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Lived Experiences of African American Women Climbing the Corporate Ladder for Executive Positions in Healthcare Administration

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Abstract

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MA, South Carolina State University, 1998

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Dissertation Abstract Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Industrial/Organizational Psychology

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Abstract

The need for strong African American leadership and increased diversity remains a significant challenge in healthcare. While the issue of women in executive healthcare leadership has gained awareness, they remain underrepresented in the industry. A qualitative descriptive phenomenological study was conducted to collect data from 12 participants through semistructured in-depth interviews. In this study, the experiences and perceptions of African American women regarding the limited number of women being promoted to executive roles were examined. The glass ceiling and critical race theories were the theoretical foundation used to cultivate a voice for African American women who aspire to healthcare executive roles. However, findings indicated racial and occupational disparities in ethnic minority women who attempt to eliminate career barriers in leadership positions remain unvarying. Five key themes emerged from the results of this study: (a) African American women healthcare executives, (b) sustaining ethnic diversity leadership roles with mentorship and sponsorship, (c) operational leadership exceeding expectations, (d) African American women unlikely to be promoted in the workplace, (e) social network of survival. Results indicated African American women experienced limited access to C-Suite opportunities, with the sustainability of structural unfairness, racism, emotional adversities, and indivisibility. The positive social change of building diversity in the corporate leadership pipeline is necessary to identify barriers and opportunities for African American women, simultaneously creating distinct solutions.

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Dedication

This journey is in honor of my paternal grandparents, the late Revered Arthur F. Hampton and Janie L. Hampton. My maternal grandparents; the late James E. Cantey and Mable J. Cantey. My parents, Dr. Ezekiel F. Hampton, and Mrs. Patricia C. Hampton, it is because of you, I am…My Father in love; Marvin Louallen, and My Mother in Love; Gwendolyn R. Sowell. My sister, Keesha H. Anderson, thank you for always being amazing, my big sister and prayer warrior. My nephews; Xzaiver F. J. Hampton, Jayden K. Anderson, and Kirkland C. Williams. To the Hampton, Sowell, Jacob, and Louallen family, I love you. My husband, Drodney B. Sowell, and our son Chancellor H. Sowell. Thank you for allowing me space, time, and your unconditional love as I navigated uncharted territory. Drodney and Chancellor, you all are my quiet at the end of the day, and my reason for taking comfort in knowing God will never allow his consistently righteous to fall, slip, or fail. Jeremiah 29:11 speaks, "For I know the plans I have for you," declares the Lord, plans to prosper you and not harm you, and plans to give you an expected end."

Acknowledgments

God, I Thank you for order and for being the foundation of greatness. Thank you for being my navigation system throughout this process. God, you are the reason for my being, and thank you for not requiring permission to do your will during the Sowell experience. To my committee members, Dr. Ethel Perry and Dr. James Brown, thank you for guidance, support, and encouragement that the sky is limitless. Dr. Perry, thank you for being my mentor, my cheerleader, prayer warrior, radical spirited, wisdom-oriented, and unstoppable vessel. Thank you, Dr. Perry, for aiding me in discovering that it is necessary to fly high above self-imposed limitations, an eagle mentality.

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To all minority women impacted by the injustices, discrimination, underrepresentation, and success in removing barriers and challenges in the corporate healthcare industry. You are educated, experienced, and can do this; you have what it takes, and rest easy in knowing that you are equipped to create your labels, paths, and own story. I speak life into your journey to all African American women who build diverse wealth and create a successful corporate leadership pipeline.

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Chapter 1: Introduction to the Study

In the United States, 52% of the professional level positions were held by women; however, women of color remain underrepresented in executive management positions (Stryker, 2018). Krivkovich et al. (2018) stated that women of color remained underrepresented at every level in corporate America and identified obstacles such as race, gender, and lack of support from managers are encountered by African American women when seeking an executive-level position. Women of color are in 3.9% of executive-level positions (Stryker, 2018). Lantz (2008) noted that gender and leadership in healthcare administration are presented with challenges regardless of awareness and policy recommendations.

African American women are at a disadvantage in bridging the gap due to the position of race and not being a male (McGirt, 2017; Reynolds-Dobbs et al., 2008). As the presence of African American women in the workplace continues to grow, they are demoralized in the professional workplace but still attempt to bridge the gap between race and ethnicity (Cundiff & Vecio, 2016; Reynolds-Dobbs et al., 2008). The education, credentials, and accomplishments of these women are diminished, their appearance is attacked, and their self-esteem is discounted (Holder et al., 2015; McGirt, 2017).

In this study, I demonstrated gender inequality and how women in executive positions are invested in a system that makes it challenging to address gender in the workplace (Baker & Kelan, 2019; McGirt, 2017). Baker and Kelan (2019) discussed executive women's psychic life under neoliberalism while utilizing psychosocial

approaches. The researchers claimed that women remain hopeful and emotionally invested despite experiencing unfair treatment and admittance to opportunities.

The necessity for resilient leadership and increased diversity remains challenging in healthcare workforce services (Lantz, 2008; Vanderbroeck & Wasserfallen, 2017). In this study, I sought to address women who remain limited and underrepresented in the top healthcare administration level, with gender inequalities of obtained positions. The process of developing policy and amending the discrepancy between gender has arrived in healthcare administration (Lantz, 2008). In this chapter, I provide the research questions, nature of the study, defining terms within the study, assumptions, scope and delimitations, limitations, and significance of the research.

Background

African American women who are qualified are significantly underrepresented and continue experiencing disparities in the healthcare administration workplace (Berlin et al., 2019). Krivkovich et al. (2018) identified employees as becoming comfortable with only seeing women in a few positions or not at all. Furthermore, Krivkovich et al. recognized that it is also evident that men do not identify when they set barriers that stereotype women in the workplace. As a result of the unknown commitment, the workplace environment remains unequal and underserved.

Stryker (2018) noted that while women hold 52% of professional-level positions in the United States, women of color remain underrepresented in executive management positions. Stryker (2018) stated that 38% of the female population in the United States, including Asian, African American, and Hispanic women, are underrepresented and

implied that women choose not to apply for top management positions, which allow organizations to escape the opportunity to showcase talent in the corporate arena. Stryker (2018) comparative quantitative study surveyed 100 top executives who identified the importance of understanding a specific language that executive leaders use to lead by integrating a team member into the executive culture. Stryker (2018) determined that language served as a catalyst for change and helped minimize communication barriers. Stryker (2018) identified increasing awareness of language barriers, the research affirmed that women of color would obtain leadership roles as leadership diversity develops in organizations.

Moon and Jung (2018) conducted a study on promoting management representatives within the workplace and identified the significant leadership styles that affect workers' attitudes and behaviors. The characteristics of leadership traits influenced the relationship between management and employee work styles. Moon and Jung (2018) implied that strong leadership, ethical standards, and fair treatment foster employees' feelings of belonging and value. They suggested moral leader's perspective is that all employees are valued for individuality despite race and gender. In the study's conclusion, ethical leadership strengthened employees' perceptions of value and positive work attitudes. The attention was brought to the demographics and managerial leadership's identified findings on work-related outcomes in public organizations (Moon & Jung, 2018). The researchers found that ethical leadership impacts employee job satisfaction.

Under neoliberalism, executive women have used successful psychosocial approaches regardless of gender (Baker & Kelan, 2019). Baker and Kelan (2019)

expressed concern that women frequently split the workplace's undesirable components. The researchers claimed that women remain hopeful and emotionally invested despite experiencing unfair treatment and admittance to opportunities. The two interdependent processes that women use were splitting and *blaming*. The term splitting was identified in the research as a process by which women split off and, in some cases, individualized the challenging events that have taken place in their career to shield themselves from mistreatment in the workplace. Baker and Kelan (2019) defined blaming as when individuals are blaming less successful women for gender disparities. Executive women use blaming to redirect their experiences of neglect and magnify the failures of other women. Baker and Kelan's (2019) findings demonstrated gender inequality and how women in executive positions are invested in a system that makes it difficult to address workplace challenges.

DeBlaere et al. (2017) defined feminist identity composites (FICs) as a measure of distinctive feminist development. The researchers stated that oppression and injustice result in confrontation wherever they are found. The FIC is connected to important psychological variables (i.e., subjective well-being, body image, and feminist identity development). DeBlaere et al. (2017) conducted a study investigating the structural validity of the FIC with subsamples of sexual minority women. A total of 544 participants completed online surveys, and 20% of the missing data was removed, which resulted in 402 sexual minority women for analysis. Eighty-three percent identified as women within the study, 3% were identified as transwomen, and 8% identified as others. The participants were 18 to 78, 72% identified as White, 7% identified as Black, 5% as

multiracial, 4% as Latina, 4% as Asian, and 2% were identified as others. The researchers suggested that feminist identity is present for sexual minorities, and the dimensions are very distinctive before other studies are completed with heterosexual women. DeBlaere et al.'s (2017) findings indicated that the passive acceptance subscale associated with denial of oppression was negative and unrelated to sexist and heterosexist events, with subscales being positively connected to each level of discrimination. They recommended that feminist identity development research is needed to support sexual minority women. This study is essential because it showed the impact of racism, oppression, sexism, and heterosexism (DeBlaere et al., 2017).

The American College of Healthcare Executives (ACHE; 2016) conducted surveys of female and male executives. The ACHE concluded that women are more likely to hold a department head position, and men are more likely to hold a chief executive officer and chief operating officer, president, or vice president role (ACHE, 2016). Self-reported data on salary showed that women executives earn lower wages than men executives in healthcare.

Healthcare executives suggested that the field of study is not advancing in mentorship or training programs that are much needed by women and minorities (Livingston, 2018). The challenges of family, gender, and social roles are also a great contributor to women and their career advancement. Lantz (2008) suggested that healthcare leadership must include gender equity.

According to the U.S. Bureau of Labor Statistics (2019), women made up most of the workforce in healthcare with caregiving roles, and the number of women physicians

is less than men. Diversity in healthcare leadership is highly esteemed as attaining

clinical excellence (Herrin et al., 2018). Berlin et al. (2019) stated that women of color

fill 22% of entry-level healthcare jobs and 4% of the C-suite roles. In healthcare, numbers

continue to diminish as the responsibility increases Berlin et al., (2019). Women make up

most healthcare workforce; however, they often experience career advancement

challenges and remain underrepresented, under-compensated, and overlooked in the

hospital settings of chief executive officer (CEO) roles (Herrin et al., 2018; Lobaton et

al., 2020). Research conducted by McKinsey & Company (2018) found 34% of women

hold senior and director healthcare positions, while only 30% filled healthcare C-suite

roles, including those in biotechnology firms and pharmaceutical companies.

Furthermore, Berlin et al. (2019) mentioned that no one size fits all to sustain gender

parity on leadership teams in the healthcare industry; conversely, there were opportunities

to promote women's representation. Identifying the source of barriers that influence

organizations not to be fair or put groups at a disadvantage is the pathway to equality.

African American women searched for a voice by exemplifying achievement in

their career against all odds yet remain marginalized and limited (Holder et al., 2015;

Stewart, 2016; Thomas, 2019). The literature covered indicates that African American

women experience exclusion and are not afforded the same opportunity as others (Holder

et al, 2015; Stewart, 2016). Holder et al. (2015) noted African American women

professionals trusted to attain executive positions in the healthcare system exposed racial

and gender disparities. The disparity and lack of representation continued to be evident in

the Healthcare's C-suite with gender roles (Livingston, 2018; Vanderbroeck &

Wasserfallen, 2017). This research study discovered what barriers or discriminatory behaviors continue to limit the progression of African American women climbing the corporate ladder for executive positions in healthcare administration and was the basis for further exploration.

Problem Statement

Global under-representation in executive leadership was one of the identifiable challenges in the corporate culture that influenced African American women in healthcare administration. Women face visible and invisible career barriers, which created a steep path in climbing the organizational ladder (Ansari, 2016; Wesarat & Matthew, 2017). Women's access to top-management positions continues to be obstructed by culture and corporate tradition. The glass ceiling is the invisible barrier that inhibits women from career advancement (Anasari, 2016; Flippin, 2017; Wesarat & Matthew, 2017). The specific problem was racial and ethnic disparities that persist despite efforts to merge the gaps (Livingston, 2018).

Holder et al. (2015) examined African American women managers' experiences in American corporate positions. Holder et al. (2015) interviewed 10 participants who worked in senior-level positions and recognized that racism exists in the workplace. Holder et al. (2015) identified microaggression and stereotypes about black women, such as all black women, who experience the same universal exclusion and are not visible for corporate-level positions. Further, Holder et al. (2015) indicated that African American women experience racism and sexism in the workplace and barriers that impede leadership advancement.

African American women encounter a glass ceiling that is often identified as a concrete ceiling whereby career advancement opportunities are diminished or nonexistent (Beckwith et al., 2016; Holder et al., 2015; Livingston, 2018). Shining a light on race and gender's marginalization decelerates the African American woman's career trajectories (Holder et al., 2015; McManus, 2020). McManus (2020) identified the inequities of racism and gender have been quoted as a significant factor in the underrepresentation of African American women. The appearance of deliberate acts of discrimination and intimidation as modern racism is expressed in secret, indirect, confusing, and ambiguous manners. Therefore, it is vital in establishing acknowledgment of its occurrence in the corporate workplace (Arthur, 2020; Holder et al., 2015; McManus, 2020).

One common manifestation of discrimination in the workplace is the lack of professional African American women in senior-level positions (Arthur, 2020; Cundiff & Vescio, 2016; Holder et al., 2015). Holder et al. (2015) found another form of racism is when the organization expressed the strategies of participating in diversity and inclusion; however, the ethnic markets or commodities were given second-class priorities. Professional African American women were the most influential female minority group to possess managerial positions and they continue to be a viable source of talent for organizations (Cundiff &Vescio, 2016; Thomas, 2019). African American women are the forerunners in professional management positions; however, obstacles such as stereotypes, gender roles, and lack of opportunities hindered career advancement (Vanderbroeck & Wasserfallen, 2017). In this study I sought to address diversity

leadership's role, decrease disparities, and offer additional considerations for understanding African American women's challenges in achieving executive-level healthcare corporate positions.

Purpose of the Study

In this qualitative study, my goal was to understand what leads to African American women being significantly underrepresented in healthcare administration executive positions. Previous researchers determined that disparities and inequalities impact African American women in accessing career opportunities. I used a descriptive phenomenological inquiry to create a productive, inclusive focus on the experiences of African American women who have been overlooked and achieved administrative roles in the healthcare industry.

Research Questions

The research questions that I used to guide this study were:

Research Question 1 (RQ1): What are the lived experiences of African American women executives vying for healthcare executive positions in reaching a glass ceiling?

Research Question 2 (RQ2): What are the lived experiences of African American women in the healthcare corporate workplace facing racial disparities in achieving an executive position?

Research Question 3 (RQ3): What are the lived experiences of African American women in the healthcare corporate workplace in achieving an executive position?

Theoretical Framework

The term glass ceiling was introduced to reference women in the workplace encountering barriers who compensated unfairly (Clevenger & Singh, 2013). It was also used to characterize those who did not obtain upper-level positions (Carnes & Radojevich-Kelley, 2011; Clevenger & Singh, 2013). The underrepresentation of African American women in executive leadership is due to them facing barriers based on gender and race (Beckwith et al., 2016; Sahoo & Lenka, 2016). The root cause of this unfair distribution is that men developed the policies, practices, and norms for just men and not women (Beckwith et al., 2016). A result of this one-sided perspective left women without a voice and societal presumptions surrounding workplace roles. African American women face dual gender and race bias, making leadership development opportunities limited for them (Beckwith et al., 2016; Sahoo & Lenka, 2016).

Glass ceiling theory (GCT) focused on what hinders a woman's upward mobility in the corporate workplace (Sahoo & Lenka, 2016; Wesarat & Mathew, 2017). Generally, women are stereotyped as handling family responsibilities such as cooking, cleaning, raising children, and household chores (Sahoo & Lenka, 2016). Further, the perception of women in the workplace is negative; the misconception is that they are incompetent, and that form of stereotypical thinking does not enhance equal gender participation (Sahoo & Lenka, 2016).

In part, I based this study's framework on GCT, with the focal point on women advancing in their careers and equipping them with the necessary skills to attain senior-level positions. Women in the workforce have experienced career difficulties in

worldwide industries (Wesarat & Mathew, 2017). Organizations or firms still hold

negative cultural beliefs regarding women advancing to upper-management positions.

Although women are highly educated and competent to complete any assigned task, the

unequal opportunity to be an organizational leader is challenging. GCT emphasizes

barriers that impede women from building confidence, being risk-takers, and engaging in

career advancement (Flippin, 2017; Schlichting, 2015). Furthermore, research has

suggested the glass ceiling effects identified in various sectors, particularly within

healthcare administration. Wesarat and Mathew (2017) indicated that organizational

practices lacked educational training, training opportunities, unequal policies, unfair

performance appraisal procedures, and inadequate promotion opportunities.

African American women are climbing through the corporate ranks; however,

although they are qualified, they are not offered the positions of chief executive officer

(CEO), chief financial officer (CFO), or chief operating officer (COO), which is

indicative of the glass ceiling effect (McGirt, 2017). The glass ceiling refers thus to

embracing the pursuit of minorities and the process of working towards equality in the

workplace. Some individuals argue concerning the actual balance of race, gender, and

women's social ranks in society (Clevenger & Singh, 2013). Clevenger and Singh (2013)

further noted that women continue to struggle for equality; although organizations

attempt to include women, they are often unsuccessful. The glass ceiling refers to the

stereotypical challenges that prevent women from obtaining leadership positions

(Clevenger & Singh, 2013). I selected the GCT for this study to provide strategies to

overcome the injustices of leadership roles in healthcare administration (Sahoo & Lenka,

2016; Schlichting, 2015; Vanderbroeck & Wasserfallen, 2017).   GCT was suitable to use to examine African American women's lived experiences within healthcare administrations.

I also used critical race theory (CRT) for this study. The term was introduced in the late 1980s as a progressive movement within American law schools, but the term has been attached to other disciplines throughout the years, including education and politics (Bell, 1995; Mocombe, 2017). Bell and Bernal joined each other in the civil rights movement to develop CRT (Bernal, 2002). CRT is used to examine color, inequality, and how it has maintained importance over the years. Additionally, the CRT framework has been used to explore culture associated with race, power, and law (Bell, 1995; Boyd, 2018).

The critical race movement was established because African Americans found their voice and became race-conscious, with social justice as the blueprint (Bell, 1995). The research study interest consists of racial and ethnic equality for African American women; it also communicates that not all individuals are treated equally from a position perspective. Furthermore, CRT is used to understand equality and all-inclusive wisdom and understanding (Bell. 1995; Mocombe, 2017). Critical race theorists seek valuable perspective building a voice for those who are oppressed due to race, gender, sexual orientation, and economic class (Bell, 1995; Litowitz, 1995). African Americans seek identity as a hope of a transformation that will render opportunity and reverse the silence of marginalization (Bell, 1995; Litowitz, 1995; Mocombe, 2017).

The oppression factor existed due to discovering racial differences within expectations' disbelief (Bell, 1995). The two CRT elements are *racism* and *racial inequality* that shift individual discrimination as disparity and inequity. The objectives of CRT theorists was to identify what developments in African Americans' and other minorities' lives and the expectations for equal opportunity were devalued (Mocombe, 2017; Subotnik, 1998). The theoretical framework sought to apply the CRT's discouraging conflicts to the connection of race, law, ethnic equality, and racial Western society (Author, 2020; McManus, 2020; Mocombe, 2017). To this end, CRT emphasized racial power and institutional racism in the social culture to rebuild a Western society in which differences are celebrated and not discriminated against (Mocombe, 2017).

McManus (2020) emphasized that light is being shed that racism is a public health crisis within racial disparity of health outcomes. To the same degree as infectious disease, racism is highly transmittable and defuses through situations, institutions, and individuals who become carriers (Macmanus, 2020). Racism enters a space of an incubation period and begins to convey its message through microaggression or mircroinvalidation that takes residency in an individual's mental being, physical body, and emotional resilience (McManus, 2020; Author, 2020). This study guided through the lens of understanding inequities that will build upon and support leadership challenges in healthcare. The research questions explored African American women's disparities and inequities in the executive leadership roles in healthcare administration. GCT and CRT's application offered insight into the discrepancies in the workplace that African American women experience.

Nature of Study

A qualitative phenomenological method was suitable for examining African

American women's authentic lived experiences who remain under-represented in

healthcare administration. The nature of this qualitative phenomenological approach was

consistent with collecting data on African American women's perceptions of lived

experiences climbing the corporate ladder in the healthcare administration workplace.

The qualitative method defined how and why challenges occur between theory and

practice (Breslin & Buchanan, 2008). The social barriers in the various discipline within

organizations have limited opportunities for African American women to remain

underrepresented at every level in the pipeline (McKinsey & Company, 2019). McKinsey

and Company's discovered that women are less likely to get hired into entry-level

positions despite having more education and experience. The reality in the African

American women's culture is to believe to be shaped by casual and contextual factors

such as imbalance and injustice (Krivkovich, 2018; McKinsey, 2019).

This study's role is to develop theory and practice in a close relationship for the

advantage of everyone involved in the enterprise of design (Breslin & Buchanan, 2008).

The GCT considers the plight of women who have overcome gender bias to succeed in

their careers. Implications that women are expected to deliver the same results as men;

however, women must overcome the extreme risk of failures with less favorable

conditions (Franiko et al., 2017). CRT focused on the "root" causes of the phenomenon

and the combined racism and power (Boyd, 2018). GCT focused on the barriers that

prevented personal advancement and the underrepresentation of leadership roles (Lantz. 2008; Reynolds-Dobbs et al., 2008).

The research questions were developed carefully, considering doing no harm (Kulnik et al., 2020). The research questions evolved to capture the richness of the data and a position whereby the researcher strives to maintain balance throughout the process. The position of the researcher was to maintain neutrality and ensure the integrity of the research. Phenomenology is a philosophy that supports scientific endeavors to explain African American women vying for healthcare leadership positions (Mohr & Purdie-Vaughn, 2015).

The data for this study was collected from the Walden participant pool, LinkedIn, Facebook, Twitter, and Instagram. An invitation was electronically mailed to each administrator of the individual online platforms. The invitation provided adequate information on how to participate in the identified study. The descriptive phenomenological approach attempted to describe the lived experiences. Once the raw data was attained, a thorough analysis was facilitated within the psychological reduction perspective (Englander, 2012; Giorgi et al., 2017; Giorgi, 2020). To limit bias, I utilized bracketing and epoché. The attitude shift encompassed epoché, which allows no prejudgments and biased perceptions to be removed (Giorgi et al., 2017). This study explored the lived experiences by investigating the structures of consciousness in detailed interviewing.

Definitions

The following operational definitions were used in this conducting this dissertation research:

African American/Black women: Women of African or Black origin and these terms were utilized interchangeably (Beckwith et al., 2016; Kim & O'Brien, 2018).

Broken rung: A cycle in which women remain stagnant before getting promoted to a managerial role. Women enduring under-representation and getting stuck at entry-level positions (Broken Rungs on the Career Ladder, 2020; McKinsey & Company 2018, 2019).

Career barrier: Internal and external factors that interfere with the career development process are an ability attainment gap for women (Kim & O'Brien, 2018).

Career success: An individual's accomplishment during a lifetime based on attainments or execution of endeavors (Kim & O'Brien, 2018).

Career: An explanation of the various jobs individuals has held in their lives (Kim & O'Brien, 2018).

Caucasian/White: An individual of Northern European descent (Caucasian, Merriam-Webster).

Coaching: A process by which ambitious leaders create a career development plan that assesses what is needed to achieve a senior position (Stewart, 2016).

Disparity Pipeline: Common barriers to minority advancement include stereotypes about roles and abilities, the lack of significant line experience, and visible assignments (Cundiff & Vescio, 2016; Stewart, 2016; McCarty et al., 2005).

Ethnicity: A concept based on shared cultural properties such as religion, language, and lineage. *Ethnicity* focuses on the cultural uniqueness of a specific group (Kim & O'Brien, 2018).

Executive: Managerial position refers to individuals in the upper tier of the administrative team. The senior-level positions are chief executive officer, chief operating officer, and chief financial officer (Beckwith et al., 2016; Nixon, 2017).

Glass ceiling: According to global trends working women have faced difficulties moving to top management positions. Women who are highly educated and competent in the corporate arena experience are presented with unequal opportunities to be organizational leaders or top executives. The concept is identified as barriers and challenges for women in the workplace (Ansari, 2016; Downes et al., 2014; Wesarat & Mathew, 2017).

Ideal worker: An individual devoted to his work, prioritizing work over personal needs, family, and health (Bierema, 2016).

Invisible barrier: Endless obstacles and hindrances prevent women from ascending to managerial roles (Bloomberg, 2020; Hoobler et al., 2011).

Mentoring: Advice and support from someone who has already walked the walk and enables aspiring employees to learn how to succeed in the corporate ladder (Stewart, 2016).

Pipeline: A process in directing an individual's career or desire of industry in a specific category (Krivkovich et al., 2018; McCarty et al., 2005).

Race: Definitions of one's skin color, physical characteristics, reflecting histories of colonization. Immigration, migration, and slavery (Berry & Bell, 2012)

Talented Pipeline: A progression of experiential opportunities for aspiring leaders, creating opportunities to empower and motivate employees (Krivkovich et al., 2017; Stewart, 2016).

Race: Definitions of one's skin color, physical characteristics, reflecting histories of colonization. Immigration, migration, and slavery (Berry & Bell, 2012)

Assumptions of the Study

Participants for this study were chosen to provide information on obstacles and hindrances that impacted their career advancement in healthcare administration. The participants provided an array of meaningful information perceived from their experiences of professional progression. The participant presented truthful, accurate, and information to enhance racism's infectious illness. A descriptive phenomenological design was selected to understand African American women's challenges while climbing the corporate ladder for executive positions in healthcare administration.

In conducting this specific research, five assumptions were considered:

1. African American women encounter challenges in being promoted to executive-level positions in the healthcare industry. As African American women experience systemic obstacles, race and gender inequities are relentlessly endured. While higher education is thought of as an accomplishment and an essential element of success, advanced degrees have

not restricted gender and racial gaps in pay positions (Berlin et al., 2019;
Lantz, 2008; Vanderbroeck & Wasserfallen, 2017).

2. Participants' accessibility and receptiveness are necessary to acknowledge,
   document, and interpret the lived experiences (Krivkovich et al., 2018).

3. African American women's experiences and perceptions narrate the
   phenomenon with a profound understanding (Holder et al., 2015; Krivkovich
   et al., 2018.

4. Retaining proper talent leadership development enables African American
   women to develop soft skills defined as emotional intelligence,
   communication, organizing, planning, motivating, and managing others
   (Stewart, 2016). While African American women pursue opportunities, many
   organizations continue to neglect the reality of the systemic obstacles they
   experience and a lack of support (Krivkovich et al., 2018).

5. Negative labels, attitudes, and perceptions about African American women's
   proficiency remain consistent in the corporate workplace (Kim & O'Brien,
   2018; Krivkovich et al., 2018).

Scope and Delimitations

The scope of this study examined African American women that are under-represented in the corporate pipeline. The population of African American women climbing the corporate ladder in healthcare administration was chosen due to a steeper decline at senior-level positions. This study focused on the intersection of race, gender, and the result of African American women's experiences. This qualitative study utilized

voluntary research participants using one-on-one interviews and a descriptive phenomenological approach to understanding the participant's human experience. The transferability was affected due to a small number of participants. Excluded from participating in the study were non-African American women who had not obtained an executive-level healthcare administration position. Also, any African American women professionals I have previously worked with in the past were not included in the study, which inhibited biases due to existing relationships. The study's findings were simplified due to the sample being an illustration of the populace.

Limitations of the Study

One limitation of this study was utilizing African American women. Therefore, this study is not generalizable to individuals of other ethnicities, males, or minors. One bias is that being an African American woman did not influence the study outcomes and how they were addressed. However, I used a journal to reflect on my experiences throughout the study to maintain reflexivity and address any biases.

Significance of the Study

The researcher examined a disparity in understanding African American women's perceptions, and the necessary insight into the healthcare corporate workplace's lived experiences. African American women have expressed what it means to transport the responsibility of being successful with limited resources and provision (Krivkovich et al., 2018). All women's workplace experience is not the same, and barriers to success are based on the premise of being the norm (Livingston, 2017). According to Krivkovich et al. (2018), establishments recognize an unrelenting need for gender diversity, and

addressing problems that are not appreciated continues to define the lack of progress.

Nevertheless, the challenge remains to dismantle the systems on all levels to overcome

oppression in our discourse of pursuing career goals. Job segregation continues to exist

when employees of a specific type fill a position.

Knowledge and understanding of barriers are essential to heighten consciousness

to the current and future prospective senior leaders. Serving as evidence, results from this

study will be used to advise healthcare organizations of benefits associated with gender

equality, pipeline practices, policies, programs, and diverse business systems (Berlin,

2019; Stewart, 2016). Cultural knowledge addressed hiring practices, advancement

strategies, and daily experiences that promote an inclusive working environment.

Stewart, 2016 concluded incorporating training in organizations that delivers awareness

of cultural differences. The potential impact of positive change included how cultural

differences fed into unconscious bias and helped remove barriers that prevent an

understanding of unique challenges African American women encounter.

There is a need to value the importance of equal opportunity and fairness in

organizations. This research aimed to magnify the literature in the

industrial/organizational psychology arena about the advantages of opportunity and

justice are predictors of African American women's success in the workplace.

Organizations will need to identify the investment of developing a well-built culture that

will position the environment of equal opportunity, fairness, work-life flexibility, a secure

and respectable work environment (McKinsey & Company, 2019). The results achieved

from this study provided insight into the use of the underrepresentation of African

American women climbing the corporate ladder in healthcare administration and how

gender initiatives are geared toward recognized stereotypes.

Summary and Transition

This chapter addressed the background of African American women's

underrepresentation in leadership roles in corporate healthcare organizations. The

problem of this study was examined along with the purpose and nature. An overview of

the theoretical framework was specified, and the research questions guided the research.

The design and limitations were provided within Chapter 1. The study's significance and

contribution to scholarly literature were indicated, and more results of the race, gender,

and lack of organizational support from executive-level positions. In Chapter 2, an

explanation of the novel was identified that supported the study, and in Chapter 3, the

details of the methodology, design, data collection and analysis processes for the research

was examined. Chapter 4 presented the results of the analysis, and a discussion of the

findings is supported in Chapter 5.

Chapter 2: Literature Review

Among women and men hired for entry-level positions, 57% of women are college graduates (Krivkovich et al., 2018). One in five corporate officer directors or C-suite level leaders are women; however, only one out of 30 are women of color (Krivkovich et al., 2018). According to Berlin et al., (2019), women in the United States are at a 60% rate of entering the healthcare industry and 50% at entry-level positions. White women fill 41% of entry-level positions and 26% at the C-suite level roles, with the decline in numbers due to the glass ceiling, which results in minorities not receiving support for the advancement to senior manager, director, or vice president. (Berlin et al., 2019). The minority population has made significant progress since discrimination and segregation unlawful were made unlawful during the Civil Rights movement (Holder et al., 2015). According to Holder et al., (2015), workplace diversification remains underrepresented in corporate america at the executive levels. African American women continue to experience administrative leadership challenges and restricted access to C-Suite positions (Holder et al., 2015).

According to Thomas (2019), African American women endure underrepresentation in leadership positions in various industries. African American women continue to negotiate their identities, such as race and gender, simultaneously navigating stereotypes in the workplace, such as self-presentation (Thomas et al., 2019). Bierema (2016) stated that women are well equipped to assume leadership roles, have the education and the desire; however, women do not conform to the gendered structural description of an ideal employee. The ideal employee refers to a male figure with

masculine mannerisms and an unshakable commitment to the organization (Bierema, 2016). A key component in identifying structural discrimination and systematic racism inequities is fewer opportunities with more emotional challenges (Watson, 2019).

Organizations are alarmed by promoting successful diversity to decrease injustice, discriminatory behavior, labeling, and unfairness in the workplace (Rattan & Dweck, 2018). According to Biu (2019), many women have stated that they are overlooked or invisible within corporations. Biu (2019), identifies women are hyper visible about decisions in specific situations and challenged with undesirable stereotypes Thomas, 2019 expressed how African American women who participated in a survey defined promotions are often given to the most agreeable and not the most qualified. African American women value feeling a part of, a sense of belonging, a level of stress, and developing relationships with their managers. Sufficient diversity is necessary for an organization to establish the tone and posture along with culture and values (Stewart, 2016).

In this literature review, I provide a synopsis the lived experiences of African American women who are qualified and significantly underrepresented in executive leadership positions within the healthcare industry. In the healthcare industry, racially and ethnically, employees represent a small percentage of top healthcare positions (ACHE, 2016; Lantz, 2008; Weil, 2009). Despite the hospitals assuring to increase multiplicity, racial discrimination and continued biases mean that management roles remain predominately White (Livingston, 2018). According to Lantz (2008), the need for resilient leadership and increased diversity remains a significant challenge in healthcare

services. Before organizations and communities, the opportunity is to amend the
inconsistencies of race, gender, and leadership in healthcare administration (Lantz, 2008).

Equal opportunity and fairness can be considerable predictors of employee
satisfaction (McKinsey & Company, 2019). Diversity is a critical element in ensuring
that employees of gender, race, and background have access to similar opportunities
(McKinsey & Company, 2019). Leaders in the business world experience challenges
promoting and advancing underrepresented groups because their development strategies
are based on their pathway to success (Roberts et al., 2018). The researchers suggest that
organizational leaders cannot recognize talent and understand individuals' needs that look
different from the path they traveled.

The scholarly literature was purposed with information on leadership
development, women in healthcare leadership, and African American women in
healthcare management. I used professional journal editorials from 2011 through 2020,
which the research significantly impacted the scholarly literature. The literature review
provides insight into the search strategies, the theoretical foundation of CRT, and its
limitations. The GCT and its limitations were examined and followed by women in the
corporate suites, African American women in the corporate suites, invisible barriers,
influence of race in healthcare organizations, distribution of fairness, and culture carriers.
Labeling, pigeonholing, diversity and inclusion of African American women's focus are
how racism is significant regarding career advancement. The remainder of the chapter
examined gender disparities, African American women pursuing career goals, career

bias, a blueprint through managers, and a synthesis of the literature associated with the area of focus.

Literature Search Strategy

The first database applied to obtain significant literature was Walden University's online database. In addition to Walden University's online database, literature was reviewed and intergraded from ProQuest, SAGE Premier, PsycNet, PsycARTICLES, PsycINFO, Google Scholar, Business Source Complete, ERIC, EBSCO, Thoreau, Crossref, Books, Dissertations, Science Direct, and SocINDEX. Statistics were identified from the Department of Labor and the U.S. Census Bureau. The library and searched titles utilized during the literature review process were discovered at Walden University and the University of North Carolina-Charlotte.

The theoretical framework distribution of the literature review comprised of the title searches for keywords involving *respectable femininity, gender, gender bias, glass ceiling, critical race theory, distribution of justice, organizational commitment, turnover intent, employment discrimination, women of color, career barriers, college women, gender quotas, ethnicity in women, women's roles, feminine identity,* and *women in the workplace*. The peer-reviewed journal articles had keywords such as *organizational processes, prejudice confrontation, exclusionary environments, risk-averse environments, success factors, gender, women, work ethic, self-efficacy, emotional intelligence, historically disadvantaged, high-level jobs, social capital, inequality, marginalization, women in healthcare, minority leaders in the healthcare industry, critical discourse, resistance, African American women in healthcare management, healthcare leadership,*

African American women underrepresented, and *history of women in the workplace.* Publications years for the document used in this segment ranged from 1995 to 2020.

<center>**Theoretical Framework**</center>

The theoretical framework is multidimensional and shifts perspective from the use of quantitative research. The descriptive phenomenological study aimed to support the findings and additional research of disparities among African American women climbing the corporate ladder in healthcare administration. The theoretical framework supported the findings from research or the demand to examine the phenomena further. GCT and CRT were chosen as the framework for this study and tie into the purpose of identifying barriers to advancement, and they tie in with the problem and goal of this research. Giorgi (2009) expresses that the attention is on the "whole" person and not "fragmented" psychological methods. Giorgi (2014) explains that descriptive phenomenology is suitable for human subjects and behavioral phenomena.   Thus, impacting the selection of chosen theories, this qualitative study's focus explored the specific actions, perspectives, and experiences of African American women vying for executive roles while reducing cultural and racial disparities in healthcare.

Glass Ceiling Theory

The under-representation of women in leadership roles feeds into space and place of explaining that men possess, and women lack the necessary skills to become successful in the workplace (Cundiff & Vescio, 2016). The content of organizations focusing on labels creates disparities and disregards the elements that contribute to the

solution. The glass ceiling is a direct form of gender inequality that applies to injustice between men and women (Schlichting, 2015; Wesarat & Matthew, 2017).

The label of development in the globalized humanity has incorporated women's rights and understanding of the specific indicators of global maturity and well-being (Wesarat & Matthew, 2017). The definition of development intends to improve individuals and their paradigm of living and promote women's existence (Wesarat & Matthew, 2017). The term *glass ceiling* was universalized during the 1980s and became an essential concept within the American workforce (Carnes & Radojevich-Kelley, 2011; Wesarat & Matthew, 2017).

The reality of the GCT is that in any country and any culture, the occurrence affects women's well-being globally (Wesarat & Matthew, 2017). Women have been labeled as using the glass ceiling of giving up and following through with career goals (Carnes & Radojevich-Kelley, 2011). Many women have suggested that the glass ceiling causes them not to enhance their careers or believe they are qualified for specific opportunities (Carnes & Radojevich-Kelley, 2011). Women continue to be excluded in work areas to address gender inequity and inclusion (Faniko et al., 2017).

Affirmative action policies have been introduced to reserve certain positions for women (Faniko et al., 2017). According to Wiggins (1991), healthcare patterns in other female professions are male-dominated within the governing structure. Researchers have noted that literature highlights women are significantly underrepresented in high-level executive positions and lack healthcare management roles (Wiggins, 1991). Previous research has demonstrated that women with a bit of educational status than those with

elevated didactic levels are much less supportive of policies that promote affirmative action, which benefits women as an entire group (Faniko et al., 2017). Women working in a male-dominated organization have identified that gender discrimination occurs, and that male employees oppose any movement that contributes to gender equality (Wiggins, 1991; Faniko et al., 2017).

According to Carnes and Radojevich-Kelley (2017), the glass ceiling exists due to men's attitudes and the uncertainty of women's desire in the workplace. Women demand equal rights in breaking the glass ceiling, while other women desire to remain submissive to their husbands (Carnes & Radojevich-Kelley, 2011). The authors suggest that male leaders are challenged with identifying female talent from recruiting, initial hiring process to promoting within organizations.

Exploring the GCT barriers, the U.S. Federal Glass Ceiling Commission (1995) expressed barriers to reinforcing minorities' and women's phenomena. The obstacles are structural barriers, societal barriers, and bureaucratic barriers (Clevenger & Singh, 2013). Structural barriers are when internal business directly reflects the business's conditions and attitudes and, as a business, what strategies are in place to identify highly skilled women and develop them (Clevenger & Singh, 2013). Societal barriers consist of conscious and unconscious bias related to ethnicity and gender. Governmental barriers refer to discrimination in the workplace on account of sex or gender. In 1967, President Johnson amended an executive order and embraced the term of equal opportunity, and desired to make it a reality for all (Clevenger & Singh, 2013). The barriers have actively

opposed women's and minorities' right to executive roles and cannot be eliminated uniquely by governmental action.

The progress of the term glass ceiling was discovered during the civil rights movement in the 1960s, while corporate America discovered mainstream consciousness during the 1980s (Downes et al., 2014). In the discovery process, racial tension and inequalities were addressed during the civil rights movement, and the glass ceiling took on a different implication (Downes et al., 2014). The glass ceiling refers to the maximum capacity a woman could accomplish in organizations (Downes et al., 2014). The glass ceiling remains a barrier that exhibits transparency that prevents women and minorities from opportunities in the management ladder or hierarchy. The glass ceiling has presented challenges for women and minorities, such as structural alignments or conditions (Downes et al., 2014). In addition to structural difficulties, wage variances, time obligations, gender discrimination, and promotional opportunities are noted to limit women's advancement with the insensitivity to multiple positions (Downes et al., 2014; Schlichting, 2015). Social injustice has contributed to the glass ceiling with management in organizations controlling gender bias (Downes et al., 2014).

African American women remain devalued in many positions and lack power within various organizations across countless industries (Allen & Lewis, 2016; Vanderbroeck & Wasserfallen, 2017). According to Allen and Lewis (2016), race, gender, and power are elements of which African American women fall external to the concept of leadership. African American women may feel powerless in predominantly White organizations because of responses to the work environment. African American

women's behavior may occur in various forms, such as challenging, resenting, destabilization, or undermining one's authority (Allen & Lewis, 2016). According to Allen and Lewis (2019), African American women attempt to create opportunities by communicating racially provoked stressors that motivate *White fragility. White fragility occurs when moments of discomfort are experienced about race. White fragility* attitudes increase and defensiveness until power works in their favor (Allen & Lewis, 2016).

Many women continue to be underrepresented and have an essential upper management function (Clevenger & Singh, 2013). The GCT's role is identified due to injustice's indirect and direct disruption (Downes et al., 2014). Though women are affected by other approaches, the suitable choice aims at the responsibility of "respectable femininity" (Ansari, 2016). The implication of the "norms" in the workplace affects professional women's lives and career advancement (Ansari, 2016). The theory of diversity focuses on the racial, ethnic, and gender class seeking validation and job satisfaction (Campbell, 2011). Campbell (2011) explained that it is imperative to engage individuals in concern and support. One of the key elements of diversity theory is retention and job satisfaction. The research identified with diversity theory is the perceptions, expectations, and apparent requirements connected to race, gender, and ethnic class in the United States (Campbell, 2011).

Limitations and Criticisms of the Glass Ceiling Theory

Generational differences have a significant influence and the contrast of effects on organizations. In comparison, the barriers for women as gender bias, glass ceiling limitations, leadership role opportunities, and family planning departures are created by

Baby Boomers (Flippin, 2017). Flippin (2017) advises that Generation X professionals embrace coaching and mentorship in strengthening their career advancement. Though women may not be presented with opportunities, they must take control of their path by getting additional degrees and continued professional development. Hence, African American women do not have room for uncertainty. To ensure the opportunities to transition to the upper rank's efforts in hiring, sponsoring, developing, and mentoring is not the organization's full responsibility (McGirt, 2017). Organizations have voiced their concern that if they addressed African American women, others would be left out; however, it is not a priority (McGirt, 2017).

African American women are continually recalibrating themselves to be looked upon as aggressive, passive, or domineering, coupled with redefining leadership as the accurate synchronization of both strengths and authenticity. The appetite that African Americans experience to prepare themselves as leaders is genuinely extraordinary and significant. The gap between opportunity and desire is pain and dissatisfaction (Flippin, 2017; McGirt, 2017). No one size fits all; it is imperative to push for change; mentors are needed, strong voices, and recognizing the complexity of the African American woman experience (McGirt, 2017).

Critical Race Theory

This study's theoretical framework is comprised of CRT, which denotes racial inequality (Bell, 1995). Derrick Bell and Delgato Bernal joined each other in the civil rights movement to create CRT (Bernal, 2002). Researchers have noted that the CRT's most significant oversight is examining color inequality and how it has maintained

importance over the years. The extent of disparity is a strong correlation between resources, race, and success (Bell, 1995). According to Subotnik (2017), Bell proclaimed that society continues to employ authority over African American men and their masculinity in more delicate approaches by showing that "no Negras need apply." The author and activist also stated that discrimination in the workplace is malicious, which provided African Americans opportunities to become unified (Subotnik, 2017). However, Subotnik (1998) indicates that as a people, we will never achieve racial healing if each is not confronted and speaking our minds in a blended assembly. Healing is the first step, and an unadulterated struggle must persist with evaluating the CRT.

Researchers illustrated the fight to disrupt the repressive restraints by establishing criteria and stipulations for equal access to power systems. CRT explored the moral fiber that manipulates marginalized populations (Mocombe, 2017; Subotnik, 1998; Subotnik, 2017). CRT adjusted the discussion to include marginalized individuals' lived experiences in a racialized society and is defined by the circulation of wealth and power (Delgado & Stefancic, 2000. CRT is a framework that researchers use to explore culture associated with race, power, and law (Bell, 1995; Boyd, 2018). Bell (1995) affirmed that to understand a theory, one must facilitate an assessment that consists of a narrative, a parable, creativity, and the examination of applicable principles.

The "Oppression Factor" existed due to discovering racial differences within the disbelief of expectations (Bell, 1995). The concept of oppression has contaminated communities with misappropriated resources that are not easily accessible (Palmer et al., 2009). The "Oppression Factor" can be labeled as mistreatment, abuse, and making

women of color seem less human than others (Palmer et al., 2019). The two CRT

elements are *racism* and *racial inequality* that shift individual discrimination as disparity

and inequity. The unjust practices of the "Oppression Factor" have identified influences

that develop restrictions on belief systems. The policies and corporations to overcome the

disparity must create a safe place to destroy the existing factor (Palmer et al., 2019). The

application of CRT offered guidance on the disparities in the workplace that women of

color experience.

      CRT imparted that racism and racial inequality are elements in American society

that operate with individuals' approach influences (Reece, 2019). CRT disputes

constructs and organizations are primarily accountable for protecting racial disparity

(Reece, 2019). The CRT framework operated in other disciplines affected by race and

color blindness, ignoring racial differences (Boyd, 2018). CRT explained African

American women's lived experiences while climbing the corporate ladder in healthcare

administration. According to Bell (1995), there is a strong correlation between resources

and race within the country, including success. CRT continues to play and maintain racial

disparity (Dixson & Anderson, 2018).

Limitations and Criticisms of the Critical Race Theory

      Richard Degalto took his first faculty position during the 1970s and conveyed that

the white male dictated the civil rights discussion in law schools. Many Caucasian males

advocated for civil rights, firmly against the discipline (Subotnik, 1998). Few black

scholars were not welcome to the conversation and made a few civil rights literature

discoveries. The scholars expressed that minorities could not effectively represent

minorities in the discussions and welcomed minority scholars to enter the field. Critical

legal studies (CLS) were discovered by a caucasian scholar group, which reflected strong

relationships. As African American scholars gravitated to CLS, the perspective of

minority scholars was abandoned throughout the process (Subotnik, 1998). As an

extension of the progress, a new school CRT took root in the 1980s (Subotnik, 1998).

The CRT criticisms have been attacked to emphasize structural scholarship

methods or post-modern that undermine the personal experiences to reprove the culture

of racism and sexism (Moncombe, 2017). CRT is criticized for Western Identity and did

not provide an alternative to interrupt the constructed social structure. CRT sought to

restructure and reorganize the identity into a national position of values and ideas. The

Western ideals and systems aim for equality, opportunity and not deliberately constitute a

new social structure (Moncombe, 2017). CRT identifies the oppression in all practices of

class, race, gender, and a challenge to the hierarchy within itself (Litowitz, 1997). CRT

emphasizes how, through the lens of minorities and individuals of color, racism and

gender inequities are visible with first-hand experiences. Racism is embedded in the

mindset and reinforced with the media's deliverables, cultural symbols, laws, language,

movies, and clothing (Litowitz, 1997). Subotnik (1998) explains how imperative it is to

engage in healing with a conversation and risk moving from the norm to what is not so

comfortable. The legal system remains marginalized of minority groups, women, and

people of color.

CRT has expressed four significant elements, which are as follows:

1. Racism is considered normal in society and is reinforced in popular culture (Litowitz, 1997).

2. The deep-rooted racism cannot be eliminated due to the lack of urgency and subtle microaggressions encountered by women and minorities (Litowitz, 1997).

3. CRT advances that the dominant Caucasian culture can tolerate minority accomplishments when it is in the best interest. The minority group can only achieve inadequate success, and achievements are limited (Litowitz, 1997).

4. CRT rejects the distinct behavior that is displayed towards oppressed minorities. Hence, the law is seen as a clear and neutral perspective acquired from caucasian male scholars (Litowitz, 1997).

CRT exposes racism, and it is essential to understand the expectations and practices of the law. Litowitz (1997) suggests that it cannot remove racism and how the law standards are contradictory for minorities and women despite formal equality. CRT continues to raise consciousness and sensitivity to the experiences of discrimination (Litowitz, 1997). CRT's goal is to see the world or situations through a renewed lens with a friendly reminder that racial prejudice exists, and people of color deserve to be treated with dignity (Litowitz, 1997). In this study, African American women's barriers in healthcare administration were explored amid GCT, CRT, and the research questions. Hence, shining the light on executive leadership charged with the distribution of justice while eliminating inequities. Diversity has not translated throughout the years into equal opportunity and representation of the executives in corporations. The Researchers that have facilitated studies on African American women and underrepresentation while

climbing the corporate ladder are the foundation for building leadership diversity in the healthcare systems (Beckwith et al., 2016; Livingston, 2018).

Corporate Suites Organizational Culture

The work culture presents togetherness, fairness, opportunity, and satisfaction for the employees (McKinsey & Company, 2018). An ideal good culture is when the environment is safe and respectable (McKinsey & Company, 2018). Organizations are to equip employees to confront bias and to become a part of the solution. Companies create a space where corrupt behavior is not welcomed and holds the leaders responsible for their actions. Organizations have identified that 32 percent of women and 50 percent of men believe that the organization quickly addresses disreputable behavior (McKinsey & Company, 2019).

Organizations invest time and money in recruitment efforts and promoting women of color in the workplace (Roshitsh, 2018). The objective of developing women of color as leaders is to continue the positive dialogue and inform talent executive approaches to assist with equality in the workplace (Roshitsh, 2018). The blueprint for equality includes action items that navigate organizations toward diversity, inclusion, leadership, insight, and advocacy (Roshitsh, 2018). According to McKinsey and Company (2019), the workplace needs to be excellent, beginning with putting into best practices to demolish prejudice of recruitment, hiring, and promotions. The element of this critical moment is to continue to foster the progress that has been made and with hopes of increasing multiplicity endeavors (McKinsey & Company, 2019).

Women in Corporate Suites

In the last five years, women have been promoted and have advanced into suite-level positions (McKinsey & Company, 2019). The ideal worker's patriarchal image is a male domain that exhibits silent expectations for leaders within the workforce (Bierema, 2016). Women's history has ideally conformed to established conflicts with current experiences and work-life distinctiveness (Bierema, 2016). The backdrop of women leaders sends a message to act more like men to be successful. Also, as women are encouraged to conform as male figures in the workplace, the pathway to succeed at the top is clear and creates identity conflicts (Bierema, 2016). The environment of life and work continues to cultivate the challenges of ethnic classification. Unspoken expectations remain challenging for women to advance in their specialized functions and ethnic groups (Bierema, 2016). The accountability methods of talented women organizations are shifting to create a diverse culture (Bierema, 2016). A woman in leadership can be influential as the environment understands to take mindful action to develop a more unbiased, equitable, and inclusive culture (Bierema, 2016). The gender stereotypes in leadership have been identified by society and created expectations for women in the workplace (Bierema, 2016).

At the heart of any organization or company is communication (Stryker, 2018). Language usage is a method for refining communication in an organization's culture. The use of language is utilized to express the vision, mission, practices, and traditions. Learning the language of leadership for women may be complicated due to *gender socialization.* Executive leadership utilizes language differently from non-executive

women and has made significant adjustments than men (Stryker, 2018). According to Pennebaker (2011), "Make a potential leader more attentive to their words, and they can change their relationship with others and become a better leader."

African American Women in Corporate Suites

African American women remain understated in the pipeline trailing after White men, White women, and men of color (McKinsey & Company, 2018). African American women encounter more enormous challenges of race and gender. African American women reported less fulfillment when they could not obtain long-term career goals (Ansari, 2016; Kim & O'Brien, 2018). Research has also said that African American women placed a more excellent value on feeling they are a part of a group and a sense of belonging (Ansari, 2016).

Racial and ethnic women have experienced occupational disparities, with men and women continuously in leadership positions (Kim & O'Brien, 2018). There are significant elements that need to be understood, which are internal conflict and productivity. The internal strife to the understanding of efficiency is the lack of financial resources and career barriers that play a role in the vocational outcomes (Kim & O'Brien, 2018). It is imperative to understand an individual's socialization, health care, education, and the organizations' role in creating a diverse work environment (McCarty et al., 2005; Nixon, 2017; Stewart, 2016).).

According to McKinsey and Company (2019), companies view opportunities through the diversity pipeline lens to acquire movement closer to the right direction. Research illustrates employees desire organizations to be fair and seek a more inclusive

culture (Kulnik et al., 2020; McKinsey & Company, 2019). African American women receive fewer advancements; however, the desire is an increased compensation for comparable work (McKinsey & Company, 2019)

According to Kim and O'Brien (2018), an inaccurate assumption affects racism and sexism barriers, with all groups' interpretations being created equal. The racial and ethnic groups are not treated equally. Considering the distinctive marginalized experience of those with intersecting identities operating in domestic roles such as cooking and in-home responsibilities (Kim & O'Brien, 2018), African American women must climb the ladder from the bottom level of management (Kim & O'Brien, 2018). The journey has not been comfortable, taking several more years to get promoted in the healthcare industry, such as a physician assistant or a physician (King et al., 2018). African American women continue to take more lateral moves than their White counterparts. African American managers in the healthcare industry experienced more obstacles and challenges than managing nurses or doctors (King et al., 2018).

According to Berlin et al. (2019), 86% of African American women reported race as an increased barrier to career progression. A Strategy Advisor in the healthcare system stated that they hire what is familiar to them, and when diversity is not a daily encounter, it is difficult to break through (Berlin et al., 2019). A qualitative study addressed African American women are perceived as being independent and aggressive.

Invisible Barrier in Corporate Suites

Psychological abuse exists due to internalized racism, influencing educational, emotional, mental, economic, and physical outcomes (Hall, 2017). Hymowitz and

Schellhardt created the glass ceiling's original term in a 1986 Wall Street Journal article (Wilson, 2014). The phenomenon was not something that was in a training manual or considered in a business meeting. Initially, the term was the *invisible*, *covert*, *unspoken phenomenon* that occurred to keep leadership roles in White males' hands (Wilson, 2014). When-the glass ceiling phenomenon was developed, a campaign was integrated to change corporate America's perspective (Wilson, 2014). The invisible barrier represents the glass ceiling, which focuses on barriers hindering women's career advancement (Wesarat & Matthew, 2017).

It is perceived that when management is mentioned, the stereotype is that of a "male." The presumption is that for a female to be influential, they must exhibit a male counterpart's qualities (Beckwith et al., 2016). The workplace's belief system is used to assess a female manager's effectiveness and operate against them (Beckwith et al., 2016). The assumption of working against them refers to executive positions that are always thought to require an *achievement-oriented aggressiveness* opposite of the female gender (Beckwith et al., 2016). Top executives must exhibit some form of assertiveness and toughness that is a different persona of the female gender (Beckwith et al., 2016). Women adopt different personalities; however, they remain under pressure to conform to identified toughness to succeed or risk judgment (Beckwith et al., 2016). Research indicates that if a woman is powerful and confident in her position, she will be less likely to conform to the labels (Beckwith et al., 2016).

Influence of Race in Health Organizations

The American College of Healthcare Executives (ACHE) national strategy is to advance inclusion and diversity. ACHE local chapters have committed to developing specific educational training and assessments (Advancing Diversity and Inclusion, 2019). According to Advancing Diversity and Inclusion (2019), ACHE's desire for diversity and inclusion programs is to impact healthcare leaders by identifying systemic biases in the hopes of minority leaders obtaining a leadership role.

Critical race issues do not always meet the criteria of racism or gender inequity; however, it is a pattern of both (Boyd, 2018). The organizations and communities have failed to apply the values of the CRT (Boyd, 2018). The quest for diversity and gender equality in the workplace has brought attention to the lack of top-level executives in corporate leadership roles (Wilson, 2014). Racial diversity and inequality have been significant social issues in our nation (Kulnik et al., 2020; Scarborough et al., 2019). Organizations are intentional about investing and devoting funds to support diversity in the workplace setting.

Distributive Fairness

The distribution of fairness or justice is utilized for outcomes at work. Organizations have played a significant role in challenges, pay plans, processes, turnover intentions, organizational commitments, and group incentives (Downes et al., 2014). The perception of corporate fairness focuses on the character of the team members and the distribution of justice. One of the goals is for women to manage their careers, which is also a shift in the corporate arena (Ansari, 2016). One of the critical prodigies of

globalization is when employers expect employees to manage their careers at their level in achieving their desires through elevation and wage increases (Ansari, 2016). CRT and the glass ceiling theory (GCT) are suitable for this phenomenological qualitative study, describing African American women's experiences in the executive suites within the healthcare industry.

Characteristics of their individuality design women's experiences; however, African American women have distinct and more challenging experiences than women globally (McKinsey & Company, 2019). Notably, African American women are faced with more barriers to advancement and do not receive support in the workplace setting as other groups (Kim & O'Brien, 2018; McKinsey & Company, 2019). Employees are ecstatic when they feel opportunities are presented to grow and advance in a supportive system. When an employee is influenced by the employer's fairness and takes on leadership accountability, it is the most potent predictor of equality and opportunity (McKinsey & Company, 2019). If employees are happy in the workplace setting, they will plan to reside with the organization and recommend an excellent workplace (Mckinsey & Company, 2019). It is time to extend the practices of repairing the "broken rung," increasing women that occupy executive positions and utilizing the toolkit to break the glass ceiling (McKinsey & Company, 2019).

Culture Carriers

A significant element of a woman's role is to guide the undeveloped into adulthood, which causes them to lack self-esteem and security of attaining senior roles (Ratton & Dweck, 2018; Stewart, 2016). Beckwith et al., 2016, indicates that a woman's

presence is necessary to communities and is a valuable community asset as the primary

vessel of conveying standards from one generation to another; however, this often

isolates her in the workplace. Thus, African American women are more expected to

overcompensate or exceed their peers' comparison (Beckwith et al., 2016; Rattan &

Dweck, 2018; Stewart, 2016). In addition to women's oppression, society believes that

women are easily influenced by destructive external influences and perceives women as

vulnerable to assimilation (McKinsey & Company, 2019; McManus, 2020).

Cultural expressions have been shaped by women in the community and also play

a notable role in the family. African American women attempt to pave the way for others

to succeed as the "other" in the workplace has been identified as the norm and continues

to form seclusion and inaccessibility (Beckwith, 2016; Nixon, 2017). For African

American women to attain their career goals, they must be equipped with the necessary

steps to achieve them (Beckwith, 2016; Nixon, 2017; Ratton & Dweck, 2018).

Labeling and Pigeon-holing

Many women and all employees think that they can advance; however,

employers' actions make it less convincing to believe that fairness exists (McKinsey &

Company, 2019). Women are less hopeful about advancement opportunities (McKinsey

& Company, 2019; McManus, 2020). McKinsey and Company (2019) expressed that one

in four women's gender plays an intricate role in missing out on the increase in pay,

promotion, or more challenging to get ahead.

African American women frequently feel observed and watched closely due to

their behavior that may positively or negatively impact others that look like them

(McKinsey & Company, 2019). As women continue to experience daily discrimination in the workplace, biases, and labeling can harm promotions, individually, the first step to management (McKinsey & Company, 2019). In higher-level positions, fewer women are likely to advance to obstacles that prevent growth and advancement (McKinsey & Company, 2018). Women remain underrepresented in organizations that benefit from hiring individuals with diverse backgrounds (Catalyst, 2014). The diversity of various disciplines, such as academic and corporate America, expands the possibility of a diverse society (Catalyst, 2014). The inclusive cultures allow for more innovative thinking, innovative decision-making, and enhanced function (Eagly & Chin, 2010).

African American women are judged and evaluated on authentic and natural hairstyles. The authentic styles' perception seems less professional than individuals who adopt Eurocentric hairstyles (Thomas, 2019). The health risk of chemicals in relaxers or products that are harmful is not considered or respected. Many African American executives scrutinize their mannerisms and appearances to fit into the workplace blend (Thomas, 2019). Also, other minorities, such as Asian and Latina professionals, confront culturally based biases in the workplace. The prejudice inferences on their experiences, their workspace, and career opportunities (Thomas, 2019). Increasing diversity in Corporate America is dismantling the labeling to expand the treatment experienced by the community and the entire culture (Thomas, 2019).

Diversity and Inclusion in the Organization

In the 1990s, organizations have positioned themselves in the professional arena as though diversity and inclusion are a part of the workplace culture (McCarty, Nixon,

2017; Stewart, 2016).). Organizations encounter communication challenges with departments and teams (Hall, 2017; Cundiff & Vesico, 2016).). Overall, research has shown that stereotypes explain why groups experience disparities and accept existing social norms as just and fair (Cundiff & Vescio, 2016). Shifts have initiated the petition toward diversity in service-sector positions, investors, partners, business ethics, and branding of organizations (Hall, 2017; McCarty et al., 2005)

Inequality methods refer to organizations and practices that affect processes, actions, and meanings (Berry & Bell, 2012). The foundation for inequalities can differ from race, gender, processes, and methods. According to Berry and Bell (2012), they have adopted the definition of inequality, which is a systematic disparity between participants in power and control over goals, resources, and outcomes. Additionally, workplace decisions include how to organize work, opportunities for promotion, security in employment benefits, respect, and pleasure in practice, and work relations."

Trust is the basis for employees' belief in their organization's leaders and managers (Human Resource Management International Digest [HRMID], 2018). The warning of research has not been published about firms being perceived by personnel that tend to be marginalized. Trust is fundamental for any relationship to develop as well as employment. Belief can motivate suitable outcomes in the workplace, including job satisfaction, pride in an assigned task, and increased loyalty and commitment (Cundiff & Vescio, 2016; HRMID, 2018).

Leaders and managers have a significant role when nurturing trust as well as demonstrating support and respect will lead to the process's success (Salem, 2019).

Research has identified that leaders who are transparent, competent, accountable, exhibiting gratitude, and empowering their voice will increase trust levels (HRMID, 2018). In responding to employees, the critical element is fairness to all, connected to diversity in processes when minority groups identify their treatment as unbiased and free of discrimination (HRMID, 2018).

Gender Disparities

Gender differences explain why women are underrepresented, and men are represented well in leadership roles and professions (Cundiff & Vescio, 2016). The content of stereotypes can provide practical clarification for group disparities and ignore situational challenges that justify the outcomes as natural and predictable (Cundiff & Vescio, 2016). Society has maintained social inequality and has contributed to a shared disproportion of disparities (Cundiff & Vescio, 2016). Many groups have contributed to inequalities, such as undermining the motivation of social transitions, internal dispositions, discrimination, and disproportionate situational influences.

African American women are aware of unfairness and the representation of two-sided behavior (Freeland, 2019). The emergence of the twentieth century found that women and African Americans did not have the right to vote. The misinterpretations of African American women being by White women were not regarded as real women suffragists (Freeland, 2019). During that time and as the challenge remains, an organization's practices focused on the opportunities based on race and gender considerably than gender single-handedly (Freeland, 2019). The less favorable approach was when separation in American society of female challenges and ethnicity

generated employment divisions. The significance of race and ethnicity were assigned to a specific socioeconomic position coupled with a functional ability (Freeland, 2019).

Women in the workplace are the most comprehensive study of women's state in corporate America (McKinsey & Company, 2017, 2018, 2019). Lean In and McKinsey and Company (2018) have launched a study focusing on organizations advancing diversity in the workplace experience. In the study, about 600 corporations participated and were assessed in their workplace practices (McKinsey & Company, 2019). To improve previous years, efforts are directed towards the initial pipeline of valuing women in leadership roles while enhancing gender diversity. Many organizations do not understand the challenge and how to arrive at equal numbers of women and men in leadership; however, statistically, the numbers remain low. According to various diversity studies in the workplace, very few Human Resource professionals think that women are less enthusiastic about doing what is necessary to aspire to executive positions (McKinsey & Company, 2019).

Individuals with endorsements of gender stereotypes recognized the gender disparities in the healthcare workplace that differ between women and men. Dispositional inequality is not related to gender discrimination; however, it is given a more casual role (Cundiff & Vescio, 2016). Researchers indicated that work experience is connected to stereotyping and acknowledging the behavior (Cundiff & Vescio, 2016).

Organizations are labeling women during the initial connection, which creates an environment of continuous lack of support and unfavorable expectations (McKinsey &

Company, 2018). Women earn more degrees than men; however, they are less likely to hire entry-level positions. They create moral, inclusive, intolerable behavior and welcome sexual attention or physical attack (McKinsey & Company, 2018). One element of conduct is the appreciation of similarities and differences. Research signifies that organizations are to practice being respectful of individuals with different attitudes, beliefs, and diverse cultural practices (McKinsey & Company, 2018). The "glass ceiling" is a term introduced forty years ago that refers to a system that blocks women from being promoted to senior leadership roles. African American women are likely to be detained by the "broken rung," making the first step to management (McKinsey & Company 2017; 2018). Despite the overwhelming influence of the "broken rung" on women's influential leaders' trajectory, there is a misjudgment of the challenges of underrepresentation (McKinsey & Company, 2019).

Organizational psychology understands the significance of interactive developmental procedures, including the organization and the individual (McGlowan-Fellows & Thomas, 2005). Through mentoring programs, it is necessary to prepare women for executive roles. Organizations continue to face gender discrimination despite different experiences, achievements, and sufficient qualifications; women's corporate ladder continues to be unattainable (Sahoo & Lenka, 2016). Though corporations provide women an opportunity in middle-level positions, they are still limited to specific administrative functions (Sahoo & Lenka, 2016). Women who are competent and have reached leadership roles are generally assigned a less meaningful task to ensure minimal visibility (Sahoo & Lenka, 2016).

According to Nair and Adetayo (2019), by 2050, it is estimated that 50% of the U.S. population will consist of minorities within the healthcare industry, being persistent with cultural discrepancies. Weil (2009) has demonstrated that healthcare organizations do not reflect the community they serve. Although progress has been made in closing the gap, however, both racial and ethnic disparities remain. There is no intervention or actual transition, the cycle will repeat itself, and the role models will be limited (Livingston, 2018; Reynolds-Dobbs et al., 2008). The value of equal justice ensures that all employees of gender, race, and background have equal opportunities (McKinsey & Company,

Cultures are described by their social ontologies and the possibilities of creating and recognizing personhood (Mohr & Purdie-Vaughns). The dimensions of personhood are racial/ethnic identity, gender identity, and sexual orientation. The personalities are to be independent of each other; however, there is a limited set of culturally recognized options for each identity element (Mohr & Purdie-Vaughns, 2015). Each dimension is not treated as orthogonal and specific categories of identity groups receive privileged respect when it extends to describing the standard representation of that cultured identity (Mohr & Purdie-Vaughns, 2015).

African American Women Pursuing Career Goals

Salary Transparency

There are forces within professional settings such as technology, society, and the labor market that contribute to the significant factors of being open, honest, and pressures for pay transparency (Trotter et al., 2017). Many human resources professionals increasingly focus on ethical literacy, which incorporates best practices in the field.

Pay transparency may be considered an ethical challenge and employee mistreatment (Trotter et al., 2017). Salary transparency is being discussed in the new age so that way other colleagues can prosper in their careers, an idea of organizations to begin discussing wages and responsibility (Trotter et al., 2017).

It is common for employers to utilize the previous pay for individuals to set the current salary (Covert, 2018). Vagins, the senior vice president of the American Association of University Women, stated that the concept of using previous salary information is not unusual and has been practiced during the "job interview" (Covert, 2018). If this disparity begins on the first job and continues throughout the career journey, the income gap will not be resolved. During a recent article, managers and supervisors stated that they have always depended upon current salary information to come up with an offer (Covert, 2018). The practice seems innocent and very neutral; however, it perpetuates women's injustices, and people of color are compensated less than their white counterparts (Covert, 2018).

The standards are the same throughout various professions, and to change the phenomenon of all ethnicities, women, and men will need to be afforded equal opportunity (Zahneis, 2018). According to Zahneis (2018), the factors that lead to women being at a disadvantage in the labor market is because the African American women continue to believe and have been taught that "if you have an opportunity to get your foot in the door, one does not demand a lot." When it is time to negotiate a salary, the individual will settle due to desiring an opportunity and not advocating for themselves.

The significance of underrepresentation needs to be compared to what we believe an equitable situation looks like or wants (Zahneis, 2018).

Career Bias

Career Bias and career barriers refer to influences that hinder career development and the process by which it will arrive at such a level (Young et al., 2018). However, there has been minimal theoretical harmony regarding measuring career barriers, career development, and the career development process (Young et al., 2018). According to the Social Cognitive Career Theory, the constructive approach is when individuals configure their experiences, expectations, and perceptions. One of the key elements in shaping a barrier is one's experiences and leveraging confidence and coping skills (Young et al., 2018). Society has eliminated discrimination from organizations, translating to a lot of work for talent development professionals (Moore, 2018). The training implemented is diversity seminars, compliance training, and learning efforts to reduce discrimination, sexism, and a subtle form of discrimination (Moore, 2018).

Career choices are a direct reflection of barriers and beliefs. If one believes in a specific idea, it will influence interest and career options (Kim & O'Brien, 2018). Environmental supports and challenges related to actions and career consequences directly reflect personal growth and self-efficacy (Kim & O'Brien, 2018). Studies have shown that African American women experience discrimination and marginalization within the workplace based on stereotypical beliefs (Kim & O'Brien, 2018; Williamson & Foley, 2018). The projected opinions are that African American women are aggressive and independent (Williamson & Foley, 2018). It is imperative to cultivate a gender equity

culture by addressing the operation and existence of unfairness of women receiving promotions to executive positions (Williamson & Foley, 2018).

Blueprint through Managers

Manager training is necessary to restructure the organization's culture and understand workplace barriers (Dykstra, 2018). Managers are fundamental in the guiding process. Managers must become educated to transfer teachings to the employees or team members. If not remedied, biases or mistrusts may be perceived thoughts that can turn into discrimination in the workplace (Dykstra, 2018). According to Stacey Engle, the executive vice president at Fierce, awareness is imperative, and it recognizes that we categorize the world through our conversations (Moore, 2018).

The awareness of manager training regarding unconscious bias is due to incidents occurring and reactions to workplace prejudices (Moore, 2018). Inclusion education is a preventive measure; however, diversity development is applied in response to a grievance. Managers must begin with the support that individuals respond out of unawareness or obliviousness (Dykstra, 2018). The obstacle that may occur when an organization is faced with a behavior that is not appropriate is what type of training is being provided. The competencies needed to capitalize on for the next year (Moore, 2018). Executives must understand the benefits of exercise and educate team members on achieving the organizational goals. According to Dykstra (2018), the recognition of biases and the little wins moves the needle. Managers receiving training are significant elements of identifying areas of improvement and documenting specific targets to address them.

As an African American woman, it is favorable to receive support from experienced, inspiring employees and team members who can excel in the corporate arena (Stewart, 2016). The mentor can share their experiences with the mentees to avoid some of the difficulties they encountered on the journey of being successful in the corporate suites (Stewart, 2016). One valuable lesson about training and mentoring is that the process can help the mentee identify needed skills. Mentoring can be a sponsor or an advocate to inspire employees to be confident and provide opportunities that the mentee may not be privy to (Stewart, 2016). Sponsorship is a component of aspiring leaders and connecting them with valuable contacts to navigate their career progression (Stewart, 2016). It is essential to have diversity within corporations with cultural awareness, reduced segregation, increased equity, employee engagement, decreased litigation matters, and increased productivity (Wilson, 2014).

Returning knowledge into action is the next step for talent development and providing individuals with practice concepts in the workplace (Moore, 2018). For example, Microsoft provides a workbook to employees to use as a guide while interacting with team members for the future. An option for free online assessments to maintain recognition of employee preconceived behavior is provided (Moore, 2018). After learning, it is essential to offer practical tools to support relationships between employees and managers (Moore, 2018).

Summary and Transition

The literature review supported a synopsis of published articles associated with women of color, African American, or Black women being underrepresented

significantly. The study aspired to present further contributions to the current literature, theoretically filling the literature gap on the lived experiences of climbing the corporate ladder for African American women in executive positions. Researchers have identified the importance of equal opportunity and fairness, which results in job satisfaction (McKinsey & Company, 2017, 2018 & 2019).

Chapter 2 included the background and information on how African American women remain underrepresented in healthcare leadership's top echelons. Gender and underrepresentation still exist in leadership roles that women do achieve (Lantz, 2008). The theoretical framework provided a rationale for why GCT and CRT outline gender inequality. A synopsis of disparity and underrepresentation of African American women in healthcare management (Cundiff & Vescio, 2016). My descriptive phenomenological study filled the gap in the literature of disparities among African American women climbing the corporate ladder in healthcare administration. This qualitative study examined the specific actions to cultivate, enable, and reinforce cultural competence by reducing racial and ethnic disparities in healthcare.

Chapter 3 included research design, participants, methodology, issues in trustworthiness, the role of the researcher, qualitative methods, inclusion criteria, exclusion criteria, Instrumentation, procedures for recruitment, procedures for participation, procedures for data collection, qualitative data analysis plan, transferability, dependability, and confirmability. Chapter 3 concluded with ethical procedures, human participants' treatment, data treatment, validity, and summation threats. The research

results emerge in Chapter 4, followed by a discussion of findings based on existing

literature in Chapter 5.

Chapter 3: Research Method

The purpose of this descriptive phenomenological research was to examine the lived experiences of African American women in executive positions in healthcare administration. This chapter conducted Walden University's Institutional Review Board (IRB) guidelines to safeguard research participants' ethical protection. This chapter included insight into the descriptive phenomenological approach that was conducted within this research study. I began Chapter 3 with an introduction of the study, the setting, the research design and rationale, the researcher's role, methodology, instrumentation, recruitment, participation, and data collection procedures. Following the data collection and data analysis plan, the issues of trustworthiness, ethical procedures, and validity threats were discussed.

Research Design and Rationale

The qualitative method with a phenomenological design guided the research by examining African American women's progression and the under-representation in the corporate healthcare pipeline. The research questions and the qualitative research design followed Giorgi's (2009) descriptive phenomenological inquiry for psychological research. The inductive research perspective was chosen instead of a deductive approach associated with a quantitative method (Ravitch & Carl, 2016). The inductive qualitative approach was selected for this study due to the lived experiences addressed for a specific group of individuals and composing a productive and trustworthy description of the participants' experiences. Qualitative inquiry allowed me to expand insight into the participants' reactions, and viewpoints without programmed dimensions.

Research Questions

The research questions that guided this qualitative phenomenological method:

RQ1: What are the lived experiences of African American women executives vying for

healthcare leadership positions in reaching a glass ceiling?

RQ2: What are the lived experiences of African American women in the healthcare

corporate workplace facing racial disparities in achieving an executive position?

RQ3: What are the lived experiences of African American women in the healthcare

corporate workplace in achieving an executive position?

Qualitative research designs are used to explore participants' lived experiences

through their own lenses (Maxwell, 2013; Roberts, 2010). The phenomenon's

significance cannot be attained by assessing numerical data encompassing the

correlations between variables, such as in quantitative research (Maxwell, 2013; Roberts,

2010). A quantitative method was not used because this method did not reflect the

meaning that African American women make out of their own experiences.

The descriptive phenomenological psychological method was chosen to

understand the whole human experience (Giorgi, 2012). Edmund Husserl's teachings

adopted the study consisted of the possibilities for studying human behavioral

phenomena that display rigorous content. This research method is appropriate for human

persons to allow the researcher to be present with her consciousness and abstain from

bias (Giorgi, 2012). The descriptive phenomenological method approach focused on the

phenomena and attained a holistic, practical healthcare administration perspective.

How CRT and GCT Relate to the Present Study

This descriptive phenomenological study utilized CRT and GCT methodology, focusing on African American women's lived experiences climbing the corporate ladder in healthcare administration. CRT and GCT were reflected in the research questions and were positioned so that participants could be equally heard. CRT and GCT structure were also connected to the interview questions allow the participant to acknowledge barriers that prevent personal advancement and their individualized lived experiences. The descriptive phenomenological approach was chosen to illuminate lived experiences relative to the visible, invisible barriers, global trends, and career advancement (Wesarat & Matthew, 2017). This approach was also applicable due to many women remain underrepresented at all levels in corporate America. Inequality begins at the initial promotion, and under-representation is significant with modest gains (Krivkovich et al., 2017; McKinsey & Company, 2018).

Role of the Researcher

My role as the researcher was to gather the participants' information and understand their experiences in the identified discipline. The researchers purposed to gain personal or professional relationships with participants and obtain sensitive information directly related to their experiences (Giorgi, 2009). According to Giorgi (2003; 2009; 2012), the researcher focuses on the phenomenon or state of events and describes the experience as accurately as possible.

My role in this qualitative study was to interview participants climbing the corporate ladder in healthcare administration. I explored African American women's

lived experiences of gender disparity within the corporate healthcare workplace. For this research, my positionality is the primary data collection instrument. The informed consent form addressed ethical considerations and potential associated risks. Individuals chosen received correspondence with the interviewing protocol invitation to sign a consent form and a letter of participation. Potential participants answered semistructured open-ended questions. Potential participants were solicited through Walden University participant pool and social media professional groups on LinkedIn, Facebook, Twitter, and Instagram. As an active member of civic groups, I had direct access to invite potential participants. They may meet the criteria or can refer to other potential participants. I ensured to debrief and examine with other scholars, multiple data sources, review results, and verify further explanations and current findings in understanding the participants.

Qualitative Methodology

This section included the research methodology. Adequate access to the data was provided to allow additional researchers to duplicate the study and continuous interaction of issues. The subsections focused on population and sampling procedures in addition to inclusion and exclusion criteria.

Participant Selection Logic

This descriptive phenomenological study's intended population was eight to 10 African American women who hold executive roles in the healthcare industry or obtained data saturation. The research literature does not provide specific guidelines on the appropriate sample size; however, suggestions have been recommended for samples of

three to 25 (Creswell, 2014). Giorgi (2009) suggested eight to 10 participants, Blaikie (2018) recommended there are more fundamental challenges in determining the sample size or with existing studies with similar research goals as the basis for sample size. Boddy (2016) recommended not making statistical generalizations. Creswell (2014) indicated that smaller numbers offer more significant opportunities for richness and depth. As previously stated, this study's sample size was large enough to acquire the appropriate data and adequately describe the phenomenon of interest and address the research questions (Blaikie, 2018; Boddy, 2016).

The goal of this research study was to understand African American women's lived experiences and barriers to attaining executive roles in healthcare administration. Qualitative research is established on the number of subjects needed to explore unique perspectives. According to Creswell (2014), a condensed participant pool provides an opportunity for depth and richness. Pietkiewcz and Smith (2014) expressed that the sample size is established by the depth of the inquiry, the richness of the data, how the researcher intends to deliver the data, and the limited time of the study. To obtain participants, an online professional network LinkedIn platform was utilized. LinkedIn has many African American groups that were a resource for potential participants, such as:

- Leadership First

- African American Leadership Forum

- African American Leadership Program

- African American Entrepreneurs

- African American Board Leadership Institute

I used all social media platforms, including LinkedIn, Facebook, Twitter, and Instagram. A brief announcement imploring participation was posted to contact the researcher through email. The initial contact resulted in an email stating the study's significance and encouraged to forward the recruitment flyer to other members and colleagues, creating a snowball effect. A snowball sampling strategy was used to recruit African American women as healthcare executives ages 18 and above currently working in an executive role. According to Trochim (2006), snowball sampling focuses on two vital phases: identifying potential participants and asking individuals to engage other eligible individuals to participate in this descriptive phenomenological study. The word-of-mouth approach was also utilized to recruit potential participants by forwarding recruitment resources from current participants. The study's announcement was emailed to professional contacts from colleges and universities and invited them to deliver an announcement to those interested in participating in the study. Individuals who were interested in participating contacted the researcher by phone or email for specific information to move forward with the presented research.

Inclusion and Exclusion Criteria

The descriptive phenomenological study's selection criteria were delimited to executive-level African American women, age 18 and above. In executive healthcare administrators' position, Merriam (2009) believed best practice would allow the researcher to obtain a more in-depth understanding by identifying participants with shared commonalities directly connected to this study's purpose. The exclusion criteria

included any individual who was not an African American woman in an executive

healthcare position and was 17 years of age and younger.

Instrumentation

For this study, I used an open-ended semistructured interview guide to collect the

qualitative data. The interview guide included seven interview questions (see Appendix

A) paired with the three research questions. At the end of the interview, follow-up

questions allowed the participants to provide more details and clarify the responses

without perceptions or dishonoring their truth. The interview questions were developed

to gather the lived experiences of African American women healthcare executives. The

interview questions referred to the three research questions in the areas of (a) their

experience of reaching a glass ceiling for healthcare leadership, (b) their experience of

racial disparities in achieving an executive position, and (c) their experience of achieving

an executive position. RQ1 focused on GCT and healthcare leadership positions. The

RQ1, IQ1, IQ2, and IQ3 allowed the participants to describe their normalcy of

respectable feminity and her work nature. RQ1, IQ1, IQ2, and IQ3 were aligned with the

GCT and the challenges of attaining top management roles and the unsupportive culture

(Ansari, 2016; Wesarat & Matthew, 2017). RQ2, IQ4, and IQ5 aligned with CRT that

welcomed the African American woman's experience of racial discrimination that

affected the levels of motivation for success (Byrd, 2012; Dixson & Anderson, 2018).

RQ2, IQ4, IQ5 aligned with CRT with the evidence or considerations of individual

ability and achievement advancement. The participant discussed her experience of racial

disparities (Byrd, 2012; Dixson & Anderson, 2018; Livingston, 2018). RQ3, IQ6, and

IQ7 aligned with GCT, which allowed the participants to describe their encounter of attaining an executive role in healthcare administration. Participants were also provided the opportunity to share barriers to their success and the interventions that impacted achievement (McCarty et al., 2005; Kim & O'Brien, 2018). Figure 1 presents the research questions with the associated interview questions. The study provided a link with the corresponding theoretical frameworks chosen for this study. It provided the theoretical alignment for the interviews to be conducted.

Figure 1

Interview Questions and Theoretical Alignment

Research Questions (RQ)	Interview Questions (IQ)	Frameworks (GCT/CRT)
RQ1: What are the lived experiences of African American women executives vying for healthcare leadership positions in reaching a glass ceiling?	IQ1. Can you describe your current role and the nature of your work? FU1: Describe any significant professional development endeavors that assisted with leadership growth? FU2: Can you tell me about any mentoring programs that assisted with career advancement IQ2. Can you describe any events, for example, professional development or mentoring programs that you might have encountered in obtaining your current position? FU1: Tell me what experience occurred before reaching a glass ceiling? FU2: Can you describe any teams or programs that helped shape you as a leader? IQ3 Can you describe your personal, academic, and professional decisions that were impactful on your current position? FU1: How are your relationship with your peers? FU2: Can you describe the support that you received with career advancement?	RQ1 is in alignment with the GCT. IQ1 is in alignment with the GCT. FU1 is in alignment with GCT FU2 is in alignment with GCT IQ2 is in alignment with the GCT FU1is in alignment with GCT FU2 is in alignment with GCT IQ3 is in alignment with the GCT FU1 is in alignment with GCT FU2 is in alignment with GCT
RQ2: What are the lived experiences of African American women in the healthcare corporate workplace facing racial disparities in achieving an executive position?	IQ4. Can you describe any exceptional support while achieving your career goals? Tell me what specific evidence of your journey has a display of racial or gender disparity? FU1: Can you describe how an African American woman discovers a voice in a leadership role? IQ5. Can you describe any specific experiences that cultivated your growth in the process of becoming an executive leader? FU1: Can you describe what contributed to your career success? FU2: Can you describe your experience with barriers or obstacles that you encountered in your career progression?	RQ2 is in alignment with CRT. IQ4 is in alignment with CRT FU1 is in alignment with CRT IQ5 is in alignment with the CRT FU1 is in alignment with the CRT FU2 is in alignment with CRT
RQ3: What are the lived experiences of African American women in the healthcare corporate workplace in achieving an executive position	IQ6. Can you describe experiences that were critical in attaining an executive position? FU1: What skills and experiences are essential for African American women as advancement occurs in the workplace? FU2: Can you explain any sacrifices that were made during your journey of becoming a leader? IQ7. Describe when you established a goal to become a leader? Tell me, what was most impactful in becoming a leader? FU1: Can you tell me what pivotal moments occurred in your career?	RQ3 is in alignment with GCTIQ6 is in alignment with GCT FU1 is in alignment with GCT FU2 is in alignment with GCT IQ7 is in alignment with GCT FU1 is in alignment with GCT

Because of COVID-19, the interviews were conducted by telephone or video conferencing. A semistructured approach confirmed each participant responded to the interview questions and was the most common data collection method for qualitative studies (Baškarada, 2014; Kallio, 2016). The in-depth semistructured interviews of 60-90 minutes were also critical to determining African American women executives' experiences working in the healthcare industry. An essential step was to develop a rapport with the participants, such as facilitating an ice breaker before the interviews were executed. The following steps were followed:

1. I introduced myself to participate in developing a rapport.

2. I provided a verbal thank you for completing the informed consent and the oral completion of the questionnaire.

3. All participants' privacy was protected during all phases of this study. I asked the following questions related to the protection of privacy:

   - Do you have any concerns about your privacy?

   - Do you have any questions about informed consent? If so, please explain.

   - Do you authorize this interview to be audio recorded?

   - Are there any more questions before we proceed?

4. If there were no questions, with the participant's permission, I began the interview process.

5. At the end of the interview, I asked for any final concerns, discussions, or additions before concluding.

6. I shared words of appreciation to the participant for this opportunity they provided for me to learn from their life experience. I concluded by expressing my gratitude to them for being respectful, patient, honest, and transparent.

Pilot Study

Because I am a new researcher using the descriptive phenomenological approach, I worked closely with my Chair- Qualitative Method Expert, for guidance. Therefore, I facilitated a dry run with the interview instrument with two African American women in executive leadership positions within healthcare administration. The dry run helped check for any ambiguities in the interview questions and ensure in-depth information was gathered using probes or follow-up questions. After the first dry run participant interview was complete, I manually transcribed the recorded interview. I reviewed the data with my Chair to ensure the descriptive phenomenological interview was conducted correctly before proceeding to the second dry run interview. I applied the feedback from my Chair for the second dry run interview. The second dry run interview was discussed with my Chair to see if further changes to the interview process were necessary. The two participants' suggestions to the interview instrument were reviewed with my Chair to determine if changes were essential for the interview instrument. There was no data collected, and no dry run information was utilized to develop the results.

Semi-structured interviews were utilized to evaluate conditions that concern the researcher (Englander, 2012). The researcher considered science's same logic and philosophy (Englander, 2012; Giorgi, 2012). The essential concept of scientific research is not perfection but representation. The researcher kept descriptive criteria at the

forefront of each phase of the study. Additionally, the interviewer achieved the Husserlian phenomenology by being present in all aspects of the study. Semi-structured throughout the interview comprised of open-ended questions that delivered a rich response to the research questions. The semistructured interview questions focused on African American women climbing the corporate ladder and remaining stagnant in healthcare administration leadership advances.

Procedures

The procedural steps for recruitment, participation, and data collection upon IRB approval at Walden University, have been listed.

Recruitment

I am the primary research instrument for this study, with interviews, audio recordings, and field notes. For the recruitment procedures, I contacted the gatekeeper of an African American woman professional online platform. I provided the purpose, the significance of the research, a detailed explanation of my role as the researcher, my contact information, the guidelines due to COVID-19, and the need for participants. I also encouraged others to forward the recruitment flyer to other groups and colleagues. I displayed recruitment flyers on various social media platforms, such as LinkedIn, Facebook, Twitter, Instagram, Walden University participant pool, and professional groups. The social media professional platforms that assisted potential participants were Leadership First, African American Leadership Forum, African American Leadership program, African American Entrepreneurs, and African American Board Leadership Institute. The platforms consist of 3500 African American members on social media from

various geographical areas in the United States. (See Appendix B). I also used the

Walden participant pool for recruiting participants. The guidelines and procedures that

are in place by IRB Walden University are to maintain confidentiality.

Participation

Potential participants requested to contact me by electronic mail or cellphone.

Since African American women are underrepresented in executive healthcare

administration roles, there may be a challenge in obtaining participants who met the

criteria for this research study (Beckwith et al., 2016; Catalyst, 2017; Fitzsimmons &

Callan, 2016). The researcher explained how the interview process and modifications

accommodated the COVID 19 guidelines. After the participant's permission, a specific

identification number was assigned to maintain confidentiality. Snowball sampling

helped identify and recruit African American women who qualified for the research

study.

Data Collection

The specific strategies that took place in collecting data were as follows.

Step 1: Delivered announcement flyers to the social media professional platforms

LinkedIn, Facebook, Twitter, Instagram, and Walden participant pool.

Step 2: Connected with individuals that responded to the announcement flyer that

were potential participants. To complete inclusion criteria, a consent form was sent,

and once received via email, "I consent" to be included in the study and accept

interview protocol. Then the participant sends the "I consent" via email and

scheduled a date and time for the interview using the Go-To-Meeting platform.

Step 3: All participants received the interview questions via electronic mail (see

Appendix A) 24 hours after confirming the date and time to provide a level of clarity

and understanding of what was asked of them.

Step 4: During the initial interview, an introduction of the topic, the objectives, and

the purpose of the research study were reviewed along with the consent form.

Step 5: With the participant's permission, all interviews were voice recorded (i.e.,

video-conferencing Facetime, Zoom, Skype, Microsoft Teams, Google, Go-To-

Meeting, and telephone). Interviews were documented with notetaking.

Step 6: Each participant was asked seven semistructured open-ended interview

questions.

Step 7: To ensure the data collection process for accuracy, each participant was

asked to perform a member checking of the transcript.

Qualitative Data Analysis Plan

According to Edwards and Holland (2020), qualitative interviews are powerful

and versatile tools for producing rich data essential for qualitative research and exploring

participants' experiences, thoughts, and biographies. Semi-structured interviews evaluate

authentic insight, knowledge, and understanding of a distinct context (Englander, 2012;

Edwards & Holland, 2020).

I followed Giorgi's (2009) method, which suggested the researcher first collects

the data. The analysis process then advances until the phenomenon's structure can be

restructured from the individual meaning units into significant psychological expressions

(Giorgi, 2009, 2012). I pursued individual meaning units and was conscious of the

movement of the data that was collected. The data was collected manually utilizing field

notes and transcribed with Otter software. As the researcher, I integrated the

interpretation of natural expressions that were developed into a phenomenological

representation. The element of emotion was obtained before moving forward with the

approach. When the phenomenon was secured, the researcher began to break the data

units into the following categories: meaning units, statements, topics, terminology, and

any other psychological significance.

I integrated Giorgi's (2009) methodological guidelines throughout the data

analysis process:

Step 1: The first step was to maintain the position of a phenomenological attitude.

I was simply present, seeing the data as it appears in its own perspective. The

process of reduction and bracketing was adopted by analyzing the collected data.

This process was through written descriptions that were provided by the

participants and how the described experiences ended. The objective exploration

of the data took place during this phase.

Step 2: I maintained notes from interviews to understand the collected data.

Within this process, I read, reviewed, and examined the data in its entirety to get a

sense of the whole. To gather a deeper understanding of the data, I read and

reviewed observation notes, interviews, transcription of data, and the researcher's

journal. I maintained a phenomenological attitude that allowed a detailed

reflection of the participant's experience and presentation of the given data.

Step 3: As the researcher, I reviewed the highlighted data and ensured relevant

research questions. The data descriptions were broken into parts to provide proper

analysis and delineated meaning units. As the meaning units were discovered, I

reread-the narrative when an experience was moderately different. In observation

of the meaning units, I documented where the difference was recognized. I

continued getting the sense of the whole and identifying the patterns of meaning

shifts or transformations in the flow.

Step 4: I evaluated and transformed the meaning units into psychological

statements representing the essence of the participants' lived meanings regarding

the phenomenon being studied. Meaning units were labeled according to the

phenomenon and the construct of participants' expressions. This specific process

was a dual function with expressing the meaning units and generalizing it so that

the other units' integrated was maintained the physiognomic experience's richness.

Step 5: As the researcher, I intentionally initiated close attention to psychological

components that comprise inclusion and exclusion. The researcher identified

significant themes to ensure psychological interpretations were maintained. This

process is referred to by Giorgi (2009) as an *imaginative variation* to determine

the essence of the most relevant themes.

Step 6: The researcher labeled patterns from the codes acquired through the initial

review. The researcher continuously compared, reviewed, and analyzed the data

to identify the experience's constructed**.** Steps one-five are repeated with constant

comparison and contrast of the data on a continuum.

Step 7: As the researcher, I documented in rich detail by identifying each theme based on the participants' lived experiences within the data. The researcher assumed that new data emerged with a thorough analysis that remained true to the raw data.

Issues of Trustworthiness

This section is organized into the following subsections: trustworthiness, credibility, transferability, dependability, confirmability, and member checking.

Trustworthiness

The qualitative researcher established and showed trustworthiness by delivering an honest representation of the presented data. As the researcher, I abstained from any bias due to the guiding research principles' subjectivity. The process was explained to ensure the philosophical approach was understood (Englander, 2012). The elements of trustworthiness were provided amid the development of a research proposal, approval from IRB, participant interviews, member checking, analysis of the data, establishment of coding, and themes

Reflexivity was also utilized to authenticate credibility and transcription review. Giorgi (2012) suggests that phenomenology recognizes the experience through the object's consciousness, the lived experiences of African American women, and gender inequality in the healthcare industry. The participants received an electronic mail document to review the interview transcripts for accuracy. If the participant has any concerns, they were invited to make corrections through conversation or electronic mail.

Credibility

In qualitative research, the phenomenon must be understood to ensure credibility, and the true meaning of the participants' lived experiences are delivered. In qualitative research, credibility is the ability to identify the difficulties presented and process the patterns that are not quickly clarified (Edwards & Holland, 2020; Giorgi et al., 2017). All transcripts were reviewed to ensure no bias was presented. This descriptive phenomenological study obtained credibility through engagement, note-taking, member checks, research questions, and the study's conclusion. Participants were provided the opportunity for feedback on the results via electronic mail and telephone. Additionally, thick descriptions and lengthy engagement in the field were presented throughout the study (Amankwaa, 2016).

Transferability

Qualitative research aimed not to create statements that can be universal to others but to develop descriptive and framework-relevant discoveries (Amankwaa, 2016; Sundler et al., 2019). It is imperative to emphasize that the qualitative phenomenological inquiry sample does not represent the population studied; therefore, the results are not generalized or appropriate. I utilized a descriptive framework to provide the participants with an opportunity for transparency. To ensure transferability, rest is allowing the participants' process to focus on their experience. This enabled me to provide a rich description of the participants' experiences.

Dependability

Dependability supported the strength of the data and established reliability over time. Dependability entailed using relevant aspects of the study and ensuring the participants knew, required background and experience. In this study, appropriate methods of cross-checking data and maintaining transcriptions were verified to ensure dependability. Fort this study, dependability is vital as I cross-checked interviews, recordings, notes, and transcriptions. The applicable data collection plan and sound research design are valuable to attaining dependability (Amankwaa, 2016).

Confirmability

In qualitative research, objectivity was sought; however, the goal is to confirm the findings. The researcher's positionality and bias were essential qualities that must be examined due to being the primary instrument in qualitative research (Ravitch & Carl, 2016; Sundler, 2019). As the researcher, I verified the findings consistent with remaining neutral and duplicated the process. Additionally, I documented all procedures for accuracy, including data collection, data analysis, bracketing, audit trails, notes, and structure of the psychological phenomenological descriptive results. The confirmability phase allowed the researcher to eliminate bias and maintain the participant's attitude throughout the study (Amankwaa, 2016; Sundler, 2019).

Ethical Procedures

Ethical considerations were instituted throughout the research study. This study was conducted under the IRB and APA prescribed guidelines of Walden University to ensure safety procedures for individuals that agree to participate in the research. Human

participants' ethical treatment required that confidentiality and privacy persisted in being a priority throughout the study. In human social research, ethics protected the participants from undesirable consequences, primarily through confidentiality contracts. If all exhibit any breaches of confidentiality, ethical violations, or discriminatory behavior, they were addressed appropriately. The collection of data for this study began after Walden University IRB approval. All participants signed a consent form, and their identities were concealed due to the healthcare sector's sensitivity.

Treatment of Human Participants

The participants were recruited through publicized flyers and electronic mail announcements about the research, purpose, and title. According to Walden University IRB prescribed guidelines, and a cellular phone was utilized as additional protection and communication with the participant. Furthermore, the participants received an introductory electronic mail communication with the consent form included to explain their rights to privacy and the opportunity to refuse contribution to the study. My initial contact with respondents was provided via electronic mail. I sent the research packet, including the research consent form with detailed information, time commitment, interview, data collection procedures, and confidentiality agreement. Once the participant formally responded to the email and returned the consent form with signature, chosen date and time for the interview was scheduled. I also informed all inquiries to forward recruitment flyers to other African American colleagues who qualify for the research study. In receipt of Walden's IRB endorsement 04-02-21-0671089, the data collection

process began on April 8, 2021. My flyer was posted on all approved social media platforms and Walden University Participant Pool.

Interviews guided the primary data collection method for this study. The protocol used was a 60-90 minute interview guide to explore the lived experiences of climbing the corporate ladder for African American women in executive positions within the healthcare administration industry. I wanted to ensure confidentiality and that participants were aware of the interviews facilitated on a private, secure conference line. I verbally assured the participants that the semistructured interviews were recorded with the EVISTR digital voice recorder, secondary questions, and follow-up questions.

If participants withdrew from the study, the data collected would be shredded - all endeavors for this qualitative phenomenological research comprised honesty, respect, and integrity.

Treatment of Data

Confidentiality was ensured throughout the data collection process and preserved for future research. The data was stored on a personal computer that was password protected and in a private file cabinet. The participants were provided with a specific identification number to safeguard confidentiality and stay in place for privacy objectives. Additionally, data was kept on a USB drive and uploaded to a private dropbox. All information completed for demographic purposes was removed; nevertheless, the participants' data was shared with my chairperson, committee members, and me as the researcher. According to the American Psychological Association (2007),

confidential information will be kept for seven years and adhere to guidelines upon deletion.

Threats to Validity

Validity is a method of achieving difficulty evaluating a study's rigor (Ravich & Carl, 2016). The lens that shaped this study was established through the researcher's views, participants, and individuals external to the research. Descriptive validity was necessary to achieve authenticity throughout the research process due to the data being inherently imperfect and inaccurate (Ravitch & Carl, 2016). I will safeguard the data such as interview transcripts, digital recordings, and journal entries in a protected file cabinet and on an external drive that is only accessed through a computer that is password protected. According to Walden University, data will be destroyed after five years.

Summary and Transition

African American women remain underrepresented in healthcare administration as well as increased diversity continues to be a challenge. This qualitative phenomenological study pursued further understanding the lived experiences of climbing the corporate ladder of African American women in healthcare administration. This empirical study's findings contributed to the science of the phenomenon. They created a pathway for future explorations of disparities of African American women ascending to the C-suite within healthcare administration.

Previous research expressed that organizations are implementing diversity as a priority; however, the representation of African American women within the healthcare industry is stagnant in sustaining a diverse labor force. The artificial barriers are based on

organizations' and firms' biases that prevent African American women from advancing

into administrative positions. The high visibility assignments and the lack of models and

influential sponsors are obstacles that continue to sustain the underrepresentation of

African American women ascending to leadership positions.

The intent of this study discovered social change through sensitive awareness of

the existing barriers to advancement opportunities for African American women in the

healthcare administration industry. Chapter 3 outlined the phenomenon of interest

discovered by way of research questions and the research design. The researcher's role

has also identified the comprehensive review of the methodology, population and

sampling procedures, as well as inclusion and exclusion criteria. The study's instrument

was delivered, strategies for recruitment, participation, data collection, and the qualitative

analysis plan. Trustworthiness issues included subtopics of trustworthiness, credibility,

transferability, dependability, and confirmability. Chapter 3 concluded with ethical

procedures, human participants' treatment, data treatment, and validity threats.

Chapter 4 presents the findings acquired from the analysis of the accumulated data. The

positioning of the participants, demographics of the participants, review of data analysis,

and review of the themes analyzed. Chapter 5 provides discussion of the findings,

presents the conclusions drawn, and makes recommendations based on the results

obtained.

Chapter 4: Results

The purpose of this qualitative dissertation was to address the underrepresentation of African American women executives in the healthcare industry by exploring what experiences prevent the ascension of gender equality, diversity, inclusion, equitable compensation that explicitly promotes an inclusive work culture. Recent literature acknowledged African American women remained challenged in discovering their voice, and limitations still exist in lack of opportunities (Stewart, 2016; Thomas, 2019). I sought to understand how women who experience barriers to success can enhance the ability to see what signifies the existing cultural norms for the participants in their own words and expand the understanding of human behavior in the workplace.

Chapter 1 described the value of this initiative to the psychology discipline to decrease stereotypes of African American executives in U.S. corporations. I sought to identify what demonstrated gender inequality and the system invented that makes it challenging to navigate the pipeline to corporate leadership. An examination of the existing literature in Chapter 2 provided a foundation for the focus of this study to understand the alarming labeling and insubstantial behavior of many organizations that have not translated over time (Rattan & Dweck, 2018). This guided awareness considers that organizations would naturally diversify equal representation in the executive ranks with a specific understanding that inequalities persist.

I used phenomenology to illustrate and clarify the participant's lived experiences. I employed Giorgi's (2012) phenomenological method and conducted a qualitative study using data I collected through semistructured interviews to obtain rich and

comprehensive descriptions of the participant's narratives. I conducted 12 semistructured telephone interviews to produce five emergent themes.

The following research questions addressed in this study was:

RQ1**:** What are the lived experiences of African American women executives vying for healthcare leadership positions in reaching a glass ceiling?

RQ2**:** What are the lived experiences of African American women in the healthcare corporate workplace facing racial disparities in achieving an executive leadership position?

RQ3: What are the lived experiences of African women in the healthcare corporate workplace in achieving an executive leadership position?

In the exploration of the study, participants shared experiences were identified by applying follow-up, probing, and reflection of in-depth interviews. Secondary research questions and follow-up questions were explored to examine the support of achieving career goals, the evidence of the participant's experience of racial or gender disparity, and sacrifices made in becoming a leader.

This chapter includes detailed descriptions of the findings from the secondary questions and follow-up inquiry. My purpose for the secondary and follow-up questions was to examine the presence of theory in participants' experience, making sense of their plausible retrospective images. In conjunction with the results, I discuss the research setting, evidence of trustworthiness, demographics, data collection, and the data analysis process. I also provide a comprehensive account of the identified themes with supporting evidence and figures. The chapter closes with the research question findings.

Pilot Study

A dry run was not facilitated until the endorsement of the Walden University

Institutional Review Board (IRB) was presented #04-02-21-0671089. The purpose of the

dry run was to identify any uncertainties in the interview questions and develop a

blueprint of the appropriate techniques in conducting the process. A dry run was

facilitated with two former colleagues that are executives in the healthcare administration

industry. In facilitating the dry run, the setting was quiet and confidential. I interviewed

each colleague via Zoom and conference call. I allowed the interview guide to direct the

movement of the process with three research questions, seven secondary questions, and

12 follow-up questions. The dry run process allowed me to use an audio recorder to

document responses and a cell phone video recorder. I transcribed each transaction

immediately following the 40 to 60 minute semistructured interview to represent notes

accurately. The dry run captured transitions during the interview and participants' silence

were to identify the essence of the rich responses.

Setting

Each participant received an email and a telephone call suggesting choosing a

confidential location that would safeguard the privacy and integrity of the interview

process. The participants were provided with options to contribute to the study by email,

videoconferencing, or telephone. All 12 participants agreed via email and connected by

phone to confirm the date and time of the scheduled interview. Only one participant

requested questions before the actual interview due to her work and family schedule. I

generated a response to the participant; however, before the response was rendered, the

participant opted to wait until the scheduled interview was facilitated. I shared a private

Zoom account; however, all participants decided that video conferencing was best for the

reason of their extreme work requirements. There were no special conditions that

influenced the participant and their responses.

Demographics

The opportunity was presented for the descriptive phenomenological study to

explore the disparities of African American women climbing the corporate ladder in the

healthcare administration industry. The lived experiences examined the phenomenon's

nature through the participants' lens (Maxwell, 2013; Roberts, 2010). A pool of

candidates was selected to participate in the research. Chosen participants met the criteria

for being 18 years of age and older occupying an executive position within the healthcare

industry. The online professional network was included with the recruitment efforts and

the viable groups that Walden University IRB approved. The groups that were contacted

and the percentage of responses received are listed in Table 1.

Table 1

Professional Groups

Group Name	Platform Type	Interest %
Leadership First	LinkedIn/Social Media	20%
African American Leadership Forum	LinkedIn/Social Media	20%
African American Leadership Program	LinkedIn/Social Media	20%
African American Entrepreneurs	LinkedIn/Online Private	28%
African American Board Leadership Institute	LinkedIn/Online Private	12%

Initial contact was facilitated through the professional groups with electronic

distribution with the recruitment flyer. A total of 15 inquiries were acknowledged in

response to the recruitment process. The respondents were contacted via email, followed

by a phone call and a confirmation text message as requested. A total of 15 respondents replied with consent to participate; however, three respondents did not meet the eligibility requirements. A total of 12 participants received an informational letter with a complete description of the process along with a copy of Walden University's IRB-approved consent form. This study concluded with a total of 12 participants that met the eligibility criteria.

In this study, the sample size was determined by the depth of the inquiry and the richness of the data. While interviewing, I reached saturation with 12 participants. I continued the process of constituting parts and maintained posture while capturing the lived experiences. Table 1 I have presented the various social media groups that navigated the connection with the specific percentage of interest for the study. Leadership First presented 20% of interest, African American Leadership Forum obtained 20% of significance, and African American Leadership Program presented 20% of concentration. African American Entrepreneurs presented 28% of significant interest, and African American Leadership Board Institute platform made up 10% of interest.

All participants provided verbal confirmation of having met the inclusion criteria. All 12 established participants were over 18 and occupied an executive position within the last 3 years. An alphanumeric code was assigned for confidentiality purposes which were included in their electronic and paper file.

Table 2

Alphanumeric Identifier

Participant Alphanumeric Code	Healthcare Administration Years of Experience
Participant 1 (P1)	22 Years
Participant 2 (P2)	37 Years
Participant 3 (P3)	23 Years
Participant 4 (P4)	18.5 Years
Participant 5 (P5)	35 Years
Participant 6 (P6)	30 Years
Participant 7 (P7)	34 Years
Participant 8 (P8)	27 Years
Participant 9 (P9)	35 Years
Participant10 (P10)	20 Years
Participant 11 (P11)	33 Years
Participant 12 (P12)	40 Years

Data Collection

My initial contact with respondents was provided via email. I sent the research

packet, including the research consent form with detailed information, time commitment,

interview, data collection procedures, and confidentiality agreement. Once the participant

formally responded to the email and returned the consent form with signature, chosen

date and time for the interview was scheduled. I also informed all inquiries to forward

recruitment flyers to other African American colleagues who qualify for the research

study. In receipt of Walden's IRB endorsement 04-02-21-0671089, the data collection

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platforms and Walden University Participant Pool.

Interviews guided the primary data collection method for this study. The protocol

used was a 60 to 90-minute interview guide to explore the lived experiences of climbing

the corporate ladder for African American women in executive positions within the

healthcare administration industry. I wanted to ensure confidentiality and that participants

were aware that the interviews were facilitated on a private, secure conference line. I

verbally assured the participants that the semistructured interviews were recorded with

the EVISTR digital voice recorder, secondary questions, and follow-up questions.

A EVISTR digital recorder was used to capture the many accounts of each

participant's lived experiences. There were 60-90 minutes allotted for each participant;

however, four participants went over their allotted time. I used Otter (https://otter.ai/) as

the transcription software to translate the interviews. Once the transcription was

completed, I reviewed documents for accuracy and meticulousness. I finalized the

transcription with a member checking by allowing each participant to review the

transcript within 24 to 48 hours after the interview process was finished. The feedback

from participants was included in the transcription and all the journal notes submitted in

their electronic and hardcopy file folders. During the interview procedures, there were no

unusual occurrences in data collection.

Data Analysis

For this data analysis, I described Giorgi's (2012) descriptive phenomenological

method to explore African American women climbing the corporate ladder in healthcare

administration. Consistent with exploring versatile tools rich data is essential for the

participants' experiences (Edwards & Holland, 2020). Giorgi's analysis method

supported categorizing the meaning units and themes that developed from the

participants' responses to the open-ended interview questions (see Appendix A). To

protect confidentiality, all participants were identified with an alphanumeric identifier

(P1-P12). In the research of being conscious of the data being collected, a detailed process of the meaning units was applied to capture the substance of the participant's experiences with the phenomenon. The descriptive phenomenological method advocated by Giorgi (2009; 2012) was facilitated by the step-by-step process of analyzing the data.

In the first step, the collected data was utilized by reduction and bracketing. This step was completed by participants describing their experiences. For Step 2, Consistent with Giorgi (2009), I read each transcript, reviewed journal notes, listened to the interviews, and reviewed the transcription of the rich data again. The researcher hand-coded and developed an inventory of assigned colors to pursue the identified codes. During this process, I remained balanced with the phenomenological attitude.

During the third step, data shifts took place in maintaining a sense of the whole and the meaning units. Concurrent with hand-coding, I read and reread each participant's narrative as the meaning units were discovered. I ensured that the highlight data from the transcription and journal notes were significant to each research question.

In Step 4, The phenomenon's meaning units were transformed into psychological statements. The process of Steps 1 to 3 was repeated for each participant. The meaning units were also labeled and integrated with the lived experiences of the participant responses.

In Step 5, The process of this step was formulated in the category of expressions into comprehensive themes. The researcher ensured the function of the meaning

units was clustered into the identified themes. The researcher engages the process of *imaginative variation,* which determines the essence of psychological expressions (Giorgi, 2009).

In Step 6**,** Specifically for each theme, the researcher incorporated categorized quotes of the participants' collective expressions. This step was repeated with a constant contrast of the raw data on a continuum.

In Step 7, The final meaning units and themes were further transferred to a document for clarification. Lastly, the researcher developed a comprehensive narrative of the rich experiences with the data emerging throughout the exploration of the authentic experience of African American women climbing the corporate ladder in executive positions within the Healthcare Administration profession. In conclusion, there were no contradictory occurrences discovered in the analysis.

Evidence of Trustworthiness

Transferability

I established trustworthiness by presenting the raw data. All bias was abstained along with subjectivity in guiding the research philosophies. Details of the process were identified from the participant's accounts. Initially, this process was explained to confirm the understanding of the philosophical approach (Englander, 2012). Direct quotations of the participants' recounted the in-depth results of lived experiences in the healthcare administration discipline for transferability. The researcher provided a detailed description of the overall group by accurately conserving the privacy of the lived

experiences and acknowledging future researchers to replicate the phenomenon in future research. Giorgi (2012) defined phenomenology through the object's conscientiousness of the inequality of the participants' detailed accounts.

Credibility

According to Edward and Holland (2020), Credibility is the capacity to classify the patterns of experiences that are not instantly simplified. Giorgi (2012) explained that the phenomenon must be comprehended in qualitative research and the true value of the participants' lived accounts, disregarding any personal experience of the phenomenon. As the researcher, the participants were consistently encouraged throughout the process of the stated phenomenon and allowed modification of the transcription for accuracy as the bracketing continued throughout the process to ensure the expansion of the compassion of the lived experiences of African American women climbing the corporate ladder in healthcare administration executive roles were reported with accuracy.

Dependability

The researcher maintained appropriate cross-checking methods with the data to ensure the accounts during the transcription were aligned with the presented purpose. I thoroughly validated the interviews and rechecked the audio recordings, field notes, electronic files, paper files, and transcriptions adequately to certify the evidence for the phenomenon of interest.

Conformability

The researcher remained objective throughout the process, constantly confirming the findings. According to Ravitch and Carl (2016), the researcher must not present bias

due to being the essential facilitator in the qualitative research study. During the

conformability phase, all procedures were documented by making the space available for

participants to deliver their lived experiences of climbing the corporate ladder in the

healthcare administration industry. The participants were allowed to share and expound

with specific accounts of information received to discover the accurateness of the data.

The researcher-maintained confidentiality with each participant, did not present any bias

or personal experience of the phenomenon, and allowed the natural process to expand

without opinion.

Principle Research Question Findings

The results of this study were organized in a manner of transcriptions, supported

by observations, field notes, and journal notes. The researcher then transitioned into a

systematic analysis to demonstrate descriptive phenomenology, critical race theory, and

glass ceiling theory. A total of 15 participants responded to the recruitment efforts

organized through professional networking sites, Walden University participant pool, and

word-of-mouth advertising. Three were deemed ineligible for contribution to the study

by the established responses of the eligibility criteria. Based on the remaining responses,

12 individuals met the requirements for participation, and interviews were facilitated. All

12 participants completed the requirements of being African American women eighteen

years of age and older presently occupying an executive position in the last three years

within a healthcare setting.

From the 3 research questions, 39 meaning units and 5 themes emerged from the

data analysis process. The 12 participants were asked three research questions, 7

Interview questions, and 12 follow-up questions. The research, interview, and follow-up

questions inquired about the lived experiences of African American women executives

vying for healthcare positions reaching a glass ceiling. The interview questions focused

on the nature of their work, professional development, mentoring program affiliation,

professional decisions, support received throughout their career, and descriptions of how

she found her voice in her leadership role. According to Giorgi (2009), Participants'

experiences are uniquely diverse, and themes emerge from the data that discovers the

essence of which the phenomenon can be obtained.

Emergent Theme 1: African American Women Healthcare Executives

RQ1 identifies with meaning units and Emergent Theme 1: African American

Women and Healthcare Executives (see Table 3). There were many consistent concerns

about the executive role and criteria for obtaining the C-suite within organizations during

the interviews. The characteristics of each participant explored barriers that persist in

excluding African American women from ascending in their careers. Every participant in

the study addressed the higher echelon of corporate America the process of overcoming

being overlooked and underrepresented.

Table 3

RQ1 Meaning Units and Emergent Theme 1

Meaning Units	Theme 1
Medical Physician	African American Women
Medical Officer	Healthcare Executives
Chief Medical Officer	
Private Practice	
Dually Certified	
Mental Health Practitioner	

Theme 1 is essential because the African American women executives would not be in a C-Suite position without healthcare degrees, healthcare certifications, leadership experience, formal or informal sponsorship, dually degreed, adventurous exposure, and flexibility. Theme 1 emerged for a reason each participant experience workplace practices that influenced pigeon-holes on their accomplishments and ascension to the c-suite. All participants identified with desiring diverse interventions strategies that have produced senior leadership responsibilities. Participant 1 shared her experiences of vying for healthcare leadership positions in reaching a glass ceiling:

Absolutely. So currently, I have approached the glass ceiling. And what that has been like, it has been incredibly disappointing as you realize, even your qualifications no longer really matter. I've watched people be promoted, who were less qualified, less experienced less educated, but we're tapped on the shoulder to and did not have to apply for positions, and we're tapped on the shoulder to receive promotional positions. And this happens because of sponsorship and networking, and not necessarily networking but sponsorship. So often in the workplace. The higher you go, the more likely it is that you are promoted based on sponsorship is basically sponsorship and so what happens is when you incorporate bias and implicit bias, and who is comfortable with whom, oftentimes black women are the least likely to be tapped because those who are in these executive level or higher-level positions. When bias comes into play, they are more likely to tap people and engage people who are most likely. So, if your executive leadership levels are primarily white male, they are more statistics show

that they are more likely to sponsor and promote other white males, it must be an

intentional thought shift. In order for a white male to intentionally seek out a

black woman to promote or to sponsor, or to hire. And unfortunately, that does

not happen often at all. And so, the glass ceiling has been incredibly frustrating.

Participant 2 explained how her lived experiences in the healthcare workplace

continue facing racial disparities in achieving executive leadership positions:

Professionally, I don't know that I've had exceptional support. I've had the support

I've had tours have had, you know, folks who've worked with me within my

organizations. I don't think I've not had any support, and I can't say that that's the

case for me; I have one within my organization, outside of my work. I have two

mentors right now that I work with, you know, like, the press that I think do an

excellent job, so I could say that. But it's not, I won't say it's exceptional isn't it's

above and beyond or different than what other people may have had. social media

networks but also the very strong female support groups, and my tribe, and it's in

their hands. We studied together with the [Confidentiality] fellowship program

we're doing is like we are and somebody when something came up it's like okay.

It's time to talk and they need somebody to talk of course we're gonna volunteer

we go back, promoting opportunities, or within my peer group has been

life-changing is allowed me to consider opportunities I never would have

considered the positions on a word considered as in return to those same positions

will ask on a board now, and I can tell, here's how I ended up serving on this

board.

Emergent Theme 2: Increasing/Sustaining Ethnic Diversity Leadership Roles with

Mentorship/Sponsorship

RQ1 identifies with meaning units and Emergent Theme 2: Increasing /Sustaining

Ethnic Diversity Leadership Roles with Mentorship/ Sponsorship (see Table 4). Theme 2

focused on how shaping a leader is necessary for sponsorship and mentorship in diverse

ethnic roles. Many participants expressed the critical challenge that many employers do

not identify that diversity is not a priority.

Table 4

RQ1 Meaning Units and Emergent Theme 2

Meaning Units	Theme 2
Mentorship and Sponsorship	Increasing /Sustaining Ethnic
Certifications	Diversity Leadership Roles with
Business Development skills	Mentorship/ Sponsorship
Develop Compensation Analysis	
Lack of skills to negotiate compensation	
Inequitable Compensation	

Participant 1, P2, P3, P4, P5, P6, P8, P10, P12. The stated participants also shared

how organizations they have been affiliated with are challenged with promotional

opportunities and a limited pool of sponsorships.

Participant 1 shared her experience of climbing the corporate ladder with

sponsorship and mentorship:

oh yes, so I started my career in 2000 was selected for a Women's Mentorship

Program that launched in 2005, and I was a part of the 2006 cohort. So, that has

that was the initial mentoring program that I was a part of. And then I had

informal mentors, primarily one was a white male, who was key in significant and

critical into the progression and forward movement of my career, as he always

had, he always given me a very difficult process and very profound project is

significant projects, to lead. So between the both formal and informal mentorship.

I've had several, and currently, I have three mentors as well a white woman, one

black male, and one white male.

Participant 3 shared her experience of mentoring programs and sponsorship

groups:

I have taken advantage of many opportunities that have come to me. I've been

very fortunate that the organization has considered me for a lot of opportunities,

one, or two programs that come to mind are more external programs. One was

called Community Building Initiative, where they really focus on community

initiatives around equality when it came when it comes to housing and healthcare

and economic mobility, and the other was. And I just drew a blank there, but our

business was a business development program through the [Confidentiality]

[Confidentiality], which truly gave me a lot of experience and exposure from a

business development perspective and really challenged my critical thinking skills

outside of just my normal work of healthcare, but how do I bring the operational

side of healthcare into, you know my everyday work, and how do I nail take this

work and work with other groups that don't necessarily touch healthcare.

Participant 6 shared her sentiments of mentoring programs that assisted with

career advancement:

That was absolutely one of them. The other one was the fact that you know, after

doing this leadership program I had already left, [Confidentiality], the

[Confidentiality] clinics, and they became you know they had different

management, and then they actually called me back and I actually went into the

role that I initially and originally applied for. And when they brought me back and

I accepted the role back as a clinic manager. They had a mentorship program

where they actually partnered me up with someone that was basically one level up

higher than me, and, and she did she really did a lot of coaching, you know, she

made me think outside of the box, and she still allowed me to run my clinic, but

she taught me a lot about, you know how to use those policies you know those

policies backwards and forwards. Let the policies and procedures work for you in

terms of, you know, HR issues people matters. You know just managing your

clinic overall and that was a really great leadership program for me as well.

Emergent Theme 3: African American Women Unlikely to be Promoted in the Workplace

RQ2 identifies with meaning units and Emergent Theme 3: African American

women unlikely to be promoted in the workplace (see Table 5).

Table 5

RQ2 Meaning Units and Emergent Theme 3

Meaning Units	Theme 3
African American women are treated differently	African American women unlikely
Life is not fair when you do not work with someone that does not look like you	to be promoted in the workplace
The only female and the only African American in the medical group	
Sexism, racism, and inequality in healthcare administration	
Resiliency in all phases and spaces	
African American women underrepresented in the C-Suite roles with no diversity	
You have to be the right fit for the organization	

The meaning units of the emergent theme 3 defined the original value minority advancement. Many participants shared that inequality is perpetuated by the policies and procedures that are not out of women's experiences. Participants 1, P2, P3, P4, P6, P8, P11, and P12 expounded on their experiences of being treated differently while racism and sexism were present. The participants also explained specific evidence of their journey with a display of racial and gender disparity. Participant 4 illustrated her sentiments:

> *I've never asked to be on one single board; I've always either been nominated by someone, on the board that I'm leaving off of it now, or the mayor at the time, whether it was the current mayor before they told someone about me. And so they sought me out. But I sit on those boards, and they act just like, I'm invincible. For invisible, I would say, and they will not promote what I do in the community, but they will promote everybody else's stuff. I think that you know, and it's, and it's, and I say it, it's more of us that do their identities, the other side because [confidentiality] did. It's very hard being a business owner and being a black woman. And here, it's a lot of connections with the white community, and they look out for their own. I have been able to connect with a lot of the white owners and white community leaders, and they have helped me so much. They're the only people that have had buildings for me to rent, or have shared with me their journey. But even with some of them, you can get ahead, but if not farther than them before, they stop you at a point to kind of try to not let you go any farther.*

But they, they've all seen that that doesn't work with me because I don't have a

tangible source that's helping me if you know what I mean, you know, I've got

supernatural going on over here.

The specific evidence supports racism and sexism that build character and

resilience. Participant 6 illustrates:

I will say, let me think about my God. I've had so many challenges in my life.

Yeah. So yeah, I would say in terms of, you know, any struggles that

extraordinary support. I do have a few really close friends. And unfortunately, my

aunt, who has been my biggest cheerleader, she just recently passed like a month

ago, not even a month ago. She was probably my biggest supporter and the

reason I say that, even when I was before I became a registered nurse. I was a

single mom, you know, trying to make it from day to day and wanting to go back

to school and trying to keep a mortgage payment paid with no child support in,

you know, just not a whole lot of inner, you know, in that immediate family

support because I had brothers that were off doing their own thing my dad was

away doing his own thing. And my mother was here, but she was remarrying. And

so, she didn't have me to focus on. I guess she figured you know what you have

grown; now it's time for you to figure it out. But, I mean, it was hard at my end.

And I'll never forget this one time, I was so close to losing my house, and I was

trying to work in trying to go to school and trying to raise my kid and keep her in

a private school. I probably had like, less than two days to come up with the

money to make sure that I don't go into foreclosure, and, and she knew I was in

school, she lived in New York. She didn't have any kids. And you know I've talked

with her a couple of days before, but my practice would not let me get in the way

and say, hey, I need money from my mortgage because I'm so behind. And I went

to the mailbox that day after coming home from school, and it was a check in the

mail from her. And it was exactly the amount I needed to pay my mortgage, and I

fell on my knees and cried in my driveway.

The specific evidence supports the constant recall of gender disparity as

Participant 8 illustrates:

you know, it's not a specific juncture of the career; I just think it's very early on,

and what you do every day that you know it could also just begin guys as you

begin to recognize it right. A lot of times, you know you or I should say, you know,

sometimes you put the blinders on, You didn't really realize that, right, because I

don't want to go there, you know surely it's not okay so that can be like what

denial that you are experienced in it, but. So I wait; there's every juncture. To be

very honest, I just think very early on; I didn't realize it. You recognize it. I did

experience it was quite interesting in an interview. Just because my main went in

to interview for a physician, and the individual and I walked the room said, Oh,

okay. She's gonna be back here gonna be a middle-aged male. Oh, Eastern male.

And I said, Well, I'm not. I'm an African American female. And would you still

like to interview me, you know, I, I was just like so. Did you select me because of

that, and yeah, I just wrote I really didn't know. You know, kind of, you know from

that where you know where that would lead. But yeah, I mean, you do see that,

and you do experience that because as I share, you know you individuals have

that unconscious bias that, you know, you, it makes you wonder, is it really and

truly, the skill set is it really and truly, how I presented information or is it that

you just couldn't get past the physical, right, of what you're seeing, and he hates it

and sometimes you just never know.

Participant 11 explained her exceptional support changed her life and the challenging times were necessary for growth. Participant 11 illustrates:

so yeah, I have, I have two professors, and I hate to say it. My undergraduate

school actually was encouraging you know different people in it because after I;

they keep up with you and what you're doing. And so, in 2016, they actually called

me back, and they did this big honor. They said it was one of their most successful

students, and they honored me, and they asked me to speak at the convocation. I

was the keynote, which was nice. And then they gave me this big party afterward

dinner party. It was a really nice private club, and I mean, all of it was an honor

for me. So my undergraduate school is very proud of me. I want to get my career

to where I can actually go back and participate on their board because they need

me. Yeah. And so, you know, like I said, you know I faced racism at that school,

but not from everybody, it was pockets of it like, you know, it was mostly the

nursing program, but the rest of the school was very supportive of me. And so I

can't say that I went to a racist undergraduate school because USC Aiken was

very supportive of me; they still are supportive of me, they always have been. And

I do want to give back to them one day. But the biggest thing is that you know, I

did have a professor there, she was very supportive of me, and she always

encouraged me whenever she saw me, and I don't even think she realized that I

admired her as much as I do. I did, and so I remember my son had asthma. When

I was in nursing school, and she was a nurse practitioner, and I went to her

office, and she gave us everything we needed because we had Medicaid, and

nobody would give us what we needed. And after she gave us everything we

needed it my son's asthma, he outgrew it.

The participants were very transparent regarding explaining how an

African American woman discovers her voice while in a leadership role.

Participant 2 illustrates:

Yes, so healthcare is different depending on who you are, for physicians who want

leadership in health. Generally, you need to have a secondary degree in addition

to your medical. Now you will, jewels, who do not have those double degrees.

Many of them have been grandfathered in. And since this is anonymous, it's more

likely to be older one of only a medical degree, and then, you know, kind of been

given opportunities and work their way up. But generally, if you want to be

considered, you need to have your medical degree; you need to have your board

certified. You need to have your, you know, residency training all of that, and then

you need to have a secondary degree that secondary degree can be a Masters of

Public Administration. It can be an MBA; it can be math health which is what I

happen. I decided when I was in medical school to get an MD, MPH joint degree;

these programs are many other physicians who have already come out and

decided they wanted to do leadership has gone back and gotten their degree. But

now when you're in medical school, you can say, okay I want to get an MD MBA,

I want to get an MD, MPH and but they're newer, because like when I did my

MD, MPH I was a first graduate of that program we had not done it before, but

so you can do it out of medical school and say, This is the track that I want 20 or

30 years ago so folks at different stages of their training may not have that

minorities are underrepresented. General, you've got to have, you've got to have

to be considered for this leadership positions.

Emergent Theme 4: Social Networks of Survival

RQ2 identifies with meaning units and Emergent Theme 4: Social Networks of

Survival (see Table 6).

Table 6

RQ2 Meaning Units and Emergent Theme 4

Meaning Units	Theme 4
Lack of social support	Social Networks of Survival
Lack of moral support	
Lack of sponsorship	
Lack of guidance for promotion	
Diversity has been discussed but no solution	
Advocacy for emotional support	
Refuse to disrespect others despite mistreatment	
My mission is to help others	
I was eager to grow and develop in my craft	
Health and wellness for patients and self	

The participants described events and experiences that shaped them as leaders P2,

P4, P5, P10, and P11expressed how imperative it is for a leader to have a blueprint.

Participant 2 illustrates:

I was always doing something that some of our previous because if there's

physician leadership, but then there's kind of that administrative leadership, and I

drove my administrators crazy. I was like, we should be doing, do t physicals,

why are we doing immigrations is, what do after-hours kind of why are we

expanding ours out of our Saturday clinic. As soon as we can, patients should be

dispatched to me. I won't be being accessible to our folks with disabilities. And

they were like, what, what was all that I was like absolutely you can. And we will

because I am here you brought me here, this is what. And so, I was busy. I saw

more patients and other folks, and I had a very diverse patient population. A lot of

stuff. And I was like, you guys should do this, that, and I got ignored for whatever

I mean; first of all, I was freaking out of residency to tell us what to do. I was like,

absolutely what I'm good at. And one of the biggest contentions we had was

around telemedicine. I have been a huge advocate for that, and it really pushed

them and tried to show them how they could implement it within our

organization. And they were like no, no no we can't; we can't. And then COVID

hit. And we need telemedicine, And they were panicked, and I had already written

a white paper for them and everything.

Participant 5 also expressed her encounter of obtaining her career path. She illustrates:

It was our previous CEO. He's the one that put me in the compliance position.

When I said I was quote-unquote bored, and they needed somebody in it. I guess

with the staff on board at the time, I was the most qualified, not truly nor old who

was involved in compliance that you need more than just somebody who would

just tell you stuff they have to actually know the laws and things or at least work

with somebody who can teach all of that. I'm really good at what the current CEO,

in the beginning, had allowed me to go to training where I could learn different

conferences and meeting people where I can learn about the position. But, but

that, that was about it was that.

Participant 10 clarified her encounters of obtaining her current position and

reaching a glass ceiling. P10 illustrated:

To be honest, I did not participate in any mentoring programs. For sure, I had

people I considered a mentor or looked up to for advice while navigating this

journey. But truth be told, nobody really wants to help the black young woman

climb the ladder to success. People want to see you do good but never better than

them. This taught me to dig deep and go for what I want. There were many days

and nights of studying, making mistakes, and learning to get where I am today.

Uhh, like I said before, I did not have any mentoring programs back when I was

climbing this ladder of success. There was just school and uhh, the people you

knew. I loved to read and find out new information, and that is just what I did.

Along the way, I found people who had the same interest. just not the same

passion and drive.

I can remember in another situation; it was the year of 2011. It seems like the

healthcare organization I was working for was hiring people that looked like me. *I*

thought to myself, wow, this place was about to change. I remember meeting the

new executive, and she was beautiful, smart, and had many qualifications in her

as a leader. I worked there for about 5-6 years, and she would drop by the

building every three months or so. We begin talking and every time she would

come, she would always say how "upper management" was going to promote her

to CEO. Low and behold, when it was time for promotion, her position was given

to a male superior. I saw firsthand how women have to work 3x's if not 4xs

harder to prove herself that she is just as qualified as the next individual. That was

my experience and it wasn't totally my experience but in a way, it was mine

because I felt the hurt and betrayal.

All participants were fully involved and contributed based on the conditions

established. Each participant was willing to provide their lived experiences along with

illustrations of self-discovery. The meaning expressions are used to describe the defended

value of the participant in the study. The meaning expressions were hand-coded, which

contributed to the data analysis in developing the themes that materialized from the

transcribed interviews.

Emergent Theme 5: Operational Leadership Exceeding Expectations

RQ3 identifies with meaning units and Emergent Theme 5: Operational

Leadership Exceeding Expectations (see Table 7). Theme 5 is when all participants

expressed how they have become overachievers in developing professionally while

climbing the corporate ladder of success in the healthcare administration industry.

Table 7

RQ3 Meaning Units and Emergent Theme 5

Meaning Units	Theme 5
Overachiever/pushing self to limits	Operational Leadership
African American women Dual Degrees	Exceeding Expectations
Exceed Accountability	
Change Agent in the community	
Promotions come from doing a good job	
Understanding that more is expected	

Participant 7 shared her experience of becoming an executive leader and what was critical in attaining such status:

There was a situation where I applied for a position. And when I applied for the position. Once again, they did not expect that I was going to apply for the position so they already had everything. Or when I applied for the position. They pull the position. Excuse me. And when they pull the position, the person who they wanted to have the position was an acting role. So what they did. They pull the position because, in the acting role, she did not have enough time and was great in the position. Well, at this time, I had all of the, you know, and there's so much more that I haven't even, you know, provided to you as far as what you know, my professional career. So, once I was able to turn that around and get into a leadership role. It fueled me to not want to help others to go through that. It feels me to be an advocate and mentor to them to help them strive for excellence and to understand how the system worked. Because that was a huge part of it, not knowing how the system work, not utilized, you know, part of the problem that I would see with individuals who were trying to write a wrong is that it was, they

will present themselves and say, I feel, or, you know get very emotional and

become the stereotypical individual that they had alluded to them being, and then,

therefore, it justifies their decision, having individuals, and that's why I learned, I

went and I became a certified mediator and arbitrator and learning the system and

learning more about how it worked, not just at a local level, but all the way from

the central office. It's how we educate ourselves as to how we prepare ourselves to

go to the table.

Participant 10 shared her experience of becoming an executive leader and what

cultivated her growth in the process of becoming an executive leader:

Just simply learning and paving my own way with the help of other doctors who

believed in my vision. As I stated before, having a great support system, a prayer

life, determination, and motivation to become successful in my career as a

CEO/owner & operator of my own healthcare practice. Having the knowledge,

advice from other doctors who paved the way for younger doctors such as myself.

Participant 12 expresses her experiences that cultivated her growth as an

executive:

To be successful, and then I'm going to invest in your teams and your department

to help them to be successful. And I'm going to offer individuals and internal and

external individuals to help you, and also you know have very frank conversation

about what executive presence means, you know, part of those teachings is what's

an executive present what is your role as an executive, how do you present

yourself, how do you show up, you know, how do you speak up. We also have a

program in our hospitals for women learning. And there, I say hundreds of

women now have gone through that program, and it really is centered on helping

women, to empower a woman, to, to, to have that presence at any level in the

organization, not just for executives, but giving them a voice and sending a

message to the health system on the organization that says we believe that women

are equal here, and they have a rightful place at the table. And so what we're

going to teach them is how to make sure that they have a rightful place. So I think

I've been very, very fortunate to have, you know, growing up in a place where

these things are not considered ad hoc but they are considered, you know, critical

to as much as Budget and Finance and, you know, being physically responsible

and making sure you know we meet our budget and keeping the place running and

making sure we're safe and, you know, we protect patients and they have a great

experience, and we invest in our staff in terms of the compensation on their

health, that we also invest in our leaders so that they one specific thing,

Summary and Transition

Throughout the study, participants described in the interview process both

positive and challenging aspects of climbing the corporate ladder for African American

women in executive positions within healthcare administration. The structure of the

phenomenon was developed by the participants' perceptions of their experiences which

discovered the meaning units. Participants did not experience all themes; however, some

similarities determined a unanimous connection. According to Giorgi (2009), the

structure of the phenomenon's essence signifies the elimination of the individual themes

that would not be in existence or lost. The process of integrating the meaning units with connecting the themes is evidenced by the perceived value participants placed on the recall of the experiences. The results also yielded a thorough exploration of each participant's Glass Ceiling and Critical Race theoretical framework. The executive roles of the participants expressed components of career attainment in the healthcare industry. RQ1 was addressed by Themes 1 and 2 results in how African American women executives vying for healthcare leadership roles in reaching a glass ceiling. Participants' perspectives-maintained credibility while understanding a culture shift with each phase. The research also revealed the critical themes that were impactful on the process of becoming a leader.

RQ2 was addressed by Themes 3 and 4 results yielded how African American women in the healthcare corporate workplace experience racial disparities simultaneously with achieving ascension. All participants shared the sentiments that building diversity in the workplace is essential in corporate leadership. There was an increase of being an overachiever, pushing self to limits, exceeding responsibilities, promotions came from doing a good and more than what is expected. The findings of seizing the opportunity of becoming a leader were not easily identified or made readily available as being underrepresented in C-suite positions.

RQ3 was addressed by Theme 5 findings suggested African American women in the healthcare corporate workplace experience comes with a level of assessment with intentional steps to become impactful leaders. The participants all shared the same views on how important it is to be a part of a mentoring process in that the value of leadership

can be displayed. African American women remain underrepresented at all levels and agree the progress of commitment remains stagnant. In the findings, African American women are less likely to apply for a position with the hope of being considered for a simple interview. The participants have identified that they must work harder and double regardless of their assigned role. The intersection of race and gender shapes each participant in meaningful ways by overcoming obstacles, distinctively creating a steeper path in becoming an effective leader.

The further discussion surrounding the interpretation of the findings, study's limitations, and conclusion follow in Chapter 5. Recommendations for future research and implications for social change concluded the chapter.

Chapter 5: Discussion, Conclusion, and Recommendations

The purpose of this qualitative phenomenological study was to explore the lived experiences of climbing the corporate ladder for African American women in executive positions within healthcare administration. African American women continue to search for a voice by demonstrating success despite marginalization and limited opportunities (Stewart, 2016; Thomas, 2019). Thus, the research design supported the lived experiences of twelve participants. The results and the collected data and analyzed data have been examined in the study. It is applicable to discuss how the outcomes are integrated with the specific purpose. It is awe-inspiring to reflect on the motivation for this undertaking along with the research and follow-up questions established. The opportunity to intentionally share results from previous studies will help fill the gap acknowledged at the inception of this study. The qualitative phenomenological research design was suitable to resolve the proposed research questions. This final chapter aims to explain the specific results from a phenomenological perspective to contribute to expanding the value of this study.

One of the significant findings identified was how African American women reveal several themes on how the daily work environment influences the experiences in the healthcare industry. The recollection of finding their voice in a leadership role is evident in the many accounts of being treated unfairly, learning how to create an opportunity, and understanding the elements of becoming empowered. Most women desire to grow and develop as professionals by enhancing their craft in the healthcare

community. The data were collected from semistructured interviews with 12 participants with an average of 20 to 38 years of healthcare administration experience.

The remainder of this chapter will include a summary of the results, a discussion of the findings and conclusions, a presentation of the limitations, recommendations for future research, and the implications of the study. Finally, I will discuss my conclusions.

Interpretation of the Findings

The structure of this study was developed by the identified themes of focusing on African American healthcare executives by promoting diversity which allows discrimination, labeling, and injustice in the workplace (Rattan & Dweck, 2018). The application of the glass ceiling theory and critical race theory was compatible in the study. Women's underrepresentation in leadership roles affects their welfare, comfort, and security globally (Wesarat & Matthew, 2017). Clevenger and Singh (2013) suggested that structural, societal, and bureaucratic barriers shift the conscious and unconscious bias related to gender and ethnicity. Previous studies confirmed similar findings that were also identified in this research. African American women maintain the posture of negotiating race, gender, self-presentation, and other stereotypes in the workplace. There were 12 participants in the study that supported understanding and established a foundation for future exploration for organizational leadership and social change in the workplace.

The results showed African American women continue to experience leadership challenges access to C-Suite opportunities, inequities in structural discrimination, along with limited opportunities that produce systematic racism and emotional difficulties. The results also showed that African American women are overlooked and present feelings of

invisibility and thrive off a sense of belonging, level of acceptance, and value

relationships in the workplace. This study confirmed that African American women are

qualified with various degrees, certifications, and licensure continues to endure

underrepresentation in leadership positions within the healthcare industry. The study also

confirmed that the opposition of inconsistencies of race, gender, and leadership in

healthcare administration succeeds employee fulfillment.

The analysis of the findings was explored with the proposal of three research

questions. The research questions confirmed that African American women climbing the

corporate ladder had faced racial disparities in achieving an executive position. The

findings were characterized by the five themes that emerged from the presented

semistructured interviews. These themes were: (a) African American women healthcare

executives, (b) increasing/sustaining ethnic diversity leadership roles with

mentorship/sponsorship, (c) operational leadership exceeding expectations, (d) African

American women underrepresented and unlikely to be promoted in healthcare, and (e)

social network of survival.

RQ1 Theme 1: African American Women Healthcare Executives

The first finding that aligns with RQ1 Theme 1 emerged from the research was

identified as African American women healthcare executives. All participants are

healthcare executives who expressed their experiences of seeking a leadership role and

simultaneously reaching a glass ceiling. All participants are dually certified, medical

directors, chief medical officers, medical physicians, private practice, and mental health

practitioners. All 12 participants expressed they worked very hard to position themselves

not to be overlooked but unfortunately, disparity continuously persists in healthcare administration. All participants shared that the responsibility is what one makes of it and what one is empowered to do. All participants stated that what they were hired for is not what they are currently doing due to the public health crisis, COVID-19. P1, P2, P3, P8 stated that they attempted to nudge the organization to move strategically with community engagement, education, and quality metrics.

Professional development, self-growth, and leadership goals in healthcare administration are viable in reaching a glass ceiling. The study also confirmed that progress remains slow and was conducted by Linked In, and McKinsey examined deeply with a confirming that one of the reasons for lack of progress is exemplifying a *blind spot* when it comes to diversity (Krivkovich et al., 2018; McKinsey & Company, 2019). All participants expressed that many of the organizations that they have been affiliated with have overlooked the realities of being charged with great responsibility and experience the least support. The intersection of gender and race was shared by P1-P12, which is known as a one-size-fits-all approach and not tailored to the individual's career goals. P1, P2, and P3 detailed their experience of receiving opportunities based on working through an exhaustive spirit. They have expressed that working with other community initiatives, leadership projects and showcasing their abilities allowed them to be considered for an executive role. P3 stated that her skills were observed when she worked beyond her current position and volunteered for healthcare initiatives within her organization. P2 also detailed her experience in being more flexible and taking on additional duties to prove that she was suitable for current and future opportunities. P3, P5, P6, and P8 articulated

that many of them in their executive roles have completed groundbreaking work and have

more to accomplish. As Ansari (2016) implied, workplace norms directly affect a

woman's life and career goals.

For this study, African American women executive participants also described

thoroughly exemplifying an intelligent space to learn from the positive and challenging

experiences while climbing the corporate ladder. P3 communicated that she knew how to

become a leader by accepting what needed to be discovered in low places and spaces in

her career. P4 expresses that her common space is recoverable, and rebounding has been

one of the reasons she can celebrate even during feelings of rejection.

RQ1 Theme 2: Sustaining Ethnic Diversity Leadership Roles with Mentorship and
Sponsorship

The findings that align with RQ1 Theme 2 resulted in the second theme: P1. P2,

P7, P8, P9, P10 specified mentoring and sponsorship programs that supported her

professional development in attaining C-suite status. Bierema (2016), the responsibility

of gifted women has transferred to develop a diverse culture. To become successful as a

leader, women must conform as a male figure in the workplace. P4, P5, P10 provided

details that unofficial and official mentoring programs have molded their work ethic and

the posture of leaning in with the executive presence. P5 shared how her mentoring

program began with her CEO, and he happened to be a male. The mentorship was not

formal and did not present any official rules. P5's experience was learning the laws,

protocols, and regulations in the healthcare industry. She shared her knowledge of

encountering a task that was not asked of her; she took the initiative and felt comfortable

in her entire being. P5 experience created future opportunities for African American women, and training with the knowledge and understanding that there must be a willingness to nurture the growth. Stewart (2016) suggested that it is vital that a mentor share their experiences to avoid any difficult circumstances while attaining an executive role. The literature remains valuable as sponsorship is an element of associating leaders with career progression.

This study confirmed how essential it is for diversity to be appreciated within an organization and operate from the posture of cultural consciousness and increased equity (Wilson, 2014). The literature confirmed providing knowledge and action in the workplace with talent development (Moore, 2018). P8, P9, P11, and P12 expressed that their organizations emphasized leadership and mentorship; hence, they have not developed an official sponsorship program. P8, P9, P11, and P12 chose their mentors to climb the career ladder and was intentional with the connection. P9 conveyed a detailed timeline that she created to assist the mentor with her career development. The development plan consisted of weekly meetings, target dates for specific goals, a review of strategies on functioning in an executive role, and the scenarios to support her growth within the division and future positions. All participants were amazed about what they had in common with other colleagues of the identical race that experienced microaggression throughout the various career transition.

RQ3 Theme 3: Operational Leadership Exceeding Expectations

The literature aligned with RQ3 Theme 3 and reveals that African American women have experienced worse outcomes than their colleagues in the workplace

(Mckinsey & Company, 2020). African American women remained underrepresented in senior roles and were promoted at a decelerated momentum (McKinsey & Company 2019; 2020). The study confirms that African American women are not offered the C-suite roles, sponsorship, advocacy, and advancement opportunities due to decreased collaboration with other senior leaders. P1, P2, P5, P9, and P12 reveal that every position they have held has led them to look through a different lens and celebrate every milestone in attending a conference, webinar, or even a table when making decisions. All participants discussed that perspective is vital when pressures of ethnicity and gender seem to be overlooked along with abilities.

The specific experiences that cultivated many of the participant's growth in becoming executive leaders have often been the only African American on the team, division, or even the organization. P9, P10, and P12 expressed that they were fortunate enough to command a level of respect due to their work ethic, previous experience, and level of education. One element of progression for the participants is that the direct supports assist in being better equipped for current roles. P1, P3, P5, P6, P9, P10, P11, and P12 experienced working very diligently to exceed expectations, pushing themselves to the limit, ensuring dual degrees were present, exceeding accountability, ensuring she was a change agent in the organization, change agent in the community, and ensuring that her work ethic was impeccable.

It is essential to recognize biases and all the little wins (Dykstra, 2018). Training and development as a leader were significant. However, participants expressed that they had created a wall of protection to guard their process and eliminate rejection. All

participants assessed in each role are that until the organizational leaders identify and appreciate the culture and challenges, the risk and implications cannot be understood what the community experiences (Livingston, 2018).

RQ2 Theme 4: African American Women Unlikely to be Promoted in the Workplace

The Literature aligns with RQ2 Theme 4 and discovers African American women understand how valuable it is to equip themselves with advanced degrees, certifications, and diplomas with hopes of establishing they can operate in an executive role (Livingston, 2018). All participants experienced many sacrifices every single step within the progression of attaining a leadership role. P1, P2, P3, P5, P10, P11, and P12 examined the passage of sacrificial contribution to what cannot be returned. The participants discussed that the greatest sacrifice was time, family, physical, emotional, and mental capacity. P3, P5, and P12 discussed the clinical hours needed earlier in their career that required clinical rotation, and with the mandatory clinical work, they decided to attend daily. The participants shared in detail that they went above and beyond the call of duty, going in when they were scheduled and showing up when they did not need support. This was an expectation set on them; being an overachiever has been a requirement since childhood. Persistent knowledge with achievement is the process of talent development (Moore, 2018).

All participants disclosed that if they were allowed to learn, they welcomed the tools from their leaders; unfortunately, there remains a constant struggle with the culture of finding this development necessary. This study confirms that a prerequisite of being

successful in the workplace is developing a rapport with your manager and sharing

obligatory functions for executive roles. The equal opportunity and uniformity that have

been identified as fairness are essential for job satisfaction (McKinsey & Company, 2018,

2019, and 2020).

As the study substantiates African American women are miscalculated and

undervalued. Researchers have also illustrated that African American women are

substantially diminished in advanced executive positions in healthcare management

(Wiggins, 1991). All participants revealed that it took longer than they anticipated to

obtain their current role. The contributions and other colleagues received the same

position with fewer achievements, an average skill set, and less time.

RQ2 Theme 5: Social Network Survival

The Literature aligns with RQ2 Theme 5. African American women persist in

operating in the shadows of others while continuing to encounter challenges (Kim &

O'Brien, 2018). Internal conflict and service efficiency need to be understood before

essential vocational outcomes are fulfilled (Kim & O'Brien, 2018). P2, P3, P4, P5, P10,

and P11 confirmed that relationships seemed a bit complicated due to being an introvert

and maintaining a learning posture. P2, P3, P4, P5, P10, and P11enjoyed one-on-one

conversations that are intriguing, absorbing the process of how to become worthy. All

participants stated that they are intentional about their small circle, and they all impart

into each other daily. The study established that many opportunities were presented, and

the participant would give her all in everything that she did. Still, when she needed

support, she also discovered her circle was full of peers who could not provide sponsorship.

To create a healthy, diverse work environment, the participants reinforced that it is essential to understand one's education, healthcare, socialization, and the organization's role in the process (Nixon, 2017; Stewart, 2016). P11 and P12 collectively disclosed multilayered experiences of feeling rejected because when they needed support, no one was accessible. They moved forward with expressing that the monster they created was being there for everyone else but at the expense of family, and they also neglected themselves.

The study confirmed that with all participants' experience, they were held to a higher standard with the system working against their talent development. The presumption is that women in the workplace must demonstrate the qualities of their colleagues in management; unfortunately, the comparison was to male counterparts (Beckwith et al., 2016; McKinsey & Company, 2019). The assumption is that executive leaders must acquire assertiveness and toughness, which is the stereotypical male gender. This study long-established that women remain under pressure to adapt to the systems labels (Beckwith et al., 2016). All participants shared their experiences of being happy in various executive roles; however, they chose to remain loyal and refer others because of contentment.

GCT and CRT served as the theoretical framework for this research study. GCT and CRT were chosen to connect with the obstacles to career progression in the healthcare corporate workplace. This study explored the "whole" person and their

detailed experiences of cultural and racial disproportions in their executive roles. This study is suitable for human subjects and behavioral occurrences (Giorgi 2009; 2014). The expression of researching an individual with nonfragmented psychological methods (Giorgi, 2009). This study directly supports the descriptive phenomenology to examine African American women's disparities climbing the corporate ladder in executive positions within healthcare administration.

The GCT exists due to extracting the underrepresentation of women in leadership positions that feed into a male's professional attributes to succeed in the workplace (Cundiff & Vescio, 2016). The application of gender inequality focuses on the injustices between men and women (Schlichting, 2015; Wesarat & Matthew, 2017). This study revealed that the glass ceiling is essentially the invisible barrier preventing women from ascending to the corporate hierarchy. The study confirms the participants experienced unfairness, and as African American executives, they were overlooked due to not understanding the importance of being equipped for advancement. The participants were always pigeon-holed to a perception of constantly proving that they could get the job done. Gender, race, and power are domains that African American women have experienced in obtaining leadership roles (Allen & Lewis, 2016).

Critical Race Theory also served as a framework for this study which symbolizes racial inequality (Subotnik, 2017). CRT authenticated the dialog of the marginalized lived experiences within this research. The participants identified with the "oppression factor" that would not allow them access to resources and opportunities, unlike their male counterparts. The factor of oppression has been recognized by African American women

being mistreated, less worthy, and presented some form of abuse (Palmer et al., 2019). Participants articulated that they have received questionable treatment regarding expectations, regardless of area, geographical location, or department.

This study participant supported both GCT and CRT theory that African American women continue to experience a range of microaggression and cope with daily biases in the corporate workplace. Participants endorsed the belittling comments and observations and were questioned in the professional setting of just not being enough. In the words of the participants, they have felt that the norm is deep-rooted discrimination; however, the goal of CRT is to view the world through an unbiased lens. This study was established through the lens of GCT and CRT barriers in healthcare administration, confirming racial disparities in achieving an executive position.

Limitations of the Study

This study provided a comprehensive description of the lived experiences of climbing the corporate ladder for African American women in executive positions within healthcare administration. Hence, the affairs of the participants were exclusive to their experiences.

This study was not generalizable to individuals of other races, males or even minors, and those not currently residing in a C-suite position. These limitations may cause some concerns with the sample size. The sample size may be a concern. Hence, there are more underlying challenges in determining the sample size (Pietkiewcz & Smith, 2014). The goal for the sample size is also determined by the richness of data, the complexity of examination, delivery of data, and the allotted time for the study (Creswell,

2014; Pietkiewcz & Smith, 2014). The researcher utilized a journal was to maintain reflexivity and capture any transparent biases. In this study, the participants' differences and similarities may impact the quality of life, which undoubtedly may affect the individual's experiences, impacting future research endeavors.

Recommendations

Because qualitative research invokes empirical paradigms, a foundation for identifiable themes is established. The final sample size of this study was based upon the fulfillment of the saturation of the data. This study was conducted to explore the lived experiences of climbing the corporate ladder for African American Women in Executive positions within healthcare administration. As the meaning units were identified through the participants' experiences, future exploration of African American women discovering their voice, understanding the effects of the perceptions on their self-confidence, and career progression with establishing a culture that promotes leadership traits at all levels within an establishment in healthcare administration.

This research undoubtedly fills the gap with the African American women who lived experiences encountered barriers and received fewer advancements despite qualifications. Additionally, while this study has focused on African American women's perceptions and narrative description, another revealing study might view this phenomenon from the perspectives of women of color executives in healthcare administration rallying for racial equality, mentorship, and sponsorship. It is also recommended that healthcare organizations develop an increased knowledge of the advances of encompassing African American women in executive roles. It is

recommended that the findings from the research serve as a foundation and an instrument for social change. Within the themes, additional research could impart clarity to considerations and variables that propelled participants to perceive experiences in individual disciplines. Such information of the organizational culture could provide a more holistic understanding of the experience and influences on organizational efficacy.

Implications

This study confirmed the discovery of the fundamental social transformation enduring barriers to advancement opportunities for African American women in healthcare administration. The phenomenon of interest discovered the lived experiences of African American women executives vying for healthcare leadership roles in reaching a glass ceiling. Additionally, this study aimed to understand African American women climbing the corporate ladder and experiencing racial disparities while achieving an executive position. The findings of this study may contribute to the current body of literature on African American women sustaining ethical diversity leadership roles in mentorship or sponsorship.

Operational leadership and exceeding expectations will encourage organizations to develop executive leadership training curricula or sponsorship programs to enhance the achievement of executive roles without stigma and equal opportunity. African American women remain stagnant and still face challenges of racial bias even during a healthcare crisis (COVID-19). The first step in bringing a positive social change is to address the distinct challenges African American women face directly. The next step for implications of positive social change is to foster a culture that supports the values of African

American women and allows a safe space to address racial violence by publicly

acknowledging these occurrences.

Conclusion

The descriptive phenomenological study results have yielded twelve participants

and their perspective of their lived experiences climbing the corporate ladder for African

American women in executive positions within healthcare administration. Twelve

semistructured interviews were conducted with African American women to fully

understand the devaluing, discriminatory behavior, and microaggression that

organizations have unconsciously endorsed. The unique experience of twelve participants

described a similar narrative that five themes could best illustrate. The five themes

included: 1) African American women healthcare executives, 2) Sustaining ethnic

diversity leadership roles with mentorship and sponsorship, 3) Operational leadership

exceeding expectations, 4) African American women underrepresented and unlikely to be

promoted in healthcare administration, 5) Social network of survival; a sense of

ownership and self-worth as a leader. African American women do not adopt the "ideal"

employee; however, they are equipped with the education, skills, knowledge, and the

desire to maintain a commitment to the organization (Bierema, 2016). The scholarly

literature discovered encounters with African American women in healthcare leadership.

The glass ceiling persists with the transparency that inhibits women and minorities from

opportunities in climbing the corporate ladder (Downes, 2014). Additionally, social

injustice has contributed to executive leadership governing racial and gender bias. Wage

variances, time obligations, and promotional opportunities are elements that regulate

advancement with multiple positions (Downes et al., 2014; Schlichting, 2015).

African American women are constantly looked upon as passive, aggressive, and

recalibrating themselves to adapt to the organization's norms. Organizations must create

a diverse work atmosphere (Nixon, 2017; Stewart, 2016). Racial diversity and inequality

have been significant with social issues, and organizations are intentional about devoting

funds to support variety in the workplace (Kulnik et al., 2020; Scarborough et al., 2019).

African American women are culture carriers in the workplace; they guide the

untrained into maturity and show up in her life as a struggle with self-esteem and a

challenge with security of self in developing executive roles (Ratton & Dweck, 2018;

Stewart, 2016). What often isolates an African American woman from others is

constantly overemphasizing the peer's similarities (Beckwith et al., 2016; Ratton &

Dweck, 2018). African American women thrive to attain their career goals by being

equipped with the tools for success (Nixon, 2017). This study's final potential for social

change may be for organizations to take bold action with gains in gender diversity and

introduce a foundation for a better workspace of formal and natural support that other

employees do. Labeling and Pigeon-holing must go beyond the scope of employers'

actions and create a pipeline for African American women to believe that fairness exists

by acknowledging the blind spot and owning it.

As the researcher and a scholar for positive social change, it was necessary to

highlight the distinct challenges African American women lived experiences increase

heightened awareness so that efforts are implemented towards the initial pipeline of

valuing women in leadership roles and diversity enhancement (Freeland, 2019;

McKinsey & Company, 2017, 2018, 2019).

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Appendix A: Interview Guide

Greetings Participant _____. Thank you for participating! Your response is important and significantly appreciated. My name is Oriaku Sowell, and I am a professional graduate student at Walden University, pursuing my doctoral degree. This research is needed for partial fulfillment of my requirements needed for the Doctoral program.

As stated, your response is valuable and will remain confidential. The recordings and documented transcripts will help understand how African American women lived experiences climb the corporate ladder in healthcare administration and the underrepresentation in executive positions. This interview should last for 60-90 minutes, and if you need to stop, take a break, or remove yourself at any time, please feel free to inform me, and we will momentarily discontinue the interview. Your participation is entirely voluntary, and you may terminate this interview at any time you feel necessary. The interview will be recorded to protect your confidentiality, and your name will not be given.

Introduction

1. I will introduce myself to participate in developing a rapport. I will provide a verbal thank you for completing the informed consent and the oral completion of the questionnaire.

2. All participant's privacy will be protected during all phases of this study. Do you have any concerns about your privacy?

3. Do you have any questions about informed consent? If so, please explain.

4. Do you authorize this interview to be audio recorded?

5. Are there any more questions before we proceed? If there are no questions, with your permission, we will now begin the interview process.

Open-ended questions will be used to produce responses that will be rich in detail. Questions are based on the research questions and then expanded to allow for examination of reactions.

Research Questions (RQ)	Interview Questions (IQ)
RQ1: What are the Lived experiences of African American women executives vying for healthcare leadership positions in reaching a glass ceiling?	*IQ1. Can you describe your current role and the nature of your work?* *FU1: Describe any significant professional development endeavors that assisted with leadership growth?* *FU2: Can you tell me about any mentoring programs that assisted with career advancement?* *IQ2. Can you describe any events, for example, professional development or mentoring programs that you might have encountered in obtaining your current position?* *FU1: Tell me what experience occurred before reaching a glass ceiling?* *FU2: Can you describe any teams or programs that helped shape you as a leader?* *IQ3. Can you describe your personal, academic, and professional decisions that were impactful on your current position?* *FU1: How are your relationship with your peers?* *FU2: Can you describe the support that you received with career advancement?*

RQ2: What are the lived experiences of African American women in the healthcare corporate workplace facing racial disparities in achieving an executive position?	*IQ4. Can you describe any exceptional support while achieving your career goals? Tell me what specific evidence of your journey has a display of racial or gender disparity?*
	FU1: Can you describe how an African American woman discovers a voice in a leadership role?
	IQ5. Can you describe any specific experiences that cultivated your growth in the process of becoming an executive leader?
	FU1: Can you describe what contributed to your career success?
	FU2: Can you describe your experience with barriers or obstacles that you encountered in your career progression?
RQ3: What are the lived experiences of African American women in the healthcare corporate workplace in achieving an executive position?	*IQ6. Can you describe experiences that were critical in attaining an executive position?*
	FU1: What skills and experiences are essential for African American women as advancement occurs in the workplace?
	FU2: Can you explain any sacrifices that were made during your journey of becoming a leader?
	IQ7. Describe when you established a goal to become a leader? Tell me, what was most impactful in becoming a leader?
	FU1: Can you tell me what pivotal moments occurred in your career?

Any final concerns, discussion, or additions before we conclude?

Thank you for this opportunity you have provided for me to learn from your life

experience. Thank you for being respectful, patient, honest, and transparent.