

African American Decision Makers in Healthcare:

Exploring the Impact of Mentoring on Professional Advancement

Deon L. Wolliston

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AFRICAN AMERICAN DECISION MAKERS IN HEALTHCARE: EXPLORING THE
IMPACT OF MENTORING ON PROFESSIONAL ADVANCEMENT

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ABSTRACT

This qualitative case study explored the impact of mentoring on professional advancement among African American healthcare professionals. A nonrandom purposeful sample was used to identify 21 African American hospital decision makers employed in the specialty areas of nursing, medicine, pharmacy, and administration. Two central research questions were used to explore the role of mentoring on professional advancement and the participants' perception of the importance of mentorship and empowerment on their professional advancement. Data was analyzed using Moustakas (1994) modified van Kaam method of analysis. Results of the study showed that mentoring plays an important role in the professional advancement of African American hospital professionals. Additionally, the study participants believed that mentoring empowers African Americans for professional advancement.

TABLE OF CONTENTS

LIST OF TABLES	x
LIST OF FIGURES	xi
CHAPTER 1: INTRODUCTION	1
Background of the Problem	3
Statement of the Problem.....	5
Purpose of the Study	7
Significance of the Problem.....	8
Nature of the Study	10
Data Collection	11
Analysis	13
Research Questions.....	14
Theoretical Framework.....	14
Leadership Theories.....	17
Definition of Terms.....	18
Assumptions.....	21
Limitations	22
Delimitations.....	24
Summary.....	25
CHAPTER 2: REVIEW OF THE LITERATURE	27
Documentation.....	27
Literature Review.....	28
Historical Perspective	30

Career Opportunities for African Americans in Healthcare	30
Diversity in Healthcare	31
Prevalence of Minorities in Healthcare	33
Healthcare Organizations.....	35
Importance of Diversity in Healthcare	35
Key Decision Makers	36
Prevalence of African Americans in Medicine, Pharmacy, and Nursing	37
Recruitment of Healthcare Employees	38
Diversity in Recruitment Strategies.....	38
Mentoring	39
Strategies to Improve the Advancement of Minorities in Healthcare	41
Career Plans for African Americans.....	42
Mentoring for Success	44
Overview of Mentoring	44
Mentoring in the Workplace.....	47
History of Mentoring.....	49
Advancement	50
Opportunity for African Americans Versus Caucasians	50
Mentoring Minorities.....	51
Benefits of a Formal Mentoring Program.....	53
Conclusion	54
Summary.....	55
CHAPTER 3: METHOD	57

Research Design.....	57
Appropriateness of Design.....	59
Case Studies	59
Qualitative Analysis.....	59
Research Questions.....	61
Population	62
Informed Consent.....	62
Sampling Frame	64
Confidentiality	68
Geographic Location.....	69
Instrumentation	69
Data Collection	71
Data Analysis	73
Validity	74
Summary	75
CHAPTER 4: RESULTS.....	76
Validity of Instrument.....	77
Pilot Study	77
Interview Process.....	78
Organizational, Demographic, and Employment Characteristics of Sample	79
Characteristics of the Organization	79
Demographic Characteristics of the Sample.....	80
Employment Characteristics of the Sample.....	81

Professional Goals, Professional Development, and Job Satisfaction.....	81
Data Collection	82
Data Analysis	84
Findings.....	85
The Role of a Mentor.....	85
Preliminary Roles of a Mentor From Explicit but General Definitions	85
Final Analysis of the Role of a Mentor From Personal Mentor Roles	88
The Importance of Mentorship	89
Gender/Racial Similarity of Mentor/Mentee.....	91
Summary	92
CHAPTER 5: SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS ...	95
Purpose of the Study	95
Summary	97
Core Themes: Research Question 1	98
Theme 1: A Mentor is Someone Who Helps Bring out One’s Best.....	99
Theme 2: A Mentor Is a Problem Solver.....	101
Theme 3: A Mentor is Someone who has Experience in the Relevant Area..	102
Theme 4: A Mentor Is Someone with Whom You Can Establish a Personal Relationship.....	103
Theme 5: A Mentor Is a Good Listener.....	104
Theme 6: A Mentor Is a Role Model.....	105
Core Theme: Research Question Two	106
Theme One: Mentoring is Important for Professional Advancement	106

Limitations	109
Significance of the Study	111
Significance of the Study to Leadership	111
Recommendations.....	112
Recommendations for Future Study	114
Conclusions.....	115
REFERENCES	117
APPENDIX A: INTRODUCTORY LETTER	128
APPENDIX B: INFORMED CONSENT.....	130
APPENDIX C: CONFIDENTIALITY AGREEMENT	133
APPENDIX D: STUDY INTERVIEW QUESTIONS.....	137
APPENDIX E: PILOT STUDY INTERVIEW QUESTIONNAIRE	140
APPENDIX F: RESULTS TABLES.....	143
APPENDIX G: PERMISSION TO USE PREMISES	179

LIST OF TABLES

Table 1 <i>Summary of Organizational Characteristics of the Sample</i>	144
Table 2 <i>Summary of Demographic Characteristics of the Sample</i>	146
Table 3 <i>Summary of Employment Characteristics of the Sample</i>	148
Table 4 <i>Professional Goals and Job Satisfaction</i>	151
Table 5 <i>Explicit Definitions of Mentoring</i>	156
Table 6 <i>Themes Derived from the Explicit Definitions of Mentoring</i>	160
Table 7 <i>Role of Respondents Personal Mentor</i>	162
Table 8 <i>Importance of Mentors for African Americans to Advance in Their Careers</i>	165

LIST OF FIGURES

<i>Figure 1. Hierarchical needs of minorities in healthcare adapted from Maslow (1943).</i>	16
<i>Figure 2. Lifecycle of a mentoring relationship adapted from <i>Lifecycle of a Mentoring Relationship</i> by J. Kirk, 1991.</i>	46

CHAPTER 1: INTRODUCTION

The ethnically and racially diverse patient population that is being served in healthcare organizations has increased the need for diversity among patient care providers, including employees at the executive level of the organization (Gonzalez-Figueroa & Young, 2005). Diversity at the highest level of the hospital will raise the expectation and accountability of the executive team to be more diverse, therefore becoming more representative of the population that is being served. Voges predicted that “organizations that adopt inclusion are creating a competitive business advantage for themselves and they’re going to continue to increase their population, their market share, and their revenue” (2006, p. 12).

According to the U.S. Department of Labor (2006), 1 in 3 Americans will be African American, Hispanic, Native American, or Asian/Pacific Islander by the year 2050. These changes in the United States will affect the communities that are being served. In order to show the value of diversity, healthcare professionals must reflect the communities in which service is being provided; therefore, diversity is needed at each level of the organization. Consequently, hospitals must also ensure that patients “have an increased comfort level doing business where you know that diversity is valued” (Voges, 2006, p. 12).

Evaluation of healthcare organizations revealed that minorities are underrepresented in healthcare leadership positions (Kelly, 2006; Larson, 2006; Voges, 2006). This imbalance becomes more evident at the highest level positions within the organization because the advancement of minorities above a director-level position to the

top four or five levels of a hospital remains a challenge (Kelly, 2006; Larson, 2006; Voges, 2006).

Creating a diverse team of healthcare professionals requires career guidance and resources that empower minorities for advancement. Mid-career guidance or mentoring by a more experienced individual can prove beneficial in providing support to help expedite career advancement to the executive level (Voges, 2006). As African Americans continue to advance in healthcare management, the need for career support increases. However, the level of support needed for empowerment is not readily available (Voges, 2006).

Mentoring is considered to be an important attribute for empowerment. Junior medical faculty who were mentored displayed better preparation and skills than those who were not mentored (Koopman & Thiedke, 2005). Therefore, the impact of mentoring minority healthcare employees in preparation for executive-level positions may be beneficial and, indeed, necessary for expediting the number of years needed to achieve their career goals (McGlowan-Fellows & Thomas, 2005; Voges, 2006).

In a 2005 report on career advancement for minority healthcare professionals, senior minority executives agreed that minority students are not aware of the opportunities available to them (Gonzalez-Figueroa & Young, 2005). Career guidance through mentoring can be valuable during the early years of a fledgling professional's career, creating a positive mentoring relationship to reduce the risk of mid-career setbacks. The timing of a mentoring relationship is important because, in many situations, the opportunity for mentoring dwindles as individuals become tenured (Gonzalez-Figueroa & Young, 2005; Larson, 2006). Minority executives also stated that the first

five years of starting a career are the most competitive and falling behind early will result in a continuous career lag (Gonzalez-Figueroa & Young, 2005).

Lack of knowledge of available mentoring resources for African Americans may be a result of their limited access to influential people or networking opportunities within their organization, thereby limiting the possibilities of a successful career (McGlowan-Fellows & Thomas, 2005). African Americans reported that they would like to have a mentor who could help them with career development and career navigation (Heggins, 2004). This qualitative case study, which explored the lived experiences of African American healthcare professionals who were and were not mentored during their careers, provided a better understanding of the barriers that limited their progression to decision-making roles within their organizations.

In a study of 100 highly successful individuals, 77% reported that mentoring was “crucial to their achievement” (Shaffer, Tallarica, & Walsh, 2000, p. 33). It was also reported that there is a correlation between mentoring and career advancement of African American women working in a corporate environment who have been mentored or have had role models (McGlowan-Fellows & Thomas, 2005). This study helps to determine if the impact of empowerment through mentoring was also applicable to healthcare and specifically to African Americans healthcare professionals.

Background of the Problem

Despite the efforts made to encourage minorities to pursue careers in healthcare, the goal of increased diversity is still unmet (Gathers, 2003; Hellinghausen, 2000; Romano, 2004). Several reports have addressed the reasons why minority ethnic groups are underrepresented in healthcare. However, most of the analyses pertaining to the

prevalence of minorities in healthcare have evaluated careers such as nursing, medicine, science, and dentistry independently but not collectively across multiple disciplines at the executive level (Ambrose, 2003; Gathers, 2003).

Minority healthcare professionals believe there is lack of promotion for minorities after they advance to middle-management positions within the organization (Gathers, 2003; Larson, 2006). This lack of promotion is often referred to as the *glass* or *teflon ceiling*, which is an invisible barrier preventing qualified minority employees from being promoted to executive-level positions (Barrett, Cervero, & Johnson-Bailey, 2004; Larson, 2006; Voges, 2006). In other words, it is an obstacle at the upper level of the organization past which an individual is unable to advance professionally in spite of his or her experience or credentials (Gathers, 2003).

African Americans employed in healthcare also reported that there is a sense of unfairness and lack of support of upward mobility for minorities (Gathers, 2003). Identifying the tools to support the advancement of minorities, specifically African Americans, may help to improve career advancement and increase awareness of this problem. Compared to 32% of Caucasian females, only 14% of African American females are employed in upper-level management positions (Edmondson Bell & Nkomo, 2003).

Despite having similar credentials, African American females are held to higher expectations, have less decision-making power, and earn less than their Caucasian counterparts (Edmondson Bell & Nkomo, 2003). African American males also face career challenges that have contributed to the low number of African American males working in healthcare. Some efforts have been made to recruit African American males,

but the process is slow and minorities overall continue to feel unrewarded for their hard work (“A Race Ethnicity Comparison,” 2002).

In an effort to support minority healthcare professionals, organizations such as the National Council on Healthcare Leadership (NCHL) have developed initiatives to support the advancement of racial and ethnic minorities in senior management and leadership positions, and to provide educational support for cultural diversity in healthcare (*The Black Perspective Online*, 2000). These initiatives include diversity education programs that bring together midlevel to upper level healthcare leaders from various ethnic groups. These leaders will later serve as the change agents in their organizations.

Additional initiatives by the NCHL include mentoring programs designed to prepare healthcare managers to serve as mentors to junior managers in their organizations (*The Black Perspective Online*, 2000). Similar to the NCHL’s diversity initiatives, hospital organizations are implementing diversity programs that are expected to improve the number of minority healthcare executives. These programs are intended to develop and prepare young executives to become future leaders of hospital organizations (Reilly, 2003).

Statement of the Problem

Despite the additional efforts of healthcare organizations to increase diversity among healthcare leaders, the number of minority executives in the healthcare industry has remained in the single digits (Hellinghausen, 2000). A larger number of Caucasian males and females have achieved executive-level positions such as chief executive officer, chief operating officer, and vice president in hospitals as compared to African Americans working in the same setting (“A Race Ethnicity Comparison,” 2002). Career

advancement of African American healthcare employees to executive levels has become more difficult after reaching a midlevel position in a hospital organization (Larson, 2006).

Minorities continue to face numerous obstacles in reaching the highest level of healthcare management. Two of these obstacles include “getting into the field young and having enough mid-career guidance and high-level continuing education to get to the executive-level position” (Gonzalez-Figueroa & Young, 2005, p. 8). Secondly, healthcare organizations have not completely addressed the need for diversity at the executive level (Larson, 2006).

Several healthcare organizations and colleges have embraced the concept of mentoring in an effort to recruit and retain minorities (Blancero & DelCampo, 2005; Gonzalez-Figueroa & Young, 2005; Larson, 2006; Ralston, 2003). In spite of the effort to empower minorities to advance to upper level positions, there appears to be a lack of sensitivity to the individual needs and necessary resources to support the professional growth of racial minorities in the healthcare industry (Ambrose, 2003). Therefore, the number of African American healthcare executives continues to be poorly represented with only 1-2% of healthcare executives being African Americans (Griffin, 2001; Hellinghausen, 2000; Woog, 2005).

This qualitative case study was designed to provide a better understanding of the career accomplishments of African American healthcare administrators and executives through exploration of their lived experiences as they relate to mentoring, as well as perceived difficulties in advancing to executive positions within their career fields. Professionals in the areas of medicine, nursing, pharmacy, and health administration were

selected to participate in this study. Data were collected through tape recorded, open-ended interviews in order to solicit perceptions pertaining to career advancement and mentoring.

Purpose of the Study

The purpose of this qualitative case study was to provide a better understanding of the role of mentorship in advancing the careers of African American healthcare administrators and executives through exploration of their lived experiences as they relate to mentoring as well as perceived difficulties in advancing to executive positions within their careers. The participants of this study were African Americans healthcare professionals working in a medical inpatient facility in the southeastern United States who were on a career path that is conducive for advancement to a decision-making position. A nonrandom snowball method of sampling was used to select study participants for this qualitative case study. Data were collected using an open-ended question, semistructured interview process.

The questions focused on the role of mentoring in the participants' careers, and the perceived impact of mentoring on their professional development as well as perceived obstacles to advancement within their careers. A follow up discussion was scheduled to discuss the transcripts of the interviews in order to assure that the transcriptions were accurate portrayals of the lived experiences of the participants. Public reports of hospitals that have evaluated the impact of mentoring on professional advancement of minorities were also reviewed to explore the role of a formal mentoring program in a hospital.

The methodology that was used in this study is considered to be the most appropriate design because qualitative case studies "investigate a contemporary

phenomenon within its real-life context” (Yin, 1994, p. 13). Additionally, a qualitative case study provides an in-depth investigation that results in details based on the participants’ views (Yin, 1994). According to Yin, interviewing participants for a qualitative case study is a primary source of evidence. Therefore, a semicontrolled interview format was used to provide an opportunity for the interviewer to ask open-ended questions in order to gain insight about events that occurred in the participants’ professional careers (Yin, 1994).

Significance of the Problem

The significance of this problem to leadership is apparent in organizations in which there is a lack of diversity as a result of insufficient support and resources for minority healthcare professionals. Racial minority groups have reported an inability to identify with their colleagues due to racial differences; therefore a sense of frustration and disconnect in working relationships becomes evident (Thomas, 2001). Racial diversity at the highest level of the organization is necessary in order for the organization to have patient care providers and members of the leadership team who are representative of the community that is being served (Pieper, 2004).

This problem is also significant to hospital organizations that provide services to a racially diverse patient population. This is important because as the number of African Americans living in the United States continues to increase, it is essential to have representation of this minority group at all levels of the organization (Larson, 2006). “Boards have to become more diverse first and foremost. Once you have a diverse board, individuals of color will be comfortable to apply for management positions” (Larson, 2006, p. 14).

It is uncertain if the current discomfort is due to the inability of African Americans to identify with their superiors and colleagues or if it is a result of the lack of opportunities to advance up the corporate ladder. The American College of Healthcare Executives (ACHE) and the NCHL both reported that mentoring may be an important factor in helping minorities advance to decision-making positions. However, there are limited data regarding the impact of mentoring on career advancement in healthcare specifically for African Americans (“A Race Ethnicity Comparison,” 2002; *The Black Perspective Online*, 2000).

It has been reported that there are continued efforts to increase diversity in healthcare, especially in hospitals. These efforts have been unsuccessful because there continues to be a lag in the number of minorities, specifically African American hospital chief executive officers (CEOs), chief nursing officers (CNOs), directors of nursing, and hospital executives. The number of African American CEOs nationwide has remained in the single digits (Hellinghausen, 2000; Sanders & Bowcutt, 2004). These results remain unchanged despite initiatives implemented by organizations such as ACHE to increase the number of minorities working in healthcare.

The research explored the importance of mentoring based on the lived experiences of African American healthcare professionals in becoming senior managers with the intention of advancing to an executive-level position. Stokes (2003) identified one function of a mentor as providing exposure and visibility for the protégé. Exploring the perception of mentoring and its influence on professional advancement also helped to determine if having a mentor in a decision-making position plays a significant role in motivating African Americans in their quest for career advancement.

As a result of the benefits that are seen with mentoring in other professions, the role of the mentor has become common in the corporate world in an effort to recruit and retain minorities, and it is believed that this may be applicable to healthcare (Ralston, 2003). According to a report in *The Black Perspective Online* (2000), “the coaching program builds on the belief that individual mentoring and coaching is an important part of the professional development for all healthcare managers, and is particularly essential to the career progression of minorities” (¶ 5). “In a diversity-driven mentoring program, protégés will prepare for their own career success and learn about the process, responsibilities, and qualifications necessary to be an effective leader” (Ambrose, 2003, ¶ 4).

Nature of the Study

This qualitative case study was designed to provide a better understanding of the career accomplishments of African American healthcare administrators and executives through exploration of their lived experiences as they relate to mentoring and perceived difficulties in advancing to executive positions within their career fields. A qualitative case study was conducted using a non-random selection to identify participants for the study. An initial group of study participants was asked to participate in the study.

These participants are professional colleagues of the study investigators. Other participants were identified using a snowball method of sampling. This process is conducted through a referral process. Initial participants were asked to refer other participants representative of the population that was being investigated.

Data were collected through tape recorded interviews using open-ended questions in a semi-structured format. This method of data collection is considered to be the best

approach to collect accurate in-depth responses of the participants (Yin, 1994). The open-ended question semi-structured interview focused on the tenure of the employee, the perceived role and benefits of a mentor, and the employee's perception of the mentor's role in his or her professional advancement. In addition, perceived barriers to career advancement were addressed.

A qualitative case study design provided an opportunity to explore historical events that occurred in the careers of the participants. In this qualitative research, data were collected and common themes were identified. This method of data collection provided an opportunity to collect and interpret text data based on the recollection of the participants. A qualitative research design also provided an effective method of data collection.

This design was appropriate for this study because the semi-structured interview process of data collection provided an interactive environment in which the participants were asked general, open-ended questions. The responses to the questions were explored in detail to better understand the phenomenon that was being evaluated. In contrast to a quantitative research design, qualitative studies explore a phenomenon and avoid microanalysis of data based on a structured data collection process (Creswell, 2003). This research style was appropriate for this study because it allowed data collection from a purposeful sample of individuals who could provide detailed descriptions of their lived experiences, therefore ensuring that the results are representative of the population.

Data Collection

Data were obtained from interviews that focused on the lived experiences of 21 African American healthcare decision makers. The questions for the interview focused on

mentoring and career advancement in the field of healthcare. The sample was a purposive sample in which various methods were used to identify members of this specific and difficult-to-reach population. This method of sampling permitted the selection of individuals who were specific to the population being evaluated and could therefore provide the most in-depth and informative responses to the interview questions.

African American hospital decision makers were identified using a referral process. This referral process is known as a snowball method of population sampling. This process involves identifying an initial group of participants who are representative of the population. This initial population then refers another subgroup representative of the population (Heckathorn, 2002).

The initial group of study participants was selected from a group of professional healthcare executives who were then employed in decision-making positions and were professional colleagues of the study investigator. The places of employment of the participants were not identified during the data collection process or in the results. Information that could identify the organization was not collected or included in the study results. All participants were asked to provide information specific to their lived experiences.

Requests for participation were made by e-mailing an introductory letter to potential participants to request participation in the study and to provide a brief overview of the study and the study population (see Appendix A). Participants were selected without regard to their experience of having or not having a mentor. Instead, each participant was selected based on the following criteria: African American, 18 years or

older, employed in a decision-making position at a director's level or above within a hospital or inpatient care center, and willingness to participate in the study.

The interview questions for this study were not used previously in this population. Therefore, a pilot study was conducted with three participants who were representative of the study population. The pilot study provided face validity for the questions that were used during the interview. Based on the answers to the questions in the pilot study, appropriate changes were made in order to make the questions more understandable and to assure that their intent was appropriate (Moustakas, 1994). After completion of the interview, the data were compiled and analyzed to determine common themes and perceptions using a modified van Kaam method (Moustakas, 1994).

Analysis

After the open-ended questions, semistructured interview of each participant was completed, transcribed, and verified for accuracy. Then a follow up discussion was conducted, during which the transcription and general theme of the interview were presented to each participant. This second follow up allowed participants to comment on the responses captured during the interview in order to assure that the transcript of the interview was an accurate depiction of their lived experiences. In order to reduce bias in the analysis, the data analysis was conducted by a third party using a modified van Kaam method of analysis (Moustakas, 1994).

A modified van Kaam method of analysis analyzes qualitative data by clustering and identifying common themes in the responses of the study participants through the following process: (a) identify and validate the invariant constituents, (b) create a description of each participant's experience then develop a composite of each