

# Community Health Centers and Male vs. Female Patterns of Mentorship and Succession Planning: The Meaning of the Differences

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## BACKGROUND

Community Health Centers (CHCs) provide quality, accessible health care services to the indigent, regardless of ethnicity and/or gender. CHCs are unique because they were designed to help women, minorities, and groups of individuals not sufficiently represented in the health care to serve in upper managerial positions.<sup>1</sup> Despite the fact more women are getting advanced degrees in health care administration, a significantly smaller proportion of women than men serve in upper managerial positions.<sup>2</sup>

## OBJECTIVE

To investigate the extent to which the success of women in attaining CHC leadership is related to a greater presence of mentorship and succession programs in those organizations. To identify male vs. female differences in mentorship and succession planning in CHCs. To analyze the extent to which leadership diversity in health administration might be advanced by adopting common CHC mentoring and succession plan practices.

## METHODS

The study used a validated e-mail gender survey and semi-structured interviews to compare data of 85 male and female CHC CEOs to 837 male and female executive directors of other health care entities. Four male and four female CHC CEOs were randomly selected, and each was interviewed via telephone for 30 minutes. Chi-square test, Fisher's Exact test, and independent sample t-test were utilized to analyze the gender survey data, with p-value set at  $\leq .05$ .

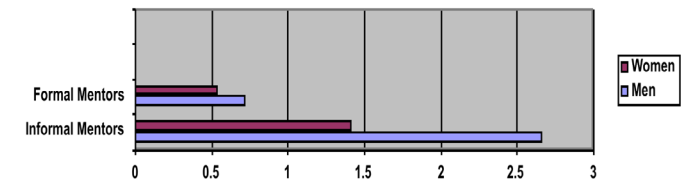
## RESULTS

Results	Modified 2011 ACHE Gender Survey	Statistical Results
Personal Strategies CHC CEOs Use to Overcome Barriers to Attain Leadership Positions – Total Number of Mentors (Mentor Index: combination of formal and informal mentors)	1.88 mean for women 3.50 mean for men	p=.095 --Although the findings imply that on the average, males reported having more mentors than females, there is --No statistically significant relationship --Null hypothesis is not rejected.
Formal Mentorship	<b>Formal Mentors:</b> .7778 mean for women, .7143 mean for men <b>Female Formal Mentors:</b> 1.0667 mean for women, .3333 mean for men <b>Male Formal Mentors:</b> .2308 mean for women, 1.0000 mean for men	<b>Formal Mentors:</b> p = .921 <b>Female Formal Mentors:</b> p = .448 <b>Male Formal Mentors:</b> p = .141 --No statistically significant relationships --The null hypothesis is not rejected.
Informal Mentorship	<b>Informal Mentors:</b> 1.4118 mean for women, 2.6667 mean for men <b>Female Informal Mentors:</b> 1.0667 mean for women, .3333 mean for men <b>Male Informal Mentors:</b> 2.308 mean for women, 1.0000 mean for men	<b>Informal Mentors:</b> p=.049 --Mean of females was lower than the mean of the males. Literature and telephone interview responses support the idea that women are the primary caregivers in the household = limited time. --Statistically significant relationship --Null hypothesis is rejected. <b>Female Informal Mentors:</b> p = .516 <b>Male Informal Mentors:</b> p = .628 --On the avg., women reported having more female informal mentors, and men reported having slightly more male informal mentors than women. Mentors are drawn to same-sex mentees due to the fear of accusations with opposite-sex colleagues. --No statistically significant relationships --Null hypothesis is not rejected.
Formal Succession Planning: Implemented, Being Considered, Not In Effect	46% women 55% men reported that formal succession planning was being considered in their CHCs.	p=.786 --Succession planning may serve as an initial method used to promote those employees with leadership capabilities to an executive position within the organization. --No statistically significant relationship --Null hypothesis is not rejected.

Mentorship and succession planning help CHCs meet the goal of gender equity. CHC CEO personal strategies include mentors and education.

## RESULTS

Graph 1: Average Number (Means) of Formal and Informal Mentors



$t(21) = 2.094, p = .049$  Statistically Significant  
On average, men reported having a higher number (2.66) of informal mentors than women (1.41). Independent t-test found statistical significance between males (sd=1.03) and females (sd=1.32).

## IMPLICATIONS

Majority of female CHC CEOs do not encounter the metaphorical glass ceiling. More female than male CHC CEOs have formal succession plans in their CHCs and report availability of mentors/coaches. Gender plays a role in mentor-mentee relationships. Both men and women agree there is gender equity in their CHCs.

## ADDITIONAL INFORMATION

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## REFERENCES

1. U.S. Public Health Service, Bureau of Health Care Delivery and Assistance. (1991). *Program expectations for Community and Migrant Health Centers*. Bethesda, MD: USPHS.
2. Weil, P. A. & Mattis, M. C. (2003). To shatter the glass ceiling in healthcare management: who supports affirmative action and why? *Health Services Management Research*, 16 (4), 224-234.