

Dissertation in Practice

The Collective Wisdom of Women and Men Healthcare Executives: Advancing Women in the C-Suite Talent Pipeline

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On a Personal Note...

From Carol Edelstein

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From Carol Whittington

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Our Heartfelt Appreciation...

At its core, our study is based on the personal stories of 17 strong and talented women whose paths are extremely diverse yet bonded by common experiences shaped by gender that they encountered as they progressed in healthcare leadership. Because of their transparency, we were able to capture themes that defined the supports and barriers they faced as they pursued higher levels of leadership, as well as how they view their role and the role of men in developing the

next generation of women leaders. We explored emerging themes from the six men interviewed, particularly around the gender paradox, which gave us new perspectives and further solidified our findings and recommendations. Through the collective wisdom of these 23 individuals, we were able to build on the work of other scholars and uncover novel insights on this topic. We are forever grateful for their trust and contributions to this critical field of study.

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Executive Summary

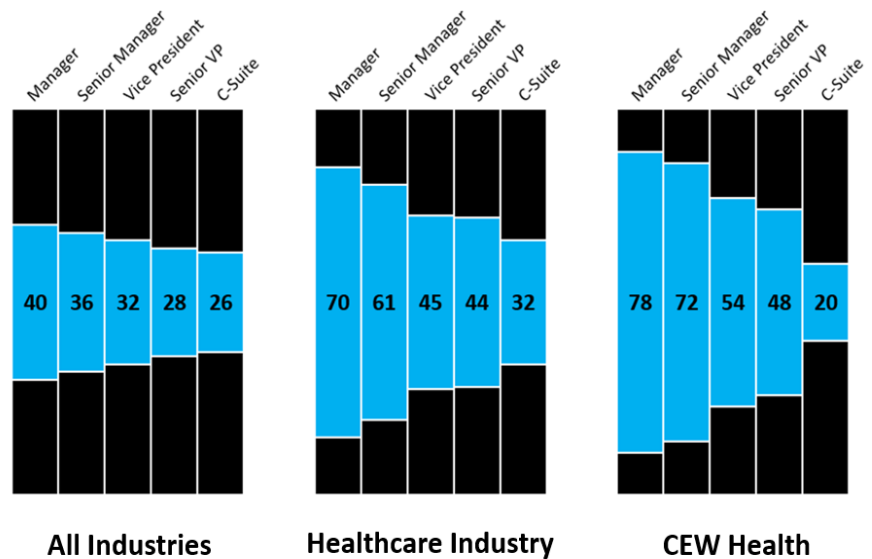
Organizational Background *(anonymized)*

CEW Health is an integrated, not-for-profit health system with a long legacy of healing through its mission to provide exceptional healthcare in the multi-state communities where they serve. They have a diversified portfolio that includes multiple hospitals, and an integrated network of several hundred physician offices and outpatient facilities. They are the recipients of multiple national workplace awards, such as Top Places to Work in Healthcare and Greatest Workplaces for Diversity and Women. As evidenced by their many recognitions and targeted efforts to improve representation, the leadership of CEW Health is committed to strengthening workforce diversity, including gender.

Problem of Practice

Women's representation in leadership is a concern for healthcare in general, given that 75% of entry-level workers are women, yet they fill only 32% of roles in the C-suite. As illustrated in Figure 1, healthcare has a greater representation of women than other industries in almost every leadership level, with one exception. In the C-suite, men hold roughly 68% of all top-tier positions. There has been incremental progress over time, but it has been minimal, and successful interventions have been elusive (Berlin et al., 2023).

Figure 1: Comparison of % Women (in blue) Across Leadership Pipeline for (left) All Industries, (middle) Healthcare Industry, and (right) CEW Health.



CEW has successfully recruited and promoted women within the leadership pipeline at a level that surpasses the national averages for the general and healthcare industries. Yet, data suggests they are experiencing a phenomenon referred to as a "leaky talent pipeline."

In context to the number of women in lower-level managerial positions, they promote women proportionately at a lower rate than their comparators. The manager-to-C-suite ratio, calculated by dividing the percentage of women in C-suite positions by the percentage of women in manager positions for each of the three data sets, tells this story as displayed below.

All Industries	Healthcare Industry	CEW Health
Manager to C-suite Ratio	Manager to C-suite Ratio	Manager to C-suite Ratio
26/40 = .65	32/70 = .46	20/78 = .26

Research Questions

CEW's problem of practice and their commitment to improving representation at all levels of leadership inspired us to explore the barriers and challenges, as well as the support systems, through the rich stories of women in the executive talent pipeline. The ultimate purpose of our dissertation in practice is to identify interventions supported by our study findings and literature that will have short- and long-term positive impacts on women aspiring to senior executive roles. Through semi-structured, in-depth interviews with 17 women and six men in Vice President or higher positions, we sought to answer the following four research questions:

Research Questions
RQ1 In what ways have barriers challenged women aspiring to advance to higher levels of leadership?
RQ2 In what ways have support systems developed and prepared women for higher levels of leadership?
RQ3 How do women in senior leadership positions experience and perceive their role in advancing and promoting other women to top leadership?
RQ4 What is the role of men in senior leadership positions in advancing and promoting women to top leadership?

Findings

Our findings are summarized in statements that answer our research questions and connected to 3 primary themes and their sub-themes as outlined below, followed by each of our findings with an accompanying quote from study participants:

Gender Paradox	Human Connections	Organizational Scaffolding
Gender Bias & Awareness	They Believed in Me	Values
Room Culture	Support from Others	Structure & Programs
Voice	Leadership Characteristics	Self Care & Life Balance

Finding 1. Bias and awareness (or lack thereof), room culture, and voice (both internal and external) serve as significant barriers that shape judgments and expectations regarding women's leadership, potential, and career progression.

"Never Worry Alone."

Finding 2a. Affirming relationships with trusted colleagues, who listen, encourage, challenge, and advise, serve as critical support enablers for women aspiring to top leadership.

"It requires introspection, and it requires you to be uncomfortable... Awareness is a good place to start."

Finding 2b. HR programs, policies, and practices that are equitable, valued, and prioritized by the organization form the organizational scaffolding of support for women aspiring to top leadership.

“There is time for anything you think is valuable.”

Finding 3. Women in senior leadership positions perceive their role in advancing and promoting the next generation of women leaders by serving as role models, advocates, mentors, advisors, and sponsors.

“She believed in me and gave me the space to fail and succeed.”

“Unless you actually learn about it (gender bias and other biases), engage with it, evaluate yourself, everyone presumes they don’t have it.”

Finding 4. The role of men in advancing and promoting women to higher levels of leadership includes understanding and unlearning gender biases, fostering belongingness and inclusivity, mentoring and sponsoring women who aspire to roles of greater responsibility, and advocating for and partnering with women to advance equitable and supportive organizational policies, practices, and programs.

Recommendations

Our proposed recommendations fall into three categories: A) Reinforce the infrastructure, designed to ready the organization for a more intentional focus on gender; B) Build on existing initiatives, leveraging successful practices already in place at CEW; and C) Disrupt the status quo, more time and resource intensive interventions with longer-term impacts. The recommendations are intended to stimulate discussion with senior leaders as they consider possible actions to further support women in the executive talent pipeline based on CEW’s current priorities, resources, and timeline for change.

A. Reinforcing the Infrastructure	
A1	Share the findings and recommendation with senior leadership team
A2	Implement new key performance indicators, including gender by leadership level
A3	Review HR policies, procedures & practices for unintended reproduction of inequality
A4	Formalize leadership competencies
A5	Co-create community commitments
B. Building on Existing Programs & Practices	
B1	Extend succession planning further in talent pipeline, with emphasis on nurse leaders
B2	Leverage existing leadership development programs by adding new modules related to unconscious bias, giving & receiving feedback, and working in highly matrixed organization
B3	Create a formal sponsorship program
C. Disrupting the Status Quo	
C1	Design a new performance management program for leaders with focus on development
C2	Introduce a “flash” mentorship program for emerging leaders
C3	Implement a formal career lattice program incorporating structured horizontal opportunities
C4	Develop a CEW leadership institute with cohort-based programs for high potential talent

I. Organizational Context

(Note: The organization name is anonymized.)

The partner organization for our capstone is CEW Health (CEW), headquartered in Anytown, USA. CEW is an integrated, not-for-profit health system that contributes hundreds of millions of dollars annually in charity care for underserved patients within their multi-state market area. They have a large employee base of over 35,000 and partner with more than 10,000 medical providers. CEW's portfolio includes a multitude of hospitals, several hundred physician offices and outpatient venues, post-acute facilities, comprehensive home care and hospice services, and a myriad of other health-related entities (CEW Health, 2023).

Founded over a hundred years ago by a congregation of women religious, CEW maintains a strong commitment to its faith-based mission of providing exceptional healthcare in the communities they serve. CEW was recently honored as one of the Top Places to Work in Healthcare by Becker's Healthcare. The award comes on the heels of similar honors from Newsweek and Forbes, including recognition of being one of America's Greatest Workplaces for Diversity and one of America's Greatest Workplaces for Women.

Our primary point of contact for the capstone is the Chief Human Resources Officer (CHRO), who was connected to us through the Chief Executive Officer (CEO). The primary stakeholder group is the senior leadership team, a team of ten at the time our study commenced, which includes the CEO and her direct reports. Another stakeholder group is the Human Resources department leadership team, committed to increasing diverse representation in the talent pipeline and cultivating a culture that is focused on targeted development initiatives in support of succession planning. Our study provides recommendations related to policies, practices and programs aimed at preparing women for Chief Suite (C-suite) roles through increased awareness, education, development, and other focused initiatives.

II. Problem of Practice

The problem of practice for our study relates to gender representation at the C-suite level in healthcare, with C-suite defined as the CEO and their direct reports who comprise the senior most decision-making team within the organization. Gender representation in leadership is an area of concern for healthcare in general, given that 75% of entry-level workers are women, yet they fill only 32% of C-suite positions. A recent McKinsey & Company study highlights gender representation challenges in healthcare relative to all other industries (Berlin et al., 2023).

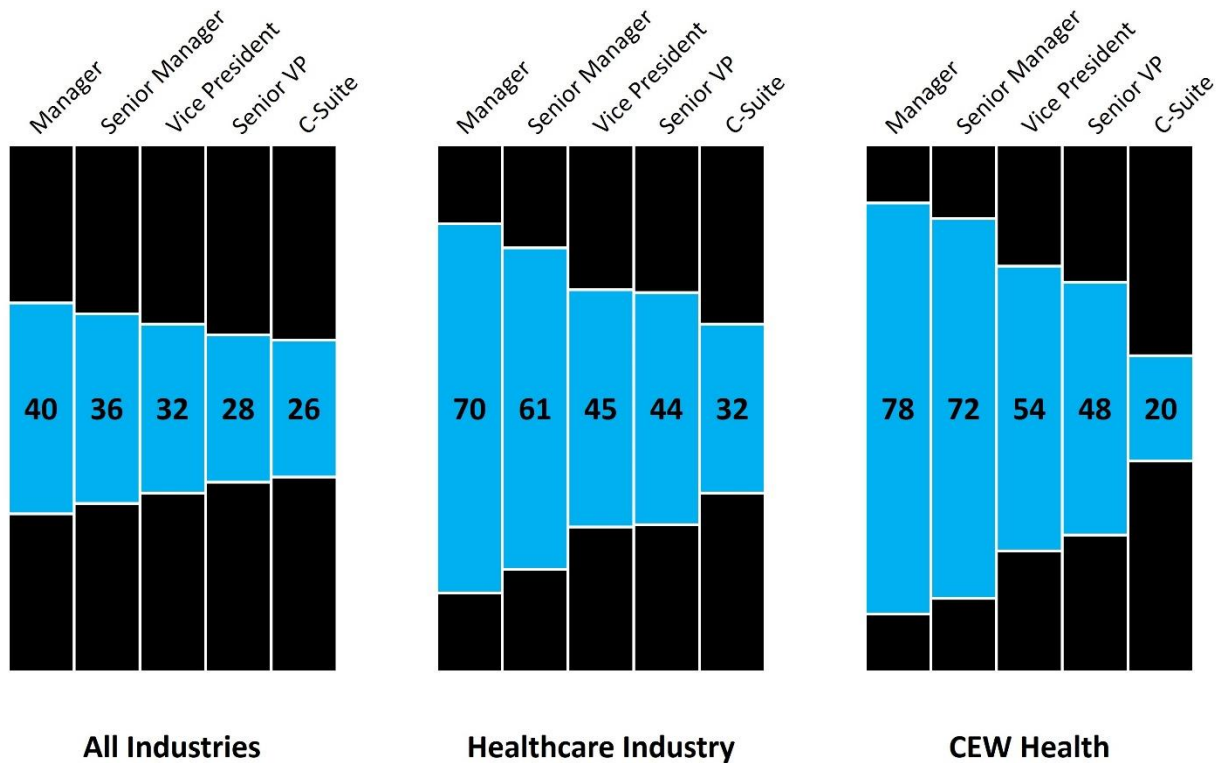
Overall, healthcare has a greater representation of women compared to all other industries in individual contributor roles and in almost every level of leadership. The one exception remains the C-suite, where men continue to hold roughly 68% of all top-tier positions. While there has been some incremental progress within this top tier of leadership over the past few years, it has been minimal, and successful interventions have been elusive (Berlin et al., 2023).

CEW Compared to Healthcare and General Industries

CEW shared data on women representation by leadership level, which provides the basis for a comparative assessment of their current state as of April 2023 in relation to national averages within healthcare and all industries. As shown in Figure 1, at each level of leadership (Manager, Senior Manager, Vice President, Senior Vice President, and C-suite), the percentage of women is greater in the healthcare industry than it is in the general industry overall. At almost every level, CEW has higher levels of women representation than the averages for both general industry and healthcare. The only exception is within the C-suite, the highest level of leadership within the organization, where CEW's percentage of women is less than the comparators' data. At the time our study initiated, CEW had two women, the CHRO and CEO, out of the ten individuals who sit on the senior leadership team.

Figure 1

Comparison of Percent Women Representation Across the Leadership Pipeline for (left) All Industries, (middle) the Healthcare Industry, and (right) CEW Health.



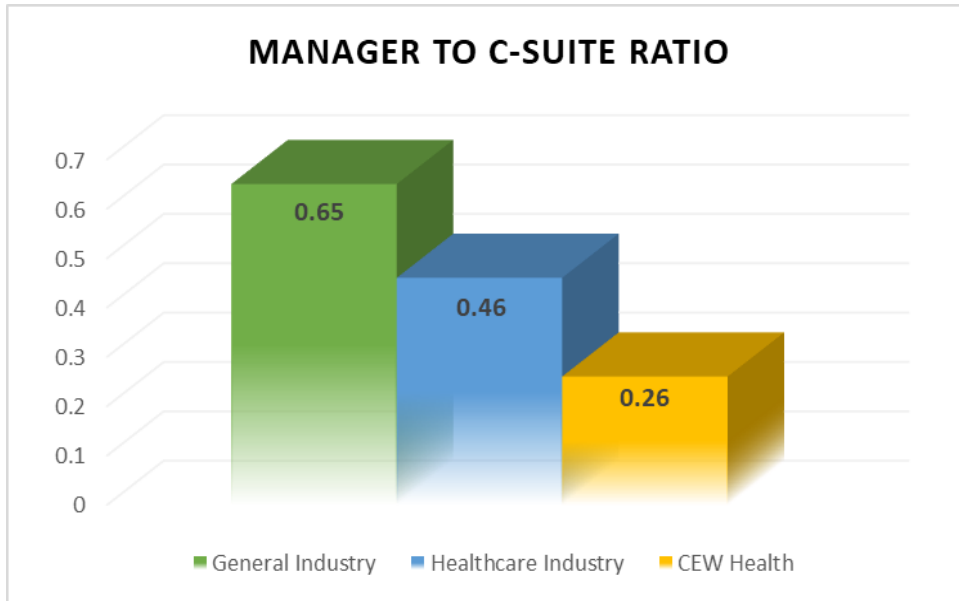
Note. Left and middle data are from McKinsey & Company (Berlin et al., 2023). CEW baseline data from April 2023.

While CEW has successfully recruited and promoted women within the leadership pipeline at a level that surpasses the national average, the data tells us that they are experiencing a phenomenon referred to as a “leaky talent pipeline.” This occurs when organizations lose or suppress talent that otherwise could have been developed and promoted (Haines & McKeown, 2023). For CEW, in contrast to the number of women in lower-level managerial positions, they are promoting them proportionately at a lower rate than is demonstrated by both general and healthcare industries. Figure 2 of the manager-to-C-suite ratio tells this story. The ratio is

calculated by dividing the percentage of women in C-suite positions by the percentage of women in manager positions for each of the data sets: general industry, healthcare, and CEW.

Figure 2

Comparison of Manager to C-Suite Ratio for (left) All Industries, (middle) the Healthcare Industry, and (right) CEW Health as of April 2023.



Note. Calculations: General Industry = 26:40 = .65; Healthcare Industry 70:32 = .46; CEW = 78:20 = .26

Inspired by CEW’s commitment to improving representation at all levels of leadership, we are seeking to better understand the barriers and challenges, as well as the support systems, of women in healthcare leadership, particularly women in the pipeline below the C-suite level. The ultimate purpose of our capstone is to identify themes to inform solutions that would have both short- and long-term positive impacts for women aspiring to senior executive roles within the healthcare organization.

Gender in Context to CEW’s Diversity Strategy

CEW has been on a journey to improve diversity and representation through focused efforts for the past several years. In their most recent long-term at-risk planning cycle, the senior

team and board approved goals to improve organization-wide diversity in professional positions and up. The goals related to race and did not specifically address the representation of women in the leadership pipeline. Measurable goals were set for a three-year timeframe, with outcomes measured by threshold, target, and maximum achievements. To date, significant improvement has been achieved through their targeted efforts, increasing the representation of persons of color within the roles identified by 31.2%. This is a testament to CEW's commitment to diversity and demonstrates they can deliver on goals through focused and aligned leadership interventions.

There are other initiatives underway at CEW that are designed to improve inclusivity and belongingness. They are implementing Business Resource Groups (BRGs) related to specific employee populations as part of their strategic diversity and inclusion efforts. A pilot was recently launched for veterans, and they have plans to expand groups related to interfaith (religious diversity), persons with disabilities, and others based upon employee interest and feedback. Additionally, the CEO has started to have informal dinners with groups of women leaders throughout the organization for purposes of strengthening affinity through relationship building and networking.

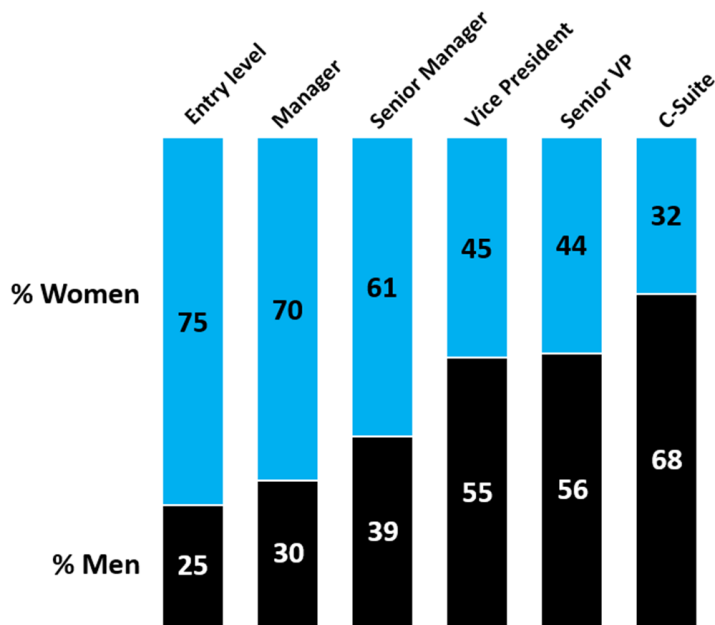
CEW has received well-deserved national recognition for cultivating a culture that supports diversity, and more specifically women. Their leaders believe that representation in leadership matters, and that a lack of it can impede workplace culture and organizational performance. They are committed to making improvements through focused efforts that over time will cultivate a diverse leadership team representing the communities they serve. This study aims to deliver recommended interventions based on validated findings and relevant literature that will serve to support and accelerate the development of high-potential women in the C-suite talent pipeline.

III. Literature Review

The premise behind our capstone is that women’s rich lived experiences and perspectives can help provide an understanding of how to unlock their potential by identifying the challenges, highlighting the barriers, and sharing successful strategies to achieve leadership roles in healthcare at the highest level of organizational responsibility. The problem of practice is rooted in a 2022 study commissioned by McKinsey & Company that examined healthcare leadership by gender and race, as summarized in their graphic shown in Figure 3.

Figure 3

Share of Employees by Gender and Level, % (United States: healthcare industry).



(Berlin et al., 2023)

Women in healthcare organizations throughout America represent about 75% of entry-level workers, 70% of manager roles, and 61% of senior manager or director roles. The representation of women drops in each successive leadership category to a low of 32% for C-suite positions. For men, it is the opposite. Approximately 25% of entry-level jobs are held by

men, while they sit in 68% of C-suite chairs. The statistics are even more disproportionate for women of color, where representation in the C-suite drops to four percent (Berlin et al., 2022).

The inequities of representation are widely known in healthcare circles, and there is no doubt organizations in the sector want to do better, but little progress has been shown over time. There are many reasons for this disparity, including a lack of lateral career opportunities, but even programs targeted to address these issues and strengthen the talent pipeline have fallen short of the goal of balanced representation. Leadership and board members of healthcare organizations recognize that representation and diversity matter and can impact financial performance and the quality of care in the communities they serve. Yet success in this space has been elusive, and the common rationale of “we are trying to close the gap, but it takes time” is lacking a defined end point (McDonagh et al., 2014).

In exploring gender disparities in healthcare leadership, defining gender and gender inequity is helpful. According to the World Health Organization, “Gender refers to the characteristics of women, men, girls, and boys that are socially constructed. As a social construct, gender varies from society to society and can change over time” (World Health Organization, 2022, para. 1). Gender inequity arises from systemically constructed gender norms, roles, and relations that unfairly distinguish gender differences, causing one gender to be privileged over the other (Javadi et al., 2016; World Health Organization, 2022).

While gender inequity in leadership exists in many fields, including science, technology, and education, the gender gap in healthcare has far-reaching implications given the overarching goals of the sector, which include providing equal access and responsiveness to healthcare needs for both women and men. Diversity in healthcare speaks to an awareness of the system, the people in the system, and the communities where they provide care. Diversity engages different

voices, thought processes, and experiences to channel creative problem-solving and collaboration. Gender diversity in healthcare leadership enables leaders to set vision, design strategies, and create infrastructure that respond to women patients and their needs in a more authentic and responsible manner (Bradley, 2020).

Barriers Women Face in Healthcare

The healthcare industry is in a great state of transformation across multiple dimensions. How and where patient care is provided is shifting to virtual settings. Novel methods for how organizations are paid for their services are emerging, new non-traditional entrants are altering the competitive landscape, and the labor pools for critical positions are shrinking. Consumer expectations are on the rise, and the competencies required to meet these expectations are rapidly changing. To successfully evolve and thrive in the current environment, effective and transformational leadership is critical, especially at the highest levels of the organization (Kalaitizi et al., 2017).

Women are identified in countless studies as being more collaborative and transformative in their leadership style than men (McDonagh et al., 2014), they comprise the majority of the specialized healthcare workforce (Kalaitzi et al., 2017), and they are almost equally represented with men in medical school matriculations (Kuhlmann et al., 2017). Women working in healthcare continue to report higher job satisfaction, however, they also experience obstacles to achieving promotional opportunities, particularly for senior executive positions, where they remain underrepresented (Berlin et al., 2020). In fact, the percentage of women health system CEOs had not changed considerably in decades (McDonagh et al., 2014), holding steady at 15% (Odei et al., 2019). The current state of women in top leadership roles demonstrates the reality of both glass ceilings and leaky talent pipelines, both metaphors used to describe invisible barriers

that women face in the industry (Haines & McKeown, 2023).

There is a general awareness of the need for and benefit of increased women's representation in leadership roles, and sufficient data to identify many of the reasons for this underrepresentation. These reasons include pay disparity, lack of career advancement opportunities, prevailing stereotypes, work/life balance concerns, lack of mentoring and sponsorship, and inflexible working environments (Kalaitzi et al., 2017). Still, a strong commitment from top-level management to increase the number of women in senior roles is insufficient to affect meaningful change. The lack of top leadership commitment is largely because gender inequity is less monitored at lower levels in the organization than it is at the top rung of leadership (Kuhlmann et al., 2017). Without the diligence to effect change at all levels of an organization, there is no opportunity for women to rise in the ranks. In other words, even with good intent at the highest level, this is an inherently broken system that must be fixed holistically to ensure a more diverse talent pipeline.

Given the striking differences in gender representation, this topic has been of great interest to researchers in the United States, as well as globally, as this disparity is also prevalent abroad. Most studies focus on the underlying reasons behind the numbers, with possible strategies that organizations can deploy to change the narrative and improve representation. Some studies focus on the societal and cultural influencers at play related to gender, while others explore the organizational constructs and embedded systems that prevent women from achieving their career aspirations. A recent meta-analysis synthesized 91 different studies on gender representation in healthcare covering six continents (Mousa et al., 2021). This study, the first ever of its kind, moved beyond identifying the barriers women face to naming strategies that are evidence-based organizational interventions for advancing women in leadership in diverse

healthcare settings. The meta-analysis findings, coupled with a robust review of other studies, resulted in the natural categorization of themes for possible solutions to include: (1) organizational policies, processes, and practices; (2) mentoring, sponsorship, and networking; and (3) education, training, and development.

Strategies to Close the Gender Gap

Organizational Policies, Practices, and Processes

To understand gender discrepancies throughout the talent pipeline sooner, some organizations and hospital systems, especially in Europe, are implementing structured metrics and reporting to strengthen accountability and action. An example is in Germany, where a mandatory, comprehensive gender equality report is produced and delivered bi-annually to the Berlin Senate to monitor the advancement of women (Kuhlmann et al., 2017). In the U.S., there is a movement towards CEO and board accountability that includes focused succession planning with diversity metrics to track high-potential talent who assume higher responsibility roles within the organization over time (McDonagh et al., 2014).

Other strategies supporting women include gender diversity education programs, efficient and objective performance evaluation review processes, structured mentorship programs, women's networking events, and corporate initiatives such as flexible work schedules (which also benefit men). That said, additional data suggest that while women desire more leadership roles and have the ambition and experience, many are unwilling to seek leadership positions due to a perceived lack of opportunity, whether real or imagined (McDonagh et al., 2014). The critical requirement for organizations is to "fix" the middle-management inequity and lack of oversight so women see a path to advancement earlier. Visible representation, seeing other

women in successful career paths, and learning from women role models is vital in inspiring and motivating other women as they pursue their career goals.

Mentoring, Sponsorship, and Networking

In their meta-analysis of women in healthcare leadership, Mousa et al. (2021) point to the importance of mentoring women to help advance their careers. The authors note that mentoring is most effective when the relationship between the mentor and mentee is formed organically, based on a mutual connection and interests. Successful mentoring results in talent retention, transference of knowledge and skills, and increased awareness of career opportunities (Mousa et al., 2021; Berlin et al., 2020). In relaying their stories of influential people in their careers, women healthcare leaders support mentoring girls as early as middle school. Women mentors serve as role models and provide essential guidance so girls can build their confidence and aspire to be change-makers in ground-breaking healthcare fields (Javadi et al., 2016).

Mentors are individuals who share their vocational journey and provide encouragement and guidance to individuals aspiring to learn from them. Career sponsors are similar to mentors, but they have a more focused role in affecting a high-potential individual's career by leveraging influence to proactively advocate for them, helping them to navigate organizational politics, and increasing their visibility (Helms et al., 2016). Women aspiring to be healthcare leaders should seek out both mentors and sponsors who are advocates and take a vested interest in their success (Mousa et al., 2021). The authors also highlight the importance of including high-status male leaders in the mix (Mousa et al., 2021). Furthermore, while mentors are best sought out by the individuals themselves seeking mentorship, organizations should strive to assist emerging leaders, especially potential successors for critical roles, with securing a network of sponsors to support their ongoing development (Helms et al., 2016). Men's allyship is a critical component

of continuous commitment to learning (and “unlearning”), listening, and acting to support women aspiring to leadership roles in healthcare (Borgeault et al., 2023, p. 57).

Evidence on the effectiveness of networking is not as strong as that of mentoring or sponsorship. Women’s leadership networks tend to be small, with a focus on relationship building and less emphasis on career building. By comparison, men’s leadership networks are more influential than women’s and center around career building. More research is needed on the role of networking in advancing women’s careers in healthcare and note that the hierarchical, male-dominant culture needs to be disrupted for change to take place (Mousa et al., 2021, p.8).

Education, Training, and Development

Specific competencies have been identified that need to be developed for many women that extend beyond typical role-related requirements for success. Javadi et al. (2016) found through their intensive qualitative study on successful physician women leaders that expert listening, leveraging the expertise of others, communicating a compelling vision, and challenging the status quos and norms were all foundational skills that women must have to influence others and effectively lead in a male-dominated environment. For some, these skills might come naturally, but for many, they require focused development that is facilitated through awareness, education, and continuous reflection and feedback.

In practice, there exists a debate on whether women’s only training programs are more effective than programs open to a mixed audience of both male and female participants. Mousa et al. (2021) found evidence that both were potentially effective, with women’s only sessions providing a particularly safe space for connection and social learning amongst participants. All relevant studies they reviewed demonstrated that programs aimed at developing leadership capabilities overall supported women’s careers, with outcomes that included enhanced skills,

attitudes, behaviors, and networks. In terms of prioritizing educational platforms for knowledge transfer, the preferred method is participatory action learning with a focus on group interaction and experiential opportunities where participants actually “do” instead of just being “told.” Regardless of format, it was noted that content must be level-appropriate and meet the changing needs of women leaders at a range of career stages (Mousa et al., 2021).

Factors Influencing Organizational Interventions

Mousa et al. (2022) conducted a more recent meta-analysis, this time an ethnographic study, to explore the dynamics influencing organizational interventions to improve gender equity in healthcare leadership, recognizing that despite increased awareness and efforts, progress has been slow. The study included 15 qualitative studies from the United States, Canada, Australia, and the United Kingdom. Their findings were derived from first and second order concepts which led to their categorization into three factors: leadership commitment and accountability, intervention fit and fidelity, and cultural context and organizational readiness.

Leadership Commitment and Accountability

Leadership commitment and accountability suggests that raising awareness about gender inequity alone will have little impact on advancing women in leadership and that building a culture of inclusivity starts at the top with organizational leadership commitment and accountability. Research identifies the need for clearly articulated expectations regarding inclusion and equity through leadership competencies that are communicated often and consistently used for selection, development, and evaluation of leadership talent. Organizations that don't have expectations in place risk silently shifting the responsibility of cultural transformation to those who are the minority, in this case women. Placing this burden on women alone is viewed as creating additional pressure for individuals who already face barriers and

challenges in the workplace and are sensitive to the optics of having to continually justify their value and contributions because of their gender. In short, it takes everyone in senior leadership, most of whom are typically men, to lead organizational accountability and commitment efforts to eliminate gender inequities (Mousa et al., 2022).

Intervention Fit and Fidelity

Developing evidence-based interventional programs tailored to meet the needs of various populations of women in the leadership pipeline also surfaced as a critical success factor for creating sustainable change. Research demonstrated that organizational interventions can be built upon existing organizational practices, but there must be intentionality to engage women in the co-creation of strategies. Just as interventions must be compelling to the population served and culturally aligned with the organization's values and priorities, they must also deliver outcomes as intended. As such, the fidelity of any program or practice that is put into place must be demonstrated over time, with a focus shifting from intention to change to actual behavioral changes that drive measurable outcomes (Mousa et al., 2022).

Cultural Climate and Organizational Readiness

In this context, cultural climate and organizational readiness relates to the ability to deconstruct how systemic gender inequality is understood and framed, and how that is ultimately embedded in the organization's culture. For example, when introducing interventions to increase gender representation, emphasizing the marginality of women as a disadvantaged group can lead to perceptions of victimhood, which is counterproductive in many ways. The negative positioning of women relative to men can inhibit a woman's credibility, confidence, and career advancement, and inadvertently reinforce existing perceptions of patriarchal power dynamics. Introducing programs, practices, and policies that are designed to improve women representation

at the highest levels of the organization, represent changes that affect men (either real or perceived). Men's involvement in leading transformational change is critical, and often they are seen as advocates and allies. However, the research indicates that some men can also be silent resistors when they feel that their positions of power or authority are threatened. Traditional unidirectional top-down organizational structures may serve to exacerbate this dynamic. As such, assessing organizational readiness for the type of transformational change required to create and sustain a more gender inclusive culture is critical (Mousa et al., 2022).

IV. Conceptual Framing and Research Questions

The framework for this study on advancing women in healthcare leadership includes three separate theories that are interconnected to form a unique lens from which to explore the problem of practice and subsequent findings. These include feminist theory, role congruity theory, and transformational leadership, as described below, both as independent theories and collectively as a framework for this study.

Feminist Theory

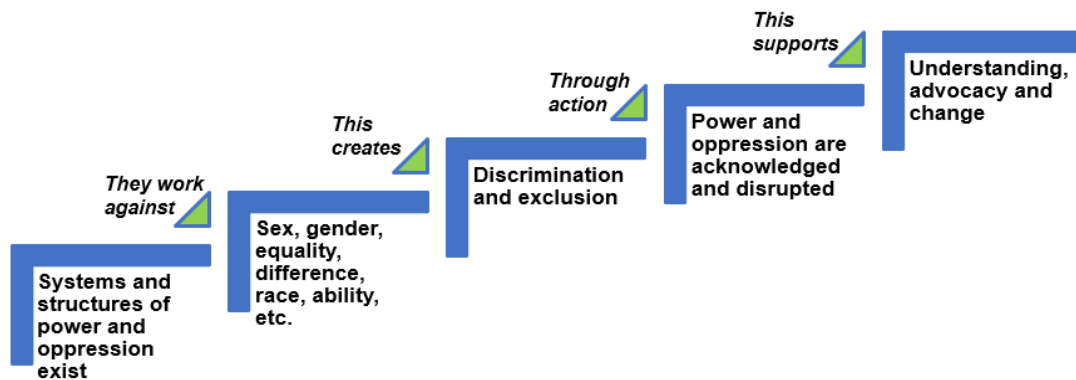
Feminist theory explores women's lived experiences, particularly the impacts of gender inequality in social contexts. The theoretical underpinnings of feminist theory are summarized as follows: "The purpose of using a feminist lens is to enable the discovery of how people interact within systems and possibly offer solutions to confront and eradicate oppressive systems and structures. Feminist theory considers the lived experience of any person, not just women, with an emphasis on oppression.

While there may not be a consensus on where feminist theory fits as a theory or paradigm, disruption of oppression is a core tenet of feminist work" (Javadi et al., 2016, p. 230). As a feminist and social activist, bell hooks frames feminism as a political movement for everyone regardless of gender identity: "Simply put, feminism is a movement to end sexism, sexist exploitation, and oppression. I liked this definition because it does not imply that men were the enemy" (hooks, 2000, p. viii).

Figure 4 reproduces a model of feminist theory from Arinder (2020) that "begins with the belief that systems exist that oppress and work against individuals." This model aligns with our capstone as a framework for advocacy and change.

Figure 4

Model of Feminist Theory [from Figure 1 of Arinder (2020)]



Role Congruity Theory

Role congruity theory explores the underlying biases and stereotypes surrounding gender and leadership, proposing gender stereotypes play a significant role in shaping judgments and expectations regarding leadership and professional roles. The theory has been influential in understanding and addressing gender disparities in leadership positions and career opportunities. By highlighting the role of gender stereotypes, role congruity theory sheds light on the barriers women often face in achieving positions of authority and influence (Eagly & Karau, 2002).

In explaining role congruity theory, Eagly and Karou propose that prejudice against women leaders takes its form in two ways: (1) perceptions that gender roles define women as having less leadership ability than men and (2) evaluations of leadership roles that are based on normative male attributes (Eagly & Karou, 2002, p. 573). One of the consequences of the theory tenets is that women have less access to power than men. Indicators such as wage disparities, fewer promotional opportunities, and less access to coaching and mentorships would support the framing that women face greater barriers to top leadership roles than men.

Transformational Leadership

Two contrasting leadership theories were brought to prominence by Burns (1978) and extended by Bass (1985): transactional leadership and transformational leadership. Transactional leaders use incentives and disciplinary measures (“carrots and sticks”) to manage their followers and maintain the short-term status quo. By comparison, transformational leaders seek to inspire their followers to create a shared vision for their organization’s long-term growth (McDonaugh, 2014). Transformational leaders engage their employees by raising their awareness of the importance of specific organizational goals and the roles that the employees have in achieving those goals (Bass, 1985; Kark et al., 2023). The four factors of transformational leadership (known as the “four I’s”) are described by Bass (1985):

- Idealized influence
- Inspirational motivation
- Intellectual stimulation
- Individualized consideration

In Bass’s interpretation, transformational leaders serve as role models who use the four factors to develop a communicative and diverse culture that empowers and inspires followers and encourages innovative thinking. Unlike transactional leaders, transformational leaders are less concerned with the hierarchy of their authority and more driven to inspire followers in the organization at all levels.

The Interplay of Feminism, Role Congruity Theory, and Transformational Leadership

A comparison of gender differences in leadership aptitude and intelligence (without regard to specific management style) concluded that “men and women differ little in the abilities that are most relevant to leadership” (Eagly & Carli, 2007, p. 42); in other words, women and

men have similar capabilities to serve as leaders. Regarding management style, the leadership attributes associated with transformational leaders, which include an interpersonal, participatory style, are generally considered to be more closely aligned with characteristics intrinsically possessed by women more often than men (Bass, 1985; Burns, 1978). These gender differences in leadership styles lead to a natural intersection between transformational leadership and feminist theories, especially with respect to leadership qualities crucial for achieving higher organizational effectiveness (Calás & Smircich, 2006). Gender differences are particularly apparent in caregiving organizations, where feminist-associated characteristics, such as the “ethics of care,” are critical to success (Calás & Smircich, 2006, p. 224). The interrelationship between transformational leadership and feminist theory also encompasses role congruity theory. As noted earlier, Eagly and Karau (2002) concluded that women leaders are perceived less positively than their male counterparts because of gender stereotypes. One can therefore see a tension between feminist theory and the biases presented in role congruity theory.

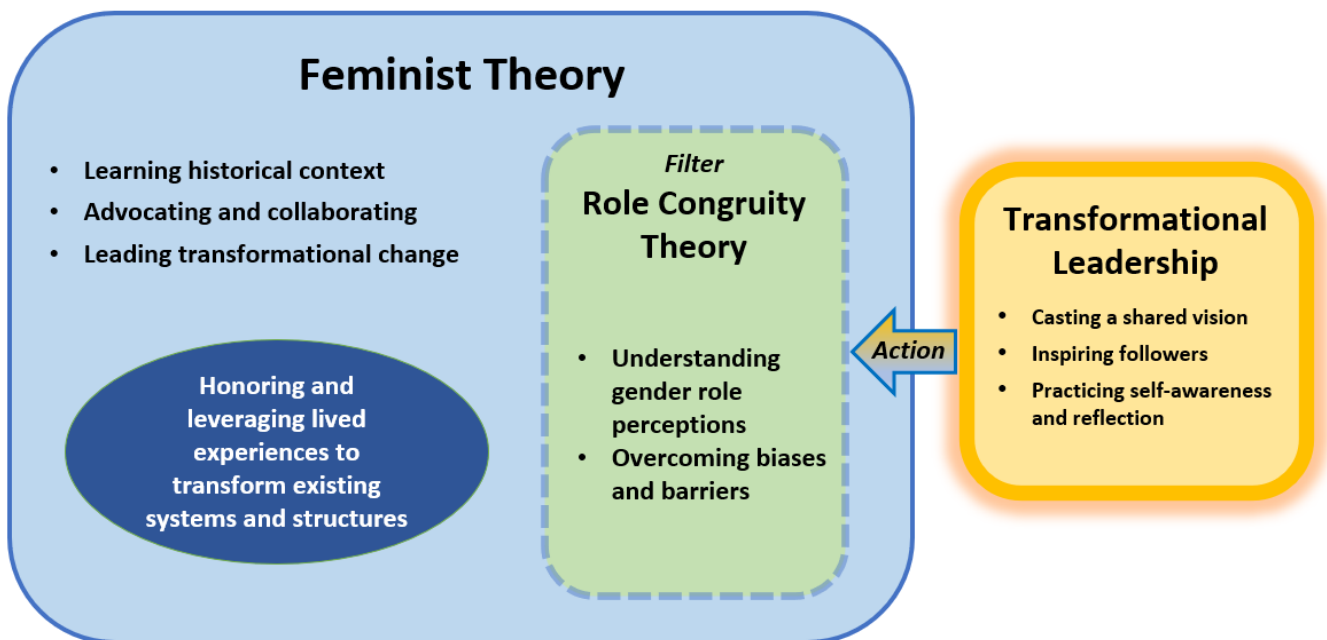
In summary, transformational leadership qualities are viewed as critical attributes to organizational success from a financial and human-centered perspective, especially in the long term. The evolution to a gender-balanced transformational leadership approach is predicated by women and men leaders recognizing and developing characteristics such as collaboration, creativity, innovativeness, and empathy while rejecting the masculine gender stereotypes that often hinder women leaders (Ely & Myerson, 2000; Kark et al., 2023).

We illustrate the interplay of feminist theory, role congruity theory, and transformational leadership as a conceptual framework for our capstone on women’s representation in healthcare leadership roles in Figure 5 below. The visual illustrates that feminist theory provides the foundation for our framework, and role congruity theory is a natural sub-theory within its orbit.

Transformational leadership then serves as a micro-theory that is a critical component in identifying the attributes necessary for both men and women leaders who aim to lead transformational change. This micro-theory can also be applied in context to the organization if these attributes are successfully and consistently modeled as core leadership competencies. When collectively possessed by leaders at all levels within an organization, the same characteristics embodied by an individual transformational leader can nurture a workplace culture that supports women’s career aspirations through increased understanding, advocacy, and change. These transformational workplace culture characteristics correspond with Arinder’s (2020) model for feminist theory in action.

Figure 5

Conceptual Framework: Interplay of Feminist Theory, Role Congruity Theory, and Transformational Leadership



Research Questions and Definitions

Our capstone will explore the following guiding question: How has gender affected the experiences of women in Vice President, Senior Vice President, and C-suite roles at CEW as they aspired to and achieved positions in senior leadership? There are four specific research questions that we aspired to answer through our study: Research Question 1 (RQ1): In what ways have barriers challenged women aspiring to advance to higher levels of leadership?; Research Question 2 (RQ2): In what ways have support systems developed and prepared women for higher levels of leadership?; Research Question 3 (RQ3): How do women in senior leadership positions experience and perceive their role in advancing and promoting other women to top leadership?; and Research Question 4 (RQ4): What is the role of men in senior leadership positions in advancing and promoting women to top leadership?

For purposes of this study, the following definitions were adopted related to how leadership positions are referenced in the problem of practice, research questions, findings, and recommendations: C-suite refers to the CEO and their direct reports who make up the senior most leadership team within CEW, typically comprised of individuals serving in a “chief officer” role; Top leader is someone serving in a senior leadership position, typically, a vice president or higher. Top leader is synonymous with the terms executive, executive leader or senior leader; Higher levels of leadership is the journey that denotes career progression after mid-level management, with each step representing achievement of a position associated with greater responsibility, span of control, and/or authority, up to and including C-suite leaders; the C-suite pipeline refers to the talent pool within CEW that represents leaders that can be identified and developed for higher levels of leadership, up to and including C-suite roles.

V. Project Design & Methods

The focus of our capstone is to highlight structures, systems and relationships that support or inhibit women healthcare leaders on their journey toward executive leadership through their personal stories and rich lived experiences. As such, to answer our research questions, identify findings, and develop recommendations, we relied on qualitative data obtained through in-depth semi-structured interviews with individuals in the senior leadership talent pipeline, currently in roles of Vice President (VP) or higher. This information was supplemented by a mix of document review and non-survey quantitative data analysis that we used as context to better understand the organizational culture, priorities and programs. Appendix A provides a table of linkages for data sources based on each research question.

Data Collection

Interviews and Participant Selection

We used selective sampling to identify participants from a pool of 204 Vice Presidents and above to ensure we had diversity reflected in our sample population. We initially requested six leaders in specific roles to interview: the CEO, CHRO, Chief Nurse Officer, Chief Operating Officer, Chief Clinical Officer, and the Chief Diversity Officer. The CHRO and CEO then selected additional executives to invite based on role and other factors such as span of supervision, gender, race, function, and tenure to achieve a diverse subject pool. All who were selected have achieved leadership positions by advancing internally through the levels of the health system or have been hired from the external marketplace after building up their credentials and leadership acumen. Women interviewees were deemed to be high-performing leaders with potential for advancement. Table 1 below provides participant demographic information that includes gender, tenure at CEW, race, and age.

Table 1*Interviewee Demographic Information*

Interviewee	Tenure in Years	Gender	Race	Age
1	0-4	Female	Two or more	45-49
2	10+	Female	White	50-54
3	0-4	Female	White	60-64
4	10+	Female	White	35-39
5	10+	Female	White	45-49
6	0-4	Female	White	45-49
7	0-4	Female	White	60-64
8	10+	Female	White	35-39
9	0-4	Female	White	35-39
10	0-4	Female	White	40-44
11	5-9	Female	White	45-49
12	0-4	Female	Not listed	40-44
13	0-4	Female	White	45-49
14	0-4	Female	White	40-44
15	10+	Female	White	40-44
16	0-4	Male	Black	50-54
17	0-4	Female	Black	55-59
18	0-4	Male	White	65-69
19	5-9	Male	White	60-64
20	0-4	Male	White	65-69
21	5-9	Female	White	60-64
22	5-9	Male	White	50-54
23	10+	Male	Asian	40-44

In total, we interviewed 17 women at CEW in Vice President and above positions and specifically focused on their personal career trajectories and experiences. Our sample represented 16.2% of women in such positions at CEW (out of 105 woman incumbents). We also interviewed five of the eight male executives in C-Suite roles to incorporate their perspectives regarding the challenges and support for women in healthcare leadership, as well as their role in developing and sponsoring women. Finally, we interviewed the Chief Diversity Officer, who is also male, to glean his perspectives related to CEW’s talent pipeline and efforts to ensure

representation at all levels of the organization. In total, the six men represented 6.1% of men in VP roles or higher (out of 99 incumbents). The men's views provided relevant data for our analysis beyond what we read in the literature. We conducted interviews in July, August, and September 2023.

Recruitment

The CEO sent the initial invitation to participate to each invitee individually via internal email, copying us and the respective leader's executive assistant who was identified as someone who could assist in providing availability for the participant. The invitation was sent approximately three weeks prior to the intended start date of the data collection process and served as an introduction to the research team. She shared our professional bios, and the invitees were told to expect a follow-up communication from us directly so that we could coordinate schedules. In collaboration with the CEW's CHRO, we determined that having the meetings scheduled by us directly versus an internal source would further support our commitment to confidentiality, minimizing the number of individuals with access to knowing who participated in the study. A copy of the communication is included in Appendix B.

We followed up shortly after the communication from the CEO was sent and provided additional logistical context for the interviews and to initiate scheduling them through the respective executive assistant, as each invitee agreed to participate. Participation in the interviews was voluntary yet encouraged as an opportunity to enhance learning in support of gender representation in leadership at CEW. We scheduled interviews based primarily on availability, given this population has many meetings and competing priorities. Participants were told that the interviews would take approximately 45 minutes, but an hour was blocked to provide additional time if needed.

In this follow-up email, participants were informed about the confidentiality of the interviews and about the intent to produce audio recordings of the interviews that would be used solely in the data analysis process and later deleted. They were provided an opportunity to opt out if they had any concerns about being recorded. Ultimately, 100% agreed to participate in the interviews, and no one opted out of being recorded. A copy of the follow-up communication from the study team is also included in Appendix B.

Interview Process and Research Questions

We began each interview by reinforcing confidentiality and describing how comments will be woven into themes in the research report and by not divulging names. While recording was not a requirement, we were prepared to have one of our team members collect the field notes in real-time should the need arise. We reviewed demographic information provided by CEW, as well as each participant's LinkedIn profile and other publicly available information to prepare for each interview. We asked our participants to describe their background, including current and prior leadership positions, education, formal leadership training, and other key career milestones that contributed to their leadership path. Semi-structured questions organically surfaced in response to interviewee stories, and we incorporated two questions to explore experiences and contexts in leadership among our interviewees using a framework from a global study of women healthcare leaders (Javadi et al., 2016, p. 231). The interview questions that inspired the process are shown in Appendix C.

As we asked foundational questions, different areas of inquiry emerged during the discussions. With two people listening, we followed relevant question paths, although still staying within the core requirements of our project. We modified these questions for the male

interviewees by asking them to reflect on their perspectives of the support systems and barriers women leaders face and their personal experiences in advocating for women in the organization.

In addition to aligning discussion prompts to our research questions, the questions we used to guide the semi-structured interviews also fit the conceptual framework of our project. Feminist theory is based on the lived experiences of all people. Role congruity theory explores the underlying biases and stereotypes surrounding gender and leadership. Transformational leadership theory describes role models who drive diverse cultures and inspire and empower their teams. Our interview questions explored the unique stories of each participant with respect to leadership, organizational context, personal significance, and perceptions.

Supporting Documents and Data Analysis

In preparing for our interviews, we received an initial data set in April 2023 from CEW, which included aggregate information regarding gender by leadership level and individual participant information such as role titles, number of direct reports, and tenure. This information was used to calculate the baseline data for CEW's percentage of women within each leadership level, as well as the manager to C-suite ratio. As a precursor, we mapped CEW roles to leadership categories as defined by the benchmark data to ensure alignment for comparing data.

Additionally, Other internal resources, documents, and data that helped provide context for our interviews, as well as for our data analysis, findings, and recommendations, included the following:

- Website content on organizational mission, vision, values, and history
- 2023 Voice Survey Results (total organizational engagement results and specific data cuts by category, item, role, and gender, and how each compares to the industry average), and handbook with survey definitions, methodology, and communication plan

- Human Resources practices related to internal mobility and recruitment, succession planning, compensation (at-risk program with goals aligned with diversity initiatives)
- Programmatic descriptions of internal leadership development, formation, mentorship/sponsorship, and diversity programs, including Business Resource Groups (BRGs) that have recently been launched for certain employee populations

During the interviews, information routinely surfaced from participants about the relevancy of formal formation programs designed to elevate one's understanding of and commitment to being a leader in the ministry of Catholic healthcare. An interview was subsequently held with the System Vice President of Formation and Spirituality to obtain additional context about how these programs integrate with existing leadership development initiatives, specifically as pertained to some of the themes surfacing during the interviews related to the importance of awareness, biases, reflection, and servant leadership.

Data Analysis

Transcription and Coding Process

The recording software, Otter.ai, captured a written transcript of each interview, which served as the primary data source for our study. We reviewed the transcripts for typographical errors and phrases that were not captured correctly. We also anonymized each transcript by removing any personally identifying information. Once we cleaned up all the interview transcripts, they were ready for further analysis through coding.

Our approach to coding the transcripts follows well-defined procedures for qualitative data analysis, as described by Ravitch and Carl (2021) and Saldana (2009). We started by using deductive coding inspired by critical articles from our literature review and transitioned to inductive coding based on the interview transcripts. Our literature synthesis yielded initial codes,

including gender bias, mentorship/sponsorship, and leadership development programs. We then followed the typical steps of coding refinement and theme identification, which was an iterative process involving discussing, questioning, validating, and aligning themes with the literature and our theoretical framework. As much as possible, we followed these steps independently to compare what each found important in the theme generation set.

We coded the first two transcripts separately and reviewed our results side-by-side to see how our independent coding compared. We followed the same process with the next two transcripts. Consensus coding, in this way, helped us analyze the data consistently through shared interpretation and understanding. Once we established consistency, we divided the remaining transcripts to code independently. When we had a complete set of codes, we used dialogic engagement to identify robust themes that led to our findings.

Before, during, and after the coding process, we employed “memoing” to reflect on and write about our code choices, discoveries about our research questions and participant reactions, emerging themes, and recommendations (Saldana, 2009). We used the coding software Dedoose to help us organize and manage our codes. Our coding of the interview transcripts led to 94 distinct codes in our codebook, provided in Appendix D, and a total of 1,503 codes applied. Key words and phrases that emerged from coding coalesced into broad groupings that ultimately became our themes.

Validation Process

Our study's primary goal was to explore women's experiences in leadership roles prompted by questions that had personal and workplace significance. To ensure the validity of our data analysis that would inform themes, findings, and recommendations, we used the framework provided by Ravitch and Carl (2021, pp. 286-287) that focused on strategic

sequencing, "thick" description, dialogical engagement strategies, multiple coding, and structured reflexivity practices.

Strategic sequencing of methods. We formulated foundational questions for our interviews addressing personal experiences and workplace context. Different questions emerged during the discussions based on what each individual interviewee was sharing. With two people listening, we followed relevant question paths, although still staying within the core requirements of our study. We modified these questions for the male interviewees by asking them first why they thought the healthcare industry was still struggling with gender representation at the highest level of organizational hierarchy, even after years of acknowledging the gap through studies that explored trends, root causes and possible solutions. We also asked them to reflect on their personal perspectives of the support systems and barriers women leaders face and their experiences in advocating for women in the healthcare sector.

“Thick” Description. An essential part of our interview process is providing context to the interviewee's descriptions of their unique lived stories as they ascended to their current roles. We captured vital experiences, milestones, influencers, educational and career pathways, barriers, challenges, and support systems in each participant's leadership journey, thereby providing rich narratives, meaning, and interpretation. The strong commitment to confidentiality provided a safe space to share details of vulnerable moments that shaped their lived experiences as women leaders in healthcare.

Dialogic Engagement Strategies and Multiple Coding. We met to review each other's analyses, coding, and writing, provide critical commentary, review methodology, ask questions about the process, and offer perspectives from our different backgrounds. Additionally, we used

thematic coding to find themes in the interview transcripts. We categorized and analyzed emerging themes that captured participants' career journey experiences and perspectives.

Structured Reflexivity Practices. Reflexivity refers to our beliefs, judgments, and practices and what we do with our knowledge during the study process. We recognized that as two women, we had personal stories about our experiences with support systems and barriers that we faced in pursuing our career goals. We also had connections to a few of the women we interviewed through professional networks. From the start, there was vulnerability and trust among participants in sharing their stories and confidence that we, as a research team, were approaching the study with deep regard for validity and ethics. During our interviews, a collective resonance took hold through mutual inquiry and connection with our participants, which enhanced our ability to obtain transparent, rich, and meaningful stories. Because of our unique positionality as women leaders, we felt a strong sense of responsibility for the fidelity of our data analysis to accurately interpret the stories of both men and women participants. Throughout the process, we intentionally used memoing, reflection, reading, strategy mapping, and dialogue between ourselves, our colleagues, CEW points of contact, and advisor to minimize the influences of our positionality.

Other Data Sources. We reviewed significant documentation from CEW regarding their policies, programs and practices as relevant context for what we were hearing in our interviews, and for making organizational recommendations. This was an important step to reflect on insights from the interviews to see how their perceptions and experiences related to policies, programs and practices regarding development, hiring and promotions, and career mobility aligned with what was documented. It also provided important information about existing programs that could be leveraged, which helped to support possible interventions.

Primary Themes and Sub-Themes

Focusing on the pipeline of women's leadership representation in a healthcare system ignites fresh ways of looking at culture and practices within the conceptual framework of feminism, role congruity theory, and transformational leadership. The women and men participants in our study hold influential positions in a system-wide matrix of reporting relationships. Although the participants have a variety of roles in which they operate, the coding process resulted in common themes across the interviews. We identified three themes and nine sub-themes from our coding process that informed our findings and recommendations. The themes and sub-themes are provided in Table 2, followed by an explanation of each, including its connection to our conceptual framework.

Table 2

Primary Themes and Sub-themes

Gender Paradox	Human Connections	Organizational Scaffolding
Awareness & Bias	People Believing in Me	Values
Room Culture	Support from Others	Structure & Programs
Voice	Leadership Characteristics	Self-Care & Life Balance

Gender Paradox. Gender paradox highlights the phenomenon of traditional systems where men seek the approval of other men, bond with other men in social situations, and have male role models, mentors, and networks, resulting in behaviors that can permeate workplace culture and, in turn, cause seemingly gender-neutral practices that are paradoxes for women. The sub-themes that form gender paradox are awareness and bias, room culture, and voice.

Awareness and Bias. Awareness (or lack thereof) and bias are central to the barriers that challenge women's advancement in healthcare leadership. Lack of awareness is also part of unconscious biases, the learned assumptions or attitudes one isn't aware of (Heilman, 2022). Awareness can go both ways in promulgating bias – when women and men are aware and continue to perpetuate gender-stereotyped behavior and when women and men are unaware of biases. An example might be when a woman leader expresses interest in a promotional opportunity to her male boss, who by all accounts supports and advocates for her most of the time, but questions her about the timing of her pursuing a new job given she has recently had a baby. While his genuine concern for her is recognized, she can't help but wonder if he would have said the same thing to a man whose stay-at-home wife had just had a baby and how that might impact his decision-making. Role congruity theory, a key element of our conceptual framework, underlies the gender paradox and supports the notion that women face unique barriers as they aspire to top leadership roles.

Room Culture. On the sub-theme of room culture, "The Room Where It Happens" is the famous song from the musical Hamilton in which Burr describes the Compromise of 1790, a deal between Hamilton, Jefferson, and Madison (Miranda, 2015). The song evokes the meaning of "room culture" insofar as the place where decisions are made that might have far-reaching implications and where the tone is set by the participants with the most power. Notably, the song also calls attention to the people with insight and experience who were excluded from the room. An example of this dynamic might be when a sole woman attends a high-level meeting in a roomful of men. She contributes a relevant remark within her area of expertise to the discussion. Her comment is largely ignored, but later, the same idea, perhaps said slightly differently, is echoed by a male peer who receives support and validation, and no one in the room is seemingly

aware it happened.

Voice. Voice, as a sub-theme, is multi-faceted and includes internal dialogue and external communication. In the context of the study, voice is exemplified through engagement, recognition, and showing up with confidence. In contrast, voice might also be an internal dialogue of discounting oneself and one's credibility. In the interviews, this sub-theme was captured by stories related to strengthening women's voices so they feel safe to occupy the spaces their leadership roles require, and ultimately that their voices are heard and valued.

Human Connections. Human connections relate to the interpersonal relationships that provide support, encouragement, and opportunities. The three sub-themes of human connections, people believing in me, support from others, and leadership characteristics, are explained below.

People Believing in Me. People believing in the women we interviewed was a recurring concept that surfaced as interviewees related key milestones in their healthcare leadership journeys. Time and time again, examples of sponsorship and advocacy surfaced where a one-up leader with influence genuinely took an interest in an individual, got to know them personally, and gave them opportunities to shine.

Support from Others. Support from others can be demonstrated through mentorship and sponsorship from other leaders, and a network of others outside of work that provide the space for women to flourish in their professional lives. Human connection and the intersection of gender, race, class, and culture is a foundational concept in bell hooks' writing. One of her key messages aligning with this theme is that feminist theory has the potential to benefit everyone, regardless of gender or other identities. Feminist theory stresses the importance of our interconnectedness as human beings and the criticality of understanding our privilege to become better allies (hooks, 2000).

Leadership Characteristics. Literature supports the relationship between human connection and those traits that define transformational leadership (Kark et al., 2012), another important element of our conceptual framework. Transformational leaders inspire followers to transcend their self-interests for the sake of those they lead (Burns, 1978). Transformational leadership characteristics include casting a vision, inspiring others, self-awareness and reflection, and leading through change.

Organizational Scaffolding. In this study, scaffolding refers to “organizational efforts to tackle multidimensional, complex, and interlinked ... change” (Mair et al., 2021, p. 1).

Organizational scaffolding is the theme that speaks to the policies, structures, and programs that support women aspiring to leadership roles and value them as critical enablers to improve work culture and representation over time. The sub-themes under organizational scaffolding are values, structure and programs, and self-care and life balance.

Values. Organizations, like individuals, have limited resources to invest in both time and money. What is valued by the organization is often prioritized and forms the basis for the types of programs that are designed and implemented. As the interviews progressed, this sub-theme surfaced in context to how organizational values come to life in the form of priorities and practices related to gender.

Structure and Programs. Structure and programs refer to organizational policies, programs, and practices that provide the scaffolding for the advancement of women. These might include leadership development programs, succession planning, and HR policies. Feminist theory, as outlined in our conceptual framework, also points to the different experiences of women and the ways in which workplace systems must be made more equitable for women. For example, to fully participate in a system, women must be given equal pay for equal work, equal

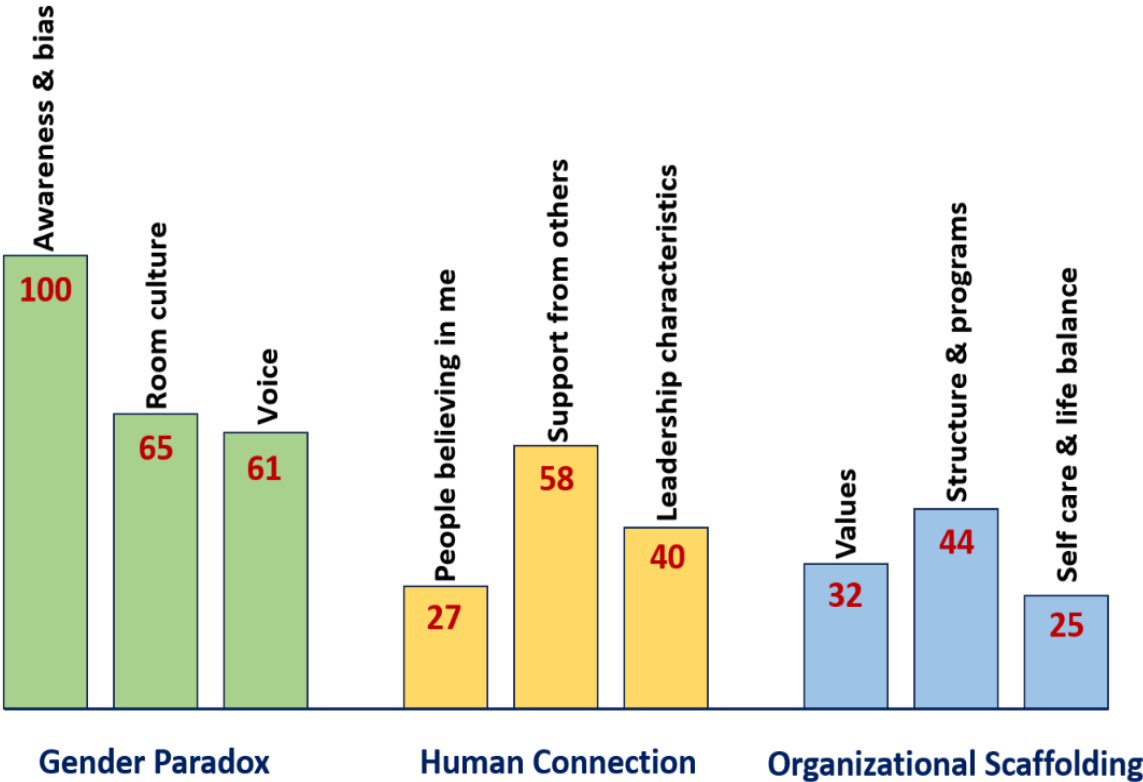
opportunities, and the same respect as their male counterparts (hooks, 2000). However, organizational policies and practices designed to create equality are often well-intended but have a way of creating a system of institutionalized inequality that has a cumulative effect on those who suffer from bias and disadvantage. This organizational reproduction of inequality requires an open discussion about complicity and how to overcome it through reflection and empirical analysis (Amis et al., 2020).

Self-Care and Life Balance. Self-care and life balance define the importance of breaking down the barriers that have traditionally differentiated the genders in reaching their career goals, particularly with respect to matters related to family life. Balance recognizes that women and men thrive when support systems exist to meet individual needs at different points in one's career. Balance also acknowledges variations in the systems at home that serve to support leadership roles in the challenging arena of healthcare, especially as it pertains to managing the demands of a busy family whose schedules don't always align with what is required of healthcare leadership.

Thematic Frequency. Figure 6 below provides a visual of how prevalent the sub-themes were as grouped by the primary themes in our coding (includes both men and women participants). There were one or more sub-themes per primary theme in each interview excerpt, and within each sub-theme there were key phrases that were used in our coding process. As we translated these data and began to compile the rich quotes in each sub-theme, we did a crosswalk to our research questions and conceptual framework, which led us to our findings as outlined in the next section.

Figure 6

Code Frequency by Sub-themes



VI. Findings

The findings in this section were based on the participants’ rich stories and are intended to pay wisdom forward and propel positive organizational change for women aspiring to leadership roles at CEW. The findings were written in an optimistic stance with a conviction that aspiring leaders - both women and men - will value and advance gender leadership equality in healthcare and beyond. It is important to note that the findings reflect participants’ collective stories and include experiences from their career trajectories in other organizations in addition to their current role at CEW. All stories are anonymous, and the essence of each quote used as evidence for our findings is illustrative of other participant’s reflections.

The four research questions collectively served to answer our overarching guiding question: **How has gender affected the experiences of women in Vice President, Senior Vice President, and C-suite roles at CEW as they aspired to executive leadership?** All four questions aligned with the primary themes and the conceptual framework theories in Table 3.

Table 3

Research Questions, Primary Theme, and Conceptual Frame Connections

Research Question	Primary Theme	Conceptual Frame
RQ1: In what ways have barriers challenged women aspiring to higher levels of leadership?	Gender Paradox	Role Congruity Theory
RQ2: In what ways have support systems developed and prepared women for higher levels of leadership?	Human Connection Organizational Scaffolding	Feminist Theory Transformational Leadership
RQ3: How do women in senior leadership positions experience and perceive their role in advancing and promoting other women to top leadership?	Human Connection	Feminist Theory Transformational Leadership
RQ4: What is the role of men in senior leadership positions in advancing and promoting women to top leadership?	Human Connection Gender Paradox Organizational Scaffolding	Feminist Theory Role Congruity Theory Transformational Leadership

Finding 1: Barriers Related to the Gender Paradox

Finding 1: Bias and awareness (or lack thereof), room culture, and voice (both internal and external) underlying the gender paradox serve as significant barriers that shape judgments and expectations regarding women’s leadership, potential, and career progression.

Finding 1 is linked to the theme of gender paradox (see Table 4 below) and answers our first research question, **RQ1: In what ways have barriers challenged women aspiring to advance to higher levels of leadership?** While many systemic barriers were identified through the lived experiences of women leaders in healthcare, those related to the gender paradox surfaced more than any others in our study, which provided significant evidence for Finding 1 through the stories and quotes from participants. Finding 1 highlights role congruity theory at the heart of our conceptual framework, which recognizes the existence of the challenges that women face in achieving positions of greater authority and influence because of the role stereotypes and biases play regarding gender and leadership.

Table 4

Thematic Connections for Finding 1

Gender Paradox	Human Connections	Organizational Scaffolding
Gender Bias & Awareness	They Believed in Me	Values
Room Culture	Support from Others	Structure & Programs
Voice	Leadership Characteristics	Self Care & Life Balance

The thematic connections to our first finding were expressed through stories that women shared from their lived experiences as they progressed through leadership roles and were particularly relevant to their current roles as senior leaders. Each component of the gender paradox, as expressed through awareness and bias, room culture, and voice, is illustrated below through reflections, stories, and quotes.

Gender Paradox: Awareness/Bias

“Awareness is a good place to start.”

- CEW leader (woman)

We present representative quotes and stories about awareness and bias from the women leaders' interviews below. The context for the following two statements centers around a topic that arose during the conversations with women about their reluctance to raise a challenging point of view, especially when people start to cohere around a differing one, when they are the lone woman in the room. The notion that men's lack of awareness despite good intention is also evidenced by these reflections on gender:

“Most of us at this level do feel that there is a gender connection. And the men would probably be surprised that we felt that way. There are things that happen around the meeting room table that might not be intentional, but it's a lack of awareness of the dynamics in the room and how that can be perceived.”

“I'm not sure the men at the top level recognize there is a gap or that there is value in having diversity (of thought) at the table.”

The next quote references building coalitions that represent different perspectives. The most effective decisions made at the top leadership level reflect the communities that are served:

“Because when you invite different voices to the table, you will get pushed and challenged in different ways. And ultimately, that tension is good for the organization and good for the patients. Leaders have to be willing to live in that tension and to be able to find compromise and move forward. It requires introspection. It requires you to be uncomfortable. Awareness is a good place to start.”

The issues raised in this study are undoubtedly complicated and multi-dimensional. While some women expressed that they did not feel that gender was a barrier to leadership on the surface, they acknowledged that certain interactions, events, and male-driven leadership approaches experienced on their career journeys caused them to pause and question the influence of gender. One participant summed it up by saying, “I've experienced multiple times in my

career where I've questioned, 'Is this because I'm a female?'" Another interviewee further explored this by reflecting on gender stereotypes about her communication style:

"You want me to be decisive and short in everything like the men are, but when you do that, right, it's offensive as a woman."

Another expression of the gender paradox related to biases and awareness surfaced in context to gender and support systems in the home and how that relates to a woman's professional life. One interviewee articulated her thoughts in the following quote when expressing that her male colleagues are not necessarily aware of gender differences and expectations, and how that might negatively impact a woman's career trajectory:

"We often don't get the help at home that the men do. I looked down at all of the guys on my row, their wives do kids lunches, their wives pick their kids up. Like, I need a wife. And we traditionally are the ones who are expected to set aside work to handle the home thing. So the school calls you first to pick up a sick kid, and then that takes time away from work that our male counterparts don't have to give up. And so it's this constant balance. We're always just minus one, minus one, minus one."

The conversation around women as "doers" came up time and time again. A sentiment was expressed that if women want to break the mold, they must stop always volunteering to take on additional bodies of work, especially when it is work that is perhaps low profile. Calling out the rotation of those who have not yet taken on an extra initiative is one way to raise awareness.

"So, the notion of women as doers. Some of them, I think, were raising their hand because they felt like it wouldn't get done unless they did it. So I said, 'Well, maybe you should consider not volunteering and see who steps up.' When you volunteer with regularity, you're communicating 'I'd rather be the project manager than the lead.' But if you want to break the mold and not always be seen as the doer, you're going to have to quit always volunteering. I think when you've been quiet, questioned, misjudged, seen as less than in some way, then part of it is proving to yourself that I have to work twice as hard, which happens for whatever reason. It's a part of the territory, to feel I just have to."

Gender expectations were significant, and many of the women leaders we interviewed articulated the need to avoid making mistakes or not be seen as unprepared, as illustrated in the following quote:

“I was having a discussion two weeks ago with one of my peers about one of his female direct reports. And he noticed this. ‘She had 20 slides of data,’ he said, to prove a point, and he had one slide. But she has 20 to feel like she can assert the same thing that he has. And I said, ‘That’s classic gender.’”

The importance of men's roles in serving as support systems for women is illustrated in the following excerpt. Continual learning is at the core of the message:

“I will call him after meetings and say, ‘Hey, I don't know that you're aware of this, but this is what happened. And I need you to pay attention and call it out.’ So yeah, he doesn't always hear the mansplaining. He doesn't always recognize that there could be a woman at the table who says something, and then a man says it, and the man is the one who's validated for it. He doesn't see it all the time. But he will support you by calling it out. And he will acknowledge that he missed it, and he'll try to do better.”

The referenced quotes around the sub-theme of awareness (or lack thereof) and bias focus on the leader (man) being aware of gender bias and their openness to ask for help in changing their behavior to better support women.

Gender Paradox: Room Culture

*“But we really never know what got discussed.
Click boom! Then it happened. But no one else was in the room when it happened.”*
- Miranda, 2015

When asked about meeting dynamics, one interviewee simply stated, “Room culture is real.” Many of the leaders we interviewed had recently been thinking about room culture as it applied to race as well as gender. As we heard, room culture is evidenced by the tone and level of inclusivity of the room. The women interviewees said that they valued support from influential people who sponsored them and showed them how to gain access to the room where it happens. A key to room culture is understanding the power dynamics at play and having the confidence to speak from their own expertise – a confidence that is acquired over time with learnings from both mistakes and successes. Another key is acknowledging those dynamics without taking them personally or letting them define your value. As a woman leader expressed

when explaining something she has both observed and experienced:

"I make a suggestion and it doesn't land. Five minutes later, somebody else (a man) says the same thing. It might be different words, but it's the same thing. Then everybody will think it's a stroke of brilliance. And it is just so frustrating that it happens as a pack."

Women related how they worked through challenges with the women they mentor, including room dynamics. Some women question if they show up with strong personalities that might be viewed as being aggressive. The same trait may show up as being assertive in a man.

Room dynamics create a tension connected to the gender paradox.

"One of the things I think that we do very well is we talk about the dynamics in the room and how women leaders are showing up and thinking differently, but then also what does that dynamic in the room look like? Because that is so important. And we talk a lot about sensitivity. And, even how, as a woman, you have to think strategically, but that doesn't mean you have to act like a man. Their relationships are more direct, and maybe a female leader who's not as comfortable with directness might feel like a personal attack. So we talk through a lot of those things to give them the armor and then the tools that they need to be successful in those environments and build their self-confidence in a way that allows them to be there in their authentic self. What I don't want is to create distress for them. And sometimes, in those environments, if you walk in and you're not prepared, it does feel very much like a personal attack, and then it does add stress, and then you start down that spiral. Maybe I don't belong here, and this isn't the right world for me when it absolutely is. You have to think about the situation differently."

The women referenced social barriers, such as not being included as regularly as men in networking and after-work social opportunities as they progressed in their careers and having to adapt and develop political skills. The following quotes summarize what two interviewees shared regarding their perceptions of how men engage differently than women in the workplace:

"It almost goes back to the playground, right? The boys are out there where they're playing kickball. They're out to throw the ball at each other's faces, and at the end of the day, they're going to go get ice cream or whatever. And that's the dynamic."

"I think one of the challenges for a woman in that space is you have to show up and be stronger, smarter, faster, and tougher, and even though they may not openly acknowledge that at some level, they'll recognize it, which is probably how you get to be at the table. But it's also when you're there. It's really easy to feel like you're still on the outside even though I know I deserve to be at this table, and I have a valuable perspective and might get a share of the work. Sometimes, there's that good old boys' club at the end of the day. I know the rest of the table is going out to golf this weekend, or they're doing whatever it

is that they do, and that's something that I'm not going to be a part of, and sometimes that's okay. It's not necessarily exclusionary, but it is so hard. It's a hard dynamic because you can't interact with the group in the way that they might interact with each other, but you still have to make yourself feel like you're connected and a part of the group."

Women as the doers showed up not only in context to awareness and bias but also in context to room culture as evidenced by the following perception:

"Sometimes it's like we are on the periphery (in the room), asked what our opinions are as an afterthought, even when we are the ones who are doing the work."

The context of the next quote is a conversation around the value of women role models, watching other senior women lead, and the benefits of having more women in the room to reinforce each other:

"One woman (in the room) is a token, two is a good idea, and three is what you want to start leaning the table."

While room culture is a microcosm of the broader organizational culture, it is uniquely defined by who is in the room, and by who is not, and who is in a position of power.

Gender Paradox: Voice

"Stop discounting yourself."
- CEW leader (woman)

There were several common threads among the women we interviewed related to voice. Some said their voices were ignored or drowned out. Others said they couldn't find a way into the conversation. Several told stories of remaining silent even when they were experts in the room. In our interviews with women, the phrase "having a voice" was also described in the context of acquiring confidence that they know what they are talking about when they are in a roomful of men, whether men are peers or in senior roles.

There was also acknowledgement that having a seat at the table means they need to use it. Women told us that they sometimes get lukewarm or negative responses when they raise an

opposing view after the group has started to cohere around an idea. But they are strongly opposed to simply repeating others' ideas in different words, something they feel some of their male colleagues do. The women we interviewed acknowledged that men have a way of repackaging ideas by restating and amplifying what they just said. Several interviewees acknowledge that they have seen this tactic used very effectively, with one leader adding, "It's all about positioning."

In one-on-one or group meetings with power dynamics in play, women may have a heightened awareness of gender stereotypes, particularly those ascribed to them when they assert a strong opinion, making them think twice before speaking for concern they might be labeled aggressive or difficult. This paradox can contribute to women holding back and not using their voices as much to convey their expertise and competence. However, some women will speak with more conviction and force when they are in a space where they are the minority because they feel they must be heard. Many of the women interviewees stressed the criticality of women being supportive of each other in strengthening their voices. The following quote captures the sentiment of the women grappling with voice and the gender paradox:

"So, in real-time, how can we help strengthen your voice so that we speak up more and that we're heard without feeling like we're too soft to take a critique or jump to someone's defense? How can we professionally help each other feel safe to have to occupy the space that the seat requires? So how can we use our voices to support yours?"

A woman's leadership journey led her to a demanding project that set a spark to use her voice strategically. The following story exemplifies many of the experiences we heard about presence (including body language) and having a voice:

"It was probably the first place where I started focusing on my role in my voice, in my gender, in working through and negotiating from a strong point. I reflect on the ability to be able to maintain credibility. That is the one thing that is really large. Sometimes, those most direct, honest, transparent conversations right up front instead of doing the dance really get to the best place sitting around the table. I started something physically that I do if I'm sitting across the table in a conversation that may be at some level agitating me

or I need to take a pause. I lean forward at the table. I interlock my fingers and relax. That is a physical cue to me to refocus and center myself. Words and intentional language matter. You don't really focus on how much your nonverbal language speaks to your engagement, professionalism, and calm demeanor in talking through negotiations and difficult topics. So that's a whole new mindset that I've worked with people on, too. My test for myself is if I have sat in a meeting for 60 minutes and I have not said a word, why am I there? I really need to be there, somebody said to me a long time ago. And if I can't contribute, who can I choose to represent us? Who could really be a better fit for the conversation? So, I try to think about that as I place us optimally and strategically in the best place to contribute to the decision."

The next quote reflects the sentiment expressed by many of the women leaders as they gained confidence in calling out being interrupted during meetings:

"The area where I'm getting more comfortable is calling out the bad behavior when it's happening. I feel better calling it out now, and I'm better at doing it for other people than I am for myself. I think it goes back to modeling. I think we have to model it. I think for those of us who sit in leadership seats, we have to be really intentional and say to our teams, 'It is okay for anyone in the organization to reach out to anyone else.' There needs to be an open line of communication, and it has to go in both directions for people to really feel like they are safe to say what they need to say. And to stop processes they think are unsafe, call things out if they have questions."

The following quote captures the feeling among many women that they have to prove themselves to be heard. Their growing expertise and confidence are a platform for their voices:

"I think especially as an executive, and as a woman executive, there is a flexibility to a certain extent, but I think that women, once you get to a certain level, are less likely to take advantage of their position because, in a way, we feel we have to prove ourselves. We've got to be smarter, quicker, faster, more dedicated, more prepared. All of those things organically allowed me to develop the ability to speak up."

In expressing some of the gender dynamics at play, many of the women we interviewed noted that to be successful, they must own their value:

"I feel like men are more in the moment and just work through it. I think for women, it's a different process. We have to build ourselves up to be in the situation and not take things personally. We have to stop discounting ourselves. I have my own ideas, and not everyone's going to agree with that. I have to be comfortable that people don't agree."

As illustrated in the preceding quotes, voice, whether internally or externally spoken, surfaced as a clear by-product of the gender paradox.

Summary Finding 1. Our women interviewees painted a consistent picture of how gender roles impact their effectiveness as leaders. Starting with a lack of awareness and bias that is an undercurrent in room culture, the experiences of women aspiring to senior roles in leadership are remarkably consistent. The interconnectedness of women trying to find their voices and men not hearing or marginalizing those voices, while almost always unintentional, is one of the greatest challenges women face and is at the core of the gender paradox.

Findings 2a and 2b: Support Systems

Finding 2a: Affirming relationships with trusted colleagues, who listen, encourage, challenge, and advise, serve as critical support enablers for women aspiring to top leadership;

and

Finding 2b: Human Resources (HR) programs, policies, and practices that are equitable, valued, and prioritized form the organizational scaffolding of support for women aspiring to top leadership.

Finding 2 is in two interrelated parts, Findings 2a and 2b, and answers our second research question, **RQ2: In what ways have support systems developed and prepared women for higher levels of leadership?**

Finding 2a. The first part of Finding 2, Finding 2a, highlights the importance that our interviewees placed on support from others (see Table 5). In alignment with our conceptual framework, feminism as an ethos of mutuality that shapes human connections (hooks, 2000) is the theoretical underpinning that captures the essence of support from others expressed by our interviewees.

Table 5

Thematic Connection to Finding 2a

Gender Paradox	Human Connections	Organizational Scaffolding
Gender Bias & Awareness	They Believed in Me	Values
Room Culture	Support from Others	Structure & Programs
Voice	Leadership Characteristics	Self Care & Life Balance

Human Connections: Support From Others

“Never worry alone.”
-CEW leader (woman)

Support from others surfaced as a finding related to the organic communities between women who share the common challenges and successes they face along their leadership journeys. These relationships are built upon mutual understanding, empathy, support, and encouragement and often provide a safe space for women to express ideas, give and get feedback, and sometimes to vent. The next two quotes relate to women reflecting on the importance of relationships built with other women because of their common experiences, and their desire to continue to cultivate these support systems:

“Never worry alone. That’s what I tell my female counterparts. Get your crew. There’s nothing that a group of women can’t solve together.”

“We women have that shared understanding of some of those shared struggles and we tend to help each other out.”

The women emphasized the importance of support from others when they are seeking advice, as evidenced by the following quote:

“We get a little group of us together to just talk things out, and it helps my confidence.”

Another participant shared their perceptions about being with someone with whom you can share vulnerabilities and not worry about optics in the process:

“And so it's a very deep level of trust that, you know, if you make a mistake, which we all do, you can be vulnerable about those things and about asking for help.”

Strong support systems originated with CEW's founders. They were described by the interviewees as strong women with a mission to help others. Many of the women referred to the founders' strength and determination. Talking about sisterhood in the present day, many of the women participants relayed that through a shared understanding of their challenges, they helped each other out, as illustrated in the next quote:

“You can tap into things like that, of sisterhood. We're gonna band together, and we will get each other through it, and I know that you're having these challenges, and I can look for it, and I will support you. So I think even opening ourselves up to that conversation, having honest conversations, even if it's not broadcasted, I think will be helpful. I would say that having strong women relationships is also helpful. And so if we could cultivate those and some of that can be organic, by just putting people in a room to have some time that you get to know these people in a very different way. And they become your friends. You may not keep in touch, but they become your friends, and you know them from that experience. If we could cultivate those relationships just so people can lean on one another even in an informal way. I think that would be great.”

Support from others is also manifested in forms of mentorship and sponsorship from other women, where they provide guidance and help in navigating political landscapes. They also often provided encouragement to think bigger, showing unwavering confidence in their abilities. The quote below is a testament to the difference that one individual had on the interviewee's career trajectory:

“So I will say my story surrounds several very strong female executive leaders who over different periods of time, saw something in me and they had different types of influence at different times and for different periods of lengths of time. But they all were first amazing role models in different ways. And they, in some way, shape or form, got me started and then played a role as I moved along as well; I came to CEW because of one of those leaders who just insisted that I was capable of more than I was giving myself credit for. There was no way she was going to let me keep sitting in that position I was in because she knew I was capable of more.”

While these types of close relationships for women might not be experienced as often with men, there was an acknowledgment that having trusted male colleagues was extremely

important to many interviewees. The following quote speaks to the valued support from a male boss who played a pivotal role in a woman’s leadership journey, crediting him for the opportunities he provided through support and sponsorship:

"I viewed him as a sponsor for me and one of those people who were pivotal in helping me advance in my career. That relationship taught me job skills. He also advocated for me and provided the opportunities that allowed me to advance within the organization."

Support from others was cited as a critical factor for success by women as they aspired to, and advanced in, higher levels of leadership.

Finding 2b. As a counterpoint to the personal support in Finding 2a, we also heard about the importance of institutional support which connects back to the theme of organizational scaffolding (see Table 6), which is the basis for Finding 2b. This finding connects to feminist theory, particularly around recognizing the systems and structures of power that are in place.

Table 6

Thematic Connections for Finding 2b

Gender Paradox	Human Connections	Organizational Scaffolding
Gender Bias & Awareness	They Believed in Me	Values
Room Culture	Support from Others	Structure & Programs
Voice	Leadership Characteristics	Self Care & Life Balance

Organizational Scaffolding: Values

"There is time for anything you think is valuable."
 -CEW leader (woman)

Our interviewees expressed that it is important for leaders to align on what is valued in terms of gender representation by the organization. One interviewee posed the question on whether gender representation in leadership was even a priority for the organization, stating the following:

“And is that (gender representation in senior leadership) an objective of the organization? How important is it for us as an organization to bring more women forward in leadership roles? If that's important, then I love the idea of having more intentionality around it - mentoring, sponsoring, more affinity, you know, succession planning, they all fit in that.”

In taking time from her demanding schedule, a woman leader noted that there were a number of women in the organization who had either reached out or who she had the chance to work with on projects. She described that they have regular touch points now addressing questions such as, “Where do you want to be? What kind of work do you want to be doing? If I'm capable, can I get you into that work? And if you're doing the work, how can we showcase it?” In answering the question of where she finds the time, her response was:

“There is time for anything you think is valuable. I'd love to see us do an exercise about what we value in our leaders. If we want to grow women in this organization, we have to have an honest conversation about what we value at that level.”

Inclusivity is the framework that defines an intentional approach to valuing all people.

The following quote reflects the importance of having inclusive conversations with C-suite leaders about gender representation and valuing women as leaders:

“I do think additional conversation and calling it out that you (C-suite leaders) value women leaders is essential. People care about things that you think are important. And so I think even just opening up a conversation and being able to have one-on-one interactions and being inclusive in that conversation is helpful.”

A key component for advancing women in the organization to C-suite roles is by having honest conversations about what is valued at that top level, including the types of leadership characteristics and competencies that are required for women to thrive.

Organizational Scaffolding: Structure and Programs

“How do I give her more operational experience so that she can be a chief executive? Otherwise, she just stays in her vertical. In healthcare, we don't look very horizontally; it's how we're structured.” -CEW leader (woman)

The participants spoke about the importance of formal programs that include purposeful feedback mechanisms, compensation practices, leadership development programs, and formal and informal sponsor and mentor programs. One participant highlighted the fact that despite good intentions, without structure, it will be difficult to change representation in senior leadership in healthcare, stating, "It's not a people problem. It's a process problem." Healthcare is the place to have the structure to grow existing talent and provide opportunities for women, who make up the majority of employees in the pipeline. The talent is right there in the organization, as captured in the following quote:

"Our pipeline is more fertile in terms of gender than maybe some other industries. And so we have the opportunity to lift and shift because it's right under our nose to grow the talent. And I think networking is so under-identified as a way to know people. As we all know, it's both getting your foot in the door and getting the connections built that you need. That's something women have done in their circles, but they haven't done it necessarily across power gradients."

Another interviewee talked about the importance of honest dialogue regarding her own potential for advancement and development opportunities, facilitated through structured conversations with her leader, something she felt should be inherent in performance discussions:

"I think we're super sensitive to some of that stuff; development pathways and giving women additional opportunities to help them do things that they have not done before."

Some interviewees spoke about formal networking and development opportunities as critical for the advancement of women to higher levels of leadership. Many spoke about the importance of intentionality and providing structure as one way to ensure career growth happens. The following insight from a woman demonstrates the importance of focused efforts aligned around developing leaders:

"And so it's a good thing that I have multiple options for growth and development internally. But I will say, even within my own team right now, I don't have the ability to go and do professional development. Which is interesting to me if I'm considered a high-rising leader and I don't have the ability to go out and do professional development. I

think we have an opportunity to offer more leadership development programming focused on leadership, not just operations, so more people can access it."

Structure and programs also relate to organizational commitment for those areas in life that extend beyond the immediate workplace, as emphasized by one interviewee below:

"The organizational support (needs to be there) to convey, yes, we want to take care of our families and make the care of our families, children, and parents a priority."

Many of the interviewees expressed the need for intentionality in providing structured experiences and development opportunities for women to thrive. The above quote offers a segway into the third component of Finding 2b related to organizational scaffolding, which focuses on self-care and life balance.

Organizational Scaffolding: Self-care and Life Balance

"I know that people cannot deliver if they are not taking care of their families and themselves."
-CEW leader (man)

A sentiment expressed by many of the women is that without supportive partners and extended family who carry the load at home, their career trajectories wouldn't be possible, as exemplified by the following quote:

"We're often the doers at home. I have a really supportive partner. And we have a really egalitarian marriage. And so I'm very lucky in that way."

The next two quotes juxtapose the dilemma that many of the women face in setting boundaries, both in protecting time for families and being aware of when, where, and to whom to communicate priorities:

"So I think that's another area where I personally struggle is setting boundaries and saying no, I'm getting better at it. I don't ever want there to be this perception that I can't do the work because I have children. But I do protect time in the evenings, and the people who I work closely with know this."

"I think work-life balance is hard. It's hard for women. I think it's hard for us to talk about our children. It's hard to talk about the time we must prioritize for them."

An element of organizational flexibility includes personal agency to take time-off and the ability to schedule so that work gets done. Some women talked about new ways of thinking by taking longer vacations and structuring their own balance, thereby allowing sufficient time and energy to take care of their personal responsibilities and well-being, as seen in the following quote:

"It's been a little bit of an adjustment, but it's become popular for people to take longer vacations here (at CEW). Two weeks seems to be the one that I'm seeing lately. The organization can't make you well. It certainly can influence your environment, but the only thing that makes your work-life balance is that you have ownership here, too."

Several women leaders referred to the advantages of delegating work to their direct reports, adding a perspective that "delegating to others provides them with experiences in developing skill sets of leading and working as a team." Team members appreciate the opportunities and feel empowered as a result, which makes it a win-win.

Taking a pause to re-balance a career trajectory requires flexibility and having confidence in one's past, present, and future career success, as a woman leader shared:

"And I wonder if it is also part of my growth as a woman, being able to say no. I really think my schedule needs to be xx. And I would like to craft it that way ... I'm just pausing for now."

Several women mentioned the importance of seeing other individuals prioritize self-care and that CEW's senior leadership values self-care, not just in words but in actions, as evidenced in this quote:

"I always appreciate our CEO, who consistently has a really heavy emphasis on self-care, and I note that so much during the pandemic period. And I think she is challenging all of us to find the boundaries and balance."

The sub-theme finding of self-care and life balance translates to an organizational model that is adaptable and flexible to support personal needs, along with organizational trust that the work will get done.

Summary Findings 2a and 2b. Support systems, both informal and formal, are critical to the development and advancement of women in healthcare leadership. The support systems within the organization that had developed and prepared the women for executive leadership roles are categorized in three interconnected ways. One aspect of support is through meaningful human connections with women and men that serve to provide affirmation, encouragement, feedback and opportunities. Structure and support systems were also emphasized through formal programs such as leadership development, formalized succession planning process, and horizontal stretch opportunities. Life balance and self-care are other essential structural components of the support necessary for women to thrive in demanding leadership roles.

Finding 3: Women’s Perceptions of their Role in Advancing and Promoting Other Women

Finding 3: Women in senior leadership positions perceive their role in promoting the next generation of women leaders by serving as role models, advocates, mentors, advisors, and sponsors.

Finding 3 is linked to the theme of human connections (see Table 7) and answers our third research question, **RQ3: How do women in senior leadership positions perceive their role in promoting other women to top leadership?** Finding 3 is also connected to our conceptual framework, integrating theories that are necessary for advocacy and change. As influential leaders and role models, the women we interviewed saw themselves helping those they mentor or sponsor cast a vision and own their leadership potential (transformational leadership), navigate biases, challenges, barriers and organizational politics that exist in the workplace (role congruity theory), and ultimately result in a workplace that is more diverse and inclusive (feminist theory).

Table 7

Thematic Connections for Finding 3

Gender Paradox	Human Connections	Organizational Scaffolding
Gender Bias & Awareness	They Believed in Me	Values
Room Culture	Support from Others	Structure & Programs
Voice	Leadership Characteristics	Self Care & Life Balance

Human Connections: People Believing in Me

“She believed in me and gave me the space to fail and succeed. She’s that person.”
- CEW leader (woman)

The roles other individuals played, both men and women, in believing in the female leaders we interviewed with intentionality and purpose surfaced as a recurring theme, and it highlighted common leadership characteristics of those individuals who sponsored them at pivotal moments in their careers. As the women reflected on their role in preparing women in the leadership pipeline for roles of greater responsibility, they often shared examples from their own leadership journeys that they would like to emulate as they aspire to "pay it forward" to the next generation, as shown below:

“I will say my story centers around several very strong women executive leaders who, over different points of time, saw something in me. They were all amazing role models in different ways.”

Many women portrayed stories of people who had a steadfast belief in their abilities and envisioned them going further than they even had dreamt was possible, exemplified by the following quotes:

“One leader insisted I was capable of more than I was giving myself credit for.”

“It’s because she believed in me and gave me that room for success and growth. She is that person.”

Another way of expressing belief in someone is trusting them to make difficult decisions and supporting them through the process, which builds leadership acumen and confidence. As one leader reflected about her boss, she shared the following sentiment that demonstrates his confidence in her, noting that this kind of empowerment is something she hopes to instill in other women protégés:

“And whatever decisions I make, I know will be supported because he knows I'm working within this framework that we've agreed on, and he trusts me. And so whatever decisions I make, he will support me, even if they're hard and even if the senior leadership team doesn't necessarily agree. And so that has given me tremendous freedom to do and learn and fail and grow in a way that's safe.”

The sub-theme of ‘people believing in me’ was recounted by many of the women as being transformational in their leadership journeys. The quotations noted above refer to influential leaders in the women’s career journeys who, by demonstrating confidence in their abilities, provided the freedom for the women to make difficult decisions and feel safe and supported. In relaying their stories, the women interviewees talked about striving to provide the same support to the next generation of women leaders.

Human Connections: Leadership Characteristics

“I think for anyone who occupies a leadership seat, they have to be vulnerable. Because our teams will do what we model in a lot of ways - being vulnerable and open and honest.”
- CEW leader (woman)

Characteristics of leaders who were pivotal in promoting the women we interviewed to top leadership included honesty, being present, vulnerability, collaboration, and openness to a diversity of viewpoints. The ability of these leaders to have a positive impact on the women interviewees aligns with transformational leadership characteristics, which is a critical component of our conceptual frame. The women we interviewed also recognized the leadership qualities that they possess as they serve as role models, mentors, and sponsors themselves, as

illustrated in the following quote:

“I would say my gender probably helped in some ways to lead from a collaborative perspective. I was probably able to have different conversations, different levels of trust, and relationships with men and women because of my gender. I think that would be helpful if you had a slate of different people with different stylistic approaches. I know a lot of really professional, strong women leaders, and they're all very different. And my style is very different. And so, I think showing the diversity of women within that group could in itself be powerful. I think in healthcare, there's very clearly a different dynamic on the clinical side. And so I think having political leaders also being able to share their experiences in some of the things that they've had to go through is important. And I also think different age cohorts would be really helpful. So, to me, it's more of, who would you want to put up there to lead the charge? I think it's a cross-section of folks, so it's not a single defined quality. Here's a whole cadre of women leaders who are very different.”

The traits that women want to embody as they take on the roles of sponsors and mentors are expressed in stories about women who paved the way for them and also men, as evidenced in this leader's exceptional experience with her boss, who happens to be a man:

“He is my boss, but I really think of him kind of as a thought partner and mentor. And I've been really lucky in that way - he does all of the things that I'm talking about doing right. And he doesn't take credit for my work. So if my team has done something, it's my team that goes to present to the Board; it's my team that showcases it for the senior leadership team. It's not about him; it's about giving us the opportunity to shine.”

Throughout the interviews, the concept of working in a hierarchical yet highly matrixed organization surfaced, and how the next generation of women leaders must be highly skilled in this regard. Leading through influence, another transformational leadership characteristic, came up as a way to role model and mentor others as evidenced by this quote:

“You have to be managing sideways and upwards and then outward and almost like a 3D fashion. We have to mentor people in learning how to lead through influence and collaboration more effectively.”

As many of the women noted regarding leadership characteristics supporting women, there is strength in honesty, vulnerability, diversity in thinking, and leading through influence.

Human Connections: Support from Others

“Keep leaning in and, I promise you, I will keep leaning in with you.”

- CEW leader (woman)

The women spoke about being sponsors for other women, providing the same kind of support that they have received on their journeys. As one participant explained, having a sponsor was transformational in her leadership, a connection she aspired to give back to others. As senior decision-makers, the women we interviewed are in positions to advocate for individuals aspiring to leadership roles, and unilaterally, they have a sense of responsibility in that regard. As one respondent noted, "I'm trying to make sure the diversity of the talent pool matches the diversity of our communities." They further explained that to do so, they were able to be advocates by having deep insights into the accomplishments and competencies of the people whom they are supporting as expressed below in these two quotes:

“Early in my career, I had an amazing leader who sat me down and said, ‘What do you want to be? What do you want to do?’ And so, she really turned me upside down in thinking about how we each have an individual responsibility to help people reach their potential; it's not just up to them to find a way on their own.”

“I'm in a unique place to be able to advocate for women. How can I be a sponsor and turn around and pay that forward?”

Women also spoke about emulating the kind of support they received, and continue to receive, from women who came before them. In reflecting on women supporting women, many women described a sense of cohesion, support, understanding and building of community. The quote below refers to the value of women sharing experiences in their career journeys and the learnings that take place along the way.

“I've just learned a lot from her like, ‘Okay, where do I avoid mistakes?’ Sometimes, she's the person I'll call because she's been through a lot with her career. I hope I can be that person for someone else coming up the ladder.”

Our interviewees recognized that being there for up-and-coming leaders represents an investment of their time, but they feel it is something they need and want to do, as expressed in the following sentiment:

“I’ve been lucky to have a lot of younger women leaders who say, ‘Hey, can we just do a virtual coffee? I’d love to talk to you about your experience and what I’m going through.’ I wish I could just broadcast to people I’m available to have those conversations. If you want to meet with me, let’s talk.”

Support from others as a sub-theme in Finding 3 is evidenced in the stories noted above about impactful leaders and how the women pay their wisdom forward by creating space and time to impart experiences and learnings by engaging with aspiring women leaders.

Summary Finding 3. The focus of Finding 3 is holistically on human connections, including influential people in the women's careers, and how the senior women leaders can pay it forward and support other women as they advance in leadership positions in the organization. The women leaders in our study see themselves as stewards of a vision of gender equality in healthcare leadership by serving as role models, mentors, and sponsors for other women. The realities of their lived experiences are part of the larger story that defines their life's work: breaking down barriers, leading a path forward, and making a difference for other aspiring women leaders as they answer their own personal vocational calling to health and healing.

Finding 4: Men’s Role in Advancing and Promoting Women

Finding 4: The role of men in promoting women to higher levels of leadership includes understanding and unlearning gender biases, fostering belongingness and inclusivity, mentoring and sponsoring women who aspire to roles of greater responsibility, and advocating for and partnering with women to advance equitable organizational practices.

Finding 4 is linked to all three primary themes including gender paradox, human connections and organizational scaffolding (see Table 8), and answers our fourth research

question, **RQ4: What is the role of men in senior leadership positions in promoting women to top leadership?**

While all elements of our conceptual framework are relevant to Finding 4, bell hooks' vision of feminist theory is highlighted as it recognizes that it takes all people, men and women, working together to advance equity and inclusion.

Table 8

Thematic Connections to Finding 4

Gender Paradox	Human Connections	Organizational Scaffolding
Gender Bias & Awareness	They Believed in Me	Values
Room Culture	Support from Others	Structure & Programs
Voice	Leadership Characteristics	Self Care & Life Balance

Gender Paradox

“Unless you actually learn about it (gender bias), engage with it, evaluate yourself, everyone presumes they don’t have it.”
- CEW leader (man)

Men play a critical role in promoting women to higher levels of leadership in healthcare. Men acknowledge that they need to be aware of women’s experiences, including nonverbal cues, the mood of the room, and language. Awareness includes tuning into questions like:

- Who is in the meeting, and who is not?
- Given the topic under discussion, who should be included as subject matter experts?
- Who is speaking most of the time, and who rarely contributes?
- Who is being interrupted? Who is being dismissed?
- Who is benefitting from a particular program or practice?
- Am I being an advocate and/or effective sponsor?

As our conceptual framework suggests, understanding gender role perceptions is the first step in overcoming bias and barriers that are inherent in role congruity theory. The following reflections exemplify men's perspectives in promoting women to top leadership. The quotes center around what men weren't aware of, what they were aware of, and how men and women need to work together to create shared understandings to capitalize on their collective wisdom in strengthening the healthcare system.

"You're (i.e., women) going to get disrespected, and I may not recognize it. It may be my personal bias, and you, at the moment, need to call it out, texting me if I'm in the meeting and it's a virtual meeting, and then I will respond. If I'm not responding appropriately from your perspective to stop something that is inappropriate, it's because I don't recognize it. It's not because I don't want to stand up and do the right thing."

"And so I think part of it is accepting that men have their own biases that they may not see. You said to call attention to the events. But they're the simple things. People saying things like, 'Well, she must have had childcare responsibilities, and that's the reason she didn't make it to the meeting,' or just totally inappropriate things. You're educating me too. And, as you educate me, I will be better about that. I think that's the relationship."

The next response from a male leader ties back to the literature in capturing qualities of healthcare leaders that include humility, optimism, integrity, and a deep recognition of unconscious bias as a hurdle to overcome in promoting women's leadership journeys (Bass, 2019).

"I think you have to recognize your own (men's) inherent incompetence to be more competent. So, that's what I try to tell people in general: help me help you, which I think is the whole idea of why we want to be in leadership. We want to help people achieve their greatest success, and part of that is recognizing that my lens may be very different from your lens. I think you have to have an awareness of it, and then you have to decide how your sponsorship will change it."

At the time of our interviews, there had been an organization-wide leadership conference. In speaking to one of the conference organizers, we learned that all the speakers were women who were distinguished for their expertise and accomplishments in their various fields. The decisions

on presenters had been made based on qualifications. Here is one male leader's reaction to the fact that all the keynote speakers were women:

“Wow (to all women being speakers at the leadership conference). And so they (the women) immediately recognized it, and I bet you if I went to all the men in the organization, almost none of them would recognize that every speaker was a woman. It's the prism in which you look at things.”

Along with the acknowledgment that leaders aren't experts in everything, there was a recognition and deep regard for the delicate balance for nurse leaders, where the stakes for making mistakes can have significant repercussions on healthcare outcomes, as expressed below:

“There are people who want to process it (what is being discussed). There are people who feel like they have to be perfect and have to know the answer before they speak up when it should just be a conversation. Let me understand what you're thinking right now. Let's understand, and let's move forward, and let's circle back. But people are in such a hurry. They want to come to decisions right then, and then they won't listen to the voices or give people time to develop their voices. I think you've got to be really intentional about that.”

“Men executives fail every single day, but because there are so few women executives, they don't want to fail in that role, and so sometimes they put extreme pressure on themselves, different than maybe others. You've got to get comfortable with the fact that you're not going to know everything ... it's a far greater problem for nurse leaders.”

The quotes and reflections noted above illustrate the gender paradox for all three sub-themes: awareness (or lack thereof) and bias, room culture, and voice. Notably, the gender paradox is exemplified by “the prism in which one looks at things.”

Human Connections

“It's his influential leadership and his helping women get to where they want to go, whether that's pursuing a specific role or just projects.”

- CEW leader (woman)

Men talking about leadership characteristics that are important to support women note authenticity, compassion, and actively wanting the best for the people on your team, as described below:

“I would capture it as authentic leadership.”

“They're (men are) thinking or pausing and reflecting, like I can be present in the moment. They are aware of where you are emotionally. There's that compassion. I think I see a lot more servant leadership than I do transformational leadership. When I say servant leadership, I'm in that space of, 'It's not about me. It's about the people who I'm here to serve.’”

Thoughts from women leaders on qualities of men supporting women, including humility, generosity, and integrity, are highlighted below:

“I would say he's a very humble man. And he is very good about not taking credit for himself but giving others credit where credit's due.”

“I can have an open conversation with him. I know what I say to him is not going to go anywhere else. And I know that what I say to him will be taken with good intent. And I know that I'll be supported. So generally, I'll get a framework, like we need to do X, and then I'll go with really not a lot of interference.”

Many women noted trust as a key leadership characteristic whereby support for women is demonstrated. An example of the importance of trust is expressed below:

“It's a very deep level of trust that if you make a mistake, which we all do, you can be vulnerable about asking for help. There's that trust between you, your colleagues, and your boss.”

The power of leadership characteristics in the context of organizational culture is highlighted by a male leader:

“You actively want the best for the people on your team, that their personal fulfillment, a joy, sense of purpose, and vocation, that those things actually rank top on your list, and that by serving them in that way, you best serve the organization in putting their wants, needs, and desires above your own, ... and in alignment with the mission.”

A collective vision as a learning organization requires leaders to have reflective thinking skills to challenge implicit and explicit biases (Teemant et al., 2021, p.32). As one of our male interviewees put it:

“Unless you actually learn about it (gender bias and other biases), engage with it, evaluate yourself, everyone presumes they don't have it.”

As seen in the above quotes, the interviewees noted transformational leadership characteristics as essential in breaking down the promulgation of gender bias in support of women's leadership advancement.

Organizational Scaffolding

"You want different perspectives, different interests...different ways of thinking and approaching the world, and that is very core to our individual humanities."
- CEW Leader (man)

As noted by the study participants in their stories throughout our interviews, men play a critical role in supporting women's growth in leadership roles. The importance of organizational scaffolding in providing career opportunities for women through practices and programs is conveyed in the following quote from a men's perspective as a mentor:

"You cannot overestimate the power of actual individual mentorship. It is an irreplaceable commodity I would say for, frankly, for any senior leader, because no one's ready for roles of this variety."

The next quote from a male leader centers on the importance of sponsorships to support leadership development for women:

"I think it's essential for people to have sponsors, and I think it's essential for both men and women (to be sponsors)."

Self-care and balance form the scaffolding for aspiring women leaders to thrive. The following quote is from a male leader:

"We need to make sure that we put in place, either informally or formally, the ways that they (women and men aspiring leaders) can be successful and also attend to those other important competing commitments in their life, which are often personal and other family commitments."

As shared by the interviewees, the organizational scaffolding of values and programs centering around equitable practices, notably mentorships and sponsorships, provide a

framework for men to support a vibrant leadership talent pipeline, including women's representation at the highest levels of leadership.

Summary Finding 4. The gender paradox is exemplified in Finding 4 by the men's perspectives on awareness and lack thereof. Being aware of bias requires that one actually learns about it, engages with it, and self-evaluates to unlearn gender (and other) biases that create schisms in organizations. Both men and women spoke about how having a supportive environment with honest and respectful human connections, as a component of Finding 4, is crucial to the success of the organization's mission and women's roles as leaders. Programs and practices supporting women form the organizational scaffolding, the third theme of Finding 4, to advance women leaders. Men and women recognized the importance of men's support as mentors in providing counsel and as sponsors in opening doors for women's career advancement opportunities. Most importantly, the study participants acknowledged that men and women leaders working together need to encourage diverse viewpoints that might be disruptive or uncomfortable to better prepare them to craft solutions in a challenging healthcare environment so that all voices are heard and represented at the top leadership levels.

VII. Recommendations

Our research questions and the corresponding findings, as summarized in Table 9, informed our recommendations that follow, which were further substantiated by literature.

Table 9

Summary of Research Questions and Findings Informing Recommendations

Research Question	Finding
RQ1: In what ways have barriers challenged women aspiring to advance to higher levels of leadership?	F1: Bias and awareness (or lack thereof), room culture, and voice (both internal and external) serve as significant barriers that shape judgments and expectations regarding women's leadership, potential, and career progression.
RQ2: In what ways have support systems developed and prepared women for higher levels of leadership?	F2a: Affirming relationships with trusted colleagues, who listen, encourage, challenge, and advise, serve as critical support enablers for women aspiring to top leadership. F2b: HR programs, policies and practices that are equitable, valued, and prioritized by the organization form the organizational scaffolding of support for women aspiring to top leadership.
RQ3: How do women in senior leadership positions experience and perceive their role in advancing and promoting other women to top leadership?	F3: Women in senior leadership positions perceive their role in advancing and promoting the next generation of women leaders by serving as role models, advocates, mentors, advisors, and sponsors.
RQ4: What is the role of men in senior leadership positions in advancing and promoting women to top leadership?	F4: The role of men in advancing and promoting women to higher levels of leadership includes understanding and unlearning gender biases, fostering belongingness and inclusivity, mentoring and sponsoring women who aspire to roles of greater responsibility, and advocating for and partnering with women to advance equitable and supportive organizational policies, practices and programs.

Framework for Recommendations

Our proposed recommendations feature a menu of solutions that CEW may deploy based on their current priorities, resources, and timelines for change. Specific interventions fall into three primary categories, creating the framework for our recommendations:

- A. Reinforce the infrastructure;
- B. Build on existing initiatives; and
- C. Disrupt the status quo.

The recommendations for CEW are intended to stimulate further discussion within the senior leadership team as they consider a myriad of actions to further support women in the C-suite talent pipeline. Some require little time and resources, while others are more time and

resource intensive, and represent significant change as described in the following section. It should be noted that while these were curated as interventions supporting women in leadership in healthcare, many of them could also serve to support organizational diversity and inclusion from a broader perspective.

A. Reinforce the Infrastructure

Reinforcing the infrastructure includes recommendations designed to ready the organization for a more intentional focus on gender as part of its overall diversity strategy. As the literature suggests, interventions deployed by healthcare organizations to advance women's careers often do not result in long-term improvements in gender representation. A multi-tiered strategy offers the best chance for sustainable change. The evaluation process should begin with an inventory of the current state, focusing on policies, procedures and practices that support organizational goals in this space (Mousa et al., 2022).

We suggest reinforcing the infrastructure by starting with building out foundational components, several of which were specifically referenced by interviewees, that will enhance awareness and accountability over time, all important to mitigate biases as reflected in Finding 1. While designed to address gaps related to gender, these recommendations could also positively impact other underrecognized groups of aspiring leaders as they include elements relevant to improving diversity, inclusion, and belongingness in general.

Table 10 summarizes the specific recommendations related to reinforcing the infrastructure and it provides a crosswalk to the finding or findings that inspired each. Following Table 10 is a brief description of each of the related recommendations, including relevant literature that supports it, for CEW's consideration.

Table 10

Linkage from Findings to Recommendations under Reinforce the Infrastructure

#	Recommendations for Reinforcing the Infrastructure	Links to...
A1	Share the Report	Findings 1, 4
A2	Implement New Key Performance Indicators	Finding 1
A3	Review HR Policies, Procedures and Practices	Finding 2b
A4	Formalize Leadership Competencies	Finding 1, 2b
A5	Co-Create Leadership Community Commitments	Finding 1, 2b

A1. Share the Capstone Report

"Gender shows up at work all the time; we just don't talk about it."
- CEW leader

As a first step, we recommend sharing this complete study with the senior leadership team and engaging in a facilitated reflective conversation. The goal of such a session would be to reflect on the collective wisdom that came from the rich experiences and perceptions of the interviewees. Through questions that ignite transparent discussion with the group, a deeper understanding of the implications of the study will be achieved and will set the stage for commitment and action (Mousa et al., 2022). This recommendation ties in with Finding 1, related to the barriers women face in aspiring to more advanced roles starting with a lack of awareness, and with Finding 4 that outlines the critical role of men in advancing women in leadership roles.

Dedicated time on the topic of barriers to overcome will heighten awareness for all participants and could validate the women who shared their personal stories during their interviews. Many participants were interested in knowing the outcome of the findings, hoping that it would spark transparent and trusting dialogue and build an even stronger leadership

community. In line with sharing the results with the senior leadership team, we also recommend that the findings from the study be shared with all the interviewees, along with information about how the findings will be used.

A2. Implement New Key Performance Indicators

"You know what they say, if it matters, you measure it."
- CEW leader

Key performance indicators (KPIs) measure "the critical quantifiable indicators of progress toward intended strategic and operational improvement" (Harlow, 2023). We suggest that CEW build out current KPI reporting provided by Human Resources to include new data sets related to gender for each leadership level compared to national averages for the healthcare industry as a benchmark and to track this data over time. For comparative purposes, we relied on data from McKinsey & Company, which has historically been refreshed every year, and CEW's titles have been mapped and normalized to their data. This will not only increase knowledge and awareness for gender representation in the talent pipeline, but it will also serve as an important tool in demonstrating commitment and accountability by leaders, something which is often lacking in organizations who implement interventions but often experience little or no progress (Mousa et al., 2022). Within each leadership level, we also recommend including data on race within gender. According to Berlin et al. (2022), the percentage of women of color in healthcare leadership roles is significantly less than it is for women in general, and CEW data confirms that this is a reality for their leadership pipeline as well. Information on race and gender could be a key metric used in CEW's strategic workforce and succession planning process, with diversity as a specific agenda item during the annual talent review process as pipeline depth and breadth are discussed. Over time, these data can be expanded to track opportunities and progress related to organizational diversity initiatives, including but not limited to gender.

A3. Review Policies, Procedures, and Practices

“I’ve seen women given interim leadership roles to be ‘tried out’ when a man is immediately promoted to a similar role. It’s positioned as a development opportunity, but if they ultimately don’t get the job, is it really?”
- CEW leader

Through our literature review, we learned about the prevalence of the unintended reproduction of inequality in organizations through legally compliant and well-intended practices related to hiring, promotions, compensation, and development (Amis et al., 2020). As such, all organizations, including CEW, should periodically assess policies and practices through the lenses of intention and compliance. In our interviews, there were several references to instances that might be perceived as possibly being inequitable, particularly if the context for the situation wasn't considered, or policies were not well understood. Recommendation A3 supports Finding 2b that speaks to the importance of HR programs, policies, and practices being equitable, valued, and prioritized in support of women aspiring to senior leadership roles.

The literature suggests that organizations look at actual practices, not just policies on paper, focusing on understanding the implications for any group that is underrepresented. Areas to explore would include practices that relate to compensation, hiring practices, promotions, and development. Examples of questions to pose might include:

- Are there any compensation policies that disproportionately negatively impact nursing leaders, the majority of whom are women?
- How are exceptions made, if any, for job postings?
- Are women proportionately more often given interim roles to test their readiness instead of being immediately selected for a promotion, as compared to men?
- Are men proportionately given more opportunities for development than women?

Engaging key stakeholders from different areas within the organization would be helpful in ensuring a comprehensive and critical review is undertaken (Amis et al., 2020).

A4. Formalize Leadership Competencies and Leadership Community Commitments

"We are missing a key tool for how we select and develop leaders and how we hold them accountable. We need a set of leadership standards or competencies to guide us."
- CEW leader

Leadership competencies are designed to identify and grow leaders who are aligned with organizational values and possess the critical capabilities required to drive organizational success. A leadership competency model provides the framework that identifies the essential skills, behaviors, and attributes of all leaders. Competency models are unique as a baseline for succession planning, targeted development, and effective leadership in the context of organizational values, mission, and goals. On the surface, refreshing and relaunching competencies might not seem like a relevant action that relates to gender or representation, but having leadership competencies in place and consistently used is an integral part of the organizational scaffolding that supports equity and inclusion. Embedding consistent competencies that are valued by the organization for the selection and development of talent can positively impact organizational culture while accelerating the readiness of high-potential leaders who are identified in the succession planning process. Consistent competencies also normalize leadership behaviors, mitigating the possibility that gender stereotypes will influence how someone is evaluated, developed, and promoted (Mousa et al., 2022).

Engaging in an exercise that leverages input from a diverse group of senior leaders to determine what CEW values in terms of leadership competencies and behaviors connects back to Recommendation 2b related to organizational scaffolding. Formalizing leadership competencies is one way to align around what CEW values in terms of leadership, and once developed will be

a consistent North Star for hiring, development, and promoting - all important for creating consistency, strengthening the desired leadership culture, and improving representation.

A5. Co-Create Leadership Community Commitments

While leadership competencies focus on individual leader skills, attributes, and behaviors, "community commitments" are designed to provide a set of standards around team dynamics. High functioning, trusting teams often go through a process to co-create a set of expectations on how work will be accomplished together in formal and informal meeting settings. These "rules of engagement" should reflect organizational and team values, should be agreed upon by members of the team, and could even extend to their direct reports. Such a process could positively impact awareness, particularly in the "room where it happens." Community commitments might include details on how decisions are made, communication standards (i.e., no meetings after the meeting), and who presents in meetings. Most importantly, community commitments are agreed upon by members of the team and occasionally reviewed for relevance.

B. Build on Existing Practices and Programs

Recommendations related to building on existing practices and programs aim to leverage CEW's many successful initiatives that are already underway and part of their organizational culture. Some of these recommendations will take more time and resources than others. Still, they do not represent radical change and are meant to supplement existing bodies of work.

Table 11 is a listing of the specific recommendations to build on existing practices and programs and provides a crosswalk to the findings that support it. Finding 2b, on the importance of HR policies and practices that are equitable, valued, and prioritized by the organization, is a

common thread for all the recommendations designed to build on existing initiatives. Findings 1 through 4 are also linked to possible interventions in this section.

Table 11

Linkage from Findings to Recommendations under Build on Existing Programs & Practices

#	Recommendations for Building on Existing Programs & Practices	Links to...
B1	Extend Succession Planning Process	Finding 2b
B2	Leverage Existing Leadership Development Programs	Findings 1, 2a, 2b, 4
B3	Create a formal Sponsorship Program	Findings 2a, 2b, 3, 4

B1. Extend the Succession Planning Process

“Leaders have to be intentionally developed to be ready to assume the next role. But this is where we have a gap. It’s hard to have the right conversations and pursue stretch assignments and development programs when you are constantly putting out fires in today’s challenging healthcare environment.”

- CEW leader

The above quote from one of our interviewees reflects what is happening in the broader healthcare industry. The need to invest time and resources into succession planning is pronounced in the complex and dynamic field of healthcare, particularly when trying to improve diversity in senior leadership. Studies show that there is a lack of focused attention in succession planning, more so in healthcare than in other industries (McDonagh et al., 2014). CEW’s current talent review process for senior leaders has evolved over the past two years, and it has generated a lot of purposeful dialogue about role readiness, targeted development plans, and the risk of talent loss. The formal talent review process takes place once a year and includes a robust review of the senior leadership pipeline.

We recommend building on this momentum in two ways: first, to add quarterly structured touchpoints throughout the year to report on progress and possible roadblocks regarding formal

development plans and changes in talent readiness and risks. We also recommend that CEW go deeper into the leadership pipeline, identifying high-potential talent early on to begin focused development, with an eye on high-performing nursing leaders, most of whom are women who have expressed a desire for upward mobility.

Without objective measures in place guiding succession planning, it is easy for personal relationships, or what is routinely called the “affinity factor,” to influence hiring and promotional decisions, especially in healthcare where there is a strong bias towards hiring from within (Stone et al., 2019). Over time, affinity connections can have a compounding negative impact on representation. Focused succession planning offers structure and accountability to help reinforce gender and other diversity advancement goals.

B2. Leverage Existing Leadership Development Programs

“Tools are important, but really, it's about culture and leadership.”
- CEW leader

CEW can leverage existing leadership training, development, and formation programs by including new training modules on topics that will positively impact the culture and strengthen individual development. We heard from many interviewees about the need for more targeted training and leadership development, particularly around three specific areas that impact how people work together: overcoming unconscious bias, giving and receiving feedback, and working in a matrixed organization. Adding this type of content to the Learning Management System (LMS) for self-paced online learning would be the least resource-intensive approach to implement, but offering interactive live content would have a more lasting impact, especially if it was required and built into leader orientation for those newly promoted or hired into leadership roles. Heightened awareness of unconscious bias and organizational interventions designed to support underrepresented individuals, including women, can have benefits beyond knowledge

transfer and enhanced understanding. Such programs can facilitate improved self-efficacy of women by reducing counterproductive thinking and behaviors, both of which can impede leadership potential and even limit career opportunities over time (Mousa et al., 2021).

Several participants we interviewed mentioned the success of the high reliability leadership development programs, focusing on building a culture of safety fueled by a psychologically safe workspace where individuals can challenge one another without fear. Other CEW programs referenced by participants included those focused on leading the ministry of Catholic healthcare. By either purchasing or curating a custom ministry-specific curriculum that builds upon these existing programs and aligns with their faith-based traditions, the topics noted above for targeted training (i.e., feedback, matrixed organizations, and bias) can help to strengthen inclusivity and belongingness, all important aspects of leadership development and organizational culture. These offerings link back to increasing awareness and mitigating bias (Findings 1 and 4), building supportive relationships across the organization (Finding 2a), and prioritizing programs that support women (Finding 2b).

B3. Create a Formal Sponsorship Network Program

“Sponsors need self-awareness and knowledge about their purpose because the last thing you want is for them not to have the skills and toolset to point someone in the right direction. That could be catastrophic.”

- CEW leader

The literature tells us that mentors are best sought out by the individual seeking mentorship, but organizations should assist emerging leaders, especially potential successors for critical roles, with securing a network of sponsors to support their ongoing development (Helms et al., 2016). Creating a formal sponsorship program that includes sponsor training, built-in accountability measures, and pairing up high-potential talent with identified sponsors could be a powerful way to accelerate development for women leaders. The sponsoree should be at the

center of the model, surrounded by aligned sponsors as assigned. Executive coaching could also be a component of the network to ensure development needs are cultivated. Learnings from interviews and research reveal that both women and men sponsors positively impact women healthcare leaders and provide different perspectives (Mousa et al., 2021). The key to successful sponsorships is forming human connections based on mutual respect and care. We heard this sentiment from many interviewees, as was evidenced in both Findings 2a and 3, where the important role that sponsors played in the careers of interviewees was undeniable.

However, women often seek formal sponsorship less than men, believing that their contributions and work product "speak for themselves," and might view networking for the purpose of career progression as inauthentic (Stone et al., 2019). Finding sponsors comes more naturally to men, especially as they might have more in common with senior leaders, who typically are other men, where they can form personal connections organically over time, which can lead to more sponsors. To level the playing field, organizations should first acknowledge how affinity bias can unconsciously influence how high-potential talent is viewed and positioned and then create new ways for both men and women to develop connections that build affinity and increase sponsorship opportunities (Stone et al., 2019).

C. Disrupt the Status Quo

Systems need to be disrupted for advocacy to have a true impact and for change to occur in eliminating bias and discrimination (Arinder, 2016). Disrupting the status quo involves introducing new ways to support the development of future leaders within the healthcare system and bolster positive impact. These solutions are more time-intensive and represent significant change that will require resources to implement and sustain. Table 11 summarizes the specific

recommendations related to disrupting the status quo and provides a crosswalk to the findings that support it. Following Table 12 is a description of each of the related recommendations.

Table 12

Linkage from Findings to Recommendations under Disrupt the Status Quo

#	Recommendations for Disrupting the Status Quo	Links to...
C1	Design a new Performance Management Program for Leaders	Finding 1, 2b, 4
C2	Introduce a Flash Mentorship Program	Finding 2a, 2b, 3
C3	Implement a Career Lattice Program	Finding 2b
C4	Develop a CEW Leadership Institute	Finding 2b, 4

C1. Design a New Performance Management Program for Leaders

“There’s just an expectation as part of my annual evaluation, ‘how is my ministry performing, but then how many people have you mentored, what is their pathway, and how are you helping them grow, and what is their feedback?’ I think we need to re-think performance management.”
- CEW leader

For the past decade, the pendulum regarding performance management systems has swung from focusing on accountability for past performance to focusing on improving current performance through real-time interventions and developing talent for the future (Cappelli & Tavis, 2016). In that spirit, we recommend that CEW consider designing a new, innovative performance management approach for leaders by integrating monthly check-in conversations focusing on two-way feedback and ongoing development. Leader-to-Leader check-ins are structured as regular monthly conversations to discuss key initiatives, progress, and goals at defined touch points throughout the year.

A monthly check-in system, rather than an annual one, aligns with natural work cycles, including project milestones, dealing with challenges as they occur, and celebrating successes.

Monthly check-ins drive current and future performance, setting goals and driving strengths. As a result, "conversations are more holistic" (Cappelli & Tavis, 2016). The goals of this performance management approach are to develop and nurture trusting relationships, provide a regular framework for leadership development, stay up to date on performance progress, transparently discuss readiness and gaps, and provide a format to celebrate successes and plan strategies to overcome barriers. Many of the women we spoke with expressed a desire for this type of transparent approach to leadership development. A key difference between standard routine meetings and leader to leader check-ins is that the latter is structured around specific topics and hardwired at the organizational level, ensuring consistency in how they are experienced, and they are designed as a platform for building trusting and supportive relationships, a critical component of Finding 2a.

A new approach to performance management for leaders could also help combat implicit bias inherent in traditional performance management systems. Literature suggests that men are consistently overrated in their annual performance reviews, while women are consistently underrated because of unconscious gender schemas that neither men nor women are aware of as they go about the business of conducting employee evaluations. This dynamic can undermine opportunities for women to advance, and it is compounded over time. Education and training, coupled with a shift in focus from subjective rankings to monthly conversations with real-time feedback using objective leadership competencies and goals as guides, can mitigate these risks (McDonagh et al., 2014).

C2. Introduce a Flash Mentorship Program

"Networking is undervalued."
- CEW leader

We heard from the women we interviewed about their strong commitment to being role models, mentors, and sponsors, as evidenced in Finding 3 of our study. Several spoke about their desire to work outside of their own vertical to provide networking support for up-and-coming leaders. One possibility for CEW is to design and implement a flash mentorship program designed to do just that. Flash mentorships are intended to facilitate short (i.e., 20-45 minute), one-time meetings between emerging high-potential talent and a range of mentors, providing aspiring leaders with opportunities to engage in diverse mentorship experiences as they network within their organization. Flash mentoring offers a rare opportunity for new leaders to gain valuable knowledge from senior executives, requiring only a brief time commitment. Mentors and mentees can decide to meet again following their flash mentorship session, but the initial meeting is the only commitment expected from both.

The mentee can use flash mentoring to meet senior executives, gather information, learn about new developments in the field, and discuss resources for skill development. Because these relationships are brief, the new leader can create several flash mentor connections and build a network of mentors. (Francis, 2020). The program is intended to reach a broad audience and complement the informal mentorship connections within the organization. It also is a demonstrated testimony of leadership commitment to ongoing development, and it provides a way for both men and women to "pay it forward" to the next generation of leaders. This recommendation links to Findings 2 and 3, focusing on human connections and organizational scaffolding to support women advancing in the leadership talent pipeline.

C3. Create a Formal Career Lattice

“After COVID everyone gravitated back to their vertical, but I know it's possible. Let's think about how my team can be embedded with your team so that we're really building horizontally rather than vertically. We have to learn a new way of being together.”
- CEW leader

Creating a formal career lattice gives intentional horizontal stretch opportunities to high-potential talent across the leadership spectrum. A career lattice is a way to enable career mobility whereby employees can move vertically, horizontally, and diagonally within the organization in a formal framework. A career lattice provides individuals with career opportunities based on career aspirations and organizational needs. From an organizational standpoint, providing horizontal movement opportunities breaks down silos between disciplines.

Implementing a formal horizontal movement framework increases promotional opportunities for underrepresented talent. In a recent evaluation study for an organization based on 7,000 observations, the number of horizontal moves was positively correlated to promotions to higher levels. In an equity diagnostic using the same data, women were two times less likely than men to have a horizontal move. The study uncovered a disparity that the informal promotion system was favoring men over women. The resulting recommendation for the organization was to hold leaders accountable for a specific number of increased horizontal movement opportunities for women and other underrepresented talent, leading to accelerated leadership opportunities (Tapia, 2019).

A formal career lattice aligns with Finding 2b that speaks to the importance of systems and structures that support the development of women. Horizontal assignments can happen organically, but good intentions don't always translate into action. A program with measurable objectives and guardrails can facilitate more meaningful lateral career moves that serve as holistic development opportunities for women. This recommendation also ties in with the prior recommendation to revamp performance management for leaders where purposeful development is a priority in ongoing career conversations and development plans. A career lattice framework incorporating horizontal movement involves creating career tracks based on functional roles and

making these roles visible within the organization. Setting expectations associated with each track, including performance progress, salary expectations, and leadership development goals, is critical. As such, it can represent a significant body of work, depending upon how deep in the organization career pathways are developed for high potential talent.

C4. Develop a CEW Leadership Institute

“Leadership development is not just about learning the tips and tricks and tools that I need to be a good leader; It’s about developing relationships and navigating ambiguity.”
- CEW leader

As previously referenced, several participants expressed a desire for leadership development that extends beyond skills training and building operational acumen. The targeted curricula recommended in B2 is designed to be focused skills training related to three specific areas that would enhance existing program content and theoretically would be offered to all leaders throughout the organization. Conversely, the creation of a Leadership Institute, which is the focus of recommendation C4, is a much broader undertaking that would feature cohort-based programs for specific levels of leadership, with content designed around leadership competencies, formation, building community, and CEW’s strategic priorities, with the purpose of accelerating the development of high-potential talent. Programs might include one for emerging leaders, mid-level leadership and top leadership. This recommendation connects back to Finding 2b, speaking to systems of support for advancing women, and literature on the importance of formal and targeted leadership development programs.

Linking participation in Leadership Institute programs to succession planning, individual development plans, and a formalized sponsorship network for high-potential talent provides an integrated approach to leadership development that would be aligned to CEW’s mission, vision, and values. A Leadership Institute requires significant investment and internal expertise related

to program design and implementation that would need to be considered. Targeted leadership development with clear objectives and measurable outcomes, when married with other interventions, can have a significant impact on preparing women for C-suite roles and creating a leadership culture where individuals and teams can flourish (Mousa, 2021).

Sequencing of Recommendations

Collectively, the 12 specific recommendations offered to CEW represent an investment of time and resources that need to be considered in context to organizational priorities and bandwidth. Table 13 presents a possible approach for sequencing them in a manner that considers the necessary runway to design, test, and launch each, based on their complexity and level of change management required. A sequenced approach is also based upon prioritizing those actions that can be leveraged and used in subsequent initiatives (such as refreshing and formalizing leadership competencies) that are key components used in performance management and succession planning early in the process of targeted leadership development programs.

Table 13

Possible Sequencing of Specific Interventions

Recommendation	Possible Timeline
Share the Report	3 months
Implement New Key Performance Indicators	
Review HR Policies, Procedures and Practices	
Formalize Leadership Competencies & Co-Create Community Commitments	6 months
Design a new Performance Management Program for Leaders	
Extend Succession Planning Process	1-2 years
Leverage Existing Leadership Development Programs	
Introduce a Flash Mentorship Program	
Create a formal Sponsorship Program	2+ years
Implement a Career Lattice Program	
Develop a CEW Leadership Institute	

VIII. Limitations and Conclusions

Limitations

This dissertation in practice had limitations that should be recognized. Our goal was to answer our research questions by illuminating the lived experiences of women leaders in healthcare, and as such interviewing women within the selected population was the priority. The overall sample size that we interviewed provided a trove of information for validating themes and findings, but including only six men limited our ability to fully explore their perceptions, particularly around men's roles in advancing women leaders. Focus groups and surveys, which were not conducted in this study, would have been useful approaches to collecting data from a larger participant base that could have identified different themes, and triangulated our set of findings for enhanced validity.

Finally, our unique positionality as seasoned women leaders, both inside and outside of healthcare, should be revealed as a potential limitation, given we have our own set of experiences and stories related to our personal career trajectories. We were extremely aware of potential biases associated with our positionality, knowing it had the potential to influence how we asked questions, how we interpreted their responses, and how we went about the process of identifying themes, findings, and recommendations. We took measures to mitigate any impact this might have on our study and recognize inherently that positionality is real. Conversely, while noted as a limitation, we believe our positionality likely resulted in the women interviewees being more comfortable sharing their stories with us with vulnerability, trust, and transparency given our relatability as fellow women leaders.

Conclusions

So, how do organizations create a healthcare system culture that expands leadership opportunities for women? Based on our interviews and the collective stories from women and men, the answers are complex and speak to the conclusions for systemic change as delineated below.

The individuals in our study believe that it is critical to create organizational culture with a shared vision that eliminates gender bias (and other biases), one that respects the unique contributions individuals make in the extremely challenging, yet tremendously rewarding, calling to healthcare. Senge et al. (2012) describe practices and protocols for leading system change in how people work together. Systems thinking necessitates a collective vision and team learning that requires leaders to have reflective thinking skills to challenge implicit and explicit biases (Teemant et al., 2021, p.32). As one of our interviewees put it: “Unless you actually learn about it (gender bias and other biases), engage with it, evaluate yourself, everyone presumes they don’t have it.” One of the women we interviewed talked about taking small steps to change the system. She suggested we start the conversations, particularly with senior executives and leadership teams, about finding safe spaces and conveying what it really means when you're the only woman in the meeting.

During our interviews, other women talked about the potential repercussions of being the only one to call out gender bias and the need to solve systemic bias by working with men and women. Many women aspiring to C-suite leadership roles feel like they are in vulnerable situations and are reluctant to speak out when they are trying to grow their careers, with the implication that transformational leaders at the top are the necessary catalysts for change.

Our capstone is focused on the role of gender in advancing women in healthcare leadership. Exploration of disparities by race, religion, sexual preference, and age are essential extensions of this work to contribute to the current understanding of the gaps in healthcare leadership representation. This could be a topic of future exploration. It is also noted that eight of the 17 women leaders who participated in the study have clinical backgrounds, as does one of the men who was interviewed. A future study on healthcare leaders might focus on the educational and experiential backgrounds of women who progress to healthcare leadership roles and how clinical and other professional pathways might impact their career trajectories and experiences.

IX. Collective Wisdom: Closing Thoughts

Our capstone has given us the opportunity to learn from the experiences of successful women and men in healthcare leadership positions to explore and uncover approaches to success for further investigation. The women and men in this study practice leadership in different contexts. Despite the diversity of experiences, common themes emerged in exploring their leadership journeys through their rich stories.

Many women spoke about a challenging barrier defined in our study as the "gender paradox." Awareness (or lack thereof), bias, room culture, and voice are three critical components of the gender paradox that emerged from our interviews. The gender paradox is aligned with the work described in *The Confidence Code*, where authors Katty Kay and Claire Shipman write that women tend to be more risk-averse than men and fear failure. As a result, there is a tendency for women to underestimate their abilities, which holds them back in a male-dominated culture that marginalizes women (Kay & Shipman, 2014). The gender paradox noted in our interviews illustrates situations that the women faced, resulting in them deciding to "choose their battles" to avoid career failure.

In describing their rise in leadership, the women stressed the importance of mentors and sponsors in helping to guide the development of their leadership skills and opportunities. The roles of mentorship and sponsorship as crucial components in women's career advancement align with the published scholarship (Mousa et al., 2021; Javadi, 2016; Helms et al., 2016). The women spoke of the positive influence of mentors and sponsors, both men and women, early in their careers. The male participants also conveyed the power of mentorships and sponsorships and likened them to an "irreplaceable commodity for any senior leader." Implementing a formal

sponsorship program, highlighted in the recommendations section, also means applying it judiciously where individuals across all backgrounds and identities will benefit.

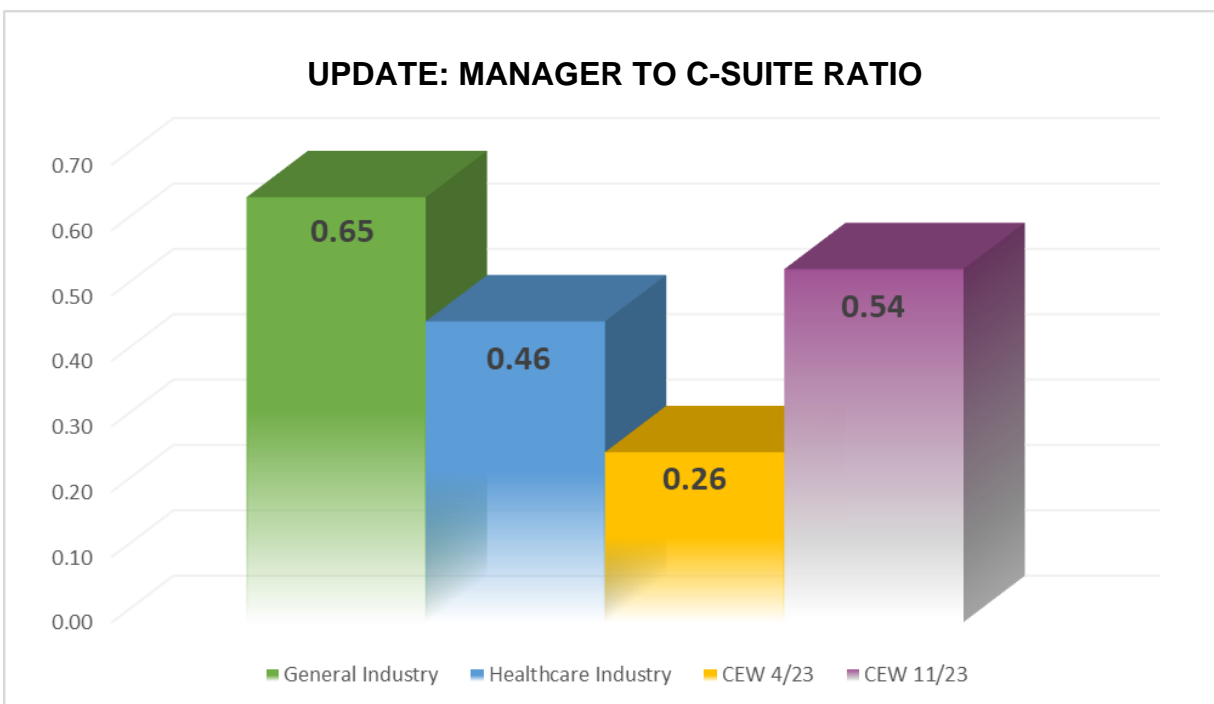
Gender expectations are significant, and for many of the women we interviewed, the need to be seen as perfect was so eloquently expressed in life lessons of showing vulnerability as a true leadership strength. Ultimately, being vulnerable meant it was necessary to convey that showing strength meant being open about priorities in work and personal life, including self-care and balance. It also meant recognizing the importance of having a voice at the table to share expertise even if their opinions might be different from currently held views and held the potential for disruption. Being respectful and open to diverse viewpoints as leaders exemplifies the importance of human connections and creating inclusive team cultures. By sharing their stories, the women and men who participated in this study are paying wisdom forward as advocates for advancing women in the C-suite talent pipeline.

X. Addendum

Since our study began in April 2023, there have been changes in the representation of women in the C-Suite. Notably, two women have been hired from the external marketplace, one as a replacement for an existing position, and another whose position was added to the senior leadership team. Another woman was promoted internally, and her position was added to the senior most leadership team reporting directly to the CEO. The result has been an increase in the percentage of women representation which went from 20 percent to 41.2 percent, and the manager to C-Suite ratio from .26 to .54 (originally depicted in Figure 2 on page 13) with refreshed data for CEW reflected in Figure 7.

Figure 7

Comparison of Manager to C-Suite Ratio for All Industries (far left in green), Healthcare (in blue), and CEW April 2023 (in yellow) and November 2023 (far right in magenta)



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Appendix A: Table of Linkages between Project Questions and Project Design

<p style="margin: 0;"><u>Guiding Research Question:</u> <i>How has gender affected the experiences of women in Vice President (VP), Senior Vice President (SVP), and C-suite roles at CEW as they aspired to executive leadership?</i></p>			
Project Question	What Type of Data is Needed	Data Collection	Data Analysis
In what ways have barriers challenged women aspiring to advance to higher levels of leadership?	Information about the lived experiences of women in senior leadership roles; and about the perceptions of women regarding growth & development opportunities.	-Semi-Structured Interviews with women in senior leadership roles -Literature synthesis -Existing internal data	Coding software for data management and dialogic process for analyzing underlying and overarching themes. Capturing rich data through transcription software. Reviewing internal documents and literature for convergence or deviation from themes.
In what ways have support systems developed and prepared women for executive leadership roles?	Information about the lived experiences of women in senior leadership roles; and about perceptions of women regarding growth & development opportunities; and about the organizational policies, programs and practices designed to support them along their journey.	-Semi-Structured Interviews with women in senior leadership roles. -Literature Synthesis	Coding software for data management and dialogic process for analyzing underlying and overarching themes. Capturing rich data through transcription software. Reviewing internal documents and literature for convergence or deviation from themes.
How do women in senior leadership positions experience and perceive their role in promoting women to top leadership?	Information about internal mentorship and sponsorship programs; and about the lived experiences of women in senior leadership roles regarding mentorship and sponsorship	Semi-Structured Interviews with women in senior leadership roles	Coding software for data management and dialogic process for analyzing underlying and overarching themes. Capturing rich data through transcription software.
What is the role of men in senior leadership positions in promoting women to top leadership?	Information about internal mentorship and sponsorship programs; and about the lived experiences of men in senior leadership roles regarding the mentorship and sponsorship of women	Semi-Structured Interviews with men and women in senior leadership roles -Literature Synthesis	Coding software for data management and dialogic process for analyzing underlying and overarching themes. Capturing rich data through transcription software

Appendix B: Recruitment Materials

Initial Recruitment Letter to Invitees from CEW's CEO

Dear [Senior Executive],

I am writing to extend an invitation for you to participate in an exciting study exploring the lived experiences of women leaders in healthcare.

This body of work is being sponsored by Vanderbilt University and will be conducted by Carol Whittington and Carol Edelstein, two doctoral students who are completing their Ed.D. degree in Leadership and Learning in Organizations at Vanderbilt (bios are attached). As their culminating capstone project, they intend to gain insights into the experiences of senior women executives in healthcare to identify the factors that contributed to and/or hindered their career trajectories. An important element of this study will be the inclusion of the perspectives of men in executive roles who also serve to support the development of talent. CEW was selected as a partner organization for this project due to our reputation for excellence, particularly as it pertains to our workplace culture and commitment to diversity.

These confidential interviews will be conducted with over 20 executives at CEW, and the synthesized feedback will be used to identify actionable themes. By participating, you will have the opportunity to share your personal stories, contributing to a better understanding of the challenges faced by women healthcare leaders. Additionally, your participation will help identify effective support systems and strategies that can enhance leadership development within our own organization. We believe that your expertise and unique perspectives will significantly enrich the study's findings, ultimately benefiting the broader healthcare community where women in top level leadership roles continue to be underrepresented.

In the coming days, you will receive a follow-up email directly from Carol Edelstein and Carol Whittington providing more information about their project. Should you agree to participate, they will work with your executive assistant to schedule a convenient time this summer for the 45-minute interview. Thank you in advance for your consideration to participate. I truly believe that your involvement in this interview series will have a profound impact in this field of study, and ultimately in the lives of women aspiring to executive roles in healthcare.

Sincerely yours,

President and CEO

Copied on email: Carol Edelstein, Carol Whittington, and invitee's Executive Assistant
Attachment: Bios for Doctoral Candidate Team

Carol Edelstein



carol.edelstein@vanderbilt.edu

Carol Edelstein is a Consulting Principal for Aspire!Group, LLC. She has over 25 years of consulting experience in executive compensation, leadership development, coaching, and organization effectiveness. In her work, Carol consults with senior executives and advises compensation committees on the full range of executive compensation issues, including cash and equity incentive, corporate governance, executive contracts, retention, change-in-control arrangements, market data (including Board compensation), and technical aspects of executive compensation. Carol's work in leadership includes leadership strategy, succession planning, and the creation and execution of leadership performance and feedback systems. Carol works with senior leaders, providing individualized feedback, assessment, and coaching to enhance performance and create meaningful behavioral change. Marshall Goldsmith has personally trained her in the Goldsmith training methodology.

Carol has conducted compensation training sessions and is a speaker at professional organizations. Her articles have appeared in *Compensation and Benefits Review*, and she has been quoted in *The New York Times*, *Crain's New York*, *Directors and Boards*, and other publications. Her client base spans all industries, and her clients include Aetna, IBM, G.E., Citigroup, Yale-New Haven Hospital, New York University, Gucci Group, Metropolitan Museum, and Save the Children. She was selected as a coach for Citigroup's top 200 leaders and was trained in their assessment, feedback, and coaching methodology.

Before forming Aspire!Group, Carol was a Principal /Partner at Hewitt Associates (now Aon Hewitt) and was a consultant at Towers Perrin (now Towers Watson). Carol received a B.S. from Cornell University, an M. Ed. From Harvard University, and an MBA from The Stern School at New York University with a major in Management and Organization. She is pursuing an Ed.D. in Leadership and Learning in Organizations at Peabody College, Vanderbilt University.

Carol Whittington



carol.c.whittington@vanderbilt.edu

Carol Whittington is a seasoned Human Resources executive with nearly 30 years experience leading in complex healthcare organizations. Most recently, she served as the Senior Vice President / Chief Talent Development Officer for Ascension, a large national not-for-profit health system, employing over 160,000 associates in 2,500 sites of care.

Her journey into healthcare began while a graduate student in 1992 when Carol joined Sacred Heart Health System, a health ministry of Ascension, located in Pensacola, Florida. Since serving in her first entry-level role as a Compensation Analyst, she has held many progressive Human Resource leadership positions, leading to her appointment in 2005 as Chief Human Resources Officer (CHRO) for Sacred Heart, later expanding to include Providence Health System in Mobile, Alabama. In 2015, Carol transitioned from the CHRO role for Ascension's Gulf Coast Ministry Market to establish and operate the programs which comprise the Ascension Leader Institute, including the Executive Leadership Academy. In 2017, her portfolio grew to include Organizational Effectiveness, with responsibilities for the system-wide functions of Learning, Change Leadership, Associate Engagement, Performance Management, Diversity and Inclusion, and Strategic HR Consulting. In addition to many contributions to various organizational and community committees, boards and initiatives during her career, Carol has also spoken at conferences for organizations such as Modern Healthcare and the Society for Human Resources Management on topics she is passionate about, including culture, associate engagement, and leadership development, particularly as pertains to women in healthcare.

Carol received a B.S. in Marketing from Olivet Nazarene University, an MBA from the University of West Florida, and is currently pursuing an Ed.D. in Leadership & Learning in Organizations at Vanderbilt University's Peabody College. She is a certified Senior Professional in Human Resources (SPHR) and completed the RBL Group's H.R. Executive Leadership Program. In 2022, Carol stepped away from executive leadership to focus on her doctoral studies and to care for her aging parents, with plans to launch the next chapter of her professional journey after graduation in 2024.

Follow-up Logistical Letter to Invitees from CEW's CEO

Dear [Senior Executive Invitee],

Thank you in advance for considering participation in our study exploring the rich lived experiences of women leaders in healthcare. As your CEO shared in her email introducing us and this body of work, your input will be extremely valuable in identifying the support systems and barriers that contribute to or hinder women's progression to executive roles as they pursue their vocational calling.

Our interest in this topic stems from the fact that women in healthcare currently hold 32% of C-suite roles while representing 75% of the entry-level workforce, whereas men in healthcare hold 68% of C-suite roles while representing 25% of the entry-level workforce (McKinsey & Company, 2023). Despite heightened industry awareness of this phenomenon, the statistics related to women in healthcare leadership have not changed much in the last several decades. Through this study, we hope to emerge with a better understanding of why this is, and most importantly, identify interventions to improve representation over time. Here are some details regarding the project:

- **Interview Format:** The qualitative study will include confidential, semi-structured interviews with 20 participants. These interviews will be conducted remotely via video conference call. The interview is expected to take approximately 45 minutes.
- **Anonymity and Confidentiality:** We understand the sensitivity of sharing personal stories that include reflections on career aspirations, setbacks, and successes. Your responses will be completely anonymous and aggregated with input from other interviews to form thematic insights. The names of participants will not appear anywhere in the report, nor will they be included in any information shared with Vanderbilt.
- **Data Collection:** If you are agreeable, we would like to audiotape our discussion so that we don't miss any important details as we engage in dialogue together. The audio would only be accessed by the two of us to validate our notes, and after we complete the study, we will delete the recording. If you would prefer not to have our conversation recorded, please let us know at the start of our time together.
- **Ethical Standards:** Our study has been approved by the Institutional Review Board (IRB) committee at Vanderbilt University, with adherence to the highest ethical standards. If you have any questions about this process, please let us know.

If you are willing to participate, please send me a few options for a 45-minute interview between July 18 and August 15. Once we confirm a date and time, I'll send you a calendar invite. In the meantime, if you have any questions or would like further information, please do not hesitate to contact us directly. We are more than happy to provide additional details or answer any questions you may have. Thank you again for your willingness to participate. We look forward to hearing your story and getting to know you through this process!

Warmest Regards,

Carol Edelstein and Carol Whittington

Ed.D. Candidates, Cohort 11 (January 2021 - December 2023)

Leadership & Learning in Organizations

Peabody College of Education and Human Development at Vanderbilt University

Appendix C: Semi-Structured Interview Prompts

For women interviewees:

1. What have you experienced as a woman on your path toward leadership?
 - a. In what ways do you think that gender has affected your career path?
 - b. Compare / contrast your experiences at CEW with other organizations?
 - c. How does gender continue to affect how you lead in your current position?
2. What contexts or situations have influenced or affected your experiences as a woman in a leadership position?
 - a. What have been some of your motivating factors from the start of your career to now?
 - b. What enabling factors were the most significant in getting you to where you are? What barriers did you have to overcome, if any?
 - c. Do you credit any individual, institution, or program with supporting you on your path to leadership?
 - d. What are some of the most significant crisis situations or critical events you have had to handle? How did you resolve these events with outcomes that you were happy with?
 - e. How do you perceive your role in supporting other women who aspire to executive leadership roles?

For men interviewees:

1. What have your perceptions or experiences been regarding women aspiring to leadership roles at CEW?
 - a. In what ways do you think that gender has affected women's career paths?
 - b. How does gender continue to affect how women lead in their current positions?
2. What contexts or situations have typically influenced or affected women in leadership positions?
 - a. In your view, what have been some of the motivating factors for women in achieving their career goals? Are they different for men?
 - b. What enabling factors were the most significant in getting women to where they are in leadership? What barriers did women have to overcome, if any? Were these barriers different from those faced by men?
 - c. Do you credit any individual, institution, or program with supporting women on their paths to leadership?
 - d. What are some of the most significant crisis situations or critical events you have seen women have to handle at CEW? How did they resolve these events?
3. How do you perceive your role in supporting women who aspire to executive leadership roles?

Appendix D: Codebook

Depth	Theme Level 0	Sub-theme Level 1	Sub-sub theme Level 2	Key phrases Level 3
0	Gender Paradox			
1		Awareness		
2			bias	
3				cultural bias
3				explicit bias
3				unconscious bias
2			boy's club	
2			getting things done	
3				men opine more
3				women as "doers"
2			importance of diverse viewpoints	
2			lack of awareness	
2			lack of understanding	
2			self awareness	
3				others
3				self
4			prioritization of others over self	
2			unintentional actions	
1		Room culture		
2			body language	
2			boys club	
3				handshakes/fistbumps
3				sports references/outings
2			inclusive behavior in meetings	
3				exclusion
3				inclusion
2			meeting conduct	
3				listening
3				men interrupting
3				men taking credit
3				post-meeting behavior
3				tension in meetings
2			psychological safety	
2			room where it happens	
1		Voice		
2			body language	
2			honesty	
2			modelling behavior	
2			Oral communication	
3				calling out bad behavior
3				reluctance to speak
3				willingness to speak directly
2			presence	
2			transparency	

Depth	Theme Level 0	Sub-theme Level 1	Sub-sub theme Level 2	Key phrases Level 3
0	Human Connection			
1		and my journey		
2			belief in self	
3				mistakes
2			inspirational individual	
2			mentorship	
2			sponsorship	
1		Support from others		
2			Support from men	
2			Support from women	
3				culture of sisterhood
3				presence of role models
3				women coaching women
3				women mentoring women
3				women sponsoring women
1		leadership		
2			Ability to influence others	
2			being authentic	
2			being self aware	
2			being vulnerable	
2			having empathy	
2			having grace	
2			inspiring others	
0	Organizational Scaffolding			
1		/ programs		
2			effective teams	
2			formal mentorship programs	
2			formal sponsorship programs	
2			low barriers to collaboration	
2			networking opportunities	
2			programs	
3				coaching
3				development
3				skills development
2			advancement	
3				horizontal opportunities
3				promotion opportunities
2			succession planning	
1		Organizational Values		
2			collaborative organization	
2			honesty	
2			inclusive culture of organization	
1		Self care / balance		
2			focus on wellness	
2			intentional pauses	
2			maturing	
2			Setting boundaries	
2			supportive family	
2			supportive partner	
2			work-life balance	

Total codes in codebook: 94; Total codes applied: 1,503.