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Exploring Obstacles to Success for Early Careerists in Healthcare Leadership

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INTRODUCTION

A young man of Caribbean descent from a two-parent home attended a top-tier pre-med program, majoring in science and language. After graduation, he worked for a year and was quickly promoted into a leadership position. Discovering his natural leadership abilities, he began to explore a career in healthcare management.

He was surprised to learn that his alma mater offered a master of health administration (MHA) program and enrolled immediately—no one on campus had spoken with him about healthcare administration when he was an undergraduate there.

During his time as an MHA student, the young man was accepted to a 10-week internship through the Institute for Diversity in Health Management's Summer Enrichment Program—it was his first experience working in a hospital setting. As a result of his limited exposure to prior healthcare leadership roles, he was later denied acceptance to paid administrative fellowships at two top medical centers.

Compare this young man's experience with that of a minority administrative fellow candidate who had attended a top-ranked graduate school, aced her health system fellowship interviews, completed her fellowship program early, and accepted an impressive position at the health system. The difference between the two is that she comes from a well-educated, influential family that boasts multiple generations of physicians and CEOs. From an early age, she was exposed to healthcare topics in conversations around the dinner table and in social and civic gatherings, with her parents' friends and associates—all this enculturation prepared her to understand the context of healthcare delivery and access. The young man, on the other hand, lacks influential family and friends who could have introduced him to the healthcare leadership context early on.

Considering that the U.S. population is shifting from a white majority to a minority makeup, healthcare leaders from diverse backgrounds will be essential to delivering culturally appropriate care to the chronically ill and the burgeoning elderly population and addressing the shifting health needs of our population. Yet the lack of exposure to the healthcare environment is but one—albeit a crucial—obstacle that many early careerists face as they launch their careers. Will we have enough diverse, qualified leadership talent in the pipeline to run our complex, dynamic organizations?
ISSUES SURROUNDING STUDENT PREPAREDNESS
The good news is that the healthcare management field is attracting online, evening, and part-time students in addition to those in traditional, full-time master's programs, which are expected to yield an increasingly diverse talent pool. But my 20-plus years of experience as the head of a search firm known for specializing in, and committing to, mentoring, coaching, recruiting, and placing diverse talent has shown me that obstacles remain for students from diverse backgrounds. For several years, my firm helped recruit minority postgraduates into a competitive, two-year, paid administrative fellowship program for a large health system in the Midwest. We found that selecting even a cohort of seven fellows was challenging. Of the more than 50 postgraduates and early careerists who were vetted, nine were invited to participate in onsite interviews and complete a competency inventory assessment. Unexpectedly for many of the candidates, the overall evaluation scores revealed deficits in communication, analytical, and critical thinking skills—all areas that are vital to effective leadership. The candidates, having performed well in graduate school, were disappointed with the outcome and questioned the validity of the scores. It further confirmed my previous observation that there exists a disconnect between some graduate program requirements and curricula and those of today's health system.

Quality of Unaccredited Health Administration Programs
The recent proliferation of health management programs includes many that lack Commission on Accreditation of Healthcare Management Education accreditation, graduating students who are inadequately prepared. Unaccredited programs tend to impose less rigorous entry requirements, allow more course flexibility, and offer less comprehensive curricula than do accredited programs. Furthermore, because many of these new programs are offered online only, they lack the strong, influential alumni base to support their graduates that is inherent in well-established traditional programs. Traditional accredited programs need to redesign their curricula as well—and some are already doing so—to keep pace with evolving leadership competency requirements.

Lack of Access to the Context of Healthcare
A huge class and socioeconomic attainment divide separating majority and minority students appears to cut across all levels of program quality. Why? From my perspective in an executive search capacity, I have seen repeatedly that context and other related factors, such as early exposure to healthcare and leader role models, are indicators of whether a socioeconomically disadvantaged student attains and sustains a successful healthcare leadership career.

INTRODUCING STUDENTS TO HEALTHCARE ADMINISTRATION
Addressing the lack of exposure and absence of context that many minority and low-socioeconomic-status graduates have to role models in healthcare leadership
requires a comprehensive approach that is sensitive to students' backgrounds. That access can begin as early as high school, at a time when many multicultural students may not even be aware of careers in healthcare management. The American College of Healthcare Executives (ACHE) maintains a website dedicated to creating awareness of careers in healthcare management among high school–age individuals and offers guidance to baccalaureate students and early to mid-careerists. (Visit www.healthmanagementcareers.org for more information.)

One's first job experience can also be indicative of future success in healthcare leadership, according to a 2008 ACHE survey. If the first job experience of an early careerist from a minority or disadvantaged background is outside the framework of healthcare leadership, that individual's chances of success in healthcare management are diminished. We can improve those odds by leveling the playing field for postgraduate minority students.

ELIMINATING DISPARITIES IN HEALTHCARE LEADERSHIP
After speaking with a broad spectrum of stakeholders, I have concluded that the onus for ensuring a strong and steady pipeline of qualified and diverse leaders falls on the healthcare industry, universities, and students.

The Healthcare Industry
Succession plans and leadership development initiatives serve as a structured point of entry for graduates and a process for continued growth, but not nearly enough organizations have developed these pipelines. Thus, they lack the ability to facilitate organic bench strength. Much of this activity still occurs informally, as when influential alumni groom their alma mater's graduates. A more institutionalized process could involve retention incentives for high-potential early careerists offered through a deliberate, systematic approach.

University Programs
Top-ranked health administration programs realized that students with no work experience and few resources needed skills enhancement to compete for positions. One program began conducting networking sessions, resume reviews, mock interviews, and career strategy sessions for them. I believe that a key role of master's programs is to spend time helping students develop a 1- to 3-year career map to prepare them for and understand the types of positions they should be seeking, thus positioning themselves for future success. From my years of intimate engagement with students and early careerists, it is safe to conclude that schools should help first-generation college attendees, most of whom have had little to no exposure to the healthcare leadership environment and seldom know how to navigate graduate school and postgraduate realities.
Students and Early Careerists
Even as early as high school, students should begin considering their end goal. Once they have established that goal, they must show initiative and creativity in their pursuits by demonstrating leadership in extracurricular activities and participating in professional organizations, such as ACHE, the National Association of Health Services Executives, the Asian Health Care Leaders Association, and the National Forum for Latino Healthcare Executives, in order to build a sustainable career network. Professors tend to nominate for competitive fellowships and residencies those students who are involved, active, hardworking, and diligent in their studies, and they are most likely to provide those students with alumni contacts for jobs. Finally, on a more practical level, as early careerists traverse their career, they must be willing to relocate to where the jobs are.

Conclusion
Vast resources are available to students, but they must know where to find these resources and how to use them to take ownership for their success. All MHA programs must adjust their curriculum to reflect the changing requirements for healthcare leaders, and the larger healthcare field must establish formalized career development programs for early careerists to sustain organic growth. Another key to assisting students is creating awareness among high school and undergraduate students of the MHA and MPH tracks as viable options, just as the MBA is a recognized path. Finally, all constituencies should address the gaps that exist for people of certain cultural backgrounds and their level of exposure to mentoring, accountability, and opportunities so that we may adequately prepare a cadre of inclusive, multicultural careerists for success.

Reference

Additional Resource

For more information about the concepts in this column, contact Ms. Desir at edesir@desirgroup.com.