Comparison of Career Attainments in Healthcare Management

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EXECUTIVE SUMMARY

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, 2002 and 2008. 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 (IFD), the National Forum for Latino Healthcare Executives (NFLHE) and the Asian Health Care Leaders Association (AHCLA). The central objective of this fifth cross-sectional study is to determine if the racial/ethnic disparities in healthcare management careers have narrowed.

In looking at the evidence from the current survey, the reader is cautioned that the results from this study, like those conducted previously, are not intended to represent the state of the healthcare field. Respondents to the study are members of the American College of Healthcare Executives, the National Association of Health Service Executives, the National Forum for Latino Healthcare Executives and the Asian Health Care Leaders Association and therefore are not a random, representative sample of all healthcare executives. However, comparisons between members of the different racial/ethnic groups within the 2014 study, and comparisons with the sample of respondents from the 2008 study, hold valuable information for healthcare leaders who are looking to create truly diverse organizations.

Methods

In 2014 a survey questionnaire consisting mainly of items from the previous years' questionnaires was administered to black, white, Asian and Hispanic executives currently employed in healthcare. The sample of white healthcare executives, containing equal numbers of men and women, was drawn from among ACHE Members and Fellows. Black executives were sampled from ACHE and NAHSE membership databases. The survey was also administered to all currently employed Hispanic and Asian Members and Fellows of ACHE; and to Hispanic members of NFLHE and Asian members of AHCLA contained in member lists supplied by those organizations.

The breakdown of responses and response rates to the survey is shown in Table 1 and was as follows: black executives—484 or 30.8 percent; white executives—420 or 30.0 percent; Hispanic executives—299 or 30.3 percent; and Asian executives—318 or 28.4 percent. Aggregating all these groups, the survey was sent to a total of 5,078 individuals. By the end of the study, 1,521 responses were received, of which 1,409 were useable. The overall response rate was 30.0 percent. These response rates were lower than achieved in 2008, when the overall response rate was 37.4 percent. While the cause of these decreases

in response rates are unclear, this is consistent with generally declining response rates in surveys over time.

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 (included in Appendix A) showed respondents were not significantly different from non-respondents in their field of highest degree. However, black and Hispanic respondents tended to be a little older than non-respondents in those racial/ethnic groups; black, white and Hispanic respondents were more likely to hold an advanced degree than non-respondents in those groups, and white respondents were more likely to work in hospitals than white non-respondents. (Statistical tests suggested that Asian respondents are somewhat more likely to occupy senior positions than Asian non-respondents; however, the numbers involved are small enough that this result should be interpreted with caution.)

Major Findings

Data from this study are presented in a series of tables at the end of this document. The following is a summary of major findings from the 2014 survey.

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 2014 with prior studies, notably 2008, are indicated in the text.

By design, approximately half of the 1,409 respondents were male. White respondents as a group were the oldest (median age 52 years) and Asian respondents were the youngest (median age 41 years). About three-quarters or more of respondents were married, and women were less likely to be married or partnered than men. This was particularly notable among black and white participants where 16 and 13 percent more men than women, respectively, reported being married or with partners. Black, white and Hispanic respondents had a median of 2 children; the median was 1 among Asian respondents. Men were more likely to have three or more children than women. Three quarters or more of the study respondents held graduate degrees, and between 10 and 20 percent held doctorates or professional degrees.

Section 2: Career Outcomes

Current position. More white men achieved CEO positions than other men in the study (Table 3). The difference is possibly, in part, due to the fact that minority men had attained fewer years of healthcare management experience than white men (Table 16).

While a higher proportion of white women held the CEO role than minority women, the differences were not as marked as among men.

When we consider all senior executive positions (adding CEO and chief operating officer/senior vice president together) the proportion of white men in those roles (51 percent) continues to exceed that of minority men (proportions ranging from 26 percent among Asian men to 44 percent among Hispanic men). Within each racial/ethnic group, smaller proportions of women than men hold these senior positions (proportions of women who are senior executives ranging from 19 percent among black women to 32 percent among white women).

Area of responsibility. Between half and two-thirds of men and women healthcare executives held general management roles at the time of the study (Table 4). Between 9 and 19 percent of all respondents reported occupying a position in a single business discipline (e.g., finance or human resources) and between 8 and 18 percent said they occupied a clinical or clinical support position.

Employing organization. Hospitals were the largest employers of respondents to the study (Table 5). Roughly half of all men and women who answered the questionnaire were employed in health system hospitals or in system headquarters. White and Hispanic men (roughly one-quarter) were somewhat more likely to be employed by freestanding hospitals than were Asian or black men. Among women, white women were somewhat more likely to be employed in freestanding hospitals than women in racial/ethnic minorities. Black and Asian men were more likely to work in larger hospitals than white or Hispanic men. Among women, variation in the size of organizations in which they worked was less pronounced.

Not-for-profit secular organizations were also the largest employers of respondents to the study, employing between a third and a half of executives who answered the questionnaire. About 80 percent of white respondents said they worked in hospitals where the majority of employees were white, as did roughly half of respondents in racial/ethnic minorities. Similarly, those respondents working for organizations where the majority of employees were non-white were most likely to be members of that majority.

Organizational culture. The most widespread diversity program in place in survey respondents' organizations was social gatherings for employees, present in roughly two-thirds or more of respondents' workplaces (Table 6). A little more than half of the study respondents reported that their organizations had affirmative action programs. Roughly half of organizations reportedly had mentoring programs, conducted diversity trainings for managers every three years or had a policy of seeking diversity candidates for hire. The existence of a diversity committee, having a manager responsible for diversity or a strategic or business objective to increase diversity was reported by just under half of all respondents as a group; and in the neighborhood of one-third of respondents said their organizations supported affinity groups or had a plan to increase the number of ethnically, culturally and racially diverse executives on the senior leadership teams. The least commonly-reported diversity programs were diversity incentives for managers. Roughly one-fifth of all respondents said that managers in their organizations were

evaluated with respect to diversity and only about 10 percent said that a portion of executive compensation was tied to diversity goals. Fewer than 15 percent of respondents in all race/ethnicity groups reported that their organizations rewarded fluency in Spanish.

When asked for their appraisals of their organizations' cultures with respect to diversity, black respondents in general gave the lowest ratings and white respondents were most satisfied with the current state where they work. In particular, 83 percent of white respondents, 76 percent of Asian and Hispanic executives, but only 53 percent of black executives agreed with the statement "race relations in my organization are good." Black respondents were slightly less likely to say that relations between white and minority managers, and between members of different minorities, could be better where they worked than in the 2008 study. Respondents in all race/ethnicity groups said that they rarely attended informal, non-work social gatherings with managers of different race/ethnicities. The more prevalent of these activities were informal lunches, attended by a little less than one-third of all respondents.

The relationships between diversity programs and perceptions of black, Hispanic and Asian respondents that race relations in their organizations were good are shown in Figures 1, 2 and 3, respectively. Black, Hispanic and Asian executives were all more likely to report that race relations in their workplaces were good if their organizations offered social gatherings for employees. Both black and Asian executives were more likely to feel that race relations were good in organizations where diversity was sought in candidates for hire and within the senior leadership team, and Hispanic and Asian respondents were more likely to feel that race relations were good in organizations offering mentoring programs. Hispanic executives were more likely to feel good about race relations in their organizations if they offered diversity evaluations for managers. Black executives were also more likely to feel good about race relations in their organizations if the following were present: affirmative action programs, diversity committees, a manager responsible for diversity, diversity training for managers at least every three years, affinity groups, a strategic or business objective to increase diversity and inclusion, and rewards for fluency in the Spanish language. The only diversity program that was not associated with a significant increase in positive feelings about organizational race relations among executives in any racial/ethnic minority group was tying a portion of executive compensation to diversity goals.

Compensation. In calendar year 2013, white males in the study earned a median of \$190,000 (Table 7). Hispanic males earned 17 percent less than white males (a median of \$142,500) and black and Asian men earned 25 percent less (a median of \$142,500). The salaries of Hispanic, Asian and black men are closer to those of white men in the 2014 study than in the 2008 study, when they differed by 21 percent, 34 percent and 30 percent, respectively. White women also earned 25 percent less than white men (also a median of \$142,500). Asian women earned 11 percent less than white women (a median of \$127, 500) and black and Hispanic women both earned 21 percent less than white women (a median of \$112,500). This represents a smaller salary gap between white and Asian women than was found in the 2008 study. The reader is cautioned that these median salaries do not represent the healthcare field as a whole.

Controlling for education and experience (Table 9), white men earned a median salary of \$184,444 in 2013. Black men earned 17 percent less (a median of \$153,004) while Hispanic men earned 8 percent less (a median of \$169,829). This represents a narrowing of the salary gap between Hispanic and white men since the 2008 study, when it was 14 percent. In 2008 Asian men earned 22 percent less than white men; in the current study this gap has not only closed but reversed, with Asian men making about 4 percent more than their white counterparts (a median of \$191,161). Readers should interpret these results with some caution, as the analysis is approximate and the sample sizes involved are small.

Again controlling for age and experience, in 2013 white women earned a median salary of \$141,563, or 23 percent less than white men. Black women earned 13 percent less than white women (a corrected median of \$123,121), which represents a greater disparity between compensation for black and white women than was found in 2008, when their median salaries were roughly equal. The gap between salaries for white versus Hispanic and Asian women, which was 10 percent and 11 percent (respectively) in 2008, has disappeared in 2014 and women in these minority groups make a little less than 1 percent more than white women.

Job satisfaction. More than three-quarters of study respondents said they were satisfied or very satisfied with their current position (Table 10). Black respondents as a group were less satisfied with certain aspects of their position such as the degree of respect and fair treatment from those who supervise them, the treatment and sanctions they receive when they make mistakes, and the pay and fringe benefits they receive for their contributions for their organizations.

Identification with job. Most respondents expressed high or very high levels of identification with their employers (Table 11). About 95 percent or more of respondents from all racial/ethnic groups agreed with the statement “When I talk about my organization, I usually say ‘we’ instead of ‘they’.” Racial/ethnic differences do appear in other measures of organizational affinity, and black respondents were less connected than other racial/ethnic groups with their organization by these measures.

Section 3: Accounting for Different Career Outcomes

Education. All study respondents had completed college (Table 12). Respondents in general were most likely to have majored in general business during their undergraduate training (ranging from 17 percent of Asian respondents to 26 percent of Hispanic respondents), although Asian respondents were most likely to have majored in the biological sciences. Perhaps due to their older median age, white respondents had held their degrees for a longer time than members of other racial/ethnic groups.

Over 90 percent of those in the study had completed graduate degrees (Table 13). About half had taken graduate degrees in health administration, and between one-quarter and one-third had studied business administration. As with undergraduate degrees, white respondents had held their graduate degrees for a longer time than members of other racial/ethnic groups at the time of the study.

In general, a higher proportion of black and Asian respondents participated in internships and fellowships than white or Hispanic respondents (Table 14). A little more than one-third of black and Asian respondents reported completing internships and 17 percent said they completed fellowships. This is in contrast to about one-quarter of white and Hispanic respondents completing internships and one-tenth completing fellowships. Overall, about 20 percent of respondents completed healthcare management residencies. More than half of those who participated in residency programs, and roughly three-quarters of those who completed fellowships, were hired by the organizations where they participated in those programs.

Roughly three-quarters of all respondents stated that they had a mentor in healthcare management. White men were most often identified as mentors by all men regardless of race/ethnicity. White, black and Asian women were almost equally likely to identify a white man or woman as a mentor, although Hispanic women were about one-and-a-half times more likely to name a white woman than a white man as a mentor. About half of black respondents mentioned having black mentors; the proportion of Hispanic or Asian respondents identifying members of their own racial/ethnic groups as mentors was much lower.

Career origins. Department head was the most common level where most study respondents began their healthcare management careers, following by department staff (Table 15). Men were somewhat more likely than women to begin their careers at the vice president level or above. The most common area in which to start management careers for most respondents was general management, although white women were more likely to begin with a position in clinical management or management of clinical support areas. Overall, more than 65 percent of respondents began their careers in hospitals. Significantly more white respondents began their careers in freestanding hospitals (42 percent) than did persons in other race/ethnicity groups. All respondents were most likely to have taken their first healthcare management job in a not for profit secular organization. Over 70 percent of all respondents chose their first firm with the intention of building their careers in those organizations.

Career experience. White respondents to the study had accrued the most healthcare management experience with a median of 19.0 years (Table 16). Asian respondents had the lowest median number of years of healthcare management experience with 9.1, and black and Hispanic respondents fell in between with median years of healthcare management experience of 13.5 and 12.5 years, respectively. Approximately two-thirds of respondents were no longer in the same organization where they started their healthcare careers. Between half and three-quarters of respondents said they have served as a mentor to someone in the healthcare field.

Career history. About 30 percent of all respondents said they had taken less desirable positions during their careers to respond to family demands (Table 17). In general, black (29 percent) and Hispanic (26 percent) respondents were more likely than others to say they had taken a less desirable position due to financial needs; and black and Hispanic respondents (38 percent and 36 percent, respectively) were more likely than white respondents (24 percent) to say they had taken a less than desirable position because of

lack of opportunity. Very few – about 5 percent or less of the members of each racial/ethnic group – took a less desirable position because they lacked education. Eleven percent or fewer of all respondents said they had interrupted their careers for either family demands, financial need, lack of opportunity or lack of education.

Black healthcare executives reported adverse events occurring during the last five years of their careers due to racial/ethnic discrimination to a greater extent than the other racial/ethnic groups; white respondents reported such experiences the least. Overall, respondents were generally satisfied with the extent to which their education adequately prepared them for the challenges of their first healthcare management positions and their ability to balance their work and personal lives. However, black respondents were most likely to say they were negatively affected by racial/ethnic discrimination in their careers and to have witnessed a fellow worker's healthcare management career to be affected by such discrimination. White respondents were the least likely to report either of these; Hispanic and Asian respondents fell between these two extremes. Black respondents were less likely than members of other racial/ethnic groups to say they were satisfied with their current progress toward their career goals.

The highest proportion of male respondents across all racial/ethnic groups identified their first position in their current firm as department head (ranging from 26 percent among white men to 38 percent among Hispanic men) (Table 18). However, almost one-quarter of white men reported that their first position in their current firm was at the CEO level; by contrast this was true of only 17 percent of Hispanic men, 16 percent of black men and 7 percent of Asian men. Women were also most likely to have begun in their current organization at the department head level (ranging from 36 percent among Hispanic women to 43 percent among white women). Unlike men, however, the second most common position women first took in their current firm was department staff (ranging from 17 percent among white women to 28 percent among black and Asian women).

White respondents had been at their current firm for a longer period of time at the time of the survey (median tenure was 6.3 years) than members of the other racial/ethnic groups (within which the median tenures were 5.0 years, 4.2 years and 4.0 years for black, Hispanic and Asian respondents, respectively). Median tenure in their current positions within their current firms ranged between two and three years for members of the different race/ethnicity groups.

At the time of the survey, most senior executives said they were in the same positions in their current firms as when they first joined those organizations (Table 19). However, 36 percent of white respondents who began as department heads had taken on more senior roles, as opposed to 25 percent of Hispanic respondents, 22 percent of black respondents and 19 percent of Asian respondents. It is important to note that, as reported above, white respondents as a group reported longer tenures in their current firms than members of other racial/ethnic minorities.

Career expectations. Black respondents were the most likely to say they are planning to leave their current organization in the coming year (26 percent); Hispanic respondents were the least (17 percent) (Table 20). Five years from now, about 70 percent of black,

white and Hispanic males, and 80 percent of Asian males, expect to be working in a hospital or system. These are similar to the proportions of men who reported working in these settings in 2014. About two-thirds of black and Asian women, and closer to three-quarters of white and Hispanic women, also expected to be working in a hospital or health system in 5 years, and these are also similar to the proportions of women in the study working in these settings in 2014.

As in prior research, we asked respondents whether or not they aspired to become a CEO in five, ten and fifteen years. (The data presented include those who were CEOs at the time of the survey.) White men were more likely than minority men to expect to be CEOs in the next five years. Almost half, 42 percent, of white men were looking to occupy the CEO position within the next five years, as opposed to 32 percent of black men, 31 percent of Hispanic men and 20 percent of Asian men. Equal proportions of black, white and Hispanic men (48 percent) and a lower proportion (30 percent) of Asian men expect to become CEOs in 10 years, and in fifteen years over half of the men in the study expect to occupy CEO positions (55 percent of white and Asian men, 67 percent of black men and 69 percent of Hispanic men).

Across the board, smaller proportions of women saw themselves occupying CEO positions than men in the study. Between 14 and 22 percent of women in all racial/ethnic groups expected to be CEOs in 5 years, and between 22 and 31 percent of all women in the study expected to obtain this position within 10 years. Within 15 years between 37 and 47 women among all of the race/ethnicity groups expect to occupy this top leadership role.

Over 90 percent of respondents to the study said they were members of ACHE (Table 21). About 40 percent of black respondents were members of NAHSE, 17 percent of Hispanic respondents were members of NFLHE, and 14 percent of Asian respondents were members of AHCLA. Overall, a majority of executives in all racial/ethnic groups had participated in a professional society event in the recent past.

Section 4: Recommended Best Practices

Respondents were asked to list best practices that have promoted diversity in healthcare management (see Table 22). Prevalent among those suggestions were: having strategic initiatives, business initiatives or goals to increase diversity and monitoring company performance relative to those goals; creating an executive position with responsibility for diversity or creating a diversity department or committee; ensuring diversity in hiring; ensuring diverse representation on boards and among leadership teams; ensuring succession planning and having a commitment to develop and promote staff from within; conducting diversity trainings; evaluating managers on their attainment of diversity goals and tying a portion of executive compensation to meeting those objectives; creating mentoring programs; having affinity groups and having diversity events.

Conclusions

The bottom line question is, “According to the 2014 study, have we made progress in reducing the disparities observed in previous studies concerning the career attainments of racial/ethnic minorities in healthcare management?” In looking at the evidence from the 2014 study, the reader is reminded that the results from this survey, like those conducted previously, are not intended to represent the state of the healthcare field because the participants are not a random, representative sample of all healthcare executives. However, comparisons between members of the different racial/ethnic groups within the 2014 study, and comparisons with the sample of respondents in the 2008 study, hold valuable information for healthcare leaders who are looking to create inclusive organizations.

The positive news from the 2014 study is that:

1. When results are controlled for differing education and experience, the gap in median salary between white and Hispanic or Asian respondents is either much smaller than in 2008 or, in some cases, no longer exists.
2. The proportion of minority men in CEO positions is closer to that of white men in the 2014 study than in the 2008 study. While the ratio of proportions of Hispanic men to white men in CEO positions (78 percent) has remained relatively stable between the two studies, the ratio of proportions of black men to white men in CEO positions in the 2014 study was 62 percent; an increase from the 47 percent among respondents to the 2008 survey. Similarly, the ratio of proportions of Asian men to white men in CEO positions increased from 15 percent in the 2008 study to 28 percent in 2014.
3. The proportions of black men who said the quality of relationships between minority and white managers could be improved in their organizations, and who felt that the quality of relationships between minorities from different racial/ethnic groups could be improved in their workplace, were each lower in the 2014 survey than in the 2008 survey (by 10 percent and 9 percent, respectively).

Some disparities were more evident among respondents to the 2014 study than among those who participated in the 2008 study, namely:

1. In 2008 we reported that the proportion of minority women, particularly Asian and Hispanic women, in CEO positions was closer to that of white women than in 2002. In 2014 the gap has again widened between the proportions of white and minority female respondents occupying the CEO role. The ratio of proportions of black female respondents to white female respondents in CEO positions was 77 percent in 2008; it dropped to 57 percent in 2014. Similarly, the ratio between proportions of Hispanic and white women in CEO positions was 92 percent in 2008, but in 2014 this went down to 78 percent. The ratio of proportions of Asian and white women in CEO positions (78 percent) has remained fairly stable between the two studies.

2. The difference in median compensation between black and white women, controlling for education and experience, is greater in the 2014 study than it was in the 2008 study. The difference was less than a percent in 2008; in the 2014 study it was 13 percent.

Finally, there was little change in some key areas from 2008, namely:

1. Median salary for black men in 2014 was still less than that for white men, controlling for education and years of experience, by 17 percent. Also controlling for education and experience differences, there remains a gap between median salaries for men and women ranging from 16 percent among Hispanic respondents to 25 percent among Asian respondents.
2. In 2014 there continues to be disparity between white and minority respondents with respect to the amount of discrimination they report having experienced. For example, 29 percent of black respondents, 13 percent of Hispanic respondents and 16 percent of Asian respondents felt they were not hired for a position in the last five years because of their race/ethnicity, as opposed to 2 percent of white respondents. Similarly, 41 percent of black respondents, 20 percent of Hispanic respondents and 19 percent of Asian respondents reported they had failed to receive fair compensation in the last five years because of their race/ethnicity; this was only reported by 5 percent of white respondents. Looking more broadly at their working life, 48 percent of black respondents, 27 percent of Hispanic respondents and 26 percent of Asian respondents reported they had been negatively affected by racial/ethnic discrimination in their careers as opposed to 10 percent of white respondents. These are very similar to the findings in 2008.
3. Both the 2008 and 2014 studies looked at the prevalence of the following diversity programs in organizations: affirmative action plans, diversity committees, a manager responsible for diversity, diversity training for managers at least every three years, diversity evaluations for managers, social gatherings for employees and mentoring programs. There has been little change in the prevalence of these programs in healthcare organizations since 2008, as reported by respondents. While more than half of the organizations described in the study had affirmative action plans and social gatherings for employees in place, roughly half or fewer of respondents said the rest of these programs existed where then worked.
4. One of the recommendations from the 2008 study was that organizations continue to offer residencies and fellowships in healthcare management. Since the majority of respondents who serve as residents and fellows are hired by the organizations employing them in this capacity, they offer a way for healthcare managers to get a start on their careers. There has been little change in the past six years in the proportion of survey respondents who say they have completed a residency or fellowship; still in 2014 a minority of respondents (one-quarter or fewer) reported participating in one of these programs.

Recommendations

The following are a list of recommendations based on the study findings.

Equal pay for equal work: Even when we control for level of education and number of years of experience, white men in the study continue to earn significantly higher salaries than black and Hispanic men and all women. While not definitive because the specific circumstances of each executive in the study were not examined, the compensation results suggest that pay is not yet equitable in the healthcare management field. It is imperative that pay be based on the qualifications and responsibilities of the employed executive and in no way reflect biases relative to his/her gender or race/ethnicity.

Mentors: Mentors are prevalent among the respondents to the survey. This includes individuals beginning their careers and also mid-level and even senior-level executives who seek feedback and opportunities for professional development. Those executives who take the time and energy to offer advice and model ideal behaviors to others are clearly having a strong, positive impact on the field. Yet only roughly half of respondents report that mentoring programs are in place in their organizations. Given the importance of mentoring in our field, organizations should consider instituting formal mentoring programs as well as promoting informal mentoring relationships.

Diversity programs: The study clearly showed that the presence of certain diversity programs were related to minority executives feeling more positive about race relations in their workplaces. Social gatherings for staff were associated with a more positive outlook on race relations at work for respondents in all racial/ethnic minority groups studied. Other programs that were associated with more positive opinions of the state of race relations in workplaces among members of more than one racial/ethnic minority group included policies for seeking diverse candidates for hire, plans for increasing the diversity of the senior leadership team and mentoring programs (please also see the discussion about mentors above). Black respondents also felt more positively about race relations in organizations with affirmative action plans, diversity committees, a manager responsible for diversity, diversity training for managers at least every three years, affinity groups, strategic or business objectives to increase organizational diversity and inclusion and rewards for fluency in Spanish.

The study also showed that those diversity programs associated with more minority executives having positive feelings about race relations in the workplace were not universal in healthcare organizations. Social gatherings for employees, which were related to better overall feelings about workplace race relations among executives in all racial/ethnic minority groups, are present in about three-quarters of healthcare organizations as reported by respondents. Mentoring programs and a policy of seeking diversity in candidates for hire were reported by about half of respondents as being present in their organizations. Yet, these programs were associated with more positive feelings about race relations for members of at least two of the three racial/ethnic minority groups. Similarly, although larger proportions of both black and Asian respondents reported good feelings about workplace race relations in organizations where there is a plan to increase the diversity of the senior leadership team, these plans were reported as

being in place in only about a third of all organizations where study respondents worked. Higher proportions of black respondents reported that race relations in their organizations were good in workplaces had a number of other diversity programs, yet the prevalence of these programs ranged from about two-thirds for affirmative action plans to roughly one-fifth for diversity evaluations for managers.

At this time, it is unlikely that a truly diverse organization will develop without significant support from leaders and accountability at all levels. Healthcare organizations need to look carefully at the diversity of staff in all positions and whether it reflects the communities they serve, the inclusiveness of their hiring and promotion practices and the relations among employees and managers of different racial/ethnic groups and put in place programs to create a truly inclusive workforce. In addition, priorities and practices need to be clearly communicated to staff. This study reports executives' understanding of diversity programs in their organization; some may be unaware of their organization's initiatives in this area.

Residency and Fellowship: Based on the survey findings, it appears that 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. Residency and fellowship programs have benefits for the organizations that offer them; leaders get the opportunity to work with a new executive before making a permanent hiring decision about him or her. Therefore, healthcare organizations need to consider offering residency and fellowship opportunities to qualified graduates to assist their launch into careers in healthcare management.

REPORT

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 black and white respondents had similar educational backgrounds and years of experience in the field, black respondents held fewer top management positions, worked in hospitals less often, 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 white and minority respondents; white respondents 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 averages for white and black respondents.)

In 2002, ACHE, partnered with NAHSE and AHHE, again in collaboration with the IFD, to conduct a national survey of white, black, Asian, Hispanic and Native American healthcare executives. Native American executives were drawn from the membership files of the Executive Development Leadership Program of the Indian Health Service (ELDP) and were supplemented by the members of the ACHE who indicated that they were American Indian/Aleuts. (Resulting sample sizes for Native American executives were too small to obtain reliable estimates.) This 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 white versus minority respondents employed in hospitals persisted. When we modeled minority executives' education and experience levels so that they were

identical to those of white executives, 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, minority respondents continued to express less satisfaction than white respondents in most aspects of their jobs.

In 2008, ACHE, NAHSE, the National Forum for Latino Healthcare Executives (NFLHE) and the Asian Health Care Leaders Association (AHCLA) came together, collaborating with IFD, to examine the career experience of white, black, Hispanic and Asian healthcare leaders. This study conducted in 2008 showed that the gap between the proportion of white and Asian and Hispanic women occupying the CEO position in the study sample was smaller than in 2002 and that black women earned virtually the same amount as white women (a clear improvement over 2002). The study also showed that black men and women were more satisfied with their pay and fringe benefits along with other aspects of their work such as job security and the sanctions they received when they made a mistake, although minority executives were less satisfied than white executives in many aspects of their jobs and continued to report a greater impact of racial/ethnic discrimination on their careers than did white respondents. When we controlled for differential education and experience in our analysis, black and Hispanic men again earned less than their white counterparts. Results from the 2014 study are presented in this report.

Methods

In 2014 a survey questionnaire consisting mainly of items from the previous years' questionnaires was administered to black, white, Asian and Hispanic executives currently employed in healthcare. The sample of white healthcare executives, containing equal numbers of men and women, was drawn from among ACHE Members and Fellows. Black executives were sampled from ACHE and NAHSE membership databases. The survey was also administered to all currently employed Hispanic and Asian Members and Fellows of ACHE; and to Hispanic members of NFLHE and Asian members of AHCLA contained in member lists supplied by those organizations.

The breakdown of responses and response rates to the survey is shown in Table 1 and was as follows: black executives—484 or 30.8 percent; white executives—420 or 30.0 percent; Hispanic executives—299 or 30.3 percent; and Asian executives—318 or 28.4 percent. Aggregating all these groups, the survey was sent to a total of 5,078 individuals. By the end of the study, 1,521 responses were received, of which 1,409 were useable. The overall response rate was 30.0 percent. These response rates were lower than achieved in 2008, when the overall response rate was 37.4 percent. While the cause of this decrease in response rate is unclear, this is consistent with generally declining response rates in surveys over time.

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 (included in Appendix A) showed respondents were not significantly different from non-respondents in their field of highest degree. However, black and Hispanic respondents tended to be a little older than non-respondents in those racial/ethnic groups; black, white and Hispanic respondents were more likely to hold an advanced degree than non-respondents in those groups, and white respondents were more likely to work in hospitals than white non-respondents. (Statistical tests suggested that Asian respondents are somewhat more likely to occupy senior positions than Asian non-respondents; however, the numbers involved are small enough that this result should be interpreted with caution.)

Findings

Quantitative data from the study are presented in a series of tables at the end of this report, most of which are formatted as in Table 2. In these tables, data for each racial/ethnic category are shown for males and females separately, then combined in columns labelled “All.” Examining the data for men and women together allows us to better evaluate of the overall effects of race/ethnicity on career attainments. Only when the results differ for men and women do we discuss them separately in the text; otherwise we present the information about men and women combined. Statistical tests conducted to detect differences by racial/ethnic groups were performed on data for males and females both separately and combined. The results of those statistical tests are indicated in the tables. Finally, important differences between the results observed in 2014 with prior studies, notably 2008, are indicated in the text.

Section 1: Demographic Comparisons

Gender. Table 1 shows the gender composition of the group of respondents in each race/ethnicity category. Overall, men and women were represented in roughly equal proportions in the study; the analyzed sample was composed of 51.1 percent men and 48.9 percent women. The groups of black and white respondents included slightly higher proportions of women than men; 50.3 percent of black respondents and 54.4 percent of white respondents were women. Among the Hispanic and Asian respondents there were slightly higher proportions of men in the study (58.7 percent and 53.8 percent, respectively).

Age. Table 2 compares additional demographic information about the sample of respondents in the study including age, marital status, number of children and highest level of education completed. White respondents in the study as a group were the oldest, with a median age of 52. Asian executives responding to the study are the youngest of the groups with a median age of 41. This is similar to respondents to the 2008 study.

Marital status. Most respondents to the study said they were married, including 83 percent of white respondents, 82 percent of Hispanic respondents, 74 percent of Asian respondents and 73 percent of black respondents (Table 2). Within all racial/ethnic groups, men were more likely to be married than women. This was most marked among black respondents, with 81 percent of men and 65 percent of women reporting being

married; and white respondents, with 90 percent of men and 77 percent of women reporting being married. We note that the proportion of black women who said they were married increased from 55 percent in 2008 to 65 percent in 2014. Among Asian and Hispanic respondents, the proportion of women who said they were married was 6 percent lower than the proportion of men who said they were married.

Number of children. Asian respondents reported having the fewest number of children (with a median of 1), while members of the other race/ethnicity groups reported a median of 2 children. This represents an increase of 1 in the median number of children reported by black and Hispanic respondents over that reported in the 2008 study. In general, in 2014 healthcare executive men had more children than women did. Over a third of black, white and Hispanic men had 3 or more children, but the proportion of women in those racial/ethnic groups with 3 or more children was less than 20 percent.

Level of education. Among all groups, a little more than three-fourths of all respondents had Master's degrees. Asian men were most likely to have attained a doctorate or professional degree (24 percent) compared to others. White men and women (10 percent each) were the least likely to hold doctorates or professional degrees.

Section 2: Career Outcomes

Current position. As Table 3 shows, 32 percent of white men in the study were CEOs compared to 25 percent of Hispanic men, 20 percent of black men and 9 percent of Asian men. These disparities are not as pronounced among women, however; 14 percent of white women occupied CEO posts, whereas 8 percent of black women and 11 percent of both Hispanic and Asian women did. These findings for white men should be considered along with their older age (median of 51) especially when compared to Asian men (median of 41) in the study. The difference in likelihood to occupy a CEO position is possibly, in part, due to the fact that minority men reported 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 (51 percent) in such positions in the study continues to exceed that of minority men. Forty-four percent of male Hispanic respondents held a senior position, followed by black men (36 percent) and Asian men (26 percent). Within each racial/ethnic group, men in the study were more likely to hold these higher positions than women. The highest proportion of women in senior positions was 32 percent (white women) followed by Hispanic women (30 percent), Asian women (24 percent) and black women (19 percent).

Area of responsibility. Between one-half and two-thirds of men and women healthcare executives were in general management roles at the time of the study (Table 4). More Hispanic women (69 percent) occupied roles in general management than did white (59 percent), Asian (also 59 percent) and black (48 percent) women. Among men these proportions ranged from 57 percent of black men to 66 percent of white men holding general management roles. Between 9 and 19 percent of all respondents reported occupying a position in a single discipline (e.g., finance, human resources), and between 8 and 18 percent said they occupied a clinical or clinical support position. In 2008 a

slightly higher proportion of women than men reported they were responsible for clinical and clinical support areas; in 2014 this difference between the genders was less pronounced.

Employing organization. The types of organizations in which healthcare executives in the study were employed varied somewhat between racial/ethnic and gender groups (Table 5). Roughly half of all healthcare executives in the study were employed by system hospitals or at system headquarters at the time of the survey. This represents an increase in the proportion of Hispanic men employed by system hospitals or headquarters since the 2008 study, when it was about one-third. The proportions of executives in the study employed by freestanding hospitals varied a little more; roughly a quarter of white and Hispanic men said they were employed at freestanding hospitals, but the proportions were lower for Asian (17 percent) and black (16 percent) men. Among women who responded, white women (29 percent) were more likely than women in the other racial/ethnic categories (all 19 percent) to work in freestanding hospitals.

Hospitals were the largest employers of respondents in the study. The proportions of male and female respondents in all racial/ethnic categories employed by other types of direct providers ranged from 8 to 18 percent, those employed by non-providers (e.g., consultants, educators) ranged from 6 to 16 percent, those employed by public health agencies or non-hospital military providers ranges from 1 to 9 percent and very few (between 0 and 2 percent) chose “Other” to describe their type of employer.

Black and Asian men were more likely to work in larger hospitals than white or Hispanic men. The median numbers of beds in Asian and black male executives’ hospitals were 340 and 349, respectively, whereas the median numbers of beds in hospitals employing white and Hispanic male executives were 250 and 248, respectively. Thirty-one percent of black men, compared to 12 percent of white men, manage hospitals with more than 600 beds.

By contrast, the size of organizations employing women healthcare executives in the study was less varied. The median number of beds at female healthcare executives’ organizations ranged from 290 to 366 across all racial/ethnic groups.

Roughly between a third and a half of respondents were employed in not for profit secular work settings. The remainder were most often employed in other for profit (not investor-owned) organizations (ranging from 11 to 18 percent of executives in all racial/ethnic groups), government-operated (non-military) facilities (10 to 18 percent) or not for profit church-related organizations (11 to 16 percent).

Most respondents said they worked in organizations where the majority of employees were white, although the proportions varied by racial/ethnic group. Eighty-three percent of white men and women said they worked in organizations where employees were predominantly white, as opposed to 48 to 63 percent reported by members of racial/ethnic minorities in the study. Similarly, those respondents working for organizations where the majority of employees were non-white were most likely to be members of that majority group. About one-fifth of black men and women said they work in organizations where

the majority of employees are black, as opposed to 6 percent or less of respondents in other racial/ethnic groups. Roughly one-fifth of Hispanic men reported they work in organizations where the employees were predominantly Hispanic; this proportion was a little higher (34 percent) for Hispanic women who responded to the survey. In contrast, 4 percent or fewer of white, black or Asian respondents work for organizations where Hispanic employees are in the majority. Only 11 percent of Asian men and women reported that they work for an organization with mostly Asian employees, and this proportion was 1 percent or less for respondents in other racial/ethnic categories. Asian respondents (26 percent) were more likely to report that they work for organizations where there is no racial/ethnic majority among employees than were black or white respondents (13 percent each). (The proportion of Hispanic respondents working for racially mixed organizations fell in between; it was 21 percent.)

Organizational culture. We asked respondents whether special programs and initiatives were present in their organizations to enhance interracial relationships, and those results are shown in Table 6.

Diversity programs in place. The most widespread diversity program in place in survey respondents' organizations was social gatherings for employees. Eighty percent of white respondents, 76 percent of Hispanic respondents and 74 percent of Asian respondents said their organizations had such gatherings. A slightly smaller percentage of black respondents, 69 percent, said their organization sponsored social occasions for their employees.

Affirmative action plans were also reported as in place in more than half of respondents' organizations. Sixty-nine percent of white and Asian respondents and 67 percent of Hispanic respondents reported that their organization had an affirmative action strategy; the proportion was slightly lower among black respondents, especially black males (50 percent). Mentoring programs existed in respondents' organizations in slightly lower numbers; 60 percent of white respondents, 56 percent of Hispanic respondents and 52 percent of Asian respondents said their employers offered this. The proportion of black respondents who said their organization offered mentoring programs was slightly less at 47 percent.

Diversity training for managers was more often reported by white (61 percent) or Hispanic (55 percent) respondents than by Asian (45 percent) or black (42 percent) respondents as being in place at their organizations. Roughly half of respondents' organizations had in place a policy of seeking diversity in candidates considered for hire; the proportions of respondents reporting such a policy ranged from 48 percent among black respondents to 59 percent among white respondents.

Results for the next three most often-cited diversity programs: the existence of a diversity committee, having a manager responsible for diversity and having a strategic or business objective to increase diversity and inclusion were similar in that they were reported as being in place by a little under half of respondents in all racial/ethnic groups, but white men were less likely to report their existence than white women. More specifically, the proportion of respondents who reported that their organization had a diversity committee

ranged from 42 percent for Hispanic respondents to 49 percent for Asian respondents, but only 39 percent of white men said such a committee was in place where they worked as opposed to 54 percent of white women. Similarly, the proportion of respondents who reported that their organization had a manager responsible for diversity ranged from 41 percent among Hispanic respondents to 46 percent among black and Asian respondents; but 39 percent of white men, as opposed to 50 percent of white women, said that a manager had responsibility for diversity where they were employed. Finally, the proportion of those answering the survey who said their employer had a strategic or business objective to increase diversity and inclusion ranged from 39 percent among black respondents to 48 percent among Asian respondents. However, 39 percent of white men versus 49 percent of white women reported that their organization had such an objective. Whether white women sought out organization with more expansive diversity policies, or white men were less aware of such policies, is not clear from the data.

Affinity groups were reported in workplaces by about a third of black (32 percent), Hispanic (32 percent) and white (33 percent) respondents, but more often by Asian respondents (42 percent). Roughly one-third of all respondents (ranging from 26 percent among black respondents to 34 percent among white respondents) said that their employer had a plan to increase the number of ethnically, culturally and racially diverse executives on the senior leadership team.

The least commonly-reported diversity programs were diversity incentives for managers. About one-fifth of all respondents (ranging from 18 percent among black respondents to 23 percent among Hispanic and Asian respondents) said that managers at their organization were evaluated with respect to diversity. Only about 10 percent of survey respondents (ranging from 9 percent of black respondents to 11 percent of Hispanic and Asian respondents) reported that a portion of executive compensation was tied to diversity where they worked.

Rewards for Spanish fluency. Fewer than 15 percent of respondents in all race/ethnicity groups reported that their organizations rewarded staff for fluency in Spanish. The proportions of respondents who said their organizations rewarded Spanish fluency with greater visibility ranged from 14 percent among Hispanic respondents to 8 percent among Asian respondents. The proportions of respondents who said their organization rewarded Spanish fluency with additional pay ranged from 7 percent among white respondents to 13 percent among Hispanic respondents. Less than 10 percent of respondents in any race/ethnicity group said that being able to speak Spanish well yielded more promotional opportunities.

Effect of diversity programs on perceptions that race relations in the organization are good. Figures 1, 2 and 3 show the relationship between the diversity programs listed in the study questionnaire and minority executives' perceptions that race relations in their organizations are good. Figure 1 shows that the existence of most types of diversity programs addressed in the study were associated with a higher percent of black respondents agreeing or strongly agreeing with the statement: "Race relations within my organization are good." The presence of affirmative action programs, diversity committees, a manager responsible for diversity, diversity training for managers every

three years, social gatherings for employees, affinity groups, a policy of seeking diversity in candidates considered for hire, a strategic or business objective to increase diversity and inclusion, plans to increase the diversity of senior leadership teams and rewarding staff for Spanish fluency were all associated with a significantly higher proportion of black executives reporting that they felt good about the race relations in their workplaces. By contrast, diversity evaluations for managers, mentoring programs and tying a portion of executive compensation to diversity goals did not have a statistically significant relationship with black executives' perceptions of good race relations where they work.

Figure 2 shows that the presence of diversity evaluations for managers, social gatherings for employees and mentoring programs were associated with significantly larger proportions of Hispanic executives feeling that race relations in their organizations were good. Figure 3 shows that the presence of social gatherings for employees, mentoring programs, a policy of seeking diversity in candidates for hire and a plan to increase the diversity of the senior leadership team also were associated with higher proportions of Asian executives reporting that race relations in their workplaces were good.

In summary, the presence of social gatherings for employees was associated with higher proportions of executives in all racial/ethnic minority groups reporting that race relations were good in their organizations. The following programs were associated with executives having more positive feelings about the state of race relations in their organizations within at least two of the racial/ethnic minority groups: both black and Asian executives were more likely to feel that race relations were good in organizations where diversity was sought in candidates for hire and within the senior leadership team, and Hispanic and Asian respondents were more likely to feel that race relations were good in organizations offering mentoring programs. Hispanic executives were more likely to feel good about race relations in their organizations if they offered diversity evaluations for managers. Black executives were also more likely to feel good about race relations in their organizations if the following were present: affirmative action programs, diversity committees, a manager responsible for diversity, diversity training for managers at least every three years, affinity groups, a strategic or business objective to increase diversity and inclusion, and rewards for fluency in the Spanish language. The only diversity program that was not associated with more positive feelings about organizational race relations among executives in any racial/ethnic minority group was tying a portion of executive compensation to diversity goals.

Best practices to promote diversity. Respondents were asked to list best practices that have promoted diversity in healthcare management (see Table 22). Prevalent among those suggestions were: having strategic initiatives, business initiatives or goals to increase diversity and monitoring company performance relative to those goals; creating an executive position with responsibility for diversity or creating a diversity department or committee; ensuring diversity in hiring; ensuring diverse representation on boards and among leadership teams; ensuring succession planning and having a commitment to develop and promote staff from within; conducting diversity trainings; evaluating managers on their attainment of diversity goals and tying a portion of executive compensation to meeting those objectives; creating mentoring programs; having affinity groups and having diversity events.

Informal socializing. Survey respondents reported that they rarely attended informal, non-work social gatherings with managers of different race/ethnicities from their organization (Table 6). The most common of such informal non-work social events were informal lunches. Almost one-third of Hispanic and Asian respondents (32 percent and 31 percent, respectively) said they have informal lunches with a diverse group of their coworkers at least monthly; this proportion was closer to one-quarter among black and white respondents (26 percent and 23 percent, respectively). Black men (31 percent) were somewhat more likely to attend such lunches than black women (21 percent). Other types of socializing with diverse groups of managers such as informal dinners, socializing after work, attending cultural events, attending sporting events or participating in sports were more infrequent. Proportions of respondents saying they participated in such activities at least monthly ranged from 3 percent of black, white and Asian men saying they attend sporting events with a diverse group of coworkers at least once per month to 13 percent of Hispanic and 14 percent of Asian respondents who said they socialize with managers of different race/ethnicities after work at least monthly. Black men (15 percent) were more likely than black women (4 percent) to report participating in after work socializing.

Attitudes about the organization. What are respondents' subjective appraisals of their organization's cultures regarding diversity? The reactions of the respondents in Table 6 suggest black respondents were the most disaffected by their organizations, and white respondents were in general the most satisfied with the current state where they work. Hispanic and Asian respondents fell somewhere in between.

Eighty-three percent of white respondents and 76 percent of Hispanic and Asian executives in the survey agreed with the statement: "race relations within my organization are good." By contrast, only 53 percent of black respondents felt this was true. White men (90 percent) were more likely to agree with the statement than white women (78 percent). There were even more divergent reactions to the statement: "a greater effort should be made in my organization to increase the percentage of racial/ethnic minorities in senior healthcare positions." Eighty-one percent of black respondents agreed with this statement, as opposed to 59 percent of Asian respondents, 53 percent of Hispanic respondents and 40 percent of white respondents.

Sixty-nine percent of black respondents felt that minority managers needed to be more qualified than others to get ahead in their organization as opposed to 6 percent of white respondents, 22 percent of Hispanic respondents and 29 percent of Asian respondents. Similarly, just over half of black respondents (52 percent) felt that the quality of relationships between minority and white managers can be improved in their workplace, as opposed to 17 percent of white respondents, 24 percent of Hispanic respondents and 28 percent of Asian respondents. For black respondents this represents an improvement over the 2008 study, when 62 percent felt that relations between white and minority managers needed to be better.

Also a little more than half, 52 percent, of black respondents felt that the quality of relationships between minorities from different racial/ethnic groups could be improved where they work. Thirty-eight percent of Asian respondents agreed, as did 31 percent of

Hispanic respondents and 22 percent of white respondents. Again, for black respondents this represents an improvement over the 2008 study results, when 61 percent felt relations between minorities needed improvement in their workplaces.

Compensation. Table 7 displays the median salary earned in 2013 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 addition, the reader should keep in mind that these numbers do not control for education, years and types of experience and types of organizations in which respondents work which vary between the different racial/ethnic groups (Table 2).

In calendar year 2013, white males in the study earned a median of \$190,000, while black and Asian males earned a median of \$142,500. This represents a 25 percent difference. Hispanic men earned \$157,500, which is 17 percent less than white men. Salaries with bonuses of men in the different racial/ethnic groups who participated in this study were more similar to each other than those of men who participated in the 2008 study. In 2007 (the full calendar year for which salaries and bonuses were collected in the 2008 study), salaries and bonuses of black and Asian males were 30 percent and 34 percent lower than white men in the study (as opposed to 25 percent in the current study). In 2007, Hispanic men who participated in the survey earned 21 percent less than white men (as opposed to 17 percent less in the current study).

In 2013, white women earned a median of \$142,500, which is also 25 percent less than white men. Black and Hispanic women earned a median salary and bonus of \$112,500, which is 21 percent less than white women. Asian women earned a median of \$127,500 in 2013, which is 11 percent less than white women. The variance in income between white men and white women was similar to that found in the 2008 study. The difference between earnings for Asian and white women in the study changed most markedly from that in 2008 when it was 22 percent (as opposed to 11 percent in the current study). For black and Hispanic women the percent difference between their income and that of white women in the study was roughly the same between the 2008 and current studies.

Mean salaries by position level are presented in Table 8. Again, the reader is reminded that this analysis does not control for differences in tenure, education or experience which differ among the racial/ethnic groups in the study (Table 2). Further, results must be taken with caution due to the small sample sizes. White men in CEO positions reported earning \$310,000 annually, as opposed to Hispanic men who earned \$268,000 (about 14 percent less than white men) and black men who earned \$241,000 (22 percent less than white men). A different picture emerges when considering men who are COOs or senior vice presidents. In this case, white men earned an average of \$257,000 in 2013 while black men earned \$290,000. There were too few women in these senior positions in the study to compare mean compensation in 2013.

While many factors contribute to different salaries earned, we consider two of the most important in Table 9: (1) level of education attained and (2) years of healthcare management experience. Education was assessed by categorizing respondents as having earned a bachelor's, Master's or doctorate or professional degree; and data for minority respondents were weighted to reflect the education/experience distribution of white respondents. In this way, medians shown at the bottom of Table 9 control for these two important determinants of compensation.

Controlling for educational level attained and years of healthcare management experience, white men earned a median of \$184,444 in 2013, while black men earned \$153,004, or 17 percent less than white men. Hispanic men earned \$169,829 or 8 percent less than white men. This is an improvement over the 2008 study when Hispanic men earned 14 percent less than white men. The adjusted income for Asian men in 2013 was \$191,161, exceeding that of white men. This is a significant change from the 2008 study when they earned 22 percent of what white men earned, but readers are cautioned that the analysis is approximate and sample sizes are fairly small.

Controlling for education and experience, the gap between the median income of white and black women in the 2014 study is wider than it was in the 2008 study, but the difference in median incomes between white and Hispanic or Asian women has almost disappeared since this was last examined six years ago. In 2013, white women earned a median of \$141,563 or 23 percent less than white men. Black women earned a median of \$123,131, or 13 percent less than white women. This is a significant change from 2007, when median incomes for white and black women were almost equal. In 2013, Hispanic women earned \$141,899 and Asian women earned \$143,577 (again controlling for differing ages and experience), exceeding the adjusted median salary for white women by less than one percent. This is in contrast to 2008 when the adjusted median salary for Asian women was 11 percent lower than that for white women, and Hispanic women earned 10 percent less than white women.

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; more than three quarters were satisfied or very satisfied in their current position. Still, there were some differences between the racial/ethnic groups with respect to particular aspects of their jobs.

Most respondents from the different racial/ethnic groups were highly satisfied with the degree of respect and fair treatment they receive from the employees they supervise (with the proportion of respondents saying they were satisfied or very satisfied with this aspect of their job ranging from 85 percent among black and Asian women to 92 percent among white men), the amount of independent thought and action they can exercise in their job

(range: from 81 percent among black men and women and Asian women to 88 percent among Hispanic and Asian men), and the amount of job security they have (range: from 71 percent among black women to 82 percent among Hispanic women).

However, members of the different racial/ethnic groups were more divided on their feelings about the degree of respect and fair treatment they received from those who supervise them. Only 76 percent of black respondents were satisfied or very satisfied with this aspect of their jobs, as opposed to 82 percent of white and Hispanic respondents and 83 percent of Asian respondents. Black men and women felt differently on this issue; 82 percent of black men, as opposed to 70 percent of black women, were satisfied with the treatment from their supervisors. Similarly, only 64 percent of black respondents felt satisfied with the sanctions and treatment they received when they made a mistake versus 74 percent of white respondents, 71 percent of Hispanic respondents and 70 percent of Asian respondents. Finally, only 58 percent of black respondents felt satisfied with the amount of pay and fringe benefits they received for what they contributed to their organizations; this figure was 68 percent for white respondents, 67 percent for Hispanic respondents and 64 percent for Asian respondents.

Identification with job. Respondents were asked to answer a series of questions measuring their identification with their employing organizations. Table 11 shows that most respondents express high or very high levels of identification with their employers. For example, about 95 percent or more of all racial/ethnic group respondents agreed with the statement, “When I talk about my organization, I usually say, ‘we’ rather than ‘they.’”

Racial/ethnic differences do appear in other measures of organizational affinity, and black respondents were less connected than other racial/ethnic groups with their organizations by these measures. Over 90 percent of respondents in all groups agreed with the statement: “I am very interested in what others think about my organization,” but the proportion is lower among black respondents (94 percent) than among white, Asian or Hispanic respondents (96 percent, 97 percent and 98 percent, respectively). Over 90 percent of respondents identify with their organizational successes, but in this case a slightly larger proportion of Hispanic respondents (96 percent) feel this way as opposed to Asian (92 percent), white (91 percent) or black (90 percent) respondents.

Most respondents in all racial/ethnic groups (91 percent of Hispanic respondents, 87 percent of Asian respondents, 85 percent of white respondents and 84 percent of black respondents) agree with the statement: “When someone praises my organization it feels like a personal compliment.” But, the groups are more divided in their feelings about the statement: “When someone criticizes my organization it feels like a personal insult.” Only 61 percent of black respondents agree with that statement, as opposed to 79 percent of white respondents, 76 percent of Hispanic respondents and 70 percent of Asian respondents. Further, Hispanic (74 percent) and Asian (71 percent) respondents are somewhat more likely to agree that they act like a typical member of their organizations to great extent than white respondents (67 percent), and considerably more likely to do so than black respondents (58 percent).

Section 3: Accounting for Different Career Outcomes

There are three sets of factors that may account for disparate career attainments: education, professional experience and motivation to achieve high-level positions including becoming involved in professional societies. Survey findings relative to each of these sets of factors are discussed in the following sections.

Education. Education is thought to be a significant factor in determining career attainment. The survey examined education in a broad sense, including areas of study and recency of attainment of undergraduate and graduate degrees, along with completion of internships, fellowships and residencies in healthcare management and establishment of mentoring relationships.

Undergraduate education. Table 12 compares key features of the undergraduate educations of members of the various race/ethnicity groups in the study. All respondents had completed college. However, there were both racial/ethnic and gender differences in the fields of undergraduate concentration. The highest proportion of respondents majored in general business (ranging from 17 percent of Asian respondents to 26 percent of Hispanic respondents) and biological sciences. Asian respondents (31 percent) were more likely to major in biological sciences than Hispanic (19 percent) or black or white respondents (17 percent). In addition, health administration was the chosen major of more black respondents (18 percent) than Hispanic (14 percent), white (10 percent) or Asian (6 percent) respondents. Notably higher numbers of women majored in nursing—especially white women, 34 percent of whom claim this as their undergraduate major as opposed to 8 percent of white men. Respondents in all racial/ethnic groups were about equally likely to have majored in the social sciences, with proportions following this course of study ranging from 13 percent of white respondents to 17 percent of Hispanic respondents. Less than 10 percent of all respondents indicated other majors such as the physical sciences, humanities or fine arts, social work or something else.

Reflecting their older median age noted above, more white respondents also graduated from college in an earlier decade than minority respondents. Thus, the largest group of white respondents, 32 percent, said they graduated in the decade between 1982 and 1991. In contrast, the greatest proportion of black (34 percent) and Asian (36 percent) respondents graduated in the decade between 1992 and 2001 and the greatest proportion of Hispanic respondents (28 percent) graduated in the decade between 2002 and 2011.

Graduate education. Over 90 percent of all respondents had completed a graduate degree (Table 13). About half of all respondents majored in health administration (the exact proportions range from 43 percent among white women to 52 percent among black and white men). Nearly a third of white and Hispanic respondents majored in business administration, while about a quarter of black and Asian respondents did so. Asian men (33 percent) were more likely to major in business administration than Asian women (19 percent). Between 7 and 13 percent of members of the different racial/ethnic groups took degrees in clinical areas, clinical administration or other allied health field; less than 10 percent took degrees in public health, public administration/public policy or something else.

Similar to the case with their undergraduate education, members of other racial/ethnic groups in the study were more likely to have received the graduate degree that most directly pertained to their healthcare career more recently than white respondents. Fifty-five percent of Hispanic respondents, 56 percent of black respondents and 60 percent of Hispanic respondents received their relevant graduate degrees since 2011, as opposed to 41 percent of white respondents.

Early socialization experiences. Table 14 shows that, in general, a higher proportion of black and Asian respondents participated in internships and fellowships in healthcare management than white or Hispanic respondents. Thirty-seven percent of black and 42 percent of Asian respondents reported completing internships and 17 percent of both black and Asian respondents completed fellowships. This is in contrast to roughly one-quarter of white and Hispanic respondents completing internships and one-tenth completing fellowships. Asian women were somewhat more likely to complete internships and fellowships (52 percent and 23 percent, respectively) than were Asian men (35 percent and 12 percent, respectively). Overall, about 20 percent of respondents took a residency, although women did so in smaller proportions than men across all ethnic/racial groups. The largest of these gender gaps occurred between white men and women; 25 percent of white men and 14 percent of white women reported they had completed a residency. More than half of those who participated in a residency eventually were hired by that organization. Even higher proportions, about three quarters, of those who took fellowships were subsequently hired by that employer. Clearly, residency and fellowship opportunities are effective methods to embark on a career in healthcare management.

Mentors. As was true in prior studies, having a mentor was the most commonly reported of the various early socialization experiences in healthcare management. About three-fourths of all respondents stated they had a mentor. While more than three-fourths of all women cited a mentor, the percentage varied more among men. Asian men (68 percent) were the least likely to report having a mentor, as opposed to white (78 percent), black (80 percent) or Hispanic (81 percent) men.

White men were most often identified as mentors by all men regardless of race/ethnicity; 81 percent of Asian men, 80 percent of white men, 74 percent of black men and 73 percent of Hispanic men said at least one of their mentors was a white male. Black, white and Asian women were almost equally likely to identify either a white man or woman as a mentor. Fifty-eight percent of black women said they had a white male mentor and an almost equal proportion (57 percent) named a white female mentor. Respondents could indicate as many mentors as they wished, so proportions will add up to more than 100 percent. Similarly, 69 percent of white women indicated they had a white male mentor, and an equal proportion said they had a white female mentor. Sixty-six percent of Asian women identified a white male mentor and 63 percent named a white female mentor. Hispanic women more often cited white women as mentors (69 percent) than white men (44 percent).

In addition, approximately half of black respondents also named black male or female mentors. A smaller proportion of Hispanic respondents said they had mentors who were Hispanic/Latino men (30 percent) or Hispanic/Latina women (18 percent). An even

smaller proportion of Asian respondents (13 percent) said they had male or female Asian mentors. Less than 10 percent of minority respondents named a mentor who was part of another minority group or of mixed race.

Career origins. Table 15 shows the first position taken by the survey respondents in healthcare management. The greatest proportion of respondents began their careers as department heads; more than a third of black and Asian respondents and almost half of Hispanic and white respondents. The second largest proportion of respondents began their careers as department staff, with about a quarter of white and Hispanic respondents doing so along with about a third of black and Asian respondents. Men were somewhat more likely than women to start their careers at the vice president level or above; roughly a quarter of black, white and Hispanic men began at these more senior positions as opposed to 14 percent of women in these racial/ethnic groups. Among Asian respondents, 18 percent of men versus 7 percent of women began their careers at the vice president level or above.

Among men, regardless of racial/ethnic group, the most common area to start a management career was in general management. Roughly 40 percent of all male respondents began their careers in this area. In contrast, general management was the most common first area of responsibility for black (34 percent), Asian (43 percent) and Hispanic (49 percent) women only. For white women, the most common area was clinical management or management of clinical support areas (38 percent). Roughly one-fifth of all respondents began their careers within a single discipline (e.g., finance, human resources).

Overall, more than 65 percent of all respondents began their careers in hospitals. Significantly more white respondents began their careers in freestanding hospitals (42 percent) than did persons in other race/ethnicity groups (30 percent among Hispanic respondents, 26 percent among Asian respondents and 24 percent among black respondents). Conversely, a higher proportion of members 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 the hospitals where respondents began their careers is large—ranging from 260 to 376 beds. Among men, white and Hispanic respondents reported starting their careers in somewhat smaller hospitals (260 beds for white respondents and 270 for Hispanic respondents) than did Asian (340 beds) or black (363 beds) respondents. Among women hospital size was not so varied, ranging from 308 beds for white respondents to 376 beds for black respondents. More respondents within each race/ethnicity group were first employed at not for profit secular organizations than any other single type of organization (the proportion starting their career at such organizations ranged from 38 percent of Hispanic respondents to 51 percent of white respondents). Other types of organizations included not for profit church-affiliated, investor-owned, other types of not for profit, military or other government or self-employment. Overall, more than 70 percent of members of all racial/ethnic groups chose their first firm expecting to build their careers in those organizations.

Career experience. Table 16 provides an overview of the years of professional experience attained by members of the different race/ethnicity and gender groups in the study — another potential explanation for differences in career outcomes. White respondents in the study had accrued the most healthcare management experience with a median of 19.0 years. Asian respondents had the lowest median number of years of healthcare management experience with 9.1, and black and Hispanic respondents fell in between with median years of healthcare management experience of 13.5 and 12.5 years, respectively. In general, this pattern holds for both women and men.

Respondents were also asked about their years of experience in any healthcare position. The widest gap was among white women, with a median of 25 years of experience in healthcare but a median of 18.4 years in healthcare management. This is likely due to the fact that, as noted earlier, the proportion of white women who began their careers in clinical positions is higher than with any other racial/ethnic or gender group in the study.

Changing organizations. The second section of Table 16 shows respondents' transitions from one organization to another during their careers. Overall, a minority reported still occupying their first healthcare management position. Asian respondents (18 percent) were most likely to be in their first position at the time of the survey; this is likely due to their younger age. (Thirteen percent of Hispanic respondents said they were still in their first healthcare management positions, and this proportion was 12 percent among black respondents and 8 percent among white respondents). Roughly one-quarter of all respondents were in their first organization but in a different position and roughly two-thirds were no longer in the same organization where they started their healthcare careers. In general, men were somewhat more likely than women to be in a different organization from the one where they started in healthcare management. Between 48 and 61 percent of women in the different racial/ethnic groups had changed organizations since their first healthcare management job; this range was between 57 and 71 percent for men.

Mentoring others. Between half and three-quarters of respondents said they had served or were currently serving as a mentor for someone in healthcare management. Asian respondents of both genders (58 percent among men and 57 percent among women) and Hispanic women (59 percent) were the least likely to say they had mentored another healthcare management professional. Black respondents (75 percent for men and 71 percent for women) were the most likely to say they had served as mentors for others in the healthcare management field.

Career history. Table 17 presents elements of the respondents' career histories that have special significance for a study on the impact of race/ethnicity on attainments.

Interruptions in career paths. The first part of Table 17 shows how survey participants responded when asked if they had ever taken a less desirable position for a number of common reasons. Roughly 30 percent of all respondents said they had taken less desirable positions to respond to family demands, although a higher proportion of black women (38 percent) said they had done so than had black men (26 percent).

In general, black (29 percent) and Hispanic (26 percent) respondents were more likely than white (15 percent) or Asian (17 percent) respondents to say they had taken a less desirable position due to financial needs. Black and Hispanic respondents (38 percent and 36 percent, respectively) were more likely than white respondents (24 percent) to say they had taken a less desirable position because of lack of opportunity.

Very few—approximately 5 percent or less of the members of each racial/ethnic group—took a less desirable position because they lacked education. In addition, as can be seen in the second part of Table 17, 11 percent or less of all respondents said they had interrupted their careers for either family demands, financial needs, lack of opportunity or lack of education.

Five year review. The third section of Table 17 concerns events that occurred in the past five years, i.e., between 2009 and 2014. Again, black healthcare executives reported adverse events in their careers to a greater extent than other racial/ethnic groups. Forty-one percent of black respondents (compared to 20 percent of Hispanic respondents, 19 percent of Asian respondents and 5 percent of white respondents) said they had failed to receive fair compensation due to their race/ethnicity. Among black respondents, 39 percent said they had failed to be promoted because of their race/ethnicity compared to 23 percent of Asian respondents, 19 percent of Hispanic respondents and four percent of white respondents. About a third (29 percent) of black respondents said they failed to be hired because of their race/ethnicity during the past five years. This is compared to 16 percent of Asian, 13 percent of Hispanic and two percent of white respondents. Finally, 28 percent of black respondents, as opposed to 17 percent of Asian respondents, 15 percent of Hispanic respondents and 10 percent of white respondents felt they were evaluated according to inappropriate standards.

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 Asian respondents affirmed this than members of any other racial/ethnic group. Thirteen percent of Asian respondents compared to 9 percent of Hispanic respondents, 7 percent of black respondents and 2 percent of white respondents stated this was the case. Eleven percent or fewer respondents in any racial/ethnic or gender group said they received preferential treatment in hiring because of their race/ethnicity during the past five years.

Overall career assessment. Moving now to a more global career assessment, the fourth section of Table 17 shows that three quarters or more of all respondents felt their education adequately prepared them for the challenges they faced in their first management position. Both black male and black female respondents (86 percent) agreed with this statement to a greater degree than respondents belonging to other racial/ethnic groups. Just over two-thirds of respondents in all racial/ethnic groups reported that they were able to maintain balance between work and personal lives.

Respondents in different racial/ethnic groups differed in how satisfied they were with the progress they had made toward meeting their overall career goals. Eighty-eight percent of white respondents compared to 67 percent of black respondents were satisfied with the

progress they had made. Overall, 80 percent of Hispanic and 77 percent of Asian respondents reported being satisfied with their career progress.

Respondents also showed important differences when asked if they had been negatively affected by racial/ethnic discrimination in their careers. While 10 percent of white respondents stated this was so, 48 percent of black respondents stated that they had been discriminated against. Twenty-seven percent of Hispanic and 26 percent of Asian respondents stated they had been negatively affected by racial discrimination.

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 64 percent of black respondents and about a third of Hispanic and Asian respondents stated they had witnessed this, only 16 percent of white respondents recalled such experiences. This research is unable to determine the extent to which respondents are variously 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 respondents' first healthcare management positions in their current firms and compares this to their current healthcare management positions. The reader should be aware that in some cases the first position in the current firm may not be the first healthcare management the respondent has ever held. Conversely, in a minority of cases it may be their first position. This analysis is intended to examine within-firm mobility of the various racial/ethnic groups.

The highest proportion of male respondents across all racial/ethnic groups identified their first position in their current firm as department head (ranging from 26 percent among white men to 38 percent among Hispanic men). The second most common position in which men started in their current firms differed by race/ethnicity. White men identified CEO (22 percent), Asian men identified department staff (21 percent), black men identified vice president (18 percent) and Hispanic men identified COO/senior vice president (18 percent) as their first position in their current firm. Most notably, as reported above, almost a quarter of white men reported that their first position in their current firm was at the CEO level. In contrast, 17 percent of Hispanic men, 16 percent of black men and 7 percent of Asian men held CEO positions as their first position in their current firm.

Like the men, the highest proportions of female respondents across all racial/ethnic groups also identified their first position in their current firm as department head (ranging from 36 percent among Hispanic women to 43 percent among white women). However, the second highest proportion of female respondents across all racial/ethnic groups identified department staff as their first position at their current firm (ranging from 17 percent among white women to 28 percent among black and Asian women), unlike the male respondents.

Tenure in current firm and position. Table 3 described the current positions of the members of the different racial/ethnic and gender groups. As shown in Table 18, it is important to note that white respondents have been in their current firm for a longer

period of time at the time of the survey (median tenure was 6.3 years) than members of the other racial/ethnic groups (within which the median tenures were 5.0 years, 4.2 years and 4.0 years for black, Hispanic and Asian respondents, respectively). Median tenure in their current positions within their current firms ranged between two and three years for members of the different race/ethnicity groups.

Promotions in current firm. Table 19 shows the transitions of respondents from their first position in their current firm to their current position. In a number of cases, there were fewer than 30 respondents, which precludes a statistical presentation of those particular racial/gender groups. 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 were CEOs at the time of the survey as well. In addition, about three-quarters or more of those who began as COO/senior vice presidents were in CEO roles. Similarly, over 70 percent of those executives whose first position was at the vice president or assistant administrator level were currently in the same position.

Forty-six percent of white respondents who began as department heads were in those positions at the time of the survey. But 36 percent of those who started in such positions were higher in the management hierarchy; they were either vice presidents (17 percent), COO/senior vice presidents (9 percent) or CEOs (10 percent).

This pattern of ascendancy is not as evident among the racial/ethnic minorities. For example, of the black respondents who began in their current organization at the department head position, 52 percent were in that position when the survey was conducted and only 22 percent had ascended the organization's hierarchy. Similarly, 25 percent of Hispanic respondents and 19 percent of Asian respondents who joined their current firm as department heads had taken on more senior positions since then. Recall, however, that as noted above white respondents reported longer tenures in their current firm than members of any racial/ethnic minority.

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 variation in the proportion of members of the different racial/ethnic groups planning to leave their current organizations in the coming year. Twenty-six percent of black, 20 percent of Asian, 19 percent of white and 17 percent of Hispanic respondents 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, a lower

proportion of black (59 percent) and Asian respondents (51 percent) stated they wanted to remain in their current type of organization compared to 65 percent of Hispanic respondents and 71 percent of white respondents. Almost one-quarter of black and Asian respondents said they would like to change the type of organization in which they work (as opposed to 15 percent of white respondents and 18 percent of Hispanic respondents).

Five years from now, about 70 percent of black, white and Hispanic males, and 80 percent of Asian males, expect to be working in a hospital or system (Table 20). These are similar to the proportions of men who reported working in these settings in 2014. About two-thirds of black and Asian women, and closer to three-quarters of white and Hispanic women, also expected to be working in a hospital or health system in 5 years, and these are also similar to the proportions of women in the study working in these settings in 2014. Between 5 and 14 percent of all men and women in the study expect to be working for some other type of direct provider, and the remainder (between 14 and 28 percent of all study respondents) expect to be working in some other type of setting.

Aspirations to be a CEO. As in prior research, we asked respondents whether or not they aspired to become a CEO in five, ten and fifteen years. (The data presented include those who were CEOs at the time of the survey.) White men were more likely than minority men to expect to be CEOs in the next five years. Almost half, 42 percent, of white men were looking to occupy the CEO position within the next five years, as opposed to 32 percent of black men, 31 percent of Hispanic men and 20 percent of Asian men. Equal proportions of black, white and Hispanic men (48 percent) and a lower proportion (30 percent) of Asian men expect to become CEOs in 10 years, and in fifteen years over half of the men in the study expect to occupy CEO positions (55 percent of white and Asian men, 67 percent of black men and 69 percent of Hispanic men).

Across the board, a smaller proportion of women saw themselves occupying CEO positions than men in the study. Between 14 and 22 percent of women in all racial/ethnic groups expected to be CEOs in 5 years, and between 22 and 31 percent of all women in the study expected to obtain this position within 10 years. Within 15 years between 37 and 47 women among all of the race/ethnicity groups expect to occupy this top leadership role.

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 were predominantly members of ACHE. Between 91 percent (black) and 99 percent (white) of respondents were ACHE members. About 40 percent, of black respondents were members of NAHSE, 17 percent of Hispanic respondents were members of the National Forum for Latino Healthcare Executives and 14 percent of Asian respondents were members of the Asian Health Care Leaders Association.

The highest proportion of all respondent groups stated that they had attended an ACHE event in the previous three years, i.e., since January 2011. Roughly two-thirds of black, white and Asian respondents, and 58 percent of Hispanic respondents, stated they had attended an ACHE event in that time period. Thirty-one percent of NAHSE members had attended a NAHSE event since January 2011. Overall, a majority of executives in all racial/ethnic groups had participated in a professional society event in the recent past.

Discussion and Conclusions

The bottom line question is, “According to the 2014 study, have we made progress in reducing the disparities observed in previous studies concerning the career attainments of racial/ethnic minorities in healthcare management?” In looking at the evidence from the 2014 study, the reader is reminded that the results from this survey, like those conducted previously, are not intended to represent the state of the healthcare field because the participants are not a random, representative sample of all healthcare executives. However, comparisons between members of the different racial/ethnic groups within the 2014 study, and comparisons with the sample of respondents in the 2008 study, hold valuable information for healthcare leaders who are looking to create inclusive organizations.

The positive news from the 2014 study is that:

1. When results are controlled for differing education and experience, the gap in median salary between white and Hispanic or Asian respondents is either much smaller than in 2008 or, in some cases, no longer exists.
2. The proportion of minority men in CEO positions is closer to that of white men in the 2014 study than in the 2008 study. While the ratio of proportions of Hispanic men to white men in CEO positions (78 percent) has remained relatively stable between the two studies, the ratio of proportions of black men to white men in CEO positions in the 2014 study was 62 percent; an increase from the 47 percent among respondents to the 2008 survey. Similarly, the ratio of proportions of Asian men to white men in CEO positions increased from 15 percent in the 2008 study to 28 percent in 2014.
3. The proportions of black men who said the quality of relationships between minority and white managers could be improved in their organizations, and who felt that the quality of relationships between minorities from different racial/ethnic groups could be improved in their workplace, were each lower in the 2014 survey than in the 2008 survey (by 10 percent and 9 percent, respectively).

Some disparities were more evident among respondents to the 2014 study than among those who participated in the 2008 study, namely:

1. In 2008 we reported that the proportion of minority women, particularly Asian and Hispanic women, in CEO positions was closer to that of white women than in 2002. In 2014 the gap has again widened between the proportions of white and minority

female respondents occupying the CEO role. The ratio of proportions of black female respondents to white female respondents in CEO positions was 77 percent in 2008; it dropped to 57 percent in 2014. Similarly, the ratio between proportions of Hispanic and white women in CEO positions was 92 percent in 2008, but in 2014 this went down to 78 percent. The ratio of proportions of Asian and white women in CEO positions (78 percent) has remained fairly stable between the two studies.

2. The difference in median compensation between black and white women, controlling for education and experience, is greater in the 2014 study than it was in the 2008 study. The difference was less than a percent in 2008; in the 2014 study it was 13 percent.

Finally, there was little change in some key areas from 2008, namely:

1. Median salary for black men in 2014 was still less than that for white men, controlling for education and years of experience, by 17 percent. Also controlling for education and experience differences, there remains a gap between median salaries for men and women ranging from 16 percent among Hispanic respondents to 25 percent among Asian respondents.
2. In 2014 there continues to be disparity between white and minority respondents with respect to the amount of discrimination they report having experienced. For example, 29 percent of black respondents, 13 percent of Hispanic respondents and 16 percent of Asian respondents felt they were not hired for a position in the last five years because of their race/ethnicity, as opposed to 2 percent of white respondents. Similarly, 41 percent of black respondents, 20 percent of Hispanic respondents and 19 percent of Asian respondents reported they had failed to receive fair compensation in the last five years because of their race/ethnicity; this was only reported by 5 percent of white respondents. Looking more broadly at their working life, 48 percent of black respondents, 27 percent of Hispanic respondents and 26 percent of Asian respondents reported they had been negatively affected by racial/ethnic discrimination in their careers as opposed to 10 percent of white respondents. These are very similar to the findings in 2008.
3. Both the 2008 and 2014 studies looked at the prevalence of the following diversity programs in organizations: affirmative action plans, diversity committees, a manager responsible for diversity, diversity training for managers at least every three years, diversity evaluations for managers, social gatherings for employees and mentoring programs. There has been little change in the prevalence of these programs in healthcare organizations since 2008, as reported by respondents. While more than half of the organizations described in the study had affirmative action plans and social gatherings for employees in place, roughly half or fewer of respondents said the rest of these programs existed where then worked.
4. One of the recommendations from the 2008 study was that organizations continue to offer residencies and fellowships in healthcare management. Since the majority of respondents who serve as residents and fellows are hired by the organizations

employing them in this capacity, they offer a way for healthcare managers to get a start on their careers. There has been little change in the past six years in the proportion of survey respondents who say they have completed a residency or fellowship; still in 2014 a minority of respondents (one-quarter or fewer) reported participating in one of these programs.

So, while this study suggests there has been some progress in closing salary gaps between white, Asian and Hispanic healthcare executives, that minority men may be attaining more senior positions and that black executives may be feeling a little more positively about two components of race relations in their organizations; there is more to do to address equity issues in healthcare management for men and women in different racial/ethnic groups. Healthcare leaders are urged to examine their compensation structure to ensure that pay is based on the qualifications and responsibilities of the employed executive and in no way reflect biases relative to his/her gender or race/ethnicity.

Further, having a diverse pool of candidates for senior leadership positions requires development of more junior-level staff. This study again reveals the importance of mentors in the development of senior leaders and we recommend that those overseeing healthcare organizations ensure that formal and informal mentoring programs are in place. Residency and fellowship programs have advantages both for beginning executives and the organizations who offer them; it is a good way of helping new healthcare managers to get a start in the field and allows organizations to work with promising future leaders before making a permanent hiring decision about them.

Finally, this study examined the prevalence of diversity programs in place in healthcare organizations and found that most are present in half or fewer of them. Yet, a number of these programs were also shown to be related to minority executives feeling more positive about race relations in their workplaces. At this time, it is unlikely that truly inclusive organizations will develop without significant support from leaders and accountability at all levels. Healthcare leaders need to clearly communicate the importance of creating a diverse workplace. In addition, healthcare organizations need to look carefully at the diversity of staff in all positions and whether it reflects the communities they serve, the inclusiveness of their hiring and promotion practices and the relations among employees and managers of different racial/ethnic groups and put in place programs to create a truly inclusive workforce.

Table 1. Sample and Response Rates (numbers unless otherwise indicated)

	Black	White	Hispanic	Asian	All
Sample (n)¹	1573 ²	1398	986 ³	1121 ⁴	5078
Responses (n)	484 ⁵	420	299 ⁶	318 ⁷	1521
Response rate (%)	30.8%	30.0%	30.3%	28.4%	30.0%
Analyzed (n)	445	401	271	292	1409
Males (n)	221	183	159	157	720
(%)	49.7%	45.6%	58.7%	53.8%	51.1%
Females (n)	224	218	112	135	689
(%)	50.3%	54.4%	41.3%	46.2%	48.9%

¹ (n) denotes number rather than percent

² 1202 ACHE members, 225 NAHSE members and 146 members of both organizations

³ 912 ACHE members, 35 NFLHE members and 39 members of both organizations

⁴ 1064 ACHE members, 34 AHCLA members and 23 members of both organizations

⁵ 361 ACHE members, 60 NAHSE members and 63 members of both organizations

⁶ 271 ACHE members, 6 NFLHE members and 22 members of both organizations

⁷ 294 ACHE members, 12 AHCLA members and 12 members of both organizations

Table 2. Demographic Information by Race/Ethnicity and Sex (percent)

Age	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
< 35	15%	8%	17%	21%*	11%	10%	15%	33%*	13%	9%	16%	27%*
35 - 44	29	21	28	42	33	18	32	30	31	20	30	36
45 - 54	26	32	25	19	32	33	26	22	29	32	25	20
55 +	<u>30</u>	<u>39</u>	<u>30</u>	<u>18</u>	<u>24</u>	<u>39</u>	<u>27</u>	<u>14</u>	<u>27</u>	<u>39</u>	<u>29</u>	<u>16</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Median	48	51	48	41	46	52	48	40	47	52	48	41
(N)	(214)	(183)	(159)	(156)	(218)	(217)	(112)	(132)	(432)	(400)	(271)	(288)
Marital Status												
Married/Partnered	81%	90%	85%	76%*	65%	77%	79%	70%*	73%	83%	82%	74%*
Single	<u>19</u>	<u>10</u>	<u>15</u>	<u>24</u>	<u>35</u>	<u>23</u>	<u>21</u>	<u>30</u>	<u>27</u>	<u>17</u>	<u>18</u>	<u>26</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(218)	(182)	(157)	(156)	(220)	(211)	(111)	(131)	(438)	(393)	(268)	(287)
Number of children												
0	25%	18%	24%	32%*	26%	30%	26%	40%*	25%	25%	25%	35%*
1	14	13	10	15	23	15	22	20	18	14	15	17
2	26	34	28	34	33	36	34	34	30	35	31	34
3 or more	<u>36</u>	<u>34</u>	<u>38</u>	<u>19</u>	<u>18</u>	<u>19</u>	<u>18</u>	<u>7</u>	<u>27</u>	<u>26</u>	<u>29</u>	<u>14</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Median	2	2	2	2	2	2	2	1	2	2	2	1
(N)	(214)	(180)	(153)	(155)	(211)	(208)	(112)	(128)	(425)	(388)	(265)	(283)

Footnotes are denoted at the end of Table 2 on the following page

Table 2. (continued) Demographic Information by Race/Ethnicity and Sex (percent)

Highest education level completed	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
College graduate	5%	9%	6%	3% [*]	5%	6%	7%	7%	5%	8%	7%	5% [*]
Master's degree	74	81	75	73	78	84	80	80	76	83	77	76
Doctorate or professional degree	<u>20</u> 100%	<u>10</u> 100%	<u>18</u> 100%	<u>24</u> 100%	<u>17</u> 100%	<u>10</u> 100%	<u>13</u> 100%	<u>14</u> 100%	<u>18</u> 100%	<u>10</u> 100%	<u>16</u> 100%	<u>19</u> 100%
(N)	(219)	(183)	(155)	(157)	(218)	(217)	(111)	(132)	(437)	(400)	(266)	(289)

¹ In this table and the following tables, (N) denotes the number of respondents who answered that item in the study.

* Chi-square significant $p < .05$

Table 3. Current Position by Race/Ethnicity and Sex (percent)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Chief Executive Officer	20%	32%	25%	9%*	8%	14%	11%	11%*	14%	22%	20%	9%*
Chief Operating Officer/ Senior Vice President	16	19	19	17	11	18	19	13	13	18	19	15
Vice President	23	20	13	18	20	22	19	8	21	22	16	13
Department Head	30	16	31	36	36	31	31	38	33	25	31	37
Manager/Supervisor/Program Director	2	3	1	5	7	4	6	7	4	3	3	6
Department staff	8	6	8	12	18	8	11	18	13	7	9	15
Consultant	◇	1	1	3	0	2	3	4	◇	2	2	4
Other	<u>1</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>◇</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(219)	(182)	(158)	(153)	(224)	(218)	(108)	(132)	(443)	(400)	(266)	(285)

* 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	57%	66%	64%	58%	48%	59%	69%	59%*	52%	62%	66%	59%*
Single business discipline (finance, human resources)	13	14	12	18	19	14	9	13	16	14	11	16
Clinical/clinical support	15	10	11	9	18	15	8	10	16	13	10	9
Ancillary/non-clinical support	7	5	5	8	5	4	4	8	6	5	5	8
Sector management (ambulatory, association)	8	4	5	7	10	7	7	9	9	6	6	8
Other	<u>0</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>1</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(221)	(182)	(157)	(153)	(222)	(216)	(110)	(135)	(443)	(398)	(267)	(288)

* Chi-square significant p < .05

◇ Less than 0.5%

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	52%	49%	45%	55%*	50%	51%	50%	48%*	51%	50%	47%	52%*
Freestanding hospital	16	26	27	17	19	29	19	19	18	28	24	18
Other direct provider	14	11	18	12	11	8	16	16	12	10	17	14
Public health agency/military (non- hospital)	9	3	5	3	5	1	3	2	7	2	4	2
Non-provider (e.g., consulting, education)	8	11	6	12	16	9	10	14	12	10	7	13
Other	<u>0</u> 100%	<u>1</u> 100%	<u>0</u> 100%	<u>0</u> 100%	<u>0</u> 100%	<u>0</u> 100%	<u>2</u> 100%	<u>1</u> 100%	<u>0</u> 100%	<u>1</u> 100%	<u>1</u> 100%	<u>1</u> 100%
(N)	(220)	(183)	(158)	(155)	(224)	(216)	(110)	(135)	(444)	(399)	(268)	(290)
Number of beds												
200 or fewer	32%	46%	45%	24%*	19%	32%	27%	31%	26%	38%	38%	27%*
201-400	21	27	23	33	40	30	30	33	31	28	26	33
401-600	16	15	14	17	17	17	22	15	16	16	17	16
601 +	<u>31</u> 100%	<u>12</u> 100%	<u>18</u> 100%	<u>26</u> 100%	<u>24</u> 100%	<u>21</u> 100%	<u>22</u> 100%	<u>21</u> 100%	<u>28</u> 100%	<u>17</u> 100%	<u>19</u> 100%	<u>24</u> 100%
Median	340	250	248	349	366	290	363	300	360	266	300	318
(N)	(121)	(119)	(94)	(90)	(115)	(145)	(60)	(75)	(236)	(264)	(154)	(165)

Footnotes are denoted at the end of Table 5 on the following page

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	19%	15%	16%	13%	13%	16%	13%	9%	16%	16%	15%	11%*
Not-for-profit secular	38	42	33	41	51	57	48	54	45	50	39	47
Investor owned	6	10	10	10	3	4	7	5	5	7	9	8
Other for profit	9	12	20	18	12	10	14	15	11	11	18	17
Military	6	4	5	6	4	2	2	5	5	3	4	6
Other government	19	14	15	10	16	12	16	11	18	13	15	10
Self-employed	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(217)	(182)	(156)	(156)	(219)	(217)	(111)	(133)	(436)	(399)	(267)	(289)
Composition of employees												
Majority Black (non-Hispanic)	22%	2%	6%	1%*	20%	2%	1%	1%*	21%	2%	4%	1%*
Majority Hispanic/Latino(a)	4	2	20	4	2	1	34	3	3	2	26	4
Majority White	62	86	51	61	65	80	44	53	63	83	48	57
Majority Asian	0	1	0	11	0	1	0	11	0	1	0	11
Majority American Indian/Aleut	0	0	1	0	0	0	0	0	0	0	1	0
No racial/ethnic majority (mixed)	<u>13</u>	<u>9</u>	<u>22</u>	<u>22</u>	<u>13</u>	<u>15</u>	<u>21</u>	<u>31</u>	<u>13</u>	<u>13</u>	<u>21</u>	<u>26</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(220)	(180)	(158)	(157)	(220)	(216)	(109)	(134)	(440)	(396)	(267)	(291)

* Chi-square significant p < .05

◇ Less than 0.5%

Table 6. Current Organization’s Culture by Race/Ethnicity and Sex (percent in place)

Diversity programs in place	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Affirmative action plan	50%	58%	68%	70%*	63%	79%	67%	68%	56%	69%	67%	69%*
(N)	(160)	(148)	(127)	(120)	(152)	(162)	(84)	(92)	(312)	(310)	(211)	(212)
Diversity committee	46%	39%	42%	48%	47%	54%	43%	50%	46%	47%	42%	49%
(N)	(191)	(158)	(138)	(136)	(195)	(191)	(93)	(113)	(386)	(349)	(231)	(249)
A manager responsible for diversity	45%	39%	38%	47%	47%	50%	44%	45%	46%	45%	41%	46%
(N)	(191)	(160)	(138)	(129)	(197)	(190)	(94)	(111)	(388)	(350)	(232)	(240)
Diversity training for managers at least every 3 years	41%	59%	57%	47%*	43%	62%	52%	43%*	42%	61%	55%	45%*
(N)	(184)	(155)	(138)	(132)	(193)	(187)	(95)	(105)	(377)	(342)	(233)	(237)
Diversity evaluations for managers	20%	18%	22%	21%	16%	23%	24%	25%	18%	21%	23%	23%
(N)	(179)	(147)	(126)	(122)	(175)	(162)	(86)	(100)	(354)	(309)	(212)	(222)
Social gatherings for employees	69%	78%	78%	75%	69%	83%	73%	73%*	69%	80%	76%	74%*
(N)	(203)	(175)	(147)	(153)	(206)	(207)	(103)	(122)	(409)	(382)	(250)	(275)
Affinity groups	33%	31%	33%	44%	31%	35%	29%	38%	32%	33%	32%	42%*
(N)	(147)	(129)	(105)	(111)	(162)	(137)	(78)	(84)	(309)	(266)	(183)	(195)
Mentoring programs	44%	58%	56%	53%*	50%	62%	56%	51%*	47%	60%	56%	52%*
(N)	(198)	(168)	(148)	(146)	(206)	(203)	(97)	(122)	(404)	(371)	(245)	(268)
Policy of seeking diversity in candidates considered for hire	44%	55%	54%	49%	51%	63%	48%	54%	48%	59%	52%	51%
(N)	(167)	(143)	(126)	(118)	(169)	(163)	(89)	(97)	(336)	(306)	(215)	(215)

Footnotes are denoted at the end of Table 6 on page 49

Table 6. (continued) 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
Strategic or business objective to increase diversity and inclusion	39%	38%	46%	47%	40%	49%	38%	48%	39%	44%	42%	48%
(N)	(167)	(151)	(127)	(121)	(168)	(167)	(85)	(95)	(335)	(318)	(212)	(216)
Plan to increase the number of ethnically, culturally and racially diverse executives on the senior leadership team	25%	32%	38%	38%	26%	35%	27%	27%	26%	34%	33%	33%
(N)	(167)	(135)	(122)	(107)	(142)	(141)	(79)	(79)	(309)	(276)	(201)	(186)
A portion of executive compensation tied to diversity goals	10%	7%	12%	11%	9%	12%	9%	11%	9%	10%	11%	11%
(N)	(160)	(143)	(115)	(100)	(146)	(145)	(76)	(82)	(306)	(288)	(191)	(182)

Footnotes are denoted at the end of Table 6 on page 49

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
Rewards for fluency in Spanish												
Yes, with additional pay	8%	7%	13%	10%	11%	7%	14%	12%	10%	7%	13%	11%
Yes, by providing greater visibility	13	13	15	7	13	8	12	8	13	10	14	8
Yes, by offering more promotional opportunities	9	6	5	4	8	4	5	4	8	5	5	4
(N)	(203)	(174)	(150)	(151)	(211)	(206)	(110)	(120)	(414)	(380)	(260)	(271)

Footnotes are denoted at the end of Table 6 on page 49

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	31%	27%	34%	34%	21%	20%	30%	28%	26%	23%	32%	31%*
(N)	(208)	(169)	(152)	(150)	(216)	(208)	(109)	(125)	(424)	(377)	(261)	(275)
Informal dinners	11%	7%	10%	11%	3%	4%	8%	8%	7%	5%	9%	10%
(N)	(207)	(169)	(152)	(149)	(218)	(206)	(109)	(127)	(425)	(375)	(261)	(276)
Socializing after work	15%	11%	13%	17%	4%	7%	12%	10%	10%	9%	13%	14%
(N)	(209)	(170)	(152)	(149)	(215)	(209)	(109)	(127)	(424)	(379)	(261)	(276)
Attending cultural events	7%	5%	4%	5%	2%	3%	6%	3%	5%	4%	5%	4%
(N)	(207)	(170)	(152)	(149)	(215)	(207)	(109)	(127)	(422)	(377)	(261)	(276)
Attending sporting events	5%	5%	4%	5%	1%	2%	1%	2%	3%	3%	3%	4%
(N)	(208)	(170)	(152)	(149)	(217)	(207)	(109)	(128)	(425)	(377)	(261)	(277)
Participating in sports	8%	6%	11%	5%	1%	3%	3%	2%	4%	5%	8%	4%
(N)	(206)	(170)	(152)	(149)	(217)	(206)	(109)	(128)	(423)	(376)	(261)	(277)

Footnotes are denoted at the end of Table 6 on the following page

**Table 6. (continued) Current Organization's Culture by Race/Ethnicity and Sex
(percent agree or strongly agree)**

Views on racial/ethnic interactions	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Race relations within my organization are good	52%	90%	77%	78%*	53%	78%	75%	74%*	53%	83%	76%	76%*
(N)	(203)	(172)	(144)	(146)	(212)	(201)	(102)	(122)	(415)	(373)	(246)	(268)
Minority managers usually have to be more qualified than others to get ahead in my organization	68%	4%	20%	29%*	71%	8%	25%	29%*	69%	6%	22%	29%*
(N)	(204)	(164)	(143)	(146)	(210)	(194)	(95)	(119)	(414)	(358)	(238)	(265)
The quality of relationships between minority and white managers here could be improved	50%	17%	23%	28%*	54%	18%	26%	28%*	52%	17%	24%	28%*
(N)	(200)	(163)	(142)	(144)	(207)	(193)	(96)	(116)	(407)	(356)	(238)	(260)
The quality of relationships between minorities from different racial/ethnic groups could be improved here	54%	20%	30%	42%*	49%	23%	33%	33%*	52%	22%	31%	38%*
(N)	(202)	(166)	(142)	(144)	(203)	(195)	(96)	(118)	(405)	(361)	(238)	(262)
A greater effort should be made in my organization to increase the percentage of racial/ethnic minorities in senior healthcare management positions	78%	36%	50%	56%*	84%	44%	59%	62%*	81%	40%	53%	59%*
(N)	(202)	(168)	(141)	(147)	(213)	(195)	(95)	(117)	(415)	(363)	(236)	(264)

* Chi-square significant $p < .05$

Table 7. Salary and Bonus—2013 by Race/Ethnicity and Sex (percent)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Less than \$30,000	◇	0%	0%	0%	◇	0%	0%	1%*	◇	0%	0%	◇*
\$30,000 – 45,000	1%	1	1	1	3%	0	4	1	2%	◇	2	1%
\$45,001 – 60,000	4	3	1	7	4	2	8	3	4	3	4	5
\$60,001 – 75,000	3	4	5	5	8	4	11	17	5	4	7	10
\$75,001 – 90,000	12	6	5	6	12	9	8	9	12	7	6	7
\$90,001 – 105,000	10	8	11	7	15	10	10	7	13	9	11	7
\$105,001 – 120,000	11	5	10	10	13‡	11	10‡	10	12	9	10	10
\$120,001 – 135,000	5	6	8	7	8	11	4	11‡	7‡	9	6	8
\$135,001 – 150,000	6‡	4	7	10‡	6	7‡	5	11	6	6	6‡	11‡
\$150,001 – 165,000	5	7	7‡	8	4	8	6	6	4	7‡	7	7
\$165,001 – 180,000	6	6	7	3	4	7	5	5	5	6	6	4
\$180,001 – 200,000	8	5‡	3	5	4	4	3	5	6	5	3	5
\$200,001 – 225,000	5	9	7	5	5	9	10	5	5	9	8	5
\$225,001 – 250,000	3	6	6	5	4	5	5	2	4	5	5	3
\$250,001 – 300,000	3	10	6	6	6	4	5	5	4	7	5	5
\$300,001 – 350,000	5	5	5	5	2	2	2	2	4	4	4	3
\$350,001 – 400,000	2	4	4	4	0	2	3	1	1	3	3	2
\$400,001 – 450,000	2	3	1	1	2	◇	1	0	2	2	1	1
\$450,001 – 500,000	2	3	0	1	0	1	1	0	1	2	◇	1
More than \$500,000	5	7	6	5	1	2	2	2	3	4	4	4
Mean	\$185,068	\$225,520	\$194,541	\$191,389	\$142,190	\$166,065	\$154,595	\$142,748	\$163,727	\$193,411	\$178,058	\$168,952
Midpoint of median bracket¹	\$142,500	\$190,000	\$157,500	\$142,500	\$112,500	\$142,500	\$112,500	\$127,500	\$127,500	\$157,500	\$142,500	\$142,500
(N)	(220)	(178)	(158)	(153)	(218)	(209)	(111)	(131)	(438)	(387)	(269)	(284)

¹ Footnote is denoted at the end of Table 9 on page 52

‡ Median bracket

* Chi-square significant p < .05

◇ Less than 0.5%

Table 8. Mean Salary and Bonus—2013 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	241	310	268	§ ^a	§	234	§	§	231	284	266	§
(N)	(44)	(58)	(40)	(13)	(14)	(30)	(12)	(13)	(58)	(88)	(52)	(26)
Chief Operating Officer/ Senior Vice President	290	257	§	§	§	222	§	§	253	238	217	264
(N)	(34)	(32)	(29)	(24)	(24)	(37)	(21)	(17)	(58)	(69)	(50)	(41)
Vice President	199	197	§	§	212	190	§	§	205	193	212	208
(N)	(50)	(36)	(21)	(26)	(44)	(49)	(21)	(11)	(94)	(85)	(42)	(37)
Department Head	121	§	140	137	113	113	101	127 ^{b,c,d}	117	114	124	132 ^{b,c}
(N)	(66)	(29)	(49)	(55)	(80)	(65)	(33)	(49)	(146)	(94)	(82)	(104)
Manager/Supervisor/ Program Director	§	§	§	§	§	§	§	§	§	§	§	§
(N)	(4)	(5)	(2)	(7)	(15)	(8)	(6)	(9)	(19)	(13)	(8)	(16)
Department staff	§	§	§	§	89	§	§	§	88	§	§	89
(N)	(16)	(11)	(12)	(19)	(40)	(16)	(12)	(23)	(56)	(27)	(24)	(42)
Consultant	§	§	§	§	---	§	§	§	§	§	§	§
(N)	(1)	(2)	(2)	(5)	(0)	(3)	(2)	(4)	(1)	(5)	(4)	(9)
Other	§	§	§	---	§	§	---	§	§	§	§	§
(N)	(3)	(5)	(2)	(0)	(1)	(1)	(0)	(2)	(4)	(6)	(2)	(2)

§ Too few observations for statistical reliability

^a t-test significant p < .05 between black and white respondents

^b t-test significant p < .05 between Asian and white respondents

^c t-test significant p < .05 between Asian and black respondents

^d t-test significant p < .05 between Asian and Hispanic respondents

Table 9. Median and Predicted Median Total Compensation 2013 Controlling for Education and Years of Experience

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Median (\$)¹	138,214	184,444	152,046	148,500	113,304	141,563	121,875	124,615	121,944	157,759	142,941	137,328
(N)	(214)	(176)	(151)	(149)	(211)	(204)	(111)	(130)	(425)	(380)	(262)	(279)
Median controlling for education and experience (\$)²	153,004	184,444	169,829	191,961	123,131	141,563	141,899	143,577	131,933	157,759	155,444	159,912
(N)	(214)	(176)	(151)	(149)	(211)	(204)	(111)	(130)	(425)	(380)	(262)	(279)

¹Respondents 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.

²To 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, cross-tables 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	76%	78%	76%	79%	71%	77%	82%	77%	74%	78%	78%	78%
(N)	(219)	(183)	(159)	(157)	(222)	(217)	(110)	(135)	(441)	(400)	(269)	(292)
The amount of pay and fringe benefits I receive for what I contribute to this organization	57%	69%	67%	66%	59%	67%	67%	61%	58%	68%	67%	64%*
(N)	(220)	(183)	(159)	(157)	(222)	(216)	(110)	(135)	(442)	(399)	(269)	(292)
The sanctions and treatment I receive when I make a mistake	62%	78%	70%	74%*	66%	70%	73%	65%	64%	74%	71%	70%*
(N)	(220)	(183)	(158)	(157)	(221)	(214)	(107)	(135)	(441)	(397)	(265)	(292)
The degree of respect and fair treatment I receive from those who supervise me	82%	86%	81%	84%	70%	79%	83%	81%*	76%	82%	82%	83%*
(N)	(220)	(183)	(159)	(157)	(220)	(214)	(110)	(135)	(440)	(397)	(269)	(292)
The degree of respect and fair treatment I receive from the employees I supervise	89%	92%	89%	90%	85%	91%	90%	85%	87%	92%	90%	88%
(N)	(218)	(183)	(158)	(156)	(220)	(215)	(109)	(132)	(438)	(398)	(267)	(288)

Footnotes are denoted at the end of Table 10 on the following page

Table 10. (continued) 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 independent thought and action I can exercise in my job	81%	86%	88%	88%	81%	86%	86%	81%	81%	86%	87%	85%
(N)	(220)	(183)	(158)	(157)	(223)	(217)	(110)	(135)	(443)	(400)	(268)	(292)
Overall, how satisfied are you in your present position	82%	87%	86%	85%	74%	82%	85%	79%*	78%	84%	86%	82%
(N)	(220)	(183)	(159)	(157)	(223)	(217)	(110)	(135)	(443)	(400)	(269)	(292)

* 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	64%	80%	76%	74%*	57%	78%	77%	66%*	61%	79%	76%	70%*
(N)	(220)	(182)	(158)	(157)	(220)	(217)	(110)	(135)	(440)	(399)	(268)	(292)
I am very interested in what others think about my organization	95%	96%	97%	97%	92%	96%	98%	97%*	94%	96%	98%	97%*
(N)	(220)	(182)	(158)	(157)	(223)	(217)	(110)	(135)	(443)	(399)	(268)	(292)
When I talk about my organization, I usually say "we" rather than "they"	95%	97%	99%	98%	94%	98%	97%	95%	95%	97%	98%	97%
(N)	(220)	(182)	(156)	(156)	(222)	(217)	(110)	(135)	(442)	(399)	(266)	(291)
This organization's successes are my successes	94%	90%	96%	94%	87%	92%	96%	90%*	90%	91%	96%	92%*
(N)	(219)	(182)	(158)	(157)	(223)	(217)	(110)	(135)	(442)	(399)	(268)	(292)
When someone praises my organization, it feels like a personal compliment	87%	86%	89%	90%	81%	84%	94%	83%*	84%	85%	91%	87%
(N)	(220)	(183)	(158)	(157)	(222)	(217)	(110)	(135)	(442)	(400)	(268)	(292)
I act like a typical member of my organization to a great extent	60%	71%	78%	72%*	56%	64%	69%	70%*	58%	67%	74%	71%*
(N)	(220)	(181)	(158)	(157)	(220)	(216)	(110)	(135)	(440)	(397)	(268)	(292)

* 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%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(219)	(183)	(155)	(157)	(218)	(217)	(111)	(132)	(437)	(400)	(266)	(289)
Field of undergraduate degree												
Health Administration	18%	10%	12%	5%*	18%	10%	17%	7%*	18%	10%	14%	6%*
Biological Sciences	19	19	21	33*	15	15	17	29*	17	17	19	31*
Physical Sciences	9	5	6	11	3	3	3	8	6	4	5	9*
Social Sciences	14	17	19	11	15	9	13	18	14	13	17	14
Humanities/Fine Arts	5	8	4	8	4	6	11	5	5	7	7	7
General Business	25	30	30	21	21	17	20	11	23	23	26	17
Nursing	3	8	7	4	23	34	8	15*	13	22	8	9*
Social Work	◇	0	0	0	2	1	1	1	1	1	◇	◇
Other health related degree (not health admin or nursing)	8	5	6	11	4	7	9	14*	6	6	7	12*
Other	<u>3</u>	<u>2</u>	<u>4</u>	<u>4</u>	<u>2</u>	<u>5</u>	<u>5</u>	<u>1</u>	<u>3</u>	<u>3</u>	<u>5</u>	<u>3</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(219)	(183)	(156)	(156)	(219)	(218)	(110)	(133)	(438)	(401)	(266)	(289)

Footnotes are denoted at the end of Table 12 on the following page

Table 12. (continued) Undergraduate Education by Race/Ethnicity and Sex (percent)

Year of graduation	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
1962-1971	2%	8%	4%	4%*	1%	1%	2%	0%*	2%	5%	3%	2%*
1972-1981	21	22	14	12	15	28	17	12	18	25	15	12
1982-1991	20	32	26	19	23	32	22	17	22	32	24	18
1992-2001	30	21	26	38	38	20	25	33	34	21	26	36
2002-2011	26	15	26	27	22	17	32	36	24	16	28	31
2012-2014	<u>1</u>	<u>2</u>	<u>4</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>3</u>	<u>1</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(218)	(180)	(151)	(154)	(213)	(210)	(111)	(131)	(431)	(390)	(262)	(285)

* 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	95%	91%	94%	97%	95%	94%	93%	93%*	95%	93%	93%	96%
(N)	(219)	(183)	(155)	(157)	(218)	(217)	(111)	(132)	(437)	(400)	(266)	(289)
Field of graduate degree												
Health Administration	52%	52%	50%	49%	46%	43%	49%	49%	49%	47%	50%	49%
Business Administration	28	27	33	33	20	32	31	19	24	30	32	26
Clinical/clinical administration/allied health	5	9	8	10	15	16	5	13	10	13	7	11
Public Administration/Policy	6	4	4	1	7	4	3	4	7	4	3	2
Public Health (not health administration)	5	2	2	2	6	2	7	11	6	2	4	6
Other	<u>3</u>	<u>6</u>	<u>4</u>	<u>6</u>	<u>6</u>	<u>3</u>	<u>5</u>	<u>4</u>	<u>5</u>	<u>4</u>	<u>4</u>	<u>5</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(201)	(163)	(138)	(147)	(197)	(201)	(98)	(118)	(398)	(364)	(236)	(265)
Year of graduation												
1962-1971	1%	0%	1%	1%*	0%	0%	1%	1%*	◇	0%	1%	1%*
1972-1981	9	20	9	4	5	4	1	6	7%	11	6	5
1982-1991	15	20	15	11	11	23	15	3	13	21	15	8
1992-2001	18	25	23	26	30	30	22	26	24	27	23	26
2002-2011	42	25	38	44	44	34	48	46	43	30	42	45
2012-2014	<u>15</u>	<u>10</u>	<u>14</u>	<u>14</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>18</u>	<u>13</u>	<u>11</u>	<u>13</u>	<u>15</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(201)	(162)	(137)	(148)	(194)	(199)	(98)	(117)	(395)	(361)	(235)	(265)

* 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	36%	27%	20%	35%*	37%	24%	25%	52%*	37%	25%	22%	42%*
(N)	(200)	(164)	(140)	(149)	(202)	(201)	(101)	(118)	(402)	(365)	(241)	(267)
Residency	23%	25%	20%	18%	16%	14%	18%	14%	20%	19%	19%	16%
(N)	(197)	(161)	(138)	(148)	(201)	(196)	(100)	(117)	(398)	(357)	(238)	(265)
Fellowship	17%	14%	6%	12%*	18%	9%	12%	23%*	17%	11%	8%	17%*
(N)	(201)	(163)	(140)	(148)	(200)	(197)	(102)	(119)	(401)	(360)	(242)	(267)
Percent subsequently hired by:												
Organization of residency	59%	64%	§	§	67%	§	§	§	62%	65%	59%	55%
(N)	(46)	(42)	(28)	(27)	(33)	(29)	(18)	(15)	(79)	(71)	(46)	(42)
Organization of fellowship	80%	§	§	§	69%	§	§	§	75%	73%	§	70%
(N)	(35)	(22)	(8)	(17)	(36)	(18)	(11)	(27)	(71)	(40)	(19)	(44)

Footnotes are denoted at the end of Table 14 on the following page

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	80%	78%	81%	68%*	76%	79%	76%	78%	78%	79%	79%	73%
(N)	(216)	(182)	(156)	(154)	(222)	(214)	(112)	(132)	(438)	(396)	(268)	(286)
Race/Ethnicity and sex of those with mentors												
Black female (non-Hispanic)	45%	9%	11%	13%*	55%	11%	12%	11%*	50%	10%	11%	12%*
Black male (non-Hispanic)	58	16	12	18*	38	6	6	14*	48	10	9	16*
White female (non-Hispanic)	42	54	35	44*	57	69	69	63	49	62	49	53*
White male (non-Hispanic)	74	80	73	81	58	69	44	66*	66	74	62	73*
Hispanic/Latina female	2	4	16	4*	4	2	23	4*	3	3	18	4*
Hispanic/Latino male	6	4	35	7*	4	4	23	7*	5	4	30	7*
Asian female	2	1	7	11*	4	3	7	15*	3	2	7	13*
Asian male	3	4	9	18*	2	1	0	7*	3	2	5	13*
American Indian/Aleut female	0	1	2	0	1	0	2	2	1	◇	2	1
American Indian/Aleut male	1	1	3	0	1	1	0	1	1	1	2	◇
Mixed (more than one race/ethnicity) female	4	4	6	3	1	6	5	8	3	5	5	5
Mixed (more than one race/ethnicity) male	5	2	6	5	2	4	4	7	4	3	5	6
(N)	(173)	(140)	(127)	(103)	(168)	(162)	(84)	(103)	(341)	(302)	(211)	(206)

* Chi-square significant p < .05

◇ Less than 0.5%

§ Too few observations for statistical reliability

Table 15. Career Origins by Race/Ethnicity and Sex (percent)

First position	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Chief Executive Officer	6%	3%	8%	3%*	2%	2%	5%	2%*	4%	2%	7%	2%*
Chief Operating Officer/ Senior Vice President	9	7	9	6	4	2	5	0	6	5	7	3
Vice President	10	17	10	9	8	8	4	5	9	12	7	7
Department Head	42	39	48	42	36	54	44	35	39	47	46	39
Manager/Supervisor/Program Director	10	9	5	11	14	7	14	14	12	8	9	12
Department staff	23	22	19	25	34	27	28	39	29	25	23	31
Consultant	◇	1	0	4	1	0	0	4	1	1	0	4
Other	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(218)	(181)	(156)	(154)	(222)	(216)	(111)	(133)	(440)	(397)	(267)	(287)
First area of responsibility												
General management	40%	42%	38%	40%	34%	32%	49%	43%	37%	37%	42%	42%
Single business discipline (finance, human resources)	17	22	20	21	20	18	15	13	18	20	18	18
Clinical/clinical support	27	19	27	22	29	38	23	28	28	29	26	25
Ancillary/non-clinical support	10	13	8	10	11	6	9	7	10	9	8	9
Sector management (ambulatory, association)	7	4	6	6	6	6	4	8	7	5	5	7
Other	<u>0</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>◇</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>◇</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(220)	(181)	(158)	(156)	(222)	(218)	(111)	(134)	(442)	(399)	(269)	(290)

Footnotes are denoted at the end of Table 15 on page 63

Table 15. (continued) Career Origins by Race/Ethnicity and Sex (percent)

First employing organization	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
System hospital/headquarters	41%	34%	40%	45%	45%	36%	38%	44%*	43%	35%	39%	44%*
Freestanding hospital	27	41	30	26	21	43	30	26	24	42	30	26
Other direct provider	16	11	16	13	12	11	23	17	14	11	19	15
Public health agency/military (non-hospital)	9	6	8	4	10	3	3	1	9	4	6	3
Non-provider (e.g., consulting, education)	6	9	6	12	12	6	7	12	9	8	6	12
Other	$\frac{0}{100\%}$											
(N)	(220)	(179)	(159)	(157)	(224)	(218)	(111)	(134)	(444)	(397)	(270)	(291)
Size of hospital												
Median number of beds	363	260	270	340	376	308	344	322	367	300	300	340
(N)	(148)	(131)	(106)	(101)	(133)	(164)	(70)	(88)	(281)	(295)	(176)	(189)

Footnotes are denoted at the end of Table 15 on the following page

Table 15. (continued) Career Origins by Race/Ethnicity and Sex (percent)

	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Ownership of organization												
Not-for-profit church	16%	13%	18%	14%*	12%	14%	13%	11%	14%	14%	16%	13%*
Not-for-profit secular	40	46	34	39	43	55	43	49	41	51	38	44
Investor owned	5	13	6	8	5	5	5	5	5	9	6	6
Other for profit	13	8	18	19	17	14	21	19	15	11	19	19
Military	11	8	11	11	6	3	3	6	8	5	8	9
Other government	16	13	11	8	17	9	15	11	16	11	13	9
Self-employed	<u>0</u>	<u>0</u>	<u>2</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(220)	(182)	(157)	(156)	(217)	(217)	(112)	(133)	(437)	(399)	(269)	(289)
Picked first firm expecting to build career in that organization												
	78%	81%	73%	76%	76%	73%	74%	71%	77%	76%	73%	74%
(N)	(216)	(176)	(152)	(153)	(220)	(213)	(106)	(133)	(436)	(389)	(258)	(286)

* 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	17.2	23.8	18.5	12.9	18.0	25.0	15.9	13.7	17.3	24.5	17.1	13.0
In healthcare management	13.0	20.8	13.0	9.0	13.6	18.4	11.0	9.2	13.5	19.0	12.5	9.1
(N)	(221)	(183)	(159)	(157)	(224)	(218)	(112)	(135)	(445)	(401)	(271)	(292)
Migration from first position												
Currently in first healthcare position	10%	7%	8%	14%	14%	9%	21%	22%*	12%	8%	13%	18%*
Currently in same organization but in a different position	21	22	21	29	29	30	25	31	25	27	23	30
Currently in a different organization	<u>69</u> 100%	<u>71</u> 100%	<u>70</u> 100%	<u>57</u> 100%	<u>58</u> 100%	<u>61</u> 100%	<u>54</u> 100%	<u>48</u> 100%	<u>63</u> 100%	<u>66</u> 100%	<u>64</u> 100%	<u>53</u> 100%
(N)	(220)	(182)	(159)	(157)	(224)	(218)	(112)	(134)	(444)	(400)	(271)	(291)
Have served or currently serve as a mentor for someone in healthcare management	75%	62%	63%	58%*	71%	72%	59%	57%*	73%	67%	61%	58%*
(N)	(218)	(182)	(155)	(154)	(222)	(214)	(112)	(131)	(440)	(396)	(267)	(285)

* 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., spouse's career, childcare)	26%	25%	31%	29%	38%	32%	29%	32%	32%	29%	30%	30%
(N)	(214)	(182)	(156)	(157)	(221)	(217)	(111)	(134)	(435)	(399)	(267)	(291)
Financial needs	32%	14%	28%	22%*	25%	17%	23%	11%*	29%	15%	26%	17%*
(N)	(213)	(183)	(156)	(156)	(219)	(215)	(110)	(131)	(432)	(398)	(266)	(287)
Lack of opportunity	38%	24%	38%	33%*	38%	25%	33%	28%*	38%	24%	36%	31%*
(N)	(219)	(182)	(155)	(155)	(220)	(215)	(111)	(130)	(439)	(397)	(266)	(285)
Lack of education	5%	3%	5%	5%	6%	3%	4%	5%	5%	3%	4%	5%
(N)	(212)	(182)	(153)	(155)	(217)	(215)	(109)	(130)	(429)	(397)	(262)	(285)
Career interrupted due to												
Family demands (e.g., spouse's career, childcare)	4%	2%	7%	5%	13%	15%	12%	18%	8%	9%	9%	11%
(N)	(212)	(178)	(153)	(156)	(216)	(217)	(110)	(130)	(428)	(395)	(263)	(286)
Financial needs	9%	5%	9%	5%	7%	4%	7%	2%	8%	4%	8%	4%*
(N)	(213)	(179)	(152)	(157)	(215)	(216)	(109)	(126)	(428)	(395)	(261)	(283)
Lack of opportunity	10%	6%	10%	5%	9%	4%	13%	8%*	9%	5%	11%	6%*
(N)	(216)	(178)	(154)	(155)	(218)	(216)	(110)	(126)	(434)	(394)	(264)	(281)
Lack of education	◇	1%	1%	0%	2%	1%	1%	2%	1%	1%	1%	1%
(N)	(212)	(178)	(152)	(155)	(215)	(216)	(109)	(126)	(427)	(394)	(261)	(281)

Footnotes are denoted at the end of Table 17 on page 67

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
Five year review												
Failed to be hired because of your race/ethnicity	34%	2%	11%	20%*	24%	3%	16%	11%*	29%	2%	13%	16%*
(N)	(217)	(183)	(158)	(157)	(224)	(216)	(111)	(133)	(441)	(399)	(269)	(290)
Failed to be promoted because of your race/ethnicity	39%	3%	16%	26%*	39%	4%	23%	20%*	39%	4%	19%	23%*
(N)	(219)	(183)	(158)	(157)	(223)	(216)	(110)	(134)	(442)	(399)	(268)	(291)
Failed to receive fair compensation because of your race/ethnicity	38%	2%	16%	16%*	44%	7%	25%	22%*	41%	5%	20%	19%*
(N)	(218)	(183)	(158)	(156)	(223)	(216)	(110)	(133)	(441)	(399)	(268)	(289)
Were evaluated with standards that you believe were inappropriate	30%	6%	18%	16%*	27%	13%	11%	18%*	28%	10%	15%	17%*
(N)	(216)	(182)	(157)	(156)	(222)	(216)	(109)	(131)	(438)	(398)	(266)	(287)
Were discriminated against in career advancement because you have an accent or speak in a dialect	7%	2%	8%	17%*	8%	2%	11%	8%*	7%	2%	9%	13%*
(N)	(217)	(182)	(158)	(156)	(223)	(215)	(111)	(132)	(440)	(397)	(269)	(288)
Received preferential treatment in hiring because of your race/ethnicity	11%	2%	8%	6%*	8%	2%	6%	8%*	10%	2%	7%	7%*
(N)	(217)	(182)	(158)	(156)	(224)	(215)	(111)	(132)	(441)	(397)	(269)	(288)

Footnotes are denoted at the end of Table 17 on the following page

Table 17. (continued) Career History by Race/Ethnicity and Sex (percent affirming)

Evaluating features of the career	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
I feel my education adequately prepared me for the challenges that I faced in my first management position	86%	78%	81%	79%	86%	76%	77%	77%	86%	77%	79%	78%*
(N)	(219)	(183)	(157)	(156)	(224)	(218)	(111)	(134)	(443)	(401)	(268)	(290)
In my career, I have been negatively affected by racial/ethnic discrimination	47%	10%	23%	27%*	49%	11%	31%	25%*	48%	10%	27%	26%*
(N)	(217)	(164)	(158)	(155)	(223)	(180)	(108)	(133)	(440)	(344)	(266)	(288)
I am satisfied with the progress I have made toward meeting my overall career goals	70%	88%	85%	76%*	65%	88%	73%	78%*	67%	88%	80%	77%*
(N)	(219)	(183)	(158)	(156)	(224)	(214)	(112)	(134)	(443)	(397)	(270)	(290)
Overall I am able to maintain balance between my work and my personal life	72%	71%	67%	71%	71%	66%	70%	68%	72%	68%	68%	69%
(N)	(219)	(183)	(159)	(156)	(224)	(215)	(112)	(134)	(443)	(398)	(271)	(290)
Witnessed a fellow worker's healthcare management career affected by racial/ethnic discrimination	62%	11%	35%	36%*	65%	21%	36%	27%*	64%	16%	35%	32%*
(N)	(217)	(183)	(158)	(157)	(223)	(218)	(111)	(133)	(440)	(401)	(269)	(290)

* Chi-square significant $p < .05$

◇ Less than 0.5%

Table 18. First and Current Position within Current Firm by Race/Ethnicity and Sex (percent)

First position	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Chief Executive Officer	16%	22%	17%	7%*	6%	7%	6%	7%*	11%	14%	13%	7%*
Chief Operating Officer/ Senior Vice President	12	19	18	16	8	11	14	5	10	15	16	10
Vice President	18	16	11	10	12	17	14	7	15	16	12	9
Department Head	35	26	38	37	38	43	36	40	37	35	37	38
Manager/Supervisor/ Program Director	6	4	2	6	8	5	8	8	7	5	4	7
Department staff	13	8	10	21	28	17	19	28	20	13	14	24
Consultant	◇	2	2	3	0	1	2	4	◇	1	2	4
Other	<u>1</u> 100%	<u>3</u> 100%	<u>2</u> 100%	<u>0</u> 100%	<u>1</u> 100%	<u>◇</u> 100%	<u>0</u> 100%	<u>2</u> 100%	<u>1</u> 100%	<u>2</u> 100%	<u>1</u> 100%	<u>1</u> 100%
(N)	(215)	(180)	(157)	(153)	(221)	(215)	(111)	(133)	(436)	(395)	(268)	(286)

Footnotes are denoted at the end of Table 18 on the following page

Table 18. (continued) First and Current Position within Current Firm by Race/Ethnicity and Sex (percent)

Current position	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Chief Executive Officer	20%	32%	25%	9%*	8%	14%	11%	11%*	14%	22%	20%	9%*
Chief Operating Officer/ Senior Vice President	16	19	19	17	11	18	19	13	13	18	19	15
Vice President	23	20	13	18	20	22	19	8	21	22	16	13
Department Head	30	16	31	36	36	31	31	38	33	25	31	37
Manager/Supervisor/ Program Director	2	3	1	5	7	4	6	7	4	3	3	6
Department staff	8	6	8	12	18	8	11	18	13	7	9	15
Consultant	◇	1	1	3	0	2	3	4	◇	2	2	4
Other	<u>1</u> 100%	<u>3</u> 100%	<u>1</u> 100%	<u>1</u> 100%	<u>◇</u> 100%	<u>1</u> 100%	<u>0</u> 100%	<u>2</u> 100%	<u>1</u> 100%	<u>2</u> 100%	<u>1</u> 100%	<u>1</u> 100%
(N)	(219)	(182)	(158)	(153)	(224)	(218)	(108)	(132)	(443)	(400)	(266)	(285)
Years of experience in current firm												
Mean	6.7	8.9	6.6	6.1	8.2	9.9	7.8	6.9	7.5	9.5	7.1	6.5
Median	3.8	6.1	4.1	4.0	5.8	6.4	4.5	4.0	5.0	6.3	4.2	4.0
(N)	(221)	(183)	(159)	(157)	(224)	(218)	(112)	(135)	(445)	(401)	(271)	(292)
Years in current position												
Mean	3.7	5.2	3.6	3.3	4.6	4.6	4.3	3.7	4.1	4.9	3.9	3.5
Median	2.0	2.9	2.0	1.7	3.0	2.7	2.6	2.2	2.4	2.9	2.4	2.0
(N)	(221)	(183)	(159)	(157)	(224)	(218)	(112)	(135)	(445)	(401)	(271)	(292)

* 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	Males				Females				All			
		Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
CEO	Chief Executive Officer	94%*	100%*	§	§	§	§	§	§	96%*	96%*	91%*	§
	Chief Operating Officer/ Senior Vice President	6	0	§	§	§	§	§	§	4	2	3	§
	Vice President	0	0	§	§	§	§	§	§	0	0	3	§
	Department Head	0	0	§	§	§	§	§	§	0	2	3	§
	Manager/Supervisor/ Program Director	0	0	§	§	§	§	§	§	0	0	0	§
	Department staff	0	0	§	§	§	§	§	§	0	0	0	§
	Consultant	0	0	§	§	§	§	§	§	0	0	0	§
	Other	<u>0</u> 100%	<u>0</u> 100%	§	§	§	§	§	§	<u>0</u> 100%	<u>0</u> 100%	<u>0</u> 100%	§
(N)	(34)	(40)	(27)	(9)	(13)	(14)	(7)	(9)	(47)	(54)	(34)	(18)	
COO/Senior VP	Chief Executive Officer	§	21%	§	§	§	§	§	§	12%	17%	14%	3%
	Chief Operating Officer/ Senior Vice President	§	74	§	§	§	§	§	§	86	76	80	90
	Vice President	§	3	§	§	§	§	§	§	0	2	5	0
	Department Head	§	0	§	§	§	§	§	§	0	0	0	3
	Manager/Supervisor/ Program Director	§	3	§	§	§	§	§	§	0	3	0	3
	Department staff	§	0	§	§	§	§	§	§	0	0	0	0
	Consultant	§	0	§	§	§	§	§	§	0	2	2	0
	Other	§	<u>0</u> 100%	§	§	§	§	§	§	<u>2</u> 100%	<u>0</u> 100%	<u>0</u> 100%	<u>0</u> 100%
(N)	(25)	(34)	(28)	(24)	(17)	(24)	(16)	(6)	(42)	(58)	(44)	(30)	

Footnotes are denoted at the end of Table 19 on the following page

Table 19. (continued) Promotion in Current Firm by Race/Ethnicity and Sex (percent)

First position	Current position	Males				Females				All			
		Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
VP/Asst. Administrator	Chief Executive Officer	8%	§	§	§	§	6%	§	§	6%	6%	15%	§
	Chief Operating Officer/ Senior Vice President	8	§	§	§	§	11	§	§	5	14	9	§
	Vice President	84	§	§	§	§	83	§	§	88	75	73	§
	Department Head	0	§	§	§	§	0	§	§	0	3	3	§
	Manager/Supervisor/ Program Director	0	§	§	§	§	0	§	§	0	2	0	§
	Department staff	0	§	§	§	§	0	§	§	2	0	0	§
	Consultant	0	§	§	§	§	0	§	§	0	0	0	§
	Other	<u>0</u>	§	§	§	§	<u>0</u>	§	§	<u>0</u>	<u>0</u>	<u>0</u>	§
(N)	100%	(38)	(29)	(17)	(16)	(27)	(36)	(16)	(9)	(65)	(65)	(33)	(25)
Department Head/Manager/ Staff	Chief Executive Officer	5%	10%	8%	2%	1%	9%	6%	4%	3%	10%	7%	3%
	Chief Operating Officer/ Senior Vice President	6	6	6	2	6	11	10	8	6	9	8	5
	Vice President	13	25	12	15	12	13	9	7	13	17	10	11
	Department Head	56	41	59	55	49	49	48	49	52	46	54	52
	Manager/Supervisor/ Program Director	3	4	1	6	9	5	9	8	7	5	5	7
	Department staff	15	14	14	19	23	12	18	24	20	13	16	22
	Consultant	0	0	0	0	0	1	0	0	0	◇	0	0
	Other	<u>2</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>							
(N)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
		(115)	(69)	(78)	(98)	(162)	(138)	(67)	(100)	(277)	(207)	(145)	(198)

* Chi-square significant p < .05

◇ Less than 0.5%

§ Too few observations for statistical reliability

Table 20. Career Aspirations by Race/Ethnicity and Sex (percent)

	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	9%	6%	10%	7%	11%	6%	5%	11%	10%	6%	7%	9%
Good chance will leave	16	12	10	14	16	13	10	8	16	13	10	11
Situation is uncertain	21	20	17	23	17	15	23	25	19	17	19	24
Chances are slight	25	28	31	28	31	30	31	26	28	29	31	27
Definitely will not leave	<u>29</u> 100%	<u>35</u> 100%	<u>32</u> 100%	<u>28</u> 100%	<u>26</u> 100%	<u>36</u> 100%	<u>32</u> 100%	<u>30</u> 100%	<u>27</u> 100%	<u>36</u> 100%	<u>32</u> 100%	<u>29</u> 100%
(N)	(212)	(178)	(156)	(155)	(219)	(213)	(111)	(132)	(431)	(391)	(267)	(287)
Plan to leave type of organization in coming five years												
Remain in current type of organization	63%	74%	66%	54%*	55%	68%	62%	47%*	59%	71%	65%	51%*
No preference	16	15	16	24	23	14	19	29	19	14	17	26
Change type of organization	<u>21</u> 100%	<u>12</u> 100%	<u>17</u> 100%	<u>22</u> 100%	<u>22</u> 100%	<u>18</u> 100%	<u>19</u> 100%	<u>24</u> 100%	<u>21</u> 100%	<u>15</u> 100%	<u>18</u> 100%	<u>23</u> 100%
(N)	(218)	(178)	(155)	(155)	(222)	(215)	(111)	(133)	(440)	(393)	(266)	(288)

Footnotes are denoted at the end of Table 20 on the following page

Table 20. (continued) Career Aspirations by Race/Ethnicity and Sex (percent)

Anticipated setting in five years	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Hospital/system	70%	71%	71%	80%	61%	72%	74%	64%*	65%	72%	72%	73%
Other provider	11	12	13	5	11	8	12	14	11	10	13	9
Other	<u>20</u> 100%	<u>17</u> 100%	<u>16</u> 100%	<u>15</u> 100%	<u>28</u> 100%	<u>20</u> 100%	<u>14</u> 100%	<u>22</u> 100%	<u>24</u> 100%	<u>18</u> 100%	<u>15</u> 100%	<u>18</u> 100%
(N)	(218)	(180)	(157)	(151)	(219)	(214)	(108)	(132)	(437)	(394)	(265)	(283)
Career aspirations to be a CEO												
In 5 years	32%	42%	31%	20%*	14%	22%	22%	19%	23%	31%	28%	19%*
(N)	(218)	(182)	(159)	(157)	(221)	(213)	(112)	(134)	(439)	(395)	(271)	(291)
In 10 years	48%	48%	48%	30%*	22%	27%	31%	24%	35%	37%	41%	27%*
(N)	(218)	(182)	(159)	(157)	(221)	(213)	(112)	(134)	(439)	(395)	(271)	(291)
In 15 years	67%	55%	69%	55%*	38%	37%	47%	41%	53%	45%	60%	48%*
(N)	(218)	(182)	(159)	(157)	(221)	(213)	(112)	(134)	(439)	(395)	(271)	(291)

* Chi-square significant p < .05

**Table 21. Involvement in Professional Organizations by Race/Ethnicity and Sex
(percent affirming)**

Member of:	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
American College of Healthcare Executives	95%	99%	98%	97%*	88%	99%	97%	98%*	91%	99%	98%	98%*
Attended event since 1/11	63%	75%	62%	68%*	59%	63%	53%	65%	61%	68%	58%	67%*
American Organization of Nurse Executives	1%	3%	4%	3%	10%	20%	5%	9%*	6%	12%	4%	6%*
Attended event since 1/11	◇	1%	2%	1%	8%	11%	4%	3%*	4%	6%	3%	2%*
American College of Physician Executives	6%	2%	6%	7%	1%	◇	2%	2%	4%	1%	4%	5%*
Attended event since 1/11	2%	2%	4%	3%	1%	1%	2%	1%	2%	2%	3%	2%
Healthcare Financial Management Association	8%	11%	13%	17%	6%	4%	9%	8%	7%	7%	12%	13%*
Attended event since 1/11	6%	11%	15%	14%*	5%	10%	9%	8%	6%	11%	13%	11%*
Healthcare Information and Management Systems Society	7%	3%	7%	6%	3%	4%	7%	3%	5%	3%	7%	5%
Attended event since 1/11	4%	2%	5%	5%	2%	7%	5%	6%	3%	5%	5%	6%
(N)	(218)	(183)	(157)	(155)	(223)	(214)	(112)	(132)	(441)	(397)	(269)	(287)

Footnotes are denoted at the end of Table 21 on the following page

**Table 21. (continued) Involvement in Professional Organizations by Race/Ethnicity and Sex
(percent affirming)**

Member of:	Males				Females				All			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
Medical Group Management Association	9%	9%	18%	9%*	7%	7%	8%	9%	8%	8%	14%	9%
Attended event since 1/11	4%	7%	10%	5%	4%	6%	2%	5%	4%	6%	6%	5%
Asian Health Care Leaders Association	1%	0%	0%	15%*	◇	◇	0%	13%*	1%	◇	0%	14%*
Attended event since 1/11	1%	0%	1%	11%*	◇	0%	0%	8%*	1%	0	◇	9%*
Institute for Diversity in Health Management	12%	2%	5%	5%*	10%	1%	5%	5%*	11%	2%	5%	5%*
Attended event since 1/11	12%	2%	4%	4%*	10%	2%	3%	7%*	11%	2%	3%	5%*
National Association of Health Services Executives	45%	0%	1%	0%*	34%	1%	1%	0%*	39%	1%	1%	0%*
Attended event since 1/11	33%	1%	3%	1%*	28%	1%	4%	1%*	31%	1%	3%	1%*
National Forum for Latino Healthcare Executives	1%	0%	23%	0%*	1%	0%	10%	0%*	1%	0%	17%	0%*
Attended event since 1/11	1%	1%	13%	1%*	◇	◇	9%	1%*	1%	1%	11%	1%*
(N)	(218)	(183)	(157)	(155)	(223)	(214)	(112)	(132)	(441)	(397)	(269)	(287)

* Chi-square significant $p < .05$

◇ Less than 0.5%

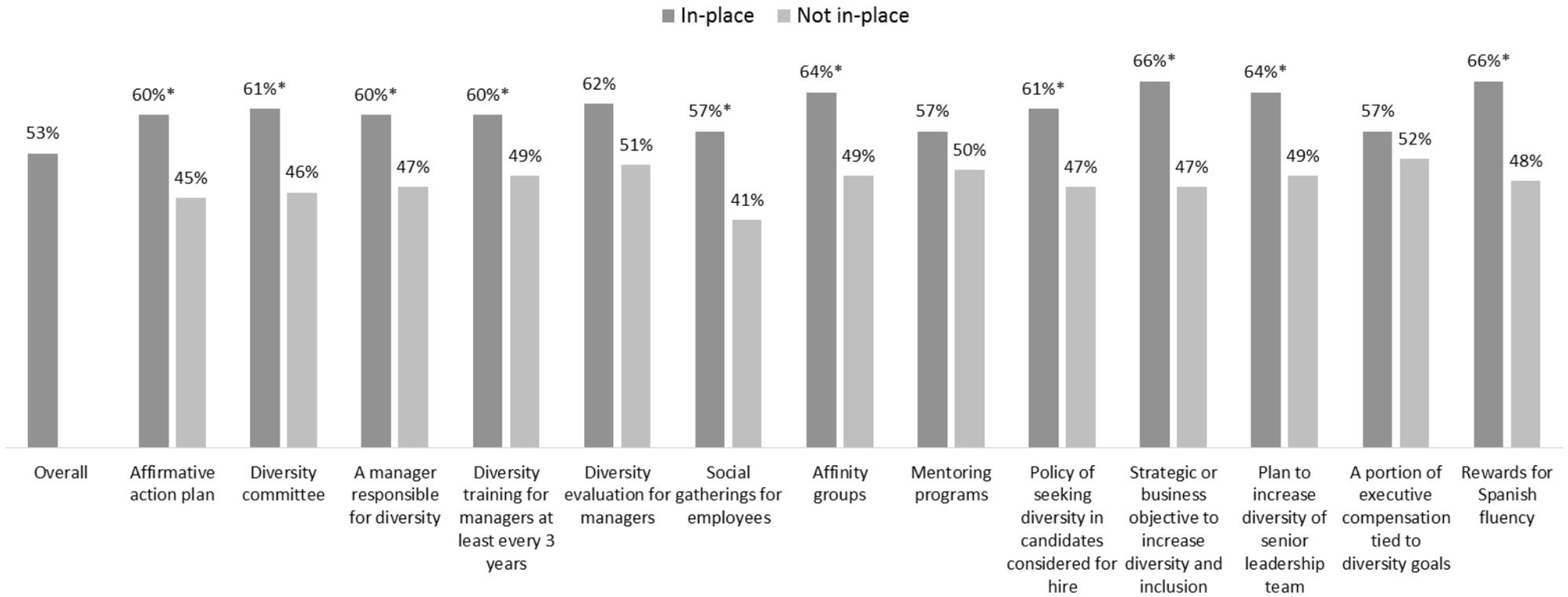
Table 22. Respondents' Written Best Practices Promoting Diversity in Healthcare Management

Education	Management structures	Management processes	Government solutions	Financial assistance
Offer internship, residency and fellowship programs	Create mentoring programs, including minority mentoring programs	Leadership support of diversity	Affirmative action	Scholarships for minority graduate students
Encourage professional development including obtaining additional degrees as appropriate	Create a diversity department, committee or executive position with responsibility for diversity	Establish diversity goals	EEOC	
Recruit staff from schools with higher proportions of minority students	Affinity groups	Establish strategic or business objective relating to diversity	CLAS standards	
Expand partnerships and collaborations with academic programs	Ensure diverse representation on the board	Match the demographics of the work force to the community served	National Partnership for Action Regional Health Equity Councils	
Encourage attendance in summer enrichment programs	Ensure a diverse leadership team	Track progress with respect to diversity		
Assure diversity in acceptance in academic programs	Hold diversity events	Clearly communicate diversity programs and practices		
Encourage more young men and women to enter healthcare (e.g., during career days in high schools)	Have diversity conferences or promotion events for diversity programs	Tie some portion of executive compensation to attainment of diversity goals		
Provide mentorship or professional development opportunities to local high schools in ethnically diverse communities	Provide interpreter services; staff them with professionals rather than relying on volunteers	Evaluate managers on attainment of diversity goals		
Support STEM programs		Succession planning, developing staff and promoting from within		

Table 22. (continued) Respondents' Written Best Practices Promoting Diversity in Healthcare Management

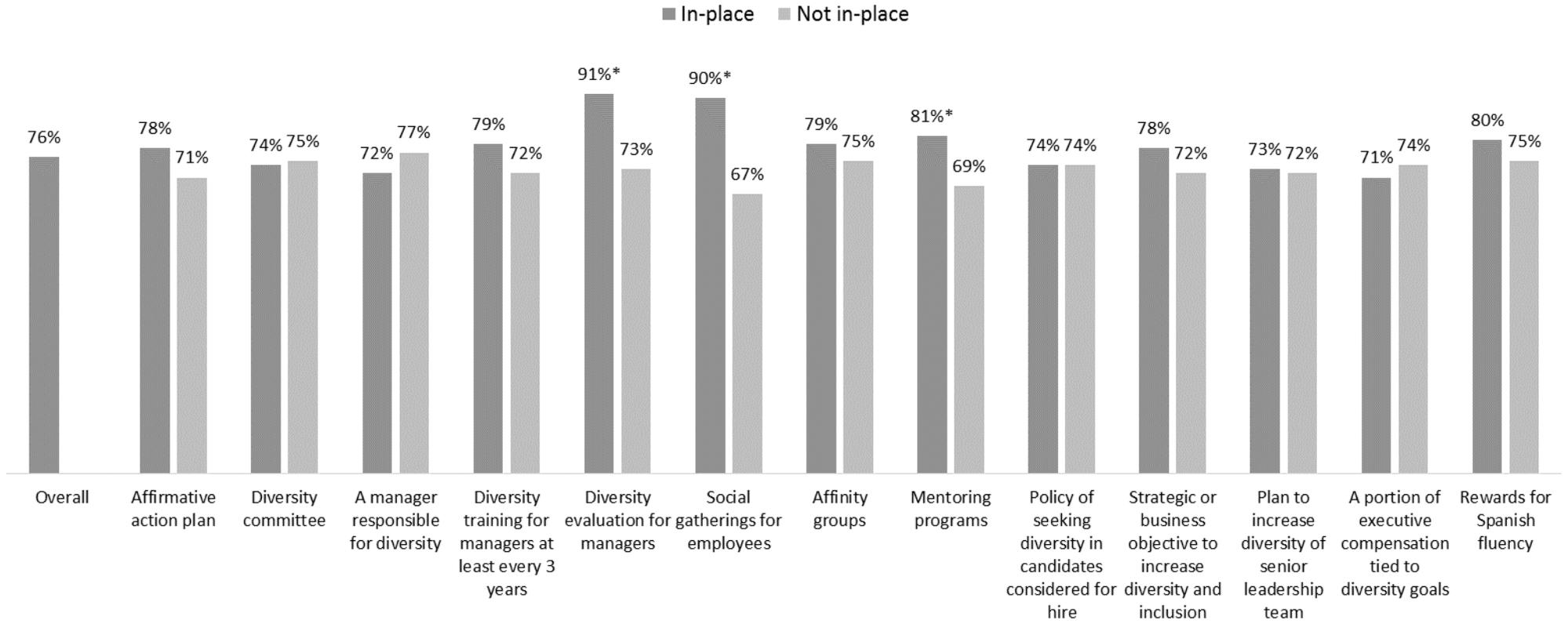
Education	Management structures	Management processes	Government solutions	Financial assistance
		Provide diversity, sensitivity and cultural competency training that is continually updated to meet employee needs.		
		Ensure diverse hiring practices with proactive identification of qualified minority candidates		
		Examine internal barriers in the organizational culture to diversity and inclusion		
		Create a safe environment to discuss diversity concerns and issues		
		Encourage and support membership in professional organizations		
		Encourage and support membership in organizations committed to diversity		
		Become involved in local communities		
		Evaluate people on their skills and abilities, not their race/ethnicity		
		Maintain diversity in suppliers		
		Foster networking		

Figure 1. Black Respondents' Perceptions that Race Relations in Their Organizations are Good (Percent Agreeing)



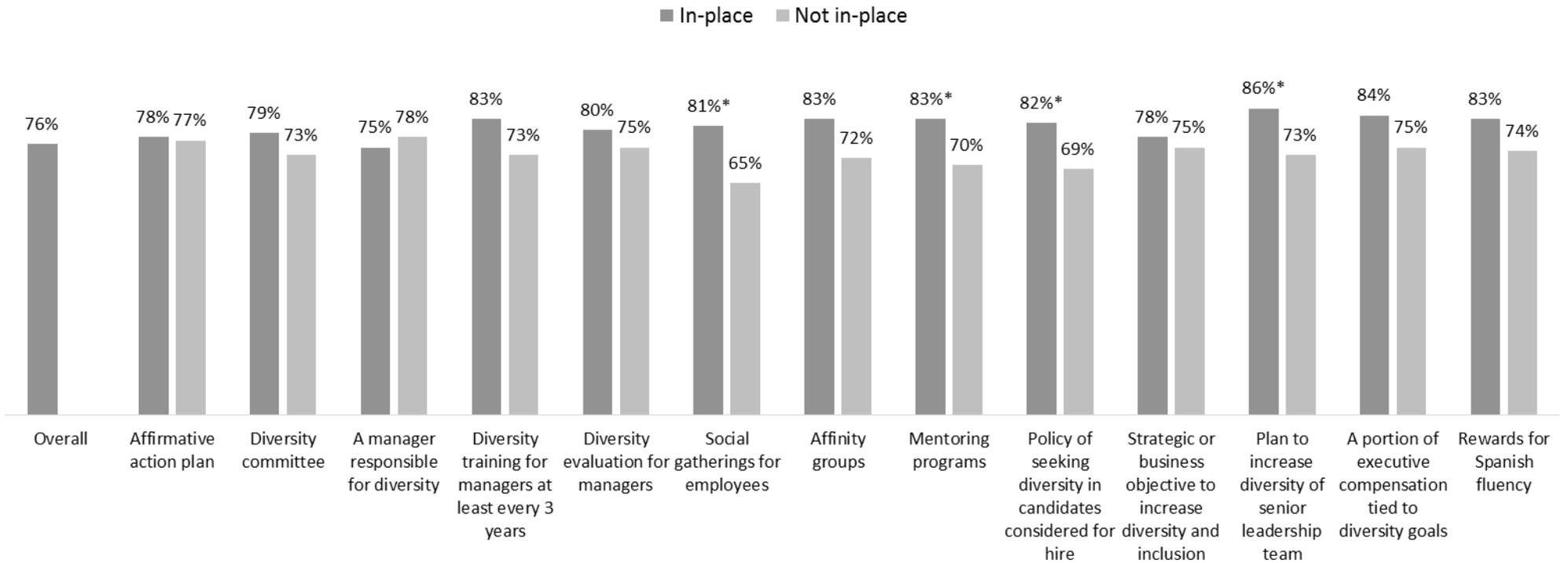
*Difference is statistically significant, $p < .05$

Figure 2. Hispanic Respondents' Perceptions that Race Relations in Their Organizations are Good (Percent Agreeing)



*Difference is statistically significant, $p < .05$

Figure 3. Asian Respondents' Perceptions that Race Relations in Their Organizations are Good (Percent Agreeing)



*Difference is statistically significant, $p < .05$

Appendix 1. Non-Response Analysis—By Race—Males (percent)

Age	Black		White		Hispanic		Asian	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
< 35	15%	21%*	11%	9%	17%	15%*	24%	25%
35 - 44	28	34	20	23	27	34	39	39
45 - 54	28	30	33	30	26	33	20	22
55 +	<u>29</u>	<u>16</u>	<u>36</u>	<u>38</u>	<u>30</u>	<u>18</u>	<u>18</u>	<u>14</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(212)	(443)	(187)	(490)	(167)	(381)	(163)	(431)
Highest degree								
Bachelors	9%	10%	12%	13%	9%	15%	2%	7%
Masters	76	76	81	76	76	74	81	74
Doctorate	<u>15</u>	<u>14</u>	<u>8</u>	<u>11</u>	<u>15</u>	<u>12</u>	<u>17</u>	<u>19</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(185)	(383)	(181)	(476)	(156)	(350)	(151)	(384)
Field of highest degree								
Healthcare Management	58%	53%	50%	49%	47%	52%	56%	46%
Business	23	22	27	29	24	20	18	23
Clinical/clinical administration/allied health	12	14	10	10	15	14	15	19
Public Health/Public Administration	1	2	2	1	3	1	1	◇
Other	<u>7</u>	<u>9</u>	<u>11</u>	<u>11</u>	<u>11</u>	<u>12</u>	<u>10</u>	<u>11</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(182)	(375)	(182)	(468)	(150)	(345)	(148)	(382)

Footnotes are denoted at the end of Appendix 1 on page 81

Appendix 1. (continued) Non-Response Analysis—By Race—Males (percent)

Position level	Black		White		Hispanic		Asian	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
CEO	17%	12%	28%	27%	20%	17%	9%	11%
COO	7	8	10	7	6	7	4	7
Vice President	20	16	21	24	21	17	22	18
Department Head/staff	44	51	26	24	42	43	50	49
Other	12	13	14	17	11	15	14	15
Unknown	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(215)	(457)	(191)	(507)	(170)	(397)	(167)	(449)
Employing organization								
Freestanding hospital	24%	23%	30%	27%	31%	24%*	20%	18%*
System hospital	21	17	25	19	21	17	26	14
Other direct provider	26	24	18	22	25	22	23	24
Managed care/HMO	1	2	3	1	1	2	4	3
Other	29	34	25	31	22	35	27	41
Unknown	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(214)	(456)	(191)	(506)	(170)	(396)	(167)	(448)

Footnotes are denoted at the end of Appendix 1 on page 81

Appendix 1. (continued) Non-Response Analysis—By Race—Females (percent)

Age	Black		White		Hispanic		Asian	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
< 35	13%	21%*	14%	13%	18%	28%*	35%	39%*
35 - 44	33	38	16	21	31	26	28	36
45 - 54	31	26	33	30	26	30	24	18
55 +	<u>23</u>	<u>15</u>	<u>38</u>	<u>35</u>	<u>26</u>	<u>16</u>	<u>13</u>	<u>7</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(204)	(451)	(223)	(446)	(121)	(247)	(134)	(317)
Highest degree								
Bachelors	5%	10%*	9%	16%*	7%	18%*	6%	12%
Masters	84	82	84	77	84	74	85	78
Doctorate	<u>11</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>10</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(187)	(388)	(214)	(426)	(107)	(221)	(124)	(273)
Field of highest degree								
Healthcare Management	58%	59%	44%	42%	60%	55%	60%	59%
Business	16	18	26	24	16	23	10	14
Clinical/clinical administration/allied health	18	14	20	19	9	8	20	19
Public Health/Public Administration	1	1	1	3	4	2	0	1
Other	<u>7</u>	<u>9</u>	<u>9</u>	<u>11</u>	<u>10</u>	<u>13</u>	<u>10</u>	<u>9</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(184)	(384)	(210)	(415)	(106)	(217)	(123)	(270)

Footnotes are denoted at the end of Appendix 1 on the following page

Appendix 1. (continued) Non-Response Analysis—By Race—Females (percent)

Position level	Black		White		Hispanic		Asian	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
CEO	8%	6%	12%	9%	12%	7%	8%	4%*
COO	4	3	4	6	8	6	5	1
Vice President	16	12	28	30	17	13	8	11
Department Head/staff	57	61	44	40	45	60	62	64
Other	14	17	11	15	18	13	17	20
Unknown	<u>0</u>	<u>◇</u>	<u>◇</u>	<u>◇</u>	<u>0</u>	<u>◇</u>	<u>1</u>	<u>◇</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(209)	(467)	(229)	(471)	(123)	(261)	(139)	(332)
Employing organization								
Freestanding hospital	26%	23%	34%	29%*	28%	25%	27%	25%
System hospital	20	20	27	19	21	14	23	17
Other direct provider	22	20	13	20	19	22	19	19
Managed care/HMO	4	4	1	1	2	3	4	3
Other	29	34	25	30	31	36	27	36
Unknown	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	100%	100%	100%	100%	100%	100%	100%	100%
(N)	(209)	(466)	(229)	(471)	(123)	(260)	(139)	(330)

* Chi-square significant p < .05

◇ Less than 0.5%