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MANAGEMENT (HIM) PROFESSIONAL**

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LEADER DEVELOPMENT OF THE
HEALTH INFORMATION MANAGEMENT (HIM) PROFESSIONAL

Theresa L. Jones

Submitted in partial fulfillment
of the requirements of
Doctor of Education
Higher Education Leadership

National College of Education
National Louis University
June 2021

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Doctor of Education
in the National College of Education
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Approved:



Nathaniel W. Cradit, Ph.D., Chair,



Nathaniel W. Cradit, Ph.D., Program
Director



Jamal Scott, Ed.D.



David SanFilippo, Ph.D.

June 7, 2021

Date Approved



Merida Johns, Ph.D., RHIA

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Abstract

This study contributes to the body of knowledge in leader development by examining how higher education programs in a female dominated profession assist learners in developing person-related characteristics that support leader development. A ten-part online survey was sent to directors of health information management (HIM) programs accredited by the Commission on Accreditation for Health Informatics and Information Management (CAHIIM). Results suggest an opportunity for improvement in the curriculum for development of person-related characteristics critical for leadership positions. In the interest of the progression of women these results should be taken into consideration.

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Chapter 1

Introduction

This research evaluates how organizational and program director characteristics influence curriculum development for degree programs in health information management (HIM). Specifically, we describe how accredited programs incorporate leader development in the curriculum to address person-related characteristics that hinder women from achieving executive level positions and whether the organizational and leadership characteristics of the institution influence the way in which the curriculum is shaped.

The Commission on Accreditation for Health Informatics and Information Management (CAHIIM) is responsible for the review and accreditation of health information management (HIM) associate, bachelor and master's degree programs. The institutions reviewed here are restricted to those accredited by the CAHIIM. The positions evaluated include senior executive and C-level positions, such as the chief executive officer, chief financial officer, chief information officer, chief nursing officer and senior and associate vice-presidential titles. Person-related barriers are defined as: self-doubt, lack of confidence, underestimating self, self-perspective on capability, credibility and capacity (Bismark, Morris, Thomas, Loh, Phelps and Dickinson, 2015; Segovia-Perez, Laguna-Sanchez, Fuente-Cabrero, 2019). The research question is two-fold: a) does the curriculum address person-related characteristics that limit the upward mobility of female HIM professionals, and b) do HIM program director and organizational characteristics and perspectives modify the curriculum development process.

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The underrepresentation of women in senior leadership positions is a recognized issue throughout most industries, including healthcare. Although healthcare leadership positions may be more representative of women relative to other sectors, such as technology, continued progress must be made with respect to preparing women for seeking and filling these roles, and the requisite organizational changes which must be in place to accommodate their ascent. Gender disparity in senior leadership roles is commonly referred to as the “glass ceiling” a concept that is defined as: “an invisible barrier based on the prejudicial beliefs that underlie organizational decisions that prevent women from moving beyond certain levels within a company” (Openstax, 2019, p.128). While there is research on the organizational, structural, cultural, and person-related barriers that hinder women securing senior leadership roles, few investigations have explored how curriculum design in higher education can be modified to specifically address these impediments. In one study designed to evaluate whether leadership education for women can mitigate the barrier of low self-confidence, 50 women completed a “women’s leadership program” designed for higher education learners. At the conclusion of the program, participants reported increased self-confidence and a better perception of their leadership capabilities (Segovia-Perez et al., 2019, p.1). Thus, additional high-quality research is urgently needed to inform the curriculum development process of HIM degree programs in higher education with the goal of improving leader development for female students. A secondary outcome of this approach is to inform the HIM program directors regarding characteristics that may influence adoption of these curriculum modifications.

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Background, Context, and Theoretical Framework

Few women in leadership positions

The underrepresentation of women in senior leadership positions persists despite many examples of exceptional female leadership throughout history. In collaboration with this concept, is June Carter Perry's position on the need to expand the senior level role of ethnic women in government (Perry, 2021). For example, although more than 75% of CEOs consider gender equity a primary priority, women at all levels remain underrepresented. The following proportions are based on a study of over 130 companies and 34,000 men and women: 29% of women are vice-presidents, 24% are senior vice presidents, 19% are members of the C-suite, 46% are in entry-level positions, 37% are managers and 33% are directors (McKinsey & Company, 2016). As recently as December 2019, the S&P 500 list stated that 29 (6%) of women held CEO positions at S&P 500 companies (Catalyst, 2020). The percent of female CEOs increased from 3% to 5% during the decade from 2008 to 2018, according to the Russell 3000 Index (Mishra, 2018). According to the U.S. Department of Labor and Statistics, 1573 individuals were CEOs during 2018, and of these 26% of the CEOs were women, 90% were White, 4% were African Americans, 6% were Asian and 10% were Hispanic (U.S. Bureau, 2019). In the 2019 Women in Workplace study, 68,500 individuals from 329 organizations participated in the survey. The results revealed that one in five C-suite executives is a woman whereas one in twenty-five C-suite executives was a woman of color; 68% of members of the C-suite were white men while 10% were men of color; 18% were white women and 4% were women of color (Lean In, 2019). In healthcare, 12% of women were identified as being members of the C-suite (Mishra, 2018). In a

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healthcare survey of close to 200 members of the C-suite, 55% believed that women are passed over for promotion because of their gender (Korn Ferry, 2019).

Women have proven throughout time that they have the ability to lead as well as men. The examples are numerous and emphatic. Cleopatra was the queen of Egypt for almost three decades dating back to 332 BC (Tyldesley, 2019). Queen Elizabeth remains on her throne today for greater than 65 years making hers the longest reign in British history (Roland, 2019). Sojourner Truth, an abolitionist who was actively involved in the antislavery movement, was also a woman who fought for women's rights with a women's movement dating back to the mid-1800s (Nation Park, 2019). Most recently is Kamala Harris, the first woman and the first woman of color to be the Vice President (VP) of the United States (Subramanian, 2021).

Despite these continuous images of strong, powerful, and influential women evident for centuries, women remain underrepresented in leadership roles for most if not all industries (Beatty, 2019).

For women of color (African American, Asian & Hispanic), the statistics in leadership positions outside of government are slim. Although women of color comprise 17% of Standard & Poors and Fortune 500 company payrolls, less than 4% hold leadership or managerial positions (Hill, C., Miller, K., Benson, K. and Handley, G. 2016). Hill provided a number of reasons why this should be an area of concern. One of these is that corporations benefit from female leadership: drawing on the talent of a diverse workforce is good for business. With respect to government, diversity increases the talent pool of the leaders (Hill et al., 2016).

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Aside from economic or political motivations to increase female representation, various philosophical considerations demand that female leaders be cultivated. Several examples are provided here. From a philosophical worldview or interpretive framework, the underrepresentation of women in senior leadership positions can be viewed through multiple lenses. From a postpositivist worldview, one can look at causes that influence outcomes based upon objective measurable criteria. From a social constructivist view, research is informed by the views of others as a result of perspectives generated from experiences. A transformative worldview speaks to the need of making this matter an agenda item for social change in areas such as discrimination and oppression. This view also considers the social injustices incurred by marginalized individuals (including women). The pragmatic worldview has an interest in better understanding the problem (Creswell, 2014). The feminist theory as an interpretive framework reveals an understanding of the impact on women as members of a patriarchal society. The critical theory framework sheds perspective on the need to empower and advance people who have been limited or restricted as a result of race, class and/or gender. The Queer theory is also applicable based upon the concept of addressing and providing voice to a group that has often been suppressed. Similarly, the disability theory addresses the importance of promotion and inclusion (Creswell, 2018). Despite how the underrepresentation of women in senior leadership may fit into each of these worldviews or interpretive frameworks, the one best suited for this research is the critical theory.

The critical theory speaks to the importance of society addressing the constraints and inequities placed upon women who are limited in their pursuit of self-actualization simply because they are women. It is a social theory designed with the intent to influence change (Creswell, 2018). Self-actualization means to fulfill one's potential (Henson, 2010). Though

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a position does not define a person, there are characteristics and traits of women who are effective in senior leadership positions that complement the mold of self-actualization. For example, women in senior leadership positions play a role in the development of an organization's strategic plan, an effort that requires one to be creative and spontaneous with ideas and actions. These women must acknowledge and remedy difficult circumstances or facts about self and their organizations despite how challenging this may be. They are self-regulated in their morality and judge others objectively (Henson, 2010).

Healthcare leadership

There are two common paths to becoming a healthcare leader. The first path is as a clinician who is promoted into a leadership position. The second path begins in administrative or support positions, with subsequent promotions specific to their areas of expertise (Rubino, Esparza and Chassiakos, 2014). In either case, neither path provides the essential knowledge and skills needed for success that is commonly learned on the job (Rubino et al, 2014). The second path is the common path for the health information management (HIM) professional. Although a path to leadership exists within HIM, only 2% of HIM professionals typically secure senior executive level positions. It is more common for the HIM professional to hold the title of director (Johns, 2015).

The American Health Information Management Association (AHIMA) competencies are a driving force in the development of HIM programs and learners. The intent is to prepare people for the workforce. For this reason, the critical theory model is well suited to understanding and addressing the challenge of preparing women for leadership. The critical theory philosophy strives to educate individuals about structures in the workplace that oppress people and provide them with the tools to facilitate success in the workforce

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(Fleming, 2012). The critical theory is about empowering people who have constraints as a result of race, class or gender (Creswell and Poth, 2018). Similarly, the AHIMA competencies are designed to provide people with the necessary skills and knowledge practiced in the field of HIM. As it relates to this research, women (and particularly minority women) are the marginalized group who are being oppressed, unable to reach C-suite leadership positions, despite the fact that HIM is predominantly comprised of female employees. Fleming stated that universities are commonly designed based upon a vocational agenda. However they also have an obligation to help make the world a better place beyond economic development (Fleming, 2012). Similarly, the mission of AHIMA is to empower people to impact health (AHIMA, 2020).

Significance of the Proposed Study

Continuous Quality Improvement (CQI)

As a point of reference, this research is being written through the lens of continuous quality improvement (CQI). The CQI approach is designed to accomplish organizational improvement. Under this philosophy, there is no value in placing fault and blame or right and wrong, nor is it a race or a competition. Rather, CQI is an iterative process intended to help organizations continuously improve. A classic example of this concept may be found in the technology industry. The technology industry never rests; it is constantly innovating to create new products in an effort to enhance the user's experience. For the purpose of this research, the CQI approach is applied in the interest of developing women as senior level healthcare executives.

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Glass Ceiling in Business

In many industries (healthcare, education, law, theology), men have and continue to outnumber women in leadership positions. An example provided is the state legislative representative. With a population of 49% men and 51% women, the state legislature is comprised of 75% men and 25% women, a ratio of 3 men to 1 woman. Among the female population, 20% are women of color yet only 5% of the state legislative representatives are women of color (African American, Asian & Hispanic). If women of color were represented proportionately to the composition of society, 10% of the legislature would be women of color. However, leadership positions are slim for these women. Although women comprise 17% of Standard & Poor's and Fortune 500 company's positions, less than 4% are in a leadership or managerial positions (Hill et al., 2016). This is not strictly an American problem: according to Dunavolgyi, 2016, the European stock exchange list of blue-chip companies reports only 3% of women are CEOs and 13% are senior executives.

More than 75% of CEOs see gender equality as a priority. Nonetheless, the outcome of gender equality across large companies is not changing. Women remain underrepresented at all levels within an organization. Men are promoted at a rate 30% more than women (McKinsey & Company, 2016). Research from McKinsey and Company stated that it will take up to 100 years to obtain gender parity at the level of a CEO. If the gap in gender could be addressed sooner, \$2.1 trillion dollars would be available in 2025 that could be added to the US economy. Women are mostly underrepresented in senior leadership positions in corporate (Is Corporate, 2019).

Although women comprise at least half the highly educated population in over a hundred countries, there remains a gap in the number of women in executive leadership

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positions (Tastad, Azzarell & Bass, 2018). Put another way, although women are the primary family provider in 40% of households and manage 70-80% of the household budget, women remain virtually invisible in senior executive leadership positions, chief executive officers (CEO), board members, presidents and deans. These disparities have been the subject of focus in corporate America (Chisholm-Burn et al., 2017). Wittenberg-Cox (2014), shared some additional insightful data. Among America's top 100 businesses consisting of 1,164 executive committee members, 83% are men and 17% are women. Between the period of 1995 to 2018, the proportion of Fortune 500 boards led by women grew from 0% in 1995 to 5% in 2018. It is worthy to note that there has been a continuous incline peaking in 2017 at 6%. However, in 2018 this number declined to 5% (Pew Research Center, 2019).

Business journalists are following the issue regularly, making headlines in the *Wall Street Journal* (2016): "Female CEOs, Still a Rarity, Face Extra Pressures" and CNN (2015) "Still Missing: Female Business Leaders," (Chisholm-Burns, et al., 2017, p. 312). In fortune 500 and SP500 companies, it is noted that women hold the position of CEO in 4%-5% of companies, 25% of senior executive positions are filled by women and 20% of board positions are filled by women. In private companies, the rate of women in senior level positions are worse. It is also reported that the likelihood of improvement is not likely. This matter becomes more concerning when statistics reflect that women represent 80% of the occupations in healthcare (Chisholm-Burns, et al., 2017).

McKinsey and Leanin.Org, conducted a 2018 study on women in corporate America. From the study two areas of concern evolved: 1) women remain underrepresented at every level, particularly minority women; 2) hiring and promotional practices for entry and middle level managers must be developed to consider gender parity. The study was based on four

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years of data from 462 companies with over 19.6 million employees. The aforementioned findings are from 279 companies that participated in the study. Review of the data over the four-year period revealed that attrition was not a contributing variable to the underrepresentation of women in senior leadership positions. Also, despite women earning more degrees than men, women are less likely to be hired into entry-level positions or promoted. These findings reflect how the system limits the possibilities for women to be considered for promotions. In a comparison of promotion by sex, when 100 men were promoted to management, only 79 women were promoted. Women will never catch up unless the gap in the hiring practices of women is addressed from the outset, from the entry-level positions throughout the entire organization (Krivkovich, Nadeau, Robinson, Robinson, Starikova and Yee, 2018).

These disparities are found within academia and medicine as well. When comparing the number of men to women in senior executive leadership positions in higher education, women comprise 45% of the academic staff, yet only 35% wear the title of deputy/pro vice-chancellor and 20% the title of vice-chancellor (Shepard, 2017). In higher education institutions, women are identified as being overrepresented in entry-level positions, such as instructors and assistant professors, yet underrepresented in senior level positions such as president, provost and dean. Medicine is not immune: similar findings were noted in schools of dentistry and pharmacy (Chisholm-Burns, et al., 2017). Despite the significant number of female graduates from medical schools, only 38% are full-time faculty, 21% are full professors, 15% are department chairs and 16% are deans.

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Glass Ceiling in Healthcare

According to Hauser (2014), women make up 74% of the healthcare workforce, 71% of middle management, 54% of executive/senior officers, 24% of senior executives, 18% of CEOs. The data is reflective of a low percentage of women securing senior executive positions when compared to other levels. Equally important to note is how the majority of women who work in healthcare management are in middle management positions. This number is only 3% less than the total percentage (74%) of women who were identified as working in healthcare. Hauser also noted the disparity in salaries between men and women. On average, women were paid 35% less than men who worked in similar positions. Part of this disparity is attributed to having a different background or moving to a new organization.

It is projected that there will be a 20% growth in the number of medical/health service managers needed between 2016 and 2026 (US Dept. of Labor, 2019). Part of the reason is baby boomers are going to need health services. The median pay (as of 2017) for these positions is projected to be over \$98,000 annually (US Department of Labor and Statistics, 2019). Clearly there is a demand for mid-level managers. Unfortunately, there is no indication of commensurate growth in leadership positions for women to move from the current baseline of 16% of leadership positions in healthcare held by women. The positions fall into one of two categories: administration (senior executive) or department head. In a 2017 RN survey, it was determined that more nurses need to be in leadership positions. Nurses between the ages of 19 and 36 (“millennials”) were significantly (33%) interested in securing senior executive positions, while 25% of “generation-X” nurses age 37-53 years shared the same interest (AMN Healthcare, 2019).

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Women hold only 19% of hospital CEO positions and head only 4% of healthcare companies according to a recent women in health care study by Rock Health (Ellis, 2018). A separate study published by the Peterson Institute for International Economics included a survey of 21,980 international companies in 91 countries regarding the impact of including women in leadership. The authors found benefits for profitability yet noted that more women are needed in senior executive positions (Noland, Moran & Kotschwar, 2016). Joyce (2018) stated that healthcare has and continues to be dominated by women, yet most are employed in caring positions such as nurses. Outnumbering men in a ratio of 3:1, women are also known to be credible in decision-making capacities 80% of the time. Nonetheless, women only represent 20% (a ratio of 1:5) of the individuals in executive positions or board positions in healthcare.

According to an ACHE study (2016) conducted among 35 healthcare executive search firms, 22 respondents state that senior leader positions in healthcare are changing. Of the 33 respondents, 27 felt that there was a stronger need for physicians in leadership. When asked which competencies were most needed by senior leaders, the following responses were identified: change management (29 respondents), emotional intelligence (26 respondents), ability to influence instead of directing (25 respondents), strategic thinking (24 respondents), collaboration (23 respondents), innovative thinking (23 respondents), and critical thinking (21 respondents). Three respondents stated the ability to adapt. Two respondents stated the need to have: decision-making abilities, visionary abilities, interpersonal and financial skills, and the ability to maintain good engaging relationships with the medical staff (ACHE, 2016). Skills that were identified as most difficult to find were: innovative thinking (27 firms), emotional intelligence (3 firms), strategic thinking (3), change management skills (2), the

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ability to influence instead of directing (2) and an in-depth understanding of population health management (2). Of the 33 executive search firms, 23 stated a desire for a diverse group of candidates to be considered for the senior executive leadership positions; 15 firms stated that it has been challenging to identify a diverse pool of candidates while 11 firms stated differently while three opted not to respond (ACHE, 2016).

In 2013, a random sample of female and male healthcare executives was examined. The authors found that women obtained positions as CEOs at half the rate of men. Data obtained from the American Hospital Association and ACHE in 2013 estimated that women represented 26% of CEO in hospitals (ACHE, 2013). In a survey of community-based hospital CEOs, 52% of 1,112 CEOs stated that their organizations conducted succession planning. In addition, 51% stated that their organization also conducts succession planning for other C-suite positions; 43% responded that one or more successors had been identified for their position and 75% reported being involved in the selection of their replacement. Other participants in the succession planning process were identified as board members at freestanding community-based facilities 79% of the time and system executives of system hospitals 69% of the time. Development activities identified for the chosen candidate typically consist of the following, as reported by the CEOs surveyed: mentoring one on one by the present CEO (79%); developmental stretch assignment (61%); structured socialization with key stakeholders (47%); 360% feedback (40%); coaching from an external candidate (24%); formal and informal training including a fellowship with ACHE (24%) and job rotation (response rate = 16%) (ACHE, 2014).

Findings from another ACHE study reflect a perspective on why women are not propelling into leadership positions as well as men. More men than women (a ratio of 62% to

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50%), are hired into general management roles. Women, on the other hand, were more often managers in a specialized area. The argument is that people in general management roles are better prepared, skilled, and therefore suited for senior leadership when compared to women who are managers in roles considered more niche. A second position was that more women work in positions that do not create a pathway for advancement into leadership positions (Chisholm-Burns, et al., 2017).

In a focus group of eight women who hold or have held healthcare titles such as Director, System Director, VP, Senior VP, CEO, and President, the women were asked about their views on the underrepresentation of women in executive leadership positions. The women represented different ethnic and racial backgrounds, generations, and healthcare disciplines and ranged in age from the early 40s to early 70s. Specific roles included health information management (HIM) professionals, physicians, nurses and occupational therapists.

Below are brief narratives in response to the question: Why do you think that there is a shortage of women in leadership positions in healthcare?

- Double standards.
- Women have to do it bigger and better to be acknowledged.
- Manipulation is used as a strategy to make women uncomfortable.
- Men are more comfortable with other men.
- Men have a framework of the type of leader they want to see in the position.
- Men see women as having other obligations (e.g. motherhood).
- Men want to be around people they are comfortable with.
- Most people in hiring positions are men who are drawn to hiring men.

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- Most people are in positions because of networking. They are not necessarily skilled for the job. They learn while on the job.
- Old boys' network.
- Racism.
- Sexism.
- Sexual harassment.
- System is not supportive of female.
- Traditional hierarchy remains alive.
- Women have to do more work while men get the credit.
- Women have to explain more to men in order for them to see past the credentials and to be considered for higher positions.
- Women who have made it do not always help other women to make it.
- Women with credentials get put in boxes.

What do you think may be a potential solution in eliminating the shortage of women in leadership positions in healthcare?

- Blind recruitment practices.
- Branding: Women should be able to tell their stories.
- Company needs to allow for flexibility so that woman can also raise a family while working.
- Look at staff and try to ensure that the leadership staff is reflective of the general staff.
- Men need to mentor women.
- Men need to realize the value in women.

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- Men need to recruit women into key positions.
- Men need to uplift women.
- Mentorship programs.
- More open recruitment practices.
- Women need to become members of women's leadership support leadership groups.
- Women need to use their networks.
- Women should show that they can make tough decisions despite differences in approach.
- Women should start their own companies.
- Women mentoring other women.
- Women should not yell, rant and rave on the job or in public.
- Women should stay focused on what their plans are and make them happen despite everything else (e.g., start one's own business).
- Women should take a proactive approach to get what they want.
- Women should earn what they want and not decide that a movement (feminist) should land them a job.

Glass Ceiling in HIM

Of the 5,600 AHIMA members who hold an advanced degree (master or doctorate), only 5% hold a position in the C-suite (CEO, COO or administrator). Of this same group, only 4% hold a position as an assistant administrator, vice-president or assistant vice president. At a baccalaureate level, only 2% of AHIMA members who are credentialed as a Registered Health Information Administrator, RHIA, hold a position in the C-suite (AHIMA, 2007).

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There are three variables essential to the well-being of an organization, according to ACHE: the attraction, retention and development of women. In an effort to examine the impact of 28 pro-diversity initiatives, a survey of 806 male and female executives revealed their views related to gender equity, satisfaction and retention (ACHE, 2013). Regarding gender equity, the author stated that it is essential to not only look at policies specific to promotions to the C-suite, but also policies related to development and retention of women. Seven strategies were identified as essential to the attraction, retention and development of women: 1) ensuring adequate representation of women on boards and committees, 2) mentoring programs, 3) effective and incentive management to promote diversity, 4) having targeted goals in the hiring and advancement of women, 5) work-life balance, 6) offering support services and having significant policies on sexual harassment, and 7) promoting from within and a process with measurable diversity goals (ACHE, 2013). The majority of organizations adopted the following two strategies recommended: 1) a policy on zero tolerance on sexual harassment, and 2) flexibility in the interest of gender equity (ACHE, 2013)

During 2014, ACHE surveyed a racially diverse (Asian, Black, Hispanic and White) pool of men and women healthcare executives. With a response rate of 30%, (1,409 executives), Asian, Hispanic and White women were identified as having similar salaries. According to the adjusted mean, the salary of black women was 13% less. Asian and white men held similar salaries while Black and Hispanic men earned less. Further, 32% of White male executives held a CEO position compared to Black (20%), Hispanic (25%) or Asian men (9%). Table 1 is an excerpt from the study reflecting the correlation between position and race/ethnicity during the period of 2014 (Athey, 2015):

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Table 1.

Position by Race/Ethnicity and Gender of Healthcare Executives

	Men %				Women%				All by Percentage			
	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian	Black	White	Hispanic	Asian
CEO	20	32	25	9	8	14	11	11	14	22	20	9
COO	16	19	19	17	11	18	19	13	13	18	19	15
VP	23	20	13	18	20	22	19	8	21	22	16	13

*p <.05

The study also revealed that 59% of Asians, 81% of Blacks, 53% of Hispanics and 40% of Whites believe that greater efforts should be taken by their organizations to increase the number of minorities in senior leadership positions (Athey, 2015). Perhaps lessons may be learned from the banking and sports arenas in utilizing a champion strategy in the advancement of women and minorities. Adoption of the Rooney Rule in 2003 has propelled the number of African American Coaches in the NFL. The *Ensuring the Diverse Leadership Act 2019* H.R. 281, 116th Congress, (the “Beatty Rule”) mandates that at least one gender and ethnically diverse individual is interviewed when a vacancy for the position of president in a Federal Reserve Bank president becomes available (Beatty, 2019).

Recommendations from ACHE include eliminating the potential for bias by race/ethnicity or gender by ensuring fairness in compensation packages based upon one’s qualifications and responsibilities (equity in pay), hosting social gatherings in the interest of minority executives feeling more positive/favorable about race relations, offering mentoring

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programs, creating and implementing policies related to diversity in the recruitment of all positions, increasing diversity in the senior leadership team, offering residency and fellowship programs, and utilizing tools such as the Implicit Association Test to help staff in discovery of potential implicit biases (Athey, 2015).

Following an interview of some HIM professional respondents, the reasons proposed for HIM professionals not progressing to positions in the C-suite were: they cannot see what does not appear to exist, they do not qualify, they cannot see a clear pathway, and even genetics (Abrams, 2016). Only 2% of HIM professionals, irrespective of gender, secure senior executive positions in healthcare (Johns, 2015).

The field of HIM has been in existence since 1928 and is heavily dominated by women with a current membership over 103,000 individuals. According to Johns (2013), 92% of AHIMA members are women. In a 2014 survey of 59,029 HIM professionals and related stakeholders it was determined that leadership skills will be in great demand in the future (Sanderfer, Marc, Mancilla and Hamedra, 2015). Findings reflect survey responses from 3,370 individuals and multiple focus groups wherein 58% of the respondents were HIM professionals. Other stakeholders were identified as employers, healthcare professionals, educators, students, and others. Of these, 89% of respondents were identified as AHIMA members, 75% were greater than the age of 45 and 91% were females. Among all respondents, 60% worked in acute care setting. In the remaining settings, fewer than 10% of participants responded. It is estimated that 35% of respondents were Registered Health Information Technicians (RHIT), 28% were RHIA's and 23% were Certified Coding Specialists (CCS) (Sanderfer, et al., 2015). In the 2016 AHIMA annual report, two strategic objectives for 2017 and beyond were to: increase the number of HIM members in executive

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level positions and to increase diversity (AHIMA 2016). The AHIMA 2020-2023 Enterprise Strategic Plan states that a goal to ensure that professional development and accredited higher education institutions are in alignment with the needs of the workforce by preparing the HIM professionals with advanced hard and soft skills (AHIMA Enterprise, 2020).

Business Case for Women in Executive Leadership

Findings from studies show that a blended workforce of men and women in senior executive positions serve a company's interest. The voice of women in collaboration with men makes a greater impact in the progression and advancement of an organization (Joyce, 2018). Hill provided a number of reasons why this should be an area of concern. As it relates to corporations, it is good for business because it draws on the talent of a diverse workforce. As it relates to the country, emphasis on diversity increases the talent of the leaders (Hill et al., 2016). Vaccaro, Fagerland and Cohen (2019) state that their paper reflects a number of studies that show a positive correlation between women's leadership and innovation. They created what is titled the Sheconomy-Management 3.0 Benefit Model & Framework of Gender Diversity Leadership for Greater Innovation. The model is reflective of how women are innovative, help firms to perform better financially and how a diverse workforce leads to greater corporate social responsibility. Closing the gender gap can have a significant financial impact for all countries according to McKinsey and company. If all countries addressed the gender parity, by 2025 \$12 trillion could be added to the annual global GPA. This would be an additional \$3.1 trillion in the North Americas and Oceania. In the United States, important benefits are identified as follows: people believe that their companies are fair in hiring and promotional practices, that administration is held accountable, and that companies embrace a diverse work style (McKinsey & Company, 2017).

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It is documented that women in leadership positions are influential: “when women thrive, organizations thrive, and nations thrive too” (Chisholm-Burns, Spivey, Hagemann, Josephson, 2017 p. 312). Studies throughout the world speak to the many benefits of women in leadership positions. Specifically, women have proven to be advantageous to: “firm value, financial performance, economic growth, innovation, insolvency risk, and social responsiveness and philanthropy” (Chisholm-Burns et al., 2017, p. 313). More women board members had proven to be a greater benefit when compared to fewer women board members in the areas of return in equity, sales and investment capital. Women are also identified as being exceptional in monitoring and oversight, leading to fewer legal concerns such as fraud and abuse. Another benefit identified is the value of adding diverse views. The blend of men and women forces one to see from a different perspective, which aids in critical thinking, brainstorming and breaking staleness and silos (Chisholm-Burns et al., 2017). A transformational style of leadership, where leaders and followers raise each other to higher moral and motivational levels, is a style common for women and has proven to positively impact productivity, morale and motivation. The author also noted that the presence of women alone is powerful. The image is one that speaks to social sensitivity, awareness of social matters and women’s ability to detect such cues more often than the male counterpart.

Women are also identified in a study using five of the behavioral characteristics of effective leaders more than men: “people development, role modeling, inspiration, expectations and rewards, and participative decision-making” (Chisholm-Burns, et al., 2017, p.314). According to Detjen and Abelli (2017), women in leadership positions make a significant impact on the bottom line. Companies with powerful women in leadership

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positions had a higher return on equity and an excellent price-to-book ratio. Women are needed.

Problem Statement

Given the persistent paucity of female leaders in policy, business, health, and education, it is imperative that higher education address how to increase representation of women in leadership roles through leader development in the curriculum. There is little research studying the degree to which leader development that mitigates person-related barriers that hinder women from achieving senior leadership positions is incorporated into CAHIIM accredited HIM programs. Nor is it known how program organization or program director characteristics influence how leader development is incorporated into the curriculum.

This study contributes to the body of research on the incorporation of leader development curriculum in higher education with a focus on CAHIIM accredited HIM programs. This study specifically examines how the curriculum addresses person-related barriers that impede the accession of HIM professionals to senior leadership positions. This work is essential to improve the likelihood of advancement for all women seeking increased representation at the senior leadership level in policy, business, health, and education.

It is well established that institutions that claim to provide leadership training fall short because they tend to enhance leadership knowledge but not leadership competency (Allio, 2005). Three problem areas have been noted: a gap between theory and practice, a lack of awareness of students' leadership development needs, and uncertainty about how the environment of higher education institutions (HEIs) influences leadership development (Dugan & Komives, 2007). One common adage is that leadership cannot be taught—

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however, it can be learned. Behaviors of leaders such as, character, creativity and compassion cannot be obtained cognitively. However, as educators, it is essential for institutions to select promising students, construct learning challenges, and ensure that mentoring is available. The curriculum should have a metric for assessing leadership competencies, evidence of a correlation between behavior and leadership qualities, and outcomes and experiments that can be measured statistically to show the relationships between the education, training and leader development (Allio, 2005).

Research Question

The primary question of interest is: How do CAHIIM accredited HIM programs incorporate leader development in their curriculum to address person-related characteristics that hinder women from achieving senior leadership positions? The research questions are:

- Is there a relationship between years of experience as a HIM program director and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?
- Is there a relationship between practitioner experience of program directors and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?
- Is there a relationship between the educational level of program directors and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?
- Is there a relationship between delivery method (online or campus-based courses) and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?

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Curricular Models of Leadership Development

CAHIIM is a 501(c)(3) not-for-profit organization that accredits association and baccalaureate degree programs in health information management and masters' degree programs in health informatics and health information management professionals in the United States and Puerto Rico. It is recognized by the Council for Higher Education Accreditation (CHEA). The curriculum of CAHIIM accredited HIM programs is established by the Council on Educational Excellence of American Health Information Management Association, and is referred to as "curricular competencies." Each HIM degree level has competencies that must be met related to organizational management and leadership. These competencies may be found in Figures 1, 2 and 3.

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Figure 1. Domain VI. Organizational Management and Leadership-Associate Level

VI.1 Demonstrate fundamental leadership skills

VI.2 Identify the impact of organizational change

VI.3 Identify human resource strategies for organizational best practices

VI.4 Utilize data-driven performance improvement techniques for decision-making

VI.5 Utilize financial management processes

VI.6 Examine behaviors that embrace cultural diversity

VI.7 Assess ethical standards of practice

VI.8 Describe consumer engagement activities

VI.9 Identify processes of workforce training for healthcare organizations

The content above is from AHIMA's competencies on management and leadership for associate degree programs.

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Figure 2. Domain VI. Organizational Management & Leadership - Baccalaureate Level

- VI.1. Facilitate fundamental leadership skills.
- VI.2. Assess the impact of organizational change.
- VI.3. Analyze human resource strategies for organizational best practices.
- VI.4. Leverage data-driven performance improvement techniques for decision-making.
- VI.5. Verify financial management processes.
- VI.6. Examine behaviors that embrace cultural diversity.
- VI.7. Assess ethical standards of practice.
- VI.8. Facilitate consumer engagement activities.
- VI.9. Facilitate training needs for a healthcare organization.
- VI.10. Compare project management methodologies to meet intended outcomes.

The content above is from AHIMA's competencies on management and leadership for bachelor's degree programs.

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Figure 3. Domain VI. Organizational Management and Leadership – Masters Level

<p>VI.1. Leverage fundamental leadership skills.</p> <p>VI.2. Recommend strategies for organizational change.</p> <p>VI.3. Determine human resource strategies for organizational best practices.</p> <p>VI.4. Formulate data-driven decisions to meet strategic goals.</p> <p>VI.5. Recommend financial management processes.</p> <p>VI.6. Recommend strategies that promote cultural diversity.</p> <p>VI.7. Develop strategies based on ethical standards of practice.</p> <p>VI.8. Assess consumer engagement activities.</p> <p>VI.9. Propose a training program for a health care workforce.</p> <p>VI.10. Recommend project management methodologies to meet the intended outcome.</p>

(CAHIIM Curriculum, 2019)

The National Center for Healthcare Leadership’s Interprofessional Health Leadership Competency Model 3.0 provides additional information for today’s leaders. Content of this model is derived from interviews, focus groups and surveys of hundreds of healthcare leaders. The model comprises two domains: 1) action competency domains, and 2) enabling competency domains. The action competency domains are specific to what *work* is done by leaders. They are identified as execution, relation, transformation and boundary spanning. The enabling competencies are specific to *leader development* needs. They are identified as: health, system awareness and business literacy, self-awareness and self-development and values.

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This research project focuses on action competency (boundary spanning) and enabling competency (values, self-awareness and self-development). Boundary spanning is the ability to develop and maintain healthy relationships, align the organization's values with the needs of a community, identify decision makers and influencers, conduct predictive analytics and build a network of professional contacts with similar goals and interests. Values are specific to professional and social responsibility. Self-awareness and self-development are further identified as: knowing self, self-confidence and well-being (NCHL, 2019).

The National ClearingHouse for Leadership Programs provides another model specific to leader development. The model is known as the Social Change Model of Leadership Development. The model is designed with the intent of guiding learning in how to facilitate social change. There are three core values in this model: individual values, group values and society/community values. Individual values are specific to consciousness of self, congruence and commitment. Group values are related to collaboration, common purpose, and controversy with civility. Society/Community values are specific of citizenship. The connectivity of the three values is what facilitates change. One's interests dictate which core values to start with (e.g., wanting to: learn about self, learn how to work in groups or learn about community issues). The starting point is optional. However, research suggests it is recommended to start with individual values, followed by group values and ending with society/community values. Growth in one of the three categories of values increases the likelihood of growth in the other categories (Komives and Wagner, 2017).

For the purpose of this research, the focus is on individual values (consciousness of self, congruence and commitment). Consciousness of self is about self-awareness. One must be aware of his/her personal beliefs, values, attitudes, and emotions. Mindfulness is

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important along with conducting personal reflections. Congruence is behavior that is in alignment with one's consciousness of self. Lastly, commitment is taking action, being involved and follow-up, in the interest of facilitating change (Komives and Wagner, 2017). In a study of 52 purposefully selected HEIs comprised of 50,378 students, the authors suggest that HEIs have an influence on leadership development of students. The experience in college accounted for a variance between 7%-14% in leadership outcomes with the greatest influences being found in the following three areas: citizenship (14%), controversy with civility (11%) and common purpose (10%). Identified as a major finding was the value of discussions about socio-cultural issues. Variance ranged between 3% and 9% in leadership outcomes. Discussions on socio-cultural issues were identified as strong environmental predictors along with leader efficacy. Employer mentoring was also a strong predictor of leadership efficacy. Students who were involved on campus committees demonstrated high scores across all the values. Students who were actively involved in community services experienced a positive impact on leadership outcomes. Students who wore leadership titles such as captain of the softball team, experienced a positive influence on leadership efficacy. Short-, moderate- and long-term delivery of instructions all had significant effects on leadership efficacy when compared to no training (Dungan & Komives, 2007).

Chapter 2: Literature Review

Who is a Leader?

The concept of effective leadership may change depending upon the variety of perspectives involved. Despite the differences, there are four key components of the leadership concept: 1) leadership is a process, 2) leadership includes the ability to influence, 3) leadership manifests itself in groups, and 4) leadership requires common goals. Leadership

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as a process means that an interactive transactional event occurs between a leader and follower. In the area of influence, the question becomes: what type of effect does the leader have on the followers? Influence is also related to the communication practices between the leader and follower, supporting progression toward a common goal. In the end, it is the leader's responsibility to meet the needs and concerns of the followers to achieve the common goal. It is important to note that in this leader-follower relationship there is equality. One is not greater or lesser than the other, nor can one exist without the other (Northouse, 2019).

Adding to Northouse's definitions of leadership is how leadership is recognized with respect to consistent practices and behaviors based upon defined skills and abilities. Leaders understand that despite how good one may be, there is always room for improvement. To be an effective leader, one must be passionate about learning and committed to the daily practice of it. Leading is an art and practice that requires habitual learning and improvement. In order to master leadership, one must have mastery of self and love with what one does. It is the heart that sustains great leaders (Kouzes & Posner, 2012).

Leaders can influence staff directly and indirectly. Indirectly, they can cultivate the perception of the workforce. Directly, as a result of developing productive relationships, they can have an impact on growth within the organization, organizational behaviors and work-related outcomes. It is important to note that the quality of the relationship between the leader and the employee has an impact on the psychological well-being of employees (Karanika-Murry, Bartholomew, Glenn and Cox, 2015).

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To develop as a leader, it is important to be receptive to the possible need for personal change. Leaders may be divided into four categories: authentic leaders, ethical leaders, team leaders and visionary leaders. The authentic leader is one whose focus is the development of self. There is a concentration on one's strengths, the skills of emotional intelligence, personal values, vision and purpose. The authentic leader is one who knows himself/herself and is a driving force for positive change. The ethical leader is one whose behavioral practices may be viewed as stellar. For example, from Johns; The ethical leader is committed to excellence, does the right thing, and does things for the right reason. The ethical leader engages in behavior that is considered normally appropriate including treating others with respect, clarifying expectations and communicate openly, and allowing input from subordinates (Johns 2017)

The team leader has the ability to aid others in their development in collaboration and coalitions. This person also coaches people and manages conflict in a healthy constructive manner (Johns, 2017).

Relational leadership is the ability to create positive relationships within the organization. Employees are not devalued or demeaned but instead treated with respect and positivity. High performing leaders are identified as individuals who may challenge, argue, collaborate, and request feedback. They also take time to know their staff, lead by example, provide purpose and meaning and uphold values and high work ethics, such as dignity, honesty, and integrity (Goethals, 2019).

Dr. Joseph Bannon, a highly recognized researcher in parks and recreation, invested a significant amount of time discovering what makes a leader. He proposed seven elements to leadership effectiveness: having high energy, being self-confident, skill mastery, being a

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visionary, personal commitment, genuine concern about people and staying fit. It is possession of these elements combined that makes an effective leader (Brownlee, Bricker, Schwab and Dustin, 2019).

A common perception accepted as truth is leaders are not born, they are self-made. Leaders are individuals who have personal and professional visions with the perseverance to achieve them. They are passionate about what they do because it is what they love. Leaders have high integrity which has earned them trust from others. They are mature in response to their experiences working with others. Leaders also have a high degree of curiosity. They wonder about things and desire to learn. They are risk takers who have the ability to learn from adversity (Bennis, 2009).

The National ClearingHouse for Leadership (NCHL) programs states that leaders develop differently, with different talents and skills. An effective leader knows his/her strengths, builds on these strengths, and creates a team to compensate for any weaknesses. In other words, a leader is one who leads from his or her authentic self. Competencies add value by identifying how leaders are perceived based upon their mindset, skills and behaviors. Students seeking to develop leadership skill need to understand their baseline in relation to a competency, then decide whether they want to improve in this competency. In addition, students seeking to develop their leadership skills need to understand the NCHL's version 2.1 model. The NCHL version 2.1 model consist of three domains and 26 competencies specific to leadership skills. The three domains are: transformation, execution and people (NCLP, 2013).

Healthcare leaders define leadership as one who is accountable, has an advanced degree, experience, and carries a vision, and consider a key skillset the ability to manage.

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Management is defined as a skillset to be used by leaders when managing a health system as a whole and change management. Characteristics of a leader were identified as someone who could see the big picture, have decision-making skills, one who can think conceptually, one who is confident, assertive, extroverted and can speak the language of other senior leaders. Concerning is how the HIM professional was viewed more as being detail oriented, an introvert, likely to play it safe and tends to focus on completing daily tasks (Abrams, 2016).

In contrast to the definitions of what constitutes a leader, studies show that the HIM professional, rather than being viewed as a leader, is considered more typically as being detail oriented, an introvert, likely to play it safe and tends to focus on completing daily tasks (Abrams, 2016). In one study, HIM professionals stated that more of their time is spent on managerial tasks even though they would prefer to perform leadership functions (Sheridan, Watzlaf and Fox, 2016).

Women in Senior Leadership

During the period of 2019, 25% of C-suite positions were held by women, representing a slight increase from 23% in 2018. This data is derived from an analysis conducted by Korn Ferry among 1000 large companies in eight industries. The eight industries reviewed were: consumer, energy, finance, healthcare, industrial, retail, service and technology. About 45% of the employees at the firms analyzed were women. The primary C-suite position held by women was the chief human resource officer (CHRO) at 55%, 6% of women held a chief executive officer (CEO) position, the same proportion found in 2018. In each industry Korn Ferry analyzed, improvement in the representation of women was still needed. Women need to seek out experiences that will facilitate leading, and companies need to create an environment where women may be successful. The percentage

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of women identified by Korn Ferry in a variety of C-suite positions in healthcare were as follows: CEO (1%), CFO (8%), chief information officer/chief technology officer or CIO/CTO (18%), chief marketing officer or CMO (45%), and CHRO (56%). It is noted that of the eight industries analyzed, healthcare had the fewest women in a CEO position. The reason for the deficit of women in senior leadership positions is widespread. Some examples include women choosing CHRO positions over other areas, implicit bias, discrimination, having a disadvantaged structure in place for women to progress, and not having a sponsor to tell them that they were suited for the position. Whatever the historical reasons for scant representation in leadership positions, it is important to create a pipeline for women's progress in the future (Stevenson and Kaplan, n.d.).

What's Holding Women Back?

(Organizational/Structural and Cultural Barriers and Person-Related Characteristics)

There are three organizational barriers that impact a woman's progression in the workforce: a work environment and culture that is non-inclusive, unequal opportunities for advancement, and greater stresses and pressures. The non-inclusive barriers are specific to having a male dominated environment, women being perceived as the minority, and the absence of flexibility. Combined, these barriers promote the lack of motivation and engagement by women to pursue senior executive positions. These barriers also create an environment where there is no model for women to see the possibility of success (Rapp & Yoon, 2016). Organizational culture influences the ambition of women as well. If women feel that they work in a positive environment that values diversity, women are inclined to be ambitious and apply for leadership positions. This is reflective of how the right

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organizational culture is an influencing force in the progression of women (Abouzahr, Krantz, Taplett, Tracey, and Tsusaka, 2017).

Barriers to Women Securing Senior Level Positions in Corporations

Development opportunities, such as participation in significant projects, are also fewer for women. For women who do secure senior executive positions, the opportunity to receive critical feedback is less likely (greater than 20%) when compared to men. These women are also less likely to receive the opportunity to meet with company leaders. In the area of stress, 60% of women in the field of technology stated that stress is the reason that women are not pursuing senior executive positions. Women are commonly offered promotion to a position such as a CEO when the company is failing, placing women at a higher risk for being unable to demonstrate competencies in leadership (Rapp & Yoon, 2016).

Despite an increase in board diversity, women remain underrepresented in senior executive positions globally. In the United States, 5% of corporations have female CEOs and 24% as female directors, however, the United States generally lacks in the development of policies promoting gender equality when compared to other countries. Out of twenty countries, the US ranked third from the bottom at 32% based upon the S&P index and last at 4% based upon the US Russell 3000 index. In order to address barriers that prohibit the progression of women, the following areas need to improve: addressing unconscious bias, creating and measuring achievement of diversity goals, improving the pathway to promotion, developing mentoring and sponsorship programs, and providing flexibility for work-life balance (Mishra, 2018). Mentoring and sponsorship programs were considered in the Women CEO Study of 2017. Of 57 current and former CEO participants, 65% stated that they did not

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realize that they could be a CEO until they were told that they could be. A roadblock identified is the absence of encouragement for women to take on operational roles with profit and loss potentials (Korn Fair, 2017 & Korn Fair n.d.). In a Working Mother Research

77% of women were of the position that there is a lack of information available on how to advance for women. Only 34% of the participants stated that their company provide information about career advancement. 39% of women in comparison to 54% of men had a discussion with their mentor regarding careers within the past two years. 78% of women found the lack of understanding and experience in P&L as a barrier to advancement. 28% of women compared to 53% of men had participated in a leadership development program within the past two years. 14% of women compared to 46% of men were encouraged to consider P&L roles (Frankel, B., Richards, S and Ferris, M., n.d.).

Hidden bias is identified as one primary reason that women are not making it into key leadership positions. This unconscious state of being has contributed to the unfairness that many women experience. For example, hidden biases can unknowingly cloud judgement, making it challenge to treat people fairly. Worthy to note is that everyone, (men and women), have a degree of implicit biases that are in opposition to one's beliefs. This concept includes women having biases against women. This bias has been present among women who have older women bosses. To help people to discover if they have hidden bias toward women in leadership positions, AAUW worked in collaboration with Harvard University and Project Implicit to create an online exam for assessment (Hill et al., 2016).

In HEIs, perceived barriers to women in leadership positions were found to consist of: lack of a leadership identity, the absence of an opportunity or support, being driven to discouragement, sabotage, and people in power having different expectations of women than

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men (Hannaum et al., 2015). According to the authors, the absence of leadership identity is correlated to women limiting themselves because they could not see themselves as leaders. The absence of opportunities and support are correlated with women not being offered or asked to be in a leadership position. Men were viewed as having strong networks that allowed them to be more connected. Discouragement and sabotage are identified as being both direct and at times, indirect. The difference in expectations is sometimes self-perceived while in other cases the theory that women were not equal to men was manifested (Hannum et al., 2015).

Chisholm-Burns et al. (2017), provided the following information regarding barriers to women achieving leadership positions: biases (conscious and unconscious), lack of drive to pursue a leadership position, the absence of mentors and role models, the need for work-life balance support policies, work-life balance challenges, and women opting to put their careers on hold to accommodate life changes, and finally the absence of networking, recognitions, opportunities and resources.

Microaggressions (sexism and racism) are experienced by two-thirds of women in the workforce. Besides women, other common targeted groups include minorities and members of the LGBTQ community. Microaggressions reflect disrespect and inequality. Women, especially Black women, have to more strongly exert their competencies than men and constantly have their judgment as experts questioned. Women are twice as likely as men to be mistaken as being in a lower position than that which they actually occupy. Further, 71% of lesbians reported that they are more likely to hear demeaning comments about themselves or other members of the gay community at work. Lesbians are also less likely to be comfortable in discussing their personal lives while at work. Table 2 is an excerpt from the

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Work in the Workplace 2018 study on the percentage of people who experience microaggression at work (Krivkovich et al., 2018):

Table 2.

Correlation Between Race and Microaggression of Women

	White	Asian	Latinas	Black	Lesbians	All Women	All Men
Expertise questioned	36	29	32	40	37	36	27
Higher Demand to Evidence Competency	29	36	30	42	34	31	16
Addressed Unprofessionally	26	21	23	26	23	26	16
Expertise Not Recognized	19	22	19	22	20	20	10
Contributions are Ignored	16	16	17	22	20	17	16
Hearing Demeaning Remarks	16	15	15	19	26	16	10

Additional research shows how barriers increase the struggle for women of color. In 2013, 4% of women of color were identified as holding senior level leadership positions. In 2018, the number increased slightly to 6%. (Catalyst, 2019).

Microaggression occurs more often when there is only one woman in the workplace (80%) compared to women as a whole (64%). Women are also twice as likely as men to experience sexual harassment because they are in the minority among their male counterparts and more prone to have a biased experience (Krivkovich, et al., 2018).

According to Ibarra, Ely and Kolb (2013), efforts taken to advance women into leadership positions have been challenging because the existing processes fail to allow one to see oneself as a leader. The existing processes also fail to allow others to see one as a leader. To be a leader, it is necessary to see oneself, and for others to see one as a leader.. This identity process is often undermined when women are advised to pursue leadership

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positions when policies and practices have not been customized to address and complement the needs of women as leaders. Research studies (Rast, Hogg and Randsley de Moura, 2018), show that stereotypic bias interferes with a woman's chance of becoming a leader. These stereotypic biases affect other demographic groups as well, such as minorities. An example of stereotype bias is when Hillary Clinton lost favor after she cried during a speech; this triggered a backlash effect because she no longer fit the common image of the expected leader. The backlash effect is defined as a phenomenon during which women are positioned unfairly. Ultimately, women are expected to function in loving caring ways (traditional women) and be assertive and dominant (like a traditional male) simultaneously. Because these are considered to be opposing forces, women in leadership are criticized and penalized for violations of one or both of these forms of behavior.

In a study of 194 people, participants rated women with a more negative moral effect when compared to men. In two additional studies, one of 52 participants and another of 86 participants, women who were viewed as dominant received a lower likability rating compared to women who were perceived as warm (Rast, Hogg and Randsley de Moura, 2018).

To promote the advancement of women, organizations need to shift in what has been defined as a leader. Gender bias in organizations and society has impaired the learning opportunities for women to become leaders. What is necessary is support, recognition and encouragement for women who opt to lead. Development of being a leader is not exclusively the identification of strong potential, mentoring and education in leadership. It also encompasses the ability for one to internalize being a leader and having a sense of purpose. This sense of purpose arises from the achievement of goals that are in alignment with

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personal values, showing a union between the staff and the company in the interest of the greater good. Organizational endorsements and affirmations help women become more comfortable to explore and take risks. The absence of such endorsement undermines confidence and the drive to develop and experiment. The integration of leadership is challenging in a culture that struggles with the notion of women embracing identity as leaders. Three essential steps for an organization to take include: 1) education and training on second gender bias, 2) create a safe identity workspace, and 3) support women's leadership development (Ibarra, Ely and Kolb, 2013).

Second-generational bias is an influencing force to the detriment of women leaders securing senior level positions and is one which appears to be neutral yet discriminates against women. It is a form of unintentional gender stereotyping driven by the expectation of men and women as determined by society (Batara, Ngo, Kayley and Erasga, 2018).

Awareness of the concept of second-generational bias helps women to develop confidence by preparing them to respond to this type of bias. Another important measure in helping women to develop for senior executive positions is creating a safe space for women to experiment and learn. In this environment, women should have a coach and support group that looks like her to help in deciphering things such as feedback from a superior or peer. A focus on purpose helps women engaging in leader development by moving the attention from traditional stereotypes to a focus on what is of the essence. When women see purpose that is of value and significant, they are more likely to be engaged. This interest helps women to understand the value of shedding skills needed in the lower position while learning the new skills needed for the higher position. Despite this shift, women face challenges particularly out of concern of the unknown (Ibarra, et al., 2013).

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Additional research shows how some perceptions of securing a leadership position are often distorted by organizational culture, structures and practices. Women are made to believe that they are not ready for leadership positions, triggering doubt and causing one to lose confidence or to simply decide that there is no purpose in pursuing a position. Another variable identified was the exclusion of women from networking and mentoring programs as a result of a male dominated work culture. The male dominant work culture is visible in healthcare insofar as the majority of employees are women while the majority of senior executive positions are filled by men. Job design is also noted as an aspect related to the scarcity of women in senior executive positions. This is particularly when job descriptions become obsolete, hence failing to reflect a person's true potential (Abrams, 2016).

Research notes a correlation between the behavior of a supervisor and promotion. Soft skills are an asset and critical to career success. Gate-keeping supervisors with strong communication networks within and outside of an organization have proven to be effective in helping new professionals to build a network that facilitates promotion. Women must be able to navigate informal and formal communications, and there is a correlation between having strong communication networks and career promotion. Informal communications, such as at a lunch or during a golf event, are identified as extremely relevant to career advancement. Both men and women are noted to seek this type of communication with the possibility of it influencing the development of a relationship that may lead to mentorship. However, the playing field between men and women is not even and mentorship preferences perpetuate disparities in leadership. For example, informal male networks gravitate to the mentoring and advancement of other younger men (Abrams, 2016).

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The stereotype, “think-manager-think-male”, is reflective of saying that women do not have the necessary talent to be leaders. In a study where participants were asked to reflect on the attributes of women, men and management, findings reflected a high correlation between men and management. The opposite was true of women in management. Men were perceived as task-oriented, while women were perceived as people-oriented. It was also noted that in the workforce, certain behaviors (e.g., women with “masculine behavior”), would lead to less recognition of work performed. Women are less likely to be hired if their behavior is not perceived as acceptable. These experiences are noted as a form of retaliation (Klatt, Eimler, Kramer, 2016, para. 8).

Growing a leadership identity occurs throughout a cycle of personal development. Elements consist of self-awareness, confidence, interpersonal efficacy, utilization of new skills and increasing motivation. The family unit is influential in helping one to determine strengths and weaknesses. This familial involvement helps one discover his/her personal identity on his/her own. The role of race and ethnicity in the identity of self have also been noted to be essential variables for minorities in comparison to non-minorities. Being male was viewed as an asset in the determination of leadership by some of the male participants, including those who are members of the LGBTQ community. A group’s culture was also identified as influencing the development of a leadership identity (Komives et, al. 2005).

The correlation between the science of learning and women in leadership positions is pivotal to the advancement of women. This position can be validated under the social cognitive theory, learning by observation. According to Vinny (2019), social cognitive theory was developed by Professor Albert Bandura, a psychologist. Under this theory, people influence and are influenced by their environment. As such, people model what they see in

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others that will lead them to a desired goal. In this situation, a model would be seeing a woman in a senior executive leadership position. One of the barriers identified by Hannum et al. (2015) is the lack of a leadership identity. If a girl does not see women in executive leadership positions in academia (grammar or secondary school) or in healthcare, by the time she reaches higher education, it is not surprising to her to not see women as provosts or presidents.

The four stages in the process of social cognitive theory (learning from observation) are: attention processes, retention processes, production processes, and motivational processes. The attention process is the decision to observe select models. Retention processes allow for the recall of what was observed. Production processes reference the application of what was observed. Motivational processes determine if what was observed was rewarded or punished (Vinny, 2019; Bandura, 2001). Echoing the concepts from Hannum et al. (2015), and validating the process of social cognitive theory, are findings from a study of adolescent girls from Australia and their view on women in leadership. The study reflects the misperceived perspective of the woman's place in society as a result of the underrepresentation of women in leadership positions. Findings of the focus group were surprising to the youth given what they are taught about equality. The findings also reflected how the girls see senior level position as patriarchal, their perception that it takes women longer to achieve positions when compared to men, and the belief that women are not taken seriously in the workforce. As stated by the author, this misconception is a barrier to women's ability to secure certain positions. The adolescents see the need for social change. However, the authors also note the positive influence of attending a school that promotes the ability of women: the youth also see hope for the future (Archard, 2013).

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Barriers for Women in Achieving Senior Leadership in Healthcare Organizations

Depending upon the type of healthcare organization, it takes women on average 3 to 5 more years than men to reach a CEO position than men. This inequity persists despite the fact that 70% of members of the C-suite believe in egalitarianism in comparison to a decade ago when only 50% shared this belief. Women may be having this experience in part due to less visible causes. Findings from a study conducted by Oliver Wyman revealed that healthcare has a major problem in change management. Specifically, healthcare leaders must become more self-aware of unconscious biases that hinder the progression of women. The marginalization of women by men is not intentional, however, workplace biases are prevalent. This discovery became evident following an analysis by Wyman, of the profile of C-suites and boards of 134 payers (comprising more than 3000 executives) and providers, analysis of the pathway of 112 payers, and CEO, and speaking with greater than 75 men and women in positions ranging from directors to CEOs. The analytical focus was to describe the visible and invisible influencing forces on progression of women. It was discovered that implicit trust was more difficult for women to secure in a heavily male dominated workplace. Progress cannot be made in the absence of purposefully understanding and addressing the variables to building trust, each of which is discussed next: affinity, ability, and integrity (Wyman, 2019).

The struggle to achieve parity is hampered by the inability of executives to fully understand how affinity impacts decision-making. Individuals need to be made aware of how their biases may distort their ability to assess a candidate fairly. Another influencing force the relatively fewer chances women have to connect with men in an informal environment where relationships are developed. Women also have fewer mentors or sponsors due to limited

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opportunities and family obligations. Because the sexes think differently, it is necessary to understand that there are pre-existing biases. These pre-existing biases exist as a result of perceptions derived from social and cultural norms which have long defined the roles of men and women (Wyman, 2019).

In another study, an inverse correlation was found between the size of an organization and degree of encouragement and support for women in leadership positions. Employees of smaller organizations were found to be more supportive of women in comparison to employees of larger organizations. When asked on a scale of 1 (strongly disagree) to 5 (strongly agree), if the organization encourages and supports women in leadership positions women employed in organizations with one to ten employees rated their organizations highly (4.98) whereas women employed in organizations with greater than 5000 employees rated their organizations lower (3.24). In the same study, when women were asked to rate their employer for support for general career development, on a scale of 1-10, with 10 being the best, companies with under ten employees rated the highest (8.3) while companies with 10,000-24,999 employees rated the lowest (5.98) (Tecco, Huang, 2018).

The closer one gets to the C-suite, the term “ability” changes. Leadership skills become more recognized as the ability to motivate, inspire and communicate effectively, and having passion, confidence, a decisive nature, and a broader perspective on business that influences decision-making and connections (internal and external). A vast majority (86%) of the CEOs had profit and loss (P&L) experiences in their backgrounds. Men were identified as being three times more likely to have P&L C-suite experience. Hence, the closer to the top one gets, the less diverse the workplace becomes, and male perspectives and associated biases become more apparent (Wayman, 2019). Accenting this perspective are implicit biases

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of the hiring body. Women are not seen as suitable for a C-suite position because they do not match the image of the males dominating the C-suite (Ellis, 2018). In a 2018 study of over 635 women in healthcare, one participant, in a senior leadership position, is quoted as stating that “femininity is a barrier to being a leader” (Tecco and Haung, 2018).

A Witt Kieffer survey of healthcare executives was conducted in 2015. This survey was done with assistance from the Asian Healthcare Leadership Association, Association of Hispanic Healthcare Executives, Healthcare Businesswomen Association, Institute for Diversity in Health Management, National Association of Health Service Executives, National Forum for Latino Healthcare Executives and Rainbow Healthcare Leaders Association. A total of 311 individuals participated in this online survey with a significant response rate of 8.7%. In addition, 23 executives who participated in the online survey were interviewed by telephone and asked about topics related to barriers, successful initiatives, and how healthcare organizations’ leaders are committing to enhancing leadership diversity . Of all the participants, 16% were African Americans, 10% were Asian/Pacific Islanders, 55% were Caucasian, 17% were Hispanic, 1% were Native Americans and 1% were categorized as other. Females comprised 31% of the respondents. Three-quarters held the title of CEO or another member of the C-suite and the remaining 25% were identified as medical chiefs, administrators, directors and other leaders. Half (52%) had greater than 21 years’ experience, 31% had between 11-20 years of experience, 17% had 10 years or less experience. Barriers to the progression of women varied depending upon who was asked. Most (83%) Caucasian participants felt that there was a lack of access to diverse candidates. Additionally, 81% felt that a sufficiently qualified pool was not available to promote from within the organization. Many other perceptions fell upon race/ethnicity lines. For example, most (85%) people of

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color felt that there was a lack of commitment by the top leadership team compared to 53% of Caucasians. Many (72%) people of color felt that the board also lacked commitment compared to 35% of Caucasian participants. Most (77%) of Caucasians stated that there were not enough minorities participating in the executive search process compared to 52% of people of color. Many (64%) people of color stated that there was individual resistance to placing diverse candidates compared to 62% believing that there was organizational resistance to placing diverse candidates (Witt/Keiffer, 2015).

Women who do become a part of the C-suite are seen more as technical experts. They are commonly in positions such as chief human resource officers, chief legal officers and chief information officers. These positions are perceived to be needed more for the technical skills in contrast to more intangible qualities. It was also noted that women focus more on day-to-day operations in contrast to thinking more strategically or analyzing performance. Additionally, being a skilled problem-solver may paint women into a corner by the flawed perception that they are not likely to be strategic thinkers. Because men and women think differently, the intentions and behaviors of others are judged differently (Wyman, 2019).

As a result of hidden influences such as intentions and behaviors, people (both men and women) are unaware of the similarities between gender behaviors and biases leading to difficulties in facilitating change. An example is how women think that they are judged solely on their results and organizational impact. As a result, this is where they tend to expend energy, spending relatively less time on networking and building affinities. Women tend to focus on “why” and men tend to focus on “what.” The communication styles are also distinctly different, a distinction which can cause a mistake in determining someone’s intentions or abilities. This leads to the inability to communicate effectively with the opposite

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sex which hinders the possibilities of healthy collaboration. Finally, women have different views on what is considered competent compared to men. For example, men are more comfortable “winging it” in comparison to women (Wyman, 2019). These differences in self-confidence can be stark.

Out of the 635 participants of the 2018 Rock Health Women in Healthcare study, 86% of African American women and 9% of white women found race to be a barrier to career advancement, and 33% of African American women found self-confidence to be a barrier compared to 66% of Asian Americans, 54% of White Americans and 51% of Latinas. Table 3 provides data that reflects the ratings on personal, cultural, and structural barriers by ethnicity according to the study (Tecco, Huang, 2018).

Table 3

Barriers Experienced by Ethnicity in Percentages

<u>Race/Ethnicity</u>	<u>Confidence</u>	<u>Race</u>	<u>Cultural Assimilation</u>	<u>Ability to Connect with Leadership</u>	<u>Underselling Skills</u>
Non-Hispanic White	54.1	8.9	13.5	45.5	69.8
Asian	65.6	52.0	39.2	62.4	80.0
Hispanic/Latino	51.4	48.7	27.0	54.1	56.8
African American	33.3	85.7	42.9	57.1	71.4
All Women	55.9	23.7	21.0	50.0	71.2

Excerpt from What 600+ Women Told us about Working in Healthcare in 2018

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In the absence of being provided a pathway to success, women face challenges in securing experiences that will showcase their leadership and strategic skills. Women tend not to self-promote, providing leaders with a misunderstanding about their goals and intent. Women feel that self-promoting takes attention away from the team. Women will not apply for a position unless they feel 100% sure that they qualify. On the other hand, men apply if they think they meet 60% of the qualifications. Women also tend to value mentoring and sponsoring relationships less, and as a result are less willing to pay top dollar for advice (Wyman, 2019).

Barriers in Achieving Senior Leadership for Women in Health Information Management

The barriers identified for women in business at large as well as for women in healthcare are the same for women in the field of HIM. An added variable is that the profession has been in existence since 1928, yet it remains virtually unknown to many. If women who have credentials in a field that is well known and respected continue to experience problems in progression to the C-suite, then it is clear that this challenge is even more problematic for women in the field of HIM.

According to Abrams (2016), research show that a first step to progression is in addressing the lack of awareness of “gender social practitices” or more commonly known as gender biases. The development of policies and processes that support gender equality are essential to the progression of women. Specifically, mentoring programs and policies that are gender neutral. The author is of the position that societal and organizational changes will influence the HIM professional’s motivation and confidence skills. Other influencing forces were identified as mentoring and role models.

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In 2003, Beguelin shared some of the solutions for the HIM professional to address some of the organizational, structural, cultural and personal barriers to the visibility and credibility of today's HIM professional. Beguelin is of the opinion that HIM professionals cite numerous barriers include the following: a lack of energy to address the need for change, an employer's lack of awareness of the HIM professional's level of knowledge and skills, not having a master's degree, feeling that it is too late to learn new skills, being afraid of change, the existence of a glass ceiling, and people not listening to nor respecting the HIM professional. Solutions identified included the following: creating an action plan that requires exploring why a job may be draining one's energy, showcasing one's skill set and strengths, securing an advanced degree, analyzing a person who has been successful, securing a mentor, and marketing of self (Beguelin, 2003).

Technology has always been an area that is highly important and significant to the field of HIM. With the advent of the electronic health record (EHR), the relationship between information technology (IT) and HIM has become increasingly necessary. A discussion with five CIOs provide insight on how to break down barriers between IT and HIM. One barrier exists due to communications, assumptions and misconceptions. Some HIM professionals believe that IT has no interest in HIM and seeks to subsume the role of the HIM professional. The CIOs stated that HIM professionals are complacent and resistant to change, lack the ability to have a big picture view, lack understanding of big data practices and that HIM professionals are more geared to operational versus strategic thinking. Potential solutions identified consist of being open to HIM's & IT's expertise and sharing knowledge to help facilitate relationship building. Additional solutions recommended for the HIM professional consisted of: speaking to key stakeholders on relevant topics that impact the organization;

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professionally inserting oneself; using HIM knowledge to create accurate reports; being reliable, flexible and committed to doing what is necessary to achieve strategic goals; working with the legal division to help identify compliance risks; and defining the HIM role and being responsible for the destiny of the HIM professional (Hauger and Richardson, 2016).

The role of education was identified as a potential barrier to the advancement of the HIM professional into senior executive positions. The HIM professionals and healthcare leaders both consistently responded that existing programs prepared individuals to launch a career in healthcare, but this academic preparation did not prepare individuals for leadership (Abrams, 2016).

At the 2014 AHIMA National Convention, a focus group of 18 HIM executives and directors shared what they believed to be influential in their personal progression and recognition in the workforce. The top skills identified were as follows: confidence and courage, desire to achieve, innovation, flexibility, integrity, collaboration skills, communication skills, knowledge, and life-long-learning. With the landscape changing in the field of HIM, these skills are essential to develop considering the growing demand for more advanced leaders who have technical skills (Mancilla, Guyton-Ringbloom and Dougherty, 2015).

Leader Development

The traditional style of leadership is changing. During a transition period, it is important for leaders to understand and deliver both the traditional and emerging approach. Individuals who lead exclusively from an authoritative position are going to experience challenges resulting from changes that continue to occur in business, technology and the

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workforce. Under the new approach, leaders will need to come to the realization that their expertise is limited, and they must be willing to learn from others. They must also accept that because things are happening at an accelerated rate, decision-making must change with the times. Ultimately, this means that one must have the ability to change decisions as a result of new information. Standing firm on a decision will no longer be beneficial to a company. Leaders have to be visionaries without maps charting the journey to the destination. This requires talent which sets interim goals and resists making lofty unattainable goals.

Essential to this emergent leader are the soft skills, such as listening. Instead of telling people what to do, leaders must listen to people before making a decision. Leaders must empower others instead of making all decisions. Decision-making must be data-driven. Under the new approach, leaders understand that making quick decisions and failing fast can be more powerful than doing things perfectly (Jordan, Wade and Teracino, 2020). The emerging new leader is closely related to transformational leadership.

Transformational leadership consists of motivating and elevating the levels of the leader and follower to a point where change influences liberty, justice and equality. Areas of challenge under this type of leadership consist of: changing cultural values to new values, building a pool of talented leaders who support the change, developing collaborative relationships that allow for the creation of a new business model, adopting a systems mindset, and maintaining consistency over an extended period of time. The transformational leadership model consists of four components: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Idealized influence is acting as a role model. Inspirational motivation is the ability to articulate a compelling and positive vision. Intellectual stimulation is encouraging followers to be creative and innovative.

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Individual consideration is being supportive, listening and acknowledging matters of importance to followers and communicating effectively with followers. The transformative model of leadership includes behavior of the authentic and ethical leader (Johns, 2017).

Accenting the aforementioned, Kouzes and Posner (2012), offers the Five Practices of Exemplary Leadership Model. These practices include modeling the way, inspiring a shared vision, challenging the process, enabling others to act and encouraging the heart. Modeling the way is specific to the behavior that earns respect, but to accomplish this it is first important to know one's self and one's own values. In other words, people must buy into a meaningful project, and only then is one able to lead. Inspiring a shared vision is sharing excitement about what is possible and connecting with others to help them to believe in their greatness. It is essential that people find meaning in their work and that their contributions are significant. Challenging the process is changing the status quo, a willingness to take risks in order to generate innovation, and providing a safe environment where experimentation is acceptable. Leaders learn from trial and error. Enabling others to act is understanding that greatness does not come alone but is rather a team effort that is built on collaborative and trusting relationships. Strengthening others in their skills and talents and building self-determination is important to enabling others. Finally, encouraging the heart is showing appreciation for the contributions of others and providing encouragement. Genuinely celebrating people, this attribute builds a team identity and community spirit that gets groups through challenging times (Kouzes and Posner, 2012).

Women and Leader Development

According to research, critical success factors to the progression of women fall into three levels: societal, organizational and individual (see figure 4). Of the three levels,

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organizational influence is identified as the most powerful and womens' attitude (individual) falls in second position. At the individual level women are stopping their progression by creation of what the author defines as a "glass cage" The "glass cage" is created as a result of characteristics such as the absence of confidence. Important to note is that this concept of 'glass cage" is derived from organizational, societal and cultural expectations (Lahti, 2013).

Figure 4. Critical Success Factors

- Societal: Traditional Gender Roles
- Organizational: Business Culture
- Individual: Attitudes & Confidence

In a study of 57 female CEOs who were interviewed one on one, six themes emerged as critical success factors. Firstly, female CEOs were on average four years older than their male counterparts. Second, they also worked in more roles and industries when compared to men. Third, women were driven by a sense of purpose and the belief that their companies would have a favorable impact on the community. Fourth, women had to be brave, willing to take risks, have resilience, agility and the ability to manage ambiguity. Fifth, they were team-oriented with the willingness to help others be successful. And sixth, they focused on hitting business targets and seeking new challenges instead of career advancement (this approach led to mentors or their bosses encouraging them to apply for CEO positions). In their careers, 60% had an expertise in STEM and 19% in business, finances or economics, allowing them to prove themselves in areas that were crucial to business success. The study identified a number of steps that companies can take to prepare women for CEO positions, including early identification of potential candidates and communicating opportunities to women in a

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way that built on their strengths, and providing mentoring and sponsoring opportunities (Korn Ferry Institute, 2017).

An analysis of 1,642 women professionals from the Korn Ferry Institute database, including 165 senior executives and 71 CEOs, showed that those women who reached a CEO position rated highly in the following areas: engages and inspires people to achieve company objectives, develops talent to meet career and organizational goals, builds effective teams, directs work through clear communication, delegation, and removing obstacles, has courage to step up and address what is needed, and manages ambiguity during periods of uncertainty. Among all the participants, 165 were senior executives and 71 were CEOs. In its consultation with boards who are making CEO hiring decisions, the top five skills that board members are looking for in a CEO (in order of priority) are: strategic vision, aligns execution, ensures accountability, engages and inspires, and balances stakeholders. The report identified two stages for preparing to be a CEO: building credibility and expanding. Building credibility is the foundation for establishing a reputation. This, in turn, becomes attractive to mentorship opportunities that lead to the expansion of leadership positions. Among the participants, 40% started with an undergrad degree in a STEM profession. The next most prevalent field of study was an undergraduate degree in business with a concentration in finance, economics or law. The four paths that participants of the study took to become CEOs are listed in Figure 5. (Korn Ferry Institute, 2017)

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Figure 5. Career Approaches Taken by Women Who Become a CEO

- Lifelong Learning: Willingness to take on the tough and risky jobs to facilitate growth.
- Bird's Eye Approach: Secured an opportunity as a consultant/attorney and got a view of the business. Worked on special projects with senior leadership and was able to show comprehension. Was known by someone on the board.
- Innovation/Growth Approach: Disrupted the status quo by building new businesses that others did not see.
- Career Building: Attended top business schools. Told their superiors when they were ready for the next level. Note: This approach was the least taken approach.

Korn Ferry Rockefeller, 2017

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Chapter 3: Research Design

Introduction

The objective of this correlational research is to look at the degree of relationship between organizational structures and program director characteristics related to the selection of leader development curricula which address person-related characteristics that impair confidence. This research is predicated on the social change model which recommends starting with individual values followed by group and society/community values (Komives and Wagner, 2017). We also posit that leadership derives from confidence, which cannot be attained if the woman is impaired by self-doubt.

Framework for Research

The research approach is quantitative. Quantitative research is an approach used for testing theory by exploring the relationship among variables. The theory for this research is to provide a scientific explanation as it relates to the relationship among the dependent and independent variables being studied as reflected in the questions. The data captured is by means of an electronic survey completed by program directors of CAHIIM accredited HIM programs.

The theory upon which this research is predicated is social learning theory, developed by Albert Bandura. Social learning theory is widely used to study how people learn and develop. This theory indicates that influencing forces to learning are correlated to behavior, personal factors, and environmental factors (Nabavi, 2012 and Cresewell, 2014). It is expected that the independent variables (program director characteristics and organizational

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structures) will influence or explain the dependent variable (students' degree of confidence) because of the mutually supportive relationships between behavior, personal factors, and environment and learning.

From a postpositivist worldview, this study gives the need to explore the relationship between the curriculum content and the building of confidence in female students. This view acknowledges that absolute truth is never found; that claims can and should be abandoned for stronger claims; that data, evidence and logical considerations frame knowledge; that the intent of research is to discover truth that can describe the relationship among variables and that objectivity is essential (Creswell, 2014).

The study design is correlational research. Correlational research is appropriate because it provides a way for efficient exploratory, path-finding studies regarding how HIM programs may be an influencing force in addressing problems in the advancement of women. A second benefit is the findings will be readily interpreted by institutions seeking to continuously improve operations in the interest of advancing women. In the end, this research is essential because of the need to understand how higher education institutions may influence the progress toward parity between men and women in senior leadership positions. There is much literature regarding the problem along with several root causes, but there is still limited information regarding how higher education may be a significant source for resolution of this problem. This study will look at what efforts are taken in the interest in the advancement of women and perhaps discover how higher education institutions may be able to propel the advancement of women in the future.

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Data Collection Plan and Analysis

The participants of this study will consist of program directors for associate, baccalaureate, and master CAHIIM accredited HIM programs. As of January 31, 2020, there were 329 HIM programs. Of the 329 HIM programs, 251 are at the associate level, 71 are at the baccalaureate level and seven at a master's level (L. Tesch, personal communication, January 20, 2020). Participants will be asked to complete the survey with the use of Survey Monkey.

The questions on the survey related to curriculum content were created following a literature review regarding leader development and person-related barriers that hold women back from senior leadership positions. including self-doubt, lack of confidence, underestimating self, self-perspective on capability, credibility and capacity . Specifically, information regarding the importance of having a personal vision may be found in content provided by Abrams, Bennis, Johns, Jordan and Wade and Teracino. Content regarding the relevance of building strength and confidence may be found in writings from Bannon and Johns. Content on the importance of groups may be found by the authors Northhour and Komives and Wagner. The importance of modeling may be found by Bandura and Kouzes & Posner. Content on mentoring may be found from the writings of First Round Review and Haas & Hall. Content on effective communication skills may be found under Developing. Content regarding negotiations may be found under Malhotra. Content on gender equity may be found under the writings of the American College of Healthcare Executives (ACHE), McKinsey & Company, Catalyst, Lean, and Korn Ferry. Content on personal branding may be found in the writings of Rempersed. Content on professional networking may be found by Wyman, Chisholm-Burn and Abrams. Content on implicit bias may be found in the writings

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of Athey, Hill and Ellis. The classification of members may be found under the AHIMA US. Classification of institutions is provided by the Carnegie Classification.

The survey tool is a 10-part instrument with a total of sixty-two (62) questions (See appendix A). The instrument contains ten sections entitled as follows: part 1 - students' awareness of personal strengths; part 2 - vision/career planning; part 3 - implicit bias; part 4 – mentoring; part 5 - networking opportunities; part 6 - gender equity; part 7 - personal branding; part 8 - effective communications part 9 - program demographics; and part 10 - program director demographics.

In parts 1 through 8, forty-four (44) questions are specific to leader development content that address mediation of person-related barriers that hold women back from leadership positions (self-doubt, lack of confidence, underestimating self, self-perspective on capability, credibility and capacity). Ten (10) questions are related to the program demographics in Part 9 and eight (8) are related to program director demographics in Part 10.

Content questions are multiple choice and check boxes. Where appropriate, a text field is available when other (please specify) is an option. Program and director demographic questions are multiple choice. The exceptions are in questions where a text response is appropriate such as questions related to program age, number of faculty members, years as a program director and years as a practitioner. There is one check box question to gather the credentials of the program directors.

To help in the facilitation of validity and reliability, the survey tool was piloted by a diverse group of able and differently enabled individuals. Seventeen individuals in total were asked to participate in the field test. Participants were asked to review the survey for quality

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in content and structure and to report their feedback to the investigator via email. According to the results, twelve people completed the survey and six partially completed the survey reflecting a total of 18 participants. Four people reported completing the survey manually instead of electronically. Given that 17 people were asked to pilot, it is assumed that one or more individuals may have taken it more than once and that one to five people took it both partially and completely. Only one person reported partial completion. Out of the seventeen individuals, twelve were HIM professionals, two were registered nurses, one was a medical physician, one a licensed clinician and one a government official. Thirteen of the participants were educators. Ten of the thirteen were HIM Educators, two were nurse educators and one was a licensed clinician. Five were practitioners and educators. Four of the five were HIM professionals. Four of the HIM participants were retired educators. All were identified as a practitioner at some point in life. Time to complete the electronic survey was reported between 10 and 25 minutes.

Each program director of the 329 nationwide HIM programs, received the survey via survey monkey during the period of June/July 2020. One hundred percent of the population was surveyed. A follow-up email was sent to remind individuals to complete the survey. An incentive for completion of the survey tool was a reminder of the relevance of this research in the interest of the advancement of the HIM professionals. A second incentive was to remind them of the importance of their views in the interest of supporting women at large.

Findings from the survey were exported to an Excel® spreadsheet to prepare for data cleaning and analysis with the use of JASP. The data will be analyzed using Spearman's Correlation Coefficient to identify statistically significant correlations between independent and dependent variables. The independent variables that will be examined include: delivery

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method, assignments designed to build confidence, assignments designed to build students' strengths, number of years as a practitioner, and number of years as a program director. The correlation coefficient will be a value between -1 and +1. A coefficient of positive one (+1) indicates a perfectly positive relationship between the independent and dependent variables. A coefficient of negative one (-1) indicates a perfectly negative relationship between the independent and dependent variables. A coefficient of zero (0) indicates that no relationship between the independent and dependent variables was found. The effect size will also be determined, with the following categorizations: a value of ± 0.1 represents a small effect size, ± 0.3 is a medium effect size and ± 0.5 is a large effect size. A 95% confidence interval will also be used (Field, Miles and Field, 2012).

Consent and Confidentiality

All participants of this study received a clear explanation of the project along with any potential risk involved. Participants signed an informed consent form approved by the IRB (Appendix B). The consent form includes a clause informing the participants that they are welcome to withdraw at any time during the research project. All participants were of legal age and at minimal risk. Participants were informed about how their identity will be protected. Findings shared are based upon aggregated data eliminating the need for identification of a participant. The survey was structured to not require any personal information. Any data housed on a computer will be degaussed to further protect participants. Privacy risk was determined to be minimal.

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Chapter 4

Introduction

This section summarizes findings from the electronic 10-part survey completed by the subjects. It also provides an interpretation of the findings in the interest of discovering the response to the primary question: How do CAHIIM accredited HIM programs incorporate leader development in their curriculum to address person-related characteristics that hinder women from achieving senior leadership positions? The answer to the primary question is revealed in the response to the following questions:

1. Is there a relationship between *years of experience* as an HIM program director and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?
2. Is there a relationship between *practitioner experience* of program directors and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?
3. Is there a relationship between the *educational level* of program directors and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?
4. Is there a relationship between *delivery method* (online or campus-based courses) and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?

Additional information provided will consist of the population (participants' demographic information, program characteristics), sample size, instrument used for the

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purpose of collecting data, interpretation following the cleaning and analysis of data, and a conclusion which shall be a summary of findings and interpretations.

Population

The targeted population of interest consisted of program directors of CAHIIM accredited HIM programs. The entire population of program directors was asked to participate in the study. Purposeful sampling was used given that the focus was exclusively on CAHIIM accredited program directors; these directors are responsible for oversight of the HIM program including but not limited to planning, developing, monitoring, and ensuring the overall effectiveness of the HIM program (CAHIIM, 2018). The director of the master's level program must have at minimum a master's degree. The institution is responsible for clearly outlining the roles and responsibilities of the program director to properly maintain oversight of the program. Qualifications regarding the program director's leadership must be well documented. At the baccalaureate level, program directors are required to be certified as Registered Health Information Administrators (RHIA's) and have a master's degree. Program directors of an associate level HIM program must be certified as Registered Health Information Technicians or Registered Health Information Administrators and have a bachelor's degree (CAHIIM Associate, 2018).

Sample Size

A large sample size is usually defined as greater than thirty while a small sample size is viewed as less than thirty (Miles, Fields and Miles, 2012) A sample size of 30 or greater is reflective of a normal distribution with a mean value that is equal to the population mean. This is commonly identified as the central limit theorem (CLT).

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The survey was emailed to 329 CAHIIM HIM-accredited programs via Survey Monkey[®]. Out of the 329 programs, 50 program directors participated in the survey, providing a response rate of 15%. Fifty percent (25), of the respondents identified as associate level institutions, 28% (14) identified as baccalaureate level institutions, 18% (9) identified master level institutions and 4% (2) responded as doctorate level institutions. Most (72%) of the institutions reported being in active status with CAHIIM. The remaining 18% of programs opted not to report their program status. Though 50 programs participated in the survey, on average, a significant or complete response was received from 36 participants. This provides a more accurate response rate of 11% following data cleaning.

Survey Statistical Confidence

Given that the population of study is small, and the response rate was 11%, it is worthwhile to discuss factors that determine survey statistical confidence. According to Great Brooks (2020), the larger the population, the smaller the response rate needs to be. When essential decisions are being made based upon demographic segmentation, statistical accuracy must be based on the segments and not the population. When responses are similar, it is not necessary to survey more to determine the same accuracy. Lastly, tolerance of sampling error is essentially based upon the purpose of the survey. In the case of this study, there are three factors that promote survey statistical confidence: similarity in responses, demographic segmentation, and a tolerance for sampling error.

An example of segmentation analysis in this study would be specific to understanding the following: what content is being taught, why it is being taught, and what impact the content has in the interest of helping women to address person-related characteristics that influence success. Though the population is essential, more relevant is the content being

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taught. As it relates to homogeneity or similarity in responses, some of the responses from this survey reflect either a remarkably high favorable or unfavorable response to some questions. Based upon the theory of Great Brooks, surveying more people will likely provide a similar response making it unnecessary to survey more people. Lastly, tolerance for sampling error is important when doing correlational research. This is essential because it is not possible to ascertain the direction in which one variable influences another (Fields, Miles and Fields, 2012).

Data Cleaning

On July 26, 2020, the survey closed. The survey was available for three weeks from July 6, 2020 to July 26, 2020. A reminder email was sent to participants midway during the survey period. After the survey closed, data were reviewed in JASP, then exported to Excel for additional analysis. To ensure data validity, the survey was set up to allow participants to respond by pointing and clicking. The initial pilot tests of the survey instrument were removed from the sample. One respondent's responses were removed after reporting that the institution was health informatics; not HIM. Some questions required a text response when participants selected "other" as a response. A response of "other" was included in the data analysis and spelled out for the reader. Variable headers were input, and data were recoded, as necessary. To facilitate validity of data, outliers were removed to determine the average response rate per question. Outliers were defined as questions with fewer than 30 responses. Questions with a high number of participant responses were also removed to construct the average. A total of five questions were removed that had a high response rate to facilitate validity and accuracy in determining the average response rate. The number of respondents for the five questions identified as having a high response rate was identified as: 50, 47, 45,

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41, 40 participants. On average, there were 36 responses to questions after removing outliers. All data retrieved was included in the data analysis.

Hoyle promotes the reporting of all data when conducting analyses. This is inclusive of surveys that are not completed in their entirety. Accordingly, analytical models that allow the researcher to include all data are preferred. There are methods to allow for the leveraging of data that has been provided. Two methods identified by Hoyle are: multiple imputation and model-based methods. These methods allow for the inclusion of auxiliary variables (National Academies of Sciences, Engineering, and Medicine, 2018). In the interest of authenticity and validity, auxiliary variables were not included in this study.

Findings Organized by the Four Research Questions

Findings Based Upon Years as a Program Director

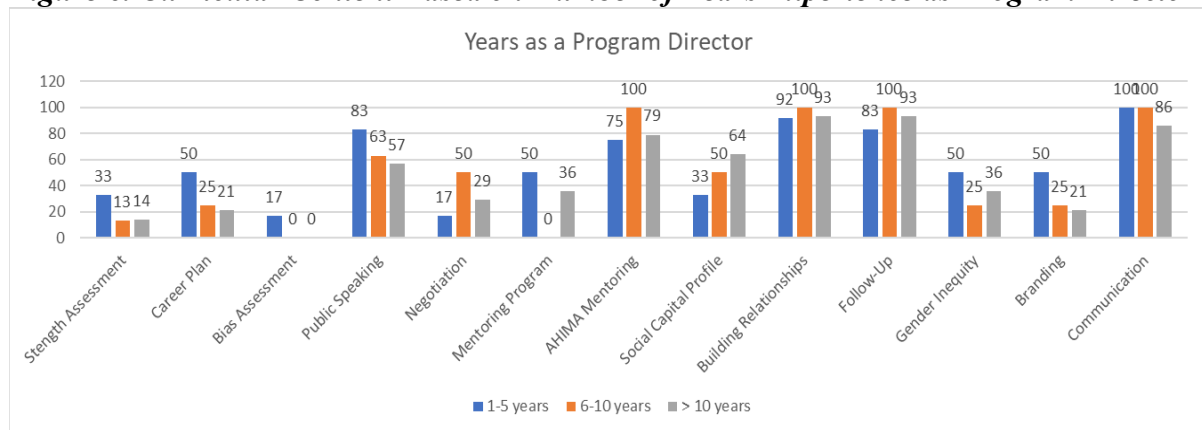
The data revealed a reoccurring theme in this category. Despite the number of years of experience, 97% of program directors reported the integration of communication into the curriculum via a course and/or throughout the program. Ninety-seven percent (97%) reported that they included content on the importance of building beneficial relationships. Ninety-four percent (94%) reported stressing the importance of follow-through on commitments. Eighty-five percent (85%) included content on AHIMA's mentoring program. The findings also identified where there were significant opportunities for improvement. Sixty-eight percent (68%) of the respondents integrated public speaking into the curriculum. Fifty percent (50%) included content on how to build a social capital (professional network) portfolio. Thirty-eight percent (38%) integrated gender inequity. Thirty-one percent (31%) included content on a written career plan, developing a branding campaign and offering a mentoring program. Twenty-nine percent (29%) included content on negotiation skills for discussing salary and a

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job promotion. Twenty percent (20%) offered a strength assessment and six percent (6%) offered an assessment on unconscious bias.

As it relates to the correlation between years of experience as a program director and the development of leader content for the curriculum, the following favorable responses are noted: 1-5 years: communications; 6-10 years: AHIMA mentoring program, building relationships, the importance of follow-up and communication; greater than 10 years: no data. A favorable response is defined as a score in the upper ninety percent or greater. The remaining responses are reflective of an opportunity for improvement. Findings are illustrated in figure 6.

Figure 6. Curricular Content Based on Number of Years Experience as Program Director



One Year Experience: Two individuals reported having one year of experience as program directors. Each incorporated the following into the curriculum: public speaking, the AHIMA mentoring program, the importance of building beneficial relationships, and the integration of communication skills throughout the curriculum. Neither program director offered a strength or unconscious bias assessment, a mentoring program, assistance in the development of a written career plan, awareness on gender inequity nor negotiation skills for discussion on salary and job promotion. One program director offered content on developing

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a social capital (professional network) portfolio, branding campaign and a communication course.

Two Years' Experience: One individual reported having two years' program experience. This individual stated that he/she incorporated the following into the curriculum: assessments on strength and unconscious bias, writing a career plan, negotiation skills for discussion on salary and job promotion, a mentoring program, gender inequity, public speaking, building beneficial relationships, the importance of follow-through on commitments, a branding campaign, a communication course and communication content throughout the curriculum. Information on AHIMA's mentoring program and building a social capital (professional network) portfolio were not incorporated.

Three Years' Experience: Three program directors reported having three years of experience. All reported the integration of the AHIMA mentoring program, building beneficial relationships, follow-through on commitments, gender inequities and communication content throughout the curriculum. None included building a social capital (professional network) portfolio. One program director included both a strength and unconscious bias assessment, public speaking, and negotiation skills for discussion on salary and job promotion into the curriculum. Two program directors included the following in the curriculum: development of a written career plan, a mentoring program, content on a branding campaign and a communication course.

Four Years' Experience: Two participants reported having four years of experience. Each included: public speaking, a communication course and communication content throughout the curriculum. None offered content on a written career plan, unconscious bias assessment, negotiation skills for discussion on salary and job promotion, building a social

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capital (professional network) portfolio, gender inequity or how to develop a branding campaign. One included content on strength assessment, a mentoring program, AHIMA's mentoring program, developing beneficial relationships and the importance of follow-through on commitments.

Five Years' Experience: Four individuals reported having five years' experience as program directors. All reported offering public speaking, building beneficial relationships, follow-through on commitments, a communication course and communication content throughout the curriculum. None had incorporated an unconscious bias assessment or negotiation content into the curriculum. Three offered content on developing a written career plan, AHIMA's mentoring program and building a social capital (professional network) portfolio. Two included content on gender inequity, developing a branding campaign and offering a mentoring program. Only one provided content on strength assessment.

Six Years' Experience: Four respondents reported having six years' experience as program directors. All incorporated the following into the curriculum: public speaking, building beneficial relationships, the importance of follow-through on commitments, the AHIMA mentoring program and communication throughout the curriculum. None offered an assessment on strength or unconscious bias; nor did they offer a mentoring program. One included a written career plan, negotiation skills for discussing salary and job promotion, and inclusion of gender inequity in the curriculum. Two included information on building social capital and a branding campaign.

Seven Years' Experience: Only one participant reported having seven years of experience as a program director. The following content was incorporated into the curriculum: writing a career plan, negotiation skills for discussion on salary and job

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promotion, AHIMA's mentoring program, building a social capital (professional network) portfolio and beneficial relationships, the importance of follow-through on commitments, a communication course, and the integration of communications throughout the curriculum. There was no content on strength or unconscious bias assessment, public speaking, gender inequity or how to develop a branding campaign, nor was a mentoring program offered.

Eight Years' Experience: Two respondents reported having eight years' experience as program directors. Both incorporated negotiation skills for discussing salary and job promotion, AHIMA's mentoring program, building beneficial relationships, the importance of follow-through on commitments, a communication course, and the integration of communication throughout the curriculum. Neither included a written career plan, unconscious bias assessment, a branding campaign, or a mentoring program. One included content on strength assessment, public speaking, negotiation skills for discussing salary and job promotion, developing a social capital (professional network) portfolio and gender inequity.

Ten Years' Experience: One person with 10 years' experience reported incorporating the AHIMA mentoring program, building beneficial relationships, the importance of follow-through on commitments, a communication class, and the integration of communication throughout the curriculum. The following was not integrated into the curriculum: a strength and unconscious bias assessment, a written career plan, public speaking, a mentoring program, building a social capital (professional network) portfolio, content on gender inequity and how to build a branding campaign.

Eleven Years' Experience: Two participants reported having 11 years' experience as program directors. Both incorporated a mentoring program, AHIMA's mentoring program

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the relevance of building beneficial relationships and the importance of follow through on commitments into the curriculum. Neither included an unconscious bias assessment or content on negotiation skills for discussion on salary and job promotion. One included a strength assessment, a written career plan, public speaking, building a social capital (professional network) portfolio, content on gender inequity, a communication course and communication throughout the curriculum.

Thirteen Years' Experience: One person with 13 years' experience included the following in the curriculum: public speaking, negotiation skills for discussion on salary and job promotion, AHIMA's mentoring program, building a social capital (professional network) portfolio, the importance of building beneficial relationships and follow-through on commitments, how to develop a branding campaign and offering communications throughout the curriculum.

Fourteen Years' Experience: The one person with 14 years' experience as a program director included: the AHIMA mentoring program, building a social capital (professional network) portfolio, the importance of building beneficial relationships and follow-through into the curriculum. Not included were a strength and unconscious bias assessment, writing a career plan, public speaking, negotiation skills for discussion on salary and job promotion, a mentoring program, gender inequity, a branding campaign, or a communication course.

Fifteen Years' Experience: Two participants reported having 15 years' experience as program directors. Both integrated public speaking, the AHIMA mentoring program, the importance of building beneficial relationships, follow-through on commitments, and communication throughout the curriculum. Neither incorporated a strength or unconscious

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bias assessment, content on a written career plan, negotiation skills for discussion on salary and job promotion, or how to develop a branding campaign. One included a mentoring program, how to develop a social capital (professional network) portfolio, gender inequity and a communication course.

Sixteen Years' Experience: One person reported having 16 years' experience as a program director. This program director included a strength assessment, public speaking, AHIMA's mentoring program, building a social capital (professional network) portfolio, building beneficial relationships, follow-through on commitments, and offering communication throughout the curriculum. Not included were a written career plan, unconscious bias assessment, negotiation skills for discussion on salary and job promotion, a mentoring program, gender inequity, building a branding campaign and a communication course.

Eighteen Years' Experience: One participant with 18 years of experience as a program director, reported incorporating public speaking, negotiation skills for discussion on salary and job promotion, AHIMA's mentoring program, building beneficial relationships and follow-through on commitments, gender inequity, a communication course, and the integration of communications throughout the curriculum. What was not included in the curriculum was a strength and unconscious bias assessment, a written career plan, a mentoring program, building a social capital (professional network) portfolio and a branding campaign.

Twenty Years' Experience: Two respondents reported having 20 years of experience as program directors. Both incorporated into the curriculum content on building a social capital (professional network) portfolio, the importance of building beneficial

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relationships and follow-through on commitments and the integration of communications throughout the curriculum. Neither offered content on a strength or unconscious bias assessments, public speaking, negotiation skills for discussion on salary and job promotion, gender inequities or a branding campaign.

Twenty-Two Years' Experience: One individual with 22 years' experience as a program director reported the incorporation of the following into the curriculum: public speaking, negotiation skills for discussion on salary and job promotion, a mentoring program, AHIMA's mentoring program, building a social capital (professional network) portfolio, the importance of building beneficial relationships and follow-through on commitments, gender inequity, building a branding campaign, offering a communication course and integrating communications throughout the curriculum. The following was not included in the curriculum: a strength or unconscious bias assessment, and a written career plan.

Twenty-Four Years' Experience: A participant with 24 years' experience reported the incorporation of building a social capital (professional network) portfolio and the integration of communication throughout the curriculum. Not included were a strength or unconscious bias assessment, a written career plan, public speaking, negotiation skills for discussion on salary and job promotion, a mentoring program, AHIMA's mentoring program, the importance of building beneficial relationships and follow-through on commitments, gender inequity, building a branding campaign, or a communication class.

Twenty-Eight Years' Experience: A respondent with 28 years' experience incorporated in the curriculum a written career plan, public speaking, AHIMA's mentoring program, building beneficial relationships and follow-through on commitments. Not included in the curriculum were: a strength or unconscious bias assessment, negotiation skills for

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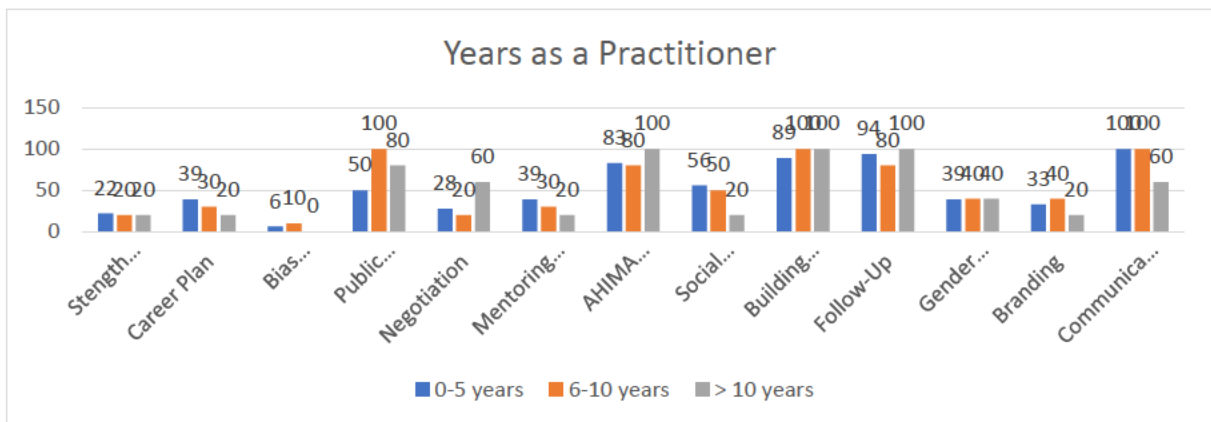
discussion on salary and job promotion, a mentoring program, building a social capital (professional network) portfolio, gender inequity, developing a branding campaign, a communication course, and the integration of communications throughout the curriculum.

Findings Based Upon Practitioner Experience

Findings based upon years of experience as a HIM program director overall revealed the absence of a correlation between the inclusion of content on leader development and practitioner experience. Despite years of experience, the response for development of content in the following areas was low: a strength assessment (21%), written career plan (32%), a bias assessment (6%), negotiation of a salary or promotion (29%), a mentoring program (32%), development of a social capital portfolio (50%), content on gender inequity (35%), a branding campaign (32%) and public speaking (68%). However, the following areas were widely incorporated: the importance of building beneficial relationships (94%), the importance of follow through (92%), communications (94%), an introduction to AHIMA's mentoring program (82%). On the next page follows a visual (figure 7), of outcomes by experience as a practitioner.

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Figure 7. Curricular Content Based on Number of Years Experience as HIM Practitioner



As reflected in figure seven, the correlations between years of experience as a HIM practitioner and the development of content needed for leader development revealed the following favorable responses: 0-5 years: communication; 6-10 years: public speaking, building relationships and communications; greater than 10 years: AHIMA mentoring program, building relationships and the importance of follow-up.

Greater than 10 Years: Five program directors stated that they had greater than 10 years' experience as practitioners. Out of the five, only one administered an assessment to examine students' strengths. One program director in the population assisted students in the development of a written career plan. None of the program directors had included unconscious bias assessment in the curriculum. Four had incorporated public speaking into the curriculum. Three included negotiation skills for discussing salary and a job promotion. One had a mentoring process in place. All five informed students of the AHIMA's mentoring program. One program director assisted students in the development of a social capital portfolio. All ensured that students were aware of the importance of developing beneficial relationships and the importance of follow through on commitments. Two had incorporated

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gender inequities into the curriculum. One program director assisted students in the development of a branding campaign. Three offered a communication course and reported incorporating communications throughout the curriculum.

Between 9-10 Years: Of the three program directors who had 9-10 years of practitioner experience, two reported offering a strength assessment. Although the sample size is small, this represents 66% compared to 20% among the 5 respondents with more than 10 years' experience. None assisted students in the development of a written career plan, understanding the relevance of unconscious bias, learning how to negotiate, or developing a branding campaign. Regarding offering a formal mentoring program, only one program director responded to the question, and the response was "no." All reported the incorporation of public speaking and building beneficial relationships into the curriculum. Only one had included the social capital portfolio into the curriculum; the other two did not respond. Two made students aware of AHIMA's mentoring program and the importance of follow-through on commitments. One out of the three included the concept of gender inequities in the curriculum. One offered a communication course. All three incorporated communications in the curriculum.

Between 6-8 Years: Seven program directors reported having 6-8 years of experience. None of them incorporated a strength assessment into the curriculum. Three required the development of a written career plan. Only one out of seven had integrated an unconscious bias assessment into the curriculum. All required students to develop public speaking skills. Two integrated the art of negotiating into the curriculum. Three offered a mentoring program and six informed students about the AHIMA mentoring program. Four assisted students in the development of a social capital (professional network) portfolio. All informed students of

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the importance of building beneficial relationships. Six out of the seven stressed the importance of follow-through on commitments. Three incorporated material on gender inequities. Four assisted students in building a branding campaign. Five offered a communication course. All incorporated communications throughout the curriculum.

Between 3-5 Years: Out of thirteen program directors with 3-5 years of practitioner experience, three reported offering a strength assessment. Five assisted students in the development of a written career plan. Only one out of the thirteen included an unconscious bias assessment into the curriculum. Six prepared students with public speaking skills; representing about half of respondents compared to 80% or more among respondents with more experience. Five prepared students with negotiation skills for discussions on salary and job promotion. Three offered a mentoring program and 10 informed students about AHIMA's mentoring program. Eight assisted students in the development of a social capital (professional network) portfolio. Twelve educated students on the importance of developing beneficial relationships and the importance of follow-through on commitments. Six incorporated gender inequity in the curriculum. Four offered content on developing a branding campaign. Ten offered a communication class. All incorporated communications throughout the curriculum.

Between 0-2 Years: One of the five program directors in this category reported offering a strength assessment. Two program directors included the development of a written career plan. None offered an unconscious bias assessment or content on negotiation skills for discussing salary and a job promotion. Three offered public speaking. Four offered a mentoring program and all informed students of AHIMA's mentoring program. Two assisted students in the development of a social capital (professional network) portfolio. Four helped

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students to understand the importance of building beneficial relationships. All informed the students of the importance of follow-through on commitments. Only one included gender inequity in the curriculum. Two helped students in the development of a branding campaign. Three offered a communication course and all had incorporated communications throughout the curriculum.

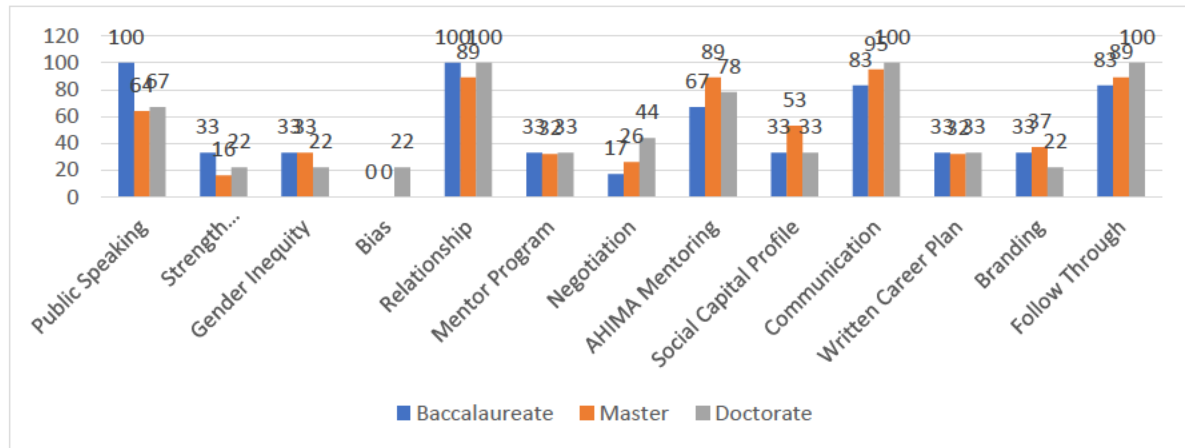
Findings Based Upon Educational Level

Findings based upon degree level revealed some similarities and deviations. Respondents with a bachelor's degree placed a higher value on public speaking when compared to individuals with a master's or doctorate. All respondents with bachelor's degrees included public speaking in the curriculum compared to 64% of program directors with masters' degrees and 67% of directors with doctorates. The integration of an unconscious bias assessment was nominal with 22% of doctoral level directors including this component compared to none of the bachelor's or master's-prepared directors. The proportion of respondents offering of a mentoring program was 33% among bachelor's level, 32% among master's level and 33% among those with doctoral degrees. There is an opportunity across the board for the integration of content on negotiation skills for discussing salaries and job promotions. Among those with bachelor's degrees, 17% of participants incorporated negotiation skills compared to 26% of participants with masters' degrees and 44% of those with doctorates. The integration of content on building a social capital (professional network) portfolio was significantly higher at a master's level with 53% of master's-prepared program directors including this component compared to 33% of participants with bachelors' or doctorate degrees. The following components were integrated at high rates regardless of the director's educational background: AHIMA's mentoring

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program, building beneficial relationships, follow-through on commitments and communication. The following is a visual and narrative of findings based upon the highest level of education among program directors.

Figure 8. Curricular Content based on Education Degree of Program Director



Nine respondents reported having a doctoral degree. Out of the nine, two integrated a branding campaign, strength assessment and unconscious bias assessment into the curriculum. Three included a written career plan and a mentoring program. Four included content on negotiation and gender inequity. Five offered a communication course and included building a social capital (professional network) portfolio. Six included public speaking. Seven informed students of AHIMA's mentoring program. Nine included the importance of building beneficial relationships and follow-through on commitments. Nine also integrated communications throughout the curriculum.

Nineteen participants stated they have masters' degrees. Three included a strength assessment. Five included content on negotiation skills for discussing salaries and job promotions. Six included a written career plan and a mentoring program. Seven included content on gender inequity and building a branding campaign. Ten assisted students in

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building a social capital (professional network) portfolio. Twelve offered content on public speaking. Thirteen offered a communication course. Sixteen made sure students understood the importance of follow-through on commitments. Seventeen included content on the importance of building meaningful relationships. Eighteen included AHIMA's mentoring program and communications content throughout the curriculum.

Six program directors reported having bachelors' degrees. One program director included a written career plan and content on negotiation skills regarding salaries and job promotions. Out of the six, two offered a strength assessment, how to build a social capital (professional network) portfolio, gender inequity, branding campaign and a mentoring program. Four offered a communication course. Five integrated communication throughout the curriculum and included information on AHIMA's mentoring program. Six included content on public speaking and the importance of follow-through on commitments. Seven informed students of the importance of building beneficial relationships.

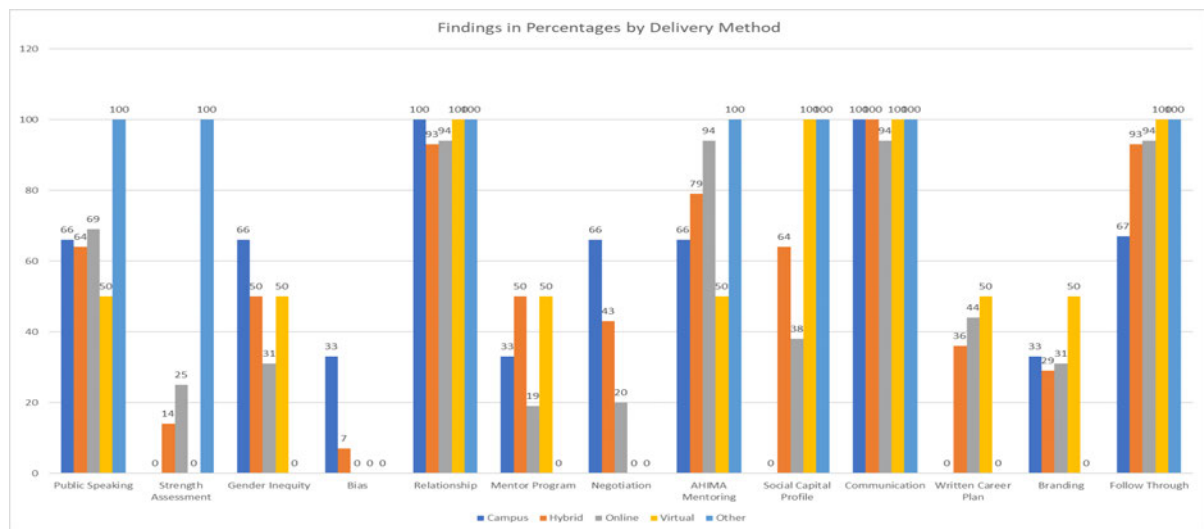
Findings Based Upon Delivery Method

Despite the method of delivery, a significant amount of program directors incorporated the importance of building beneficial relationships, following through on commitments and communications into the curriculum. All of the campus-based and virtual programs incorporated the importance of building beneficial relationships compared to 93% of hybrid programs, and 94% of online programs. Except for one online program and one hybrid program, content on communications was integrated into the curriculum. Though there was no correlation between method of delivery and the development of content on leader development, opportunities for improvement were identified in the areas of: offering a strength assessment, a written career plan, unconscious bias, negotiation skills for salaries

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and promotions, public speaking, developing a social capital (professional network) portfolio, gender inequity, and developing a branding campaign. For the visual and a detailed description of program by method of delivery, please continue to the next page.

Figure 9. Curricular Content Based on Delivery Method 4



Three program directors reported a campus-only method of delivery. Of these, one program director included content on unconscious bias, public speaking, a mentoring program, and a branding campaign. Two program directors incorporated content on negotiation skills for discussing salaries and job promotions, AHIMA’s mentoring program, the importance of follow-through on commitments, gender inequity, a communication course and content on communications throughout the curriculum. All three ensured that students were aware of the importance of building beneficial relationships. None included content on a strength assessment, a written career plan or building a social capital (professional network) portfolio.

Fourteen program directors’ programs were hybrid (campus-based and online). One program director included content on unconscious bias into the curriculum. Two included a

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strength assessment. Four offered content on building a branding campaign. Five included a written career plan into the curriculum. Seven offered a mentoring program and included content on gender inequity. Nine included public speaking and building a social capital (professional network) portfolio. Ten included a communication class. Eleven included content on AHIMA's mentoring program. Thirteen informed students of the importance of building beneficial relationships, the importance of follow-through on commitments and the integration of communications throughout the curriculum.

Sixteen program directors reported an online delivery of program content. Fifteen included the importance of building beneficial relationships, follow-through on commitments, AHIMA's mentoring program and communications throughout the curriculum. Eleven included public speaking and a communication course. Seven offered content on written career plans. Five included content on gender inequity and developing a branding campaign. Four offered an assessment on strength. Three included materials on negotiating a salary or promotion and offered mentoring programs. One person did not answer the question regarding negotiations. None of the program directors included content on an unconscious bias assessment.

Two programs reported a virtual program delivery (synchronous online sessions). Both program directors included the following in the curriculum: building social capital (professional network) portfolios, the importance of building beneficial relationships and follow-through on commitments, and the integration of communications throughout the curriculum. One program director included content on a written career plan, public speaking, a mentoring program, AHIMA's mentoring program, gender inequity, building a branding campaign and offering a communication course. Neither program director included a strength

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or unconscious bias assessment or content on negotiation skills for discussing salary and a job promotion.

One program director selected “other” as the method of delivery due to COVID. The program was forced into a virtual method of delivery. This program director offered a strength assessment, public speaking, AHIMA’s mentoring program, building a social capital (professional network) portfolio, the importance of building beneficial relationships and communications throughout the curriculum. Not included in this program were a written career plan, unconscious bias assessment, negotiation skills for discussion on salaries and job promotions, a mentoring program, content on gender inequity, developing a personal branding campaign or a communication course.

Demographics: Program Director

In most cases, the respondents held the RHIA credential either solo or in combination with one or more other credential(s). The number of credential(s) held per person is as follows:

- Registered Health Information Administrator (RHIA): 13
- RHIA, Fellow of the American Health Information Management Association (FAHIMA): 1
- RHIA, Certified Coding Associate (CCA): 1
- RHIA, Certified Health Data Analyst (CHDA): 2
- RHIA, Certified Professional in Healthcare Quality (CPHQ), Certified Healthcare Technology Specialist-Trainer (CHTS-TR): 1
- RHIA, CHDA, Certified in Healthcare Privacy and Security (CHPS): 1
- RHIA, Certified Coding Specialist (CCS): 3

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- RHIA, Certified Professional Coder (CPC), Certified Outpatient Coder (COC), Doctor of Dental Surgery (DDS): 1
- RHIA, Registered Health Information Technologist (RHIT): 1
- RHIA, CCS, Certified Coder Specialist - Physician Based (CCS-P): 1
- RHIA, Certified Healthcare Technology Specialist - Practice Workflow and Information Management Redesign Specialist (CHTS-PW), CHTS-TR RHIA, CCS-P: 1
- RHIA, Certified Revenue Cycle Representative (CRCR), Certified Specialist Business Intelligence (CSBI), Lean Green Belt Certified (LGBC), Modern Classroom Certified Trainer (MCCT): 1
- RHIA, Master of Business Administration (MBA): 1
- RHIT: 3
- RHIT, CCS: 1
- Unidentified: 17

Thirty-four (68%) of the 50 respondents identified their highest level of education as follows: 6 baccalaureate (18%), 19 master's (56%), and 9 doctorate (27%). The remaining participants opted not to identify their educational backgrounds. The number of participants by area of academic concentration was as follows:

- Business Administration: 5
- Education: 6
- Health Information Management: 8
- Health Informatics: 4
- Public Administration: 1

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- Public Health: 2
- Dentistry: 1
- Public Science: 1
- Health Systems Administration: 1
- Health Services: 1
- Health Science: 1
- English with 18 credit hours in HI teaching and integration: 1
- Educational Leadership: 1
- Management: 1
- Unidentified: 16

Of the 50 respondents, 33 (66%) answered the question specific to holding a HIM or related practitioner's position at some point during their professional career. The majority of participants (61%) identified their highest position as department directors, with the following specific positions listed:

- Member of the C-suite: 1
- VP: 1
- Department Director: 20
- Manager: 3
- Supervisor: 5
- Data Analyst: 1
- Director of Operations: 1
- Coder: 1

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Thirty-three (63%) respondents reported how long they held their highest practitioner position. Most respondents reported holding their highest practitioner position between 3-5 years. The specific durations were as follows:

0-2 years: 5

3-5 years: 13

6-8 years: 7

9-10 years: 3

Among all respondents, 34 (65%) provided the number of years they held the title of HIM program director in their entire career. The majority of participants responded between 3-5 years. The number of years respondents held the position “program director” was as follows:

- 1-2 years: 3
- 3-5 years: 9
- 6-8 years: 7
- 9-10 years: 1
- 11-13 years: 3
- 14-16 years: 4
- 17-20 years: 3
- Greater than 20 years: 4

Thirty-four (65%) respondents reported that they presently hold the title of HIM program director. The majority of participants (10) reported being a program director for 3-5 years. The number of years respondents reported presently holding the position “program director” was as follows:

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- 1-2 years: 8
- 3-5 years: 10
- 6-8 years: 7
- 9-10 years: 0
- 11-13 years: 2
- 14-16 years: 1
- 17-20 years: 2
- Greater than 20 years: 4

Demographics: Program

Thirty-five (67%) of the program directors identified the Carnegie classification of their institutions. The Carnegie classification is a way to formally identify the status of higher education institutions. Following are the Carnegie classifications reported by the respondents:

- Doctoral University: 6
- Master's College or University: 1
- Baccalaureate College: 7
- Baccalaureate/Associate College: 4
- Associate's College: 15
- Special Focus Institution: Two Years: 2

The 35 institutions can be further classified by ownership type. Following are the various types of ownership reported by respondents:

- Public (state) University: 9

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- Public (state) College: 5
- Community College: 13
- Private Nonprofit University or College: 3
- Private For-profit University or College: 5

The origin of programs ranged from as early as 1962 to as current as 2019 according to the 30 (58%) reporting participants. Results by decade of founding are as follows:

- 1960-1969: 1
- 1970-1979: 9
- 1980-1989: 3
- 1990-1999: 3
- 2000-2009: 5
- 2010-2020: 8
- Unknown: 1

Thirty-five (67%) of the respondents reported on the number of program full-time and adjunct faculty members. Numbers are rounded in the case of fractional results. The number of fulltime faculty and adjunct faculty are not combined to reflect staffing at one institution. Eighteen programs reported having two full-time faculty members.

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Table 3.

Number of Program Full-time and Adjunct Faculty Members

Number of Faculty Members	Number of Programs with Full-time Faculty	Number of Programs with Adjunct Faculty
0	N/A	6
1	5	3
2	18	6
3	7	3
4	1	1
5	0	2
6	0	2
7	2	2
8	0	3
9	0	0
10	1	3
11	0	1
12	1	1
13	0	0
14	0	0
15	0	1

Thirty-six (69%) of the respondents reported the average number of full-time students and thirty five respondents reported the number of part-time students enrolled in the program (table5). Full-time and part-time student numbers were separated to provide a better picture of student composition.

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Table 4.

Number of Students by Full-Time and Part-Time Status

Program Size	Full-Time Students	Part-Time Students
1-10	6	12
11-20	13	10
21-30	3	5
31-40	3	2
41-50	2	1
>50	9	5

The data on the method used for the delivery of instruction was provided by 36 (69%) institutions and list as follows:

- Online: 16
- Hybrid: 14
- Virtual:2
- Campus: 3
- Virtual during COVID19: 1

Descriptive Statistical Analysis

The administration of an assessment in programs to determine personal strengths was low. Forty (80%) out of 50 participants reported not having an assessment to help students to discover their personal strengths. Eight respondents (16%) reported using an assessment. Two (4%) respondents did not respond. Eight respondents reported administering the

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assessment to full-time students. One respondent reported administering to full-time students during the first semester/quarter, two administered the assessment during the second semester/quarter, three administered it after the first year of enrollment, one reported administering it during variable administration and one reported administering it during the final semester.

Eight program directors reported administering the assessment to part-time students. Three administered the assessment after the first year, two program directors reported variable administration and one program director reported administering during the last year. Similarity regarding the administration of the assessment between full-time and part-time students may be found among program directors who administered the assessment after the first year and during the last year. Two program directors administered the Value in Actions assessment. Two additional program directors administered the Gallup Strengths Finder. One program director administered the DISC personality assessment. DISC stands for: dominance, influence, steadiness and conscientiousness (Disc profile, n.d.). Another program director administered the Minnesota Multiphasic Personality Inventory (MMP1) assessment and another program director administered the Social Styles assessment.

All eight program directors had one or more follow-up processes in place. Findings revealed: two institutions offered advising sessions, two institutions offered a one-time workshop/session, three institutions offered a course on strength assessment, one institution reported that the follow-up was part of the project management course, and one reported individualized coaching with a consultant.

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Among the program directors, 17 (36%) reported that students are required to write a career plan prior to graduation while 30 (64%) program directors do not have this as a requirement. Required content on career plans reported by 15 out of 17 program directors are as follows:

- Identification of personal strength: 8
- Identification of career goals: 14
- Identification of developmental needs to reach goals: 8
- Development of smart goals to reach goals: 7
- Other “plan to study for the RHIT credential exam” and “certificate study plan”: 2

Offering of advisory sessions to assist students in operationalizing the career plan was reported by 13 out of 17 program directors. Additional techniques used to assist students in the development of a career plan are as follows:

- Advisory sessions: 13
- Professional coaching: 9
- Peer support group meeting: 1
- Annual summit where employers and the advisory board evaluate students’ soft and technical skills: 1
- Capstone course: 1
- None: 1

Out of 45 respondents, 4 (9%) reported offering unconscious bias assessments in the curriculum. Two respondents reported using the Harvard Implicit Association test. One respondent reported using the Cornerstone assessment. One respondent opted not to identify

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the assessment used. Forty-one (91%) of the respondents reported that an unconscious bias assessment was not incorporated into the curriculum. 22 respondents (54%) reported that they do not assist students in how to mitigate or manage implicit biases. Program directors reported that they assist students in mitigating and managing implicit biases in the following ways:

- Course module devoted to implicit gender bias: 7
- Research paper assignment on implicit gender bias: 3
- Reflection exercises on gender bias through discussion: 10
- Reflection exercises on gender bias through written journal: 1
- Use of counter-stereotype exemplars: 1
- Use of videos on gender bias followed by group discussion: 9
- None: 22
- Other: 3
 - Included in orientation.
 - Cover briefly in the research and leadership courses.
 - Incorporated in a cultural competency module.

Out of 40 respondents, 16 (40%) reported having a formal mentoring program, while 24 (60%) reported not offering this service. Despite this, 19 participants reported that there are criteria used in the mentor selection process and that there is a formal training program offered for mentors. Eighteen participants reported having a matching process in place for mentors and mentees. The following list reflects the response on how institutions facilitate a quality two-sided matching process:

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- Stability (ability to change mentor or mentee): 4
- Cardinality (maximum number of matched pairs): 6
- Welfare (matching participants to their preferred choice): 7
- Equality (treating both participants equally): 7
- None of the Above: 7

Following is a list of findings from the 15 respondents who provided a response to the questions that mentors ask mentees. Participants were asked to select all that apply.

- Has the mentee shared why he or she would like my help: 10
- Is the mentee able to be open and honest with me: 6
- Is the mentee prepared to meet with me: 6
- Is this a mutually beneficial relationship: 9

Following are findings from the 14 respondents who provided a response to the question that mentees are guided to ask mentors:

- Does the mentor remember significant things: 4
- Is the mentor's expertise in an area that I am interested in: 12
- Does the mentor provide advice or recommendations I can use now: 6.

Forty seven percent (47%) 7 out of 15 of the respondents, reported that there was no required time set for the mentor and mentee to meet. There was not much variance in how the mentor and mentee met. Participants reported meeting face to face, by email, virtually and by telephone, with one exception in which the respondent noted that meetings occur at the request of the student. Most relationships (40%) lasted for a period of one year. In second

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position, relationships (33%) lasted one semester/quarter. Out of 39 of the respondents 85% (33) reported that students are informed of AHIMA's mentoring program.

The response to development of a social capital network split evenly: 49% of respondents stated that they assisted students in the development of the portfolio and 51% stated that they did not. Out of 20 respondents, 14 (70%) reported that they taught students how to develop the portfolio while six (30%) did not. Thirteen respondents identified content commonly found in the portfolio. Following is a list of the portfolio content reported by the program directors (participants were asked to check all that apply):

- People who have information about and expertise in the HIM field: 10
- People who have influence to help further the student's career: 7
- People who provide support by helping the student stick to his/her career goals: 7
- People who add purpose to the student's life: 7
- People who hold the student accountable for an integrated life: 3

Out of 39 respondents, 95% (37) reported that students are aware of the importance of building mutually beneficial professional relationships; 92% (36) reported understanding the importance of follow-up on commitments.

In the area of gender inequity, 44% (17) of the respondents reported that the topic is covered in the curriculum; 56% (22) of respondents reported that it is not. The most popular way that the subject is covered is by case studies according to 53% (9) of the respondents.

Most (69%, n=27) of the respondents reported that they do not help students to develop a personal brand compared to the 31% (12) that do. The most popular response (based on 11 out of 12 respondents) to what is included in the campaign was the students

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identifying their personal ambitions that separate them from everyone else. Implementation of personal branding was most identified as developing an online image through social networks, blogs, and emails according to 67% of the respondents.

Out of 39 respondents, 29 (67%) required students to take a communication class; 37 (95%) reported that professional communication experiences are integrated into the curriculum. A variety of topics were identified as being covered to facilitate effective communications. A breakdown of topics covered along with the corresponding response rate out of 37 respondents who responded to the question list as follows:

- Development of active listening skills: 28
- Recognizing attitudes, emotions, knowledge, and credibility of oneself: 21
- Understanding the attitude and knowledge of the audience: 21
- Understanding the role of diversity such as age, gender, and race in communicating: 23
- Selecting the right medium for the message (e.g., email, face-to-face, etc.): 20
- Identifying the appropriate place for one-on-one communication: 18
- Understanding the mindset of the receiver: 15
- Knowing when to deliver complex information: 12
- Using appropriate etiquette when calling another on the phone (for example, asking if it is a good time to talk); 19
- Conveying information in a simple and short manner: 20
- Knowing and using the appropriate language for your audience: 25

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- Knowing the meaning of nonverbal clues (e.g., smiling, titling the head back, parting or pressing of lips, blank face, hand movements): 18
- Clarifying goals for a team: 25
- Identifying responsibilities of team members: 28
- Receiving credible feedback from team members: 22
- Articulating individual expectations as a team member: 19
- Encouraging team members: 28
- Thanking individuals for their contributions to the team: 21
- Writing and formatting emails for business: 24.

All 37 the respondents identified professionalism as a core behavioral objective; 73% identified being evidence-based as a core behavioral objective. Additional behavioral objectives identified at a lower rate were clarity (54%), concision (48%), and persuasion (41%). Out of the 37 respondents, the way of evaluating communication skills was identified by: writing (92%), observation (81%), peer evaluation (46%) and video recording (30%). When asked what types of exercises are used to help develop communication between genders, 49% responded none, 41% responded by gender-based cultural competency exercises, 19% stated by role playing and interview of the opposite sex.

Out of 38 respondents, 68% (26) program directors require students to participate in public speaking while the remaining 32% (12) do not. Out of the 26 respondents who do include public speaking in the curriculum, 25 identified when public speaking occurs. Among these directors, 56% (14) reported that it occurs during the professional practice experience, 44% (11) that public speaking is incorporated in two to three classes, 24%

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reported that it is covered in either one class or four to five classes, 16% reported that it is covered in six or more classes and 4% reported that it occurs in a seminar. Out of 24 respondents, nearly all (96%, 23) indicated that the primary method of evaluating students on the effectiveness of their public speaking was by predetermined criteria. Instructors provided feedback based upon the criteria. Other forms of evaluation were identified as: criteria for presentations 71% (17) and 38% (9) feedback from video recordings.

Out of 37 respondents, 32% (12) teach students how to negotiate a salary and a promotion, but 68% (25) reported not addressing this in the curriculum. Most respondents, 64% (7 out of 11) reported that students demonstrate negotiation skills with the use of case studies. Following is a detailed description of additional ways students demonstrate negotiation skills:

- Role-play in a group: 4
- Discussion of case studies on negotiation: 7
- Video demonstration of negotiation: 1
- Case studies: 6
- Other (please specify): 2
 - Mock Interview
 - Seminar Offered by Career Services

Ten out of the 12 respondents identified content taught to help students learn how to negotiate a salary or promotion. The majority of respondents (80%) agreed that students must know the organization's constraints (e.g. salary cap). Respondents were asked to check all that apply, and the findings were as follows:

- Asking for what you deserve: 4

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- Pointing out what is significantly wrong with an unacceptable offer: 1
- Being persistent without being a nuisance: 2
- Packaging a message that explains why you deserve your requested salary: 3
- Making it clear you are sincere about working with the hiring organization: 5
- Understanding who you are negotiating with (e.g., the HR representative, a potential future manager, etc.): 6
- Knowing the hiring organization's constraints, such as a salary caps: 8
- Preparing for difficult questions such as: Do you have another offer? Are we your preferred choice?: 4
- Focusing more on the questioner's intent than on the question itself: 2
- Focusing on the value of the entire deal and not just the money: 6
- Negotiating only when needed (Do not ask for more when you have received what you want): 4
- Refraining from giving ultimatums: 4
- Maintaining patience if offers are delayed: 6
- Understanding the role of timing when negotiating (e.g., the present may not be the best time to negotiate): 5
- Maintaining perspective by negotiating for the right position: 6

These descriptive statistics create a framework upon which an evidence-based approach can be devised to address deficits in the curriculum in the following areas: administering strength assessments, education and training on implicit bias, gender inequity, public speaking and negotiations, and the development of formal mentoring and personal

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branding programs. Among all the findings presented here in descriptive statistics, some of the most striking include: only 10% of program directors are administering assessments for students to discover their personal strengths; only 9% reported that they offer unconscious bias assessment in the curriculum; 22% reported that they do not assist students on how to mitigate and manage implicit bias; 60% of the program directors do not have a formal mentoring program; 56% of programs directors reported not covering the topic of gender inequity; 69% of program directors reported not helping students to develop a personal brand; 32% of program directors do not require students to participate in public speaking and 68% of program directors reported not teaching students how to negotiate a salary or promotion. The next section, inferential statistics, seeks to identify variables which are strongly correlated with desired outcomes.

Inferential Statistical Analysis

Because the results of this study are reported as ordinal and nominal data, Spearman's rank correlation coefficient (Spearman rho), a non-parametric and bivariate correlation statistic was used for this study.

No statistically significant correlation was found between a program director's years of experience as a program director or as a practitioner and inclusion of program elements. Nonetheless, various Spearman's rank-order correlations are presented here for consideration. First, the method of delivery was analyzed to discover if there was a significant relationship between the development of content and delivery using Spearman's rank-order correlation. The purpose was to determine the relationship between method of delivery and the development of content on leader development. There was a moderate

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correlation between delivery method and the incorporation of content on negotiation for a salary or promotion that was statistically significant ($r_s(33) = .369, p = .029$).

A second Spearman's rank-order correlation was run to determine the relationship between program directors' education levels and the development of content on leader development. There was a moderate negative correlation between program director level of education and the development of content on unconscious bias assessment which was statistically significant ($r_s(32) = -0.0356, p = .039$).

A third Spearman's rank-order correlation was run to determine the relationship between program directors' credentials and the development of content on leader development. Findings revealed a moderate positive statistically significant correlation between program directors' credentials and the development of content on understanding the importance of follow-through on commitments ($r_s(33) = .356, p=.039$).

A fourth Spearman's rank-order was run to determine the relationship between the degree level of the institution and the development of content on leader development. A moderate negative correlation between the degree level of the institution and the incorporation of a strength assessment into the curriculum was revealed which is statistically significant ($r_s(48) = -0.298, p = .036$).

A fifth Spearman's rank-order was run to determine the correlation between the degree level of the institution and the exposure of content on the AHIMA's mentoring program. A moderate positive correlation between the degree level of the program and the AHIMA's mentoring program was found statistically significant ($r_s(37) = .366, p = .022$).

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Chapter 5

Introduction

This section is written with the intent of providing the reader with an overview of the significance of this study in response to the research question: How do CAHIIM accredited HIM programs incorporate leader development in their curriculum to address person-related characteristics that hinder women from achieving senior leadership positions? The answers to the question were revealed in response to the following questions:

- Is there a relationship between *years of experience as an HIM program director* and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?
- Is there a relationship between *years of experience as a practitioner* and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?
- Is there a relationship between the *educational level* of program directors and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?
- Is there a relationship between *delivery method* (online or campus-based courses) and the development of curriculum content to mitigate person-related barriers to senior leadership positions for women?

This section will also provide the reader with essential information to help facilitate the progression of individuals who identify as women (she/her) based upon correlating results from the survey. This information may be clearly found in the sections titled,

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recommendations, and implications of research questions. Additional content consists of a summary, results, discussions, limitations and delimitations, and a conclusion.

Summary

In summary, despite the business case identifying the value of the voice of women in corporate America, research reflects that the progress of women remains problematic. The literature review speaks to the many barriers that hinder women such as: organization, structural and cultural. These barriers are inclusive but not limited to: racism, sexism, anti-gayism, and stereotyping of women. The experience of working women is unfortunately embodied in the critical theory framework. Women have, and continue to be, oppressed under a system that fails to see their relevance, significance, and the importance of the voice of women. It is a system that hinders the abilities of women to speak and show their value in corporate America. This study brings light to the importance of society recognizing a need to address inequities that women experience because of being women.

Specific to the HIM professional, this study speaks to the problem of the HIM professional, whose pursuit of senior executive leadership positions are impaired not only because of race, class and/or gender, but also because of person-related characteristics. Results reflect how CAHIIM accredited institutions can enhance the curriculum to complement the needs of the HIM professional in the area of mitigating person-related characteristics (i.e. lack of confidence) that impair progression to senior executive positions in healthcare.

This was evident in the response to some of the research questions. With respect to the first research question, results did not reveal a statistically significant correlation between years of experience as a program director and the development of content to mitigate person-

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related characteristics that hinder progress. Nonetheless, results showed an opportunity for improvement by integrating or improving content in the curriculum on: public speaking, building a social capital portfolio, gender inequity, developing a written career plan, building a branding campaign, offering a mentoring program, negotiation skills for salaries and promotions, strength assessment and unconscious bias.

With respect to the second research question, years of practitioner experience did not reveal a statistically significant correlation between experience and the development of content to mitigate person-related characteristics that impair progression to senior level positions. However, findings reflect an opportunity to improve or integrate content in the following areas: strength assessment, written career plan, unconscious bias, negotiation skills for salaries or promotions, developing a mentoring program, building a social capital portfolio, gender inequity, building a branding campaign and public speaking.

With respect to the third research question, there was a correlation between the education level of the program director and leader development content. Program directors with a bachelor's degree reported at a higher rate the integration of content on public speaking when compared to those with a master's or doctorate degree. The creation of a social capital portfolio was reported at higher level by program directors with a master's degree. Results also revealed a significant opportunity for improvement despite the program director's highest degree in the development of content on negotiation skills for a salary or promotion, unconscious bias and the development of a mentoring program. The positive correlation between method of delivery and the development of content on leader development was related to content on negotiations for salaries and promotions. Additional areas in need of improvement were identified as: offering a strength assessment, a written

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career plan, unconscious bias, public speaking, developing a social capital portfolio, gender inequity, and developing a branding campaign.

The literature review speaks to the impact barriers have in motivating women and/or aiding women in the pursuit of senior executive leadership positions. In essence, the literature review speaks to the oppressive experiences of women that are an influencing force in the development and/or cultivation of person-related characteristics in the workforce. Person related characteristics that impact progression are identified as: self-doubt, lack of confidence, underestimating self, self-perspective on capability, credibility, and capacity (Bismark, et al, 2015; Segovia-Perez, et al, 2019).

Despite the number of forces that act as barriers to the progression of women, the development of self is the first area that warrants attention. This is in alignment with recommendations from the National Clearing House for Leadership Program's model on self-development. This model is commonly referenced as the Social Change Model of Leadership Development (Komives and Wagner, 2017). In the development of self, one concentrates on the building and acting on strengths as an authentic leader (Johns, 2017). Domain VI. Organizational Management & Leadership of the CAHIIM competencies also speaks to the need for the development of self as reflected by competency: VI 1: fundamental leadership skills. At an associate level, one is expected to demonstrate fundamental leadership skills. At a baccalaureate level, the expectation is that the graduate will be able to facilitate fundamental leadership skills. At a master's level, graduates are expected to leverage fundamental leadership skills (CAHIIM Curriculum, 2019).

This quantitative study was designed with the intent of soliciting information from HIM program directors in the interest of learning how to prepare future HIM professionals

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for senior executive leadership positions by addressing person-related characteristics. This is essential, considering that the profession is predominantly women who have not been successful in achieving a position higher than that of director. This was validated in the results from this study which showed how the highest practitioner position achieved was at a director's level for 61% of the participants while only 3% of the participants became a member of the C-suite.

The results further evidenced how the curriculum could be enhanced to help women address person-related barriers (i.e. lack of confidences) that impair progression to senior leadership programs. Results showed the need for integration or strengthening of topics on: negotiations, gender equity, implicit bias, career planning, formal mentoring programs, personal branding and assessments to identify student strengths.

Discussion

Results from this study revealed that correlations between delivery method and learning about negotiation skills, and between the educational level of program directors and administering bias assessments. Additionally, results show a correlation between credentials of program directors and students learning about the importance of following up on commitments made to other professionals, the type of institution (associate, baccalaureate, master) and administering assessments to determine personal strengths and awareness of the AHIMA mentoring program.

Important to note is the relevance of causality when interpreting correlation coefficients. Specifically, correlation coefficients do not speak to the direction of causality. In other words, it is not possible to determine the effect one variable has on another variable despite what may appear logical. A second important point is to note that causality should not

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be assumed between two variables because there may be other measurable and unmeasurable variables that can affect the result (Field, Miles, Field, 2012).

Implication of Research Questions

Results from this study are significant because they add to an existing body of research conducted in the interest of advancing the HIM professional, with a concentration on women. Responses to the research questions painted a picture of how content related to leader development is (or is not) incorporated into the curriculum to mitigate person-related characteristics that hinder women from achieving senior leadership positions. These questions are essential to better understand the answer to the primary question: How do CAHIIM accredited HIM programs incorporate leader development in their curriculum to address person-related characteristics that hinder women from achieving senior leadership positions?

Results from the first question: “Is there a relationship between years of experience as a HIM program director and the development of curriculum content to mitigate person-related barriers to senior leadership positions?” did not reveal if there was (or was not) a statistical relationship between being a HIM program director and the development of content to mitigate person-related characteristics that hinder women from achieving senior leadership positions.

The same holds true for the question: “Is there a relationship between practitioner experience of program directors and the development of curriculum content to mitigate person-related barriers to senior leadership positions?” There was no evidence of a statistically significant correlation between program director experience and the development

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of content to mitigate person-related characteristics that hinder women from achieving senior leadership positions.

However, a moderate positive correlation was discovered in response to the question: “Is there a relationship between the educational level of program directors and the development of curriculum content to mitigate person-related barriers to senior leadership positions?” The implication is that the educational level of the program director is influential to the development of content that can expose learners to content needed to mitigate person-related characteristics that hinder women from achieving senior leadership positions. Results from the study evidenced this by the responses to the question regarding the offering of an unconscious bias assessment. Though this survey of program directors identified many opportunities for improvement across the board, some respondents with doctorate degrees were the only individuals to incorporate content on bias assessment into the curriculum.

There was also a moderate positive correlation in response to the question: “Is there a relationship between delivery method (online, campus-based, virtual and other) and the development of curriculum content to mitigate person-related barriers to senior leadership positions?” The implication is that the development of essential content needed to address person-related characteristics that hinder women from achieving senior leadership positions is positively impacted by the method of delivery. This was specific to content related to negotiations for salaries and promotions; campus-based and hybrid programs were the strongest in this area.

Academic Community

Studying how person-related characteristics are being addressed in academia can be viewed as essential to the progression of the women in the profession. Specifically, this study

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provides the reader with the importance and relevance of the role that academia can play as an influential source to help in the development of future HIM professionals for senior executive leadership positions. Women need to address any person-related characteristics that are essential to the progression of women. To improve leader development in HIM curriculum, the results of this study show that content should be strengthened in negotiations, gender equity, implicit bias, career planning, formal mentoring programs, personal branding and assessments to identify student strengths. There is also an opportunity to explore what additional resources may be available to further propel women.

Corporate

This study may serve as a useful and tactical reminder for individuals in corporations who have the authority to facilitate change in workforce. Part of what is needed is the support of senior male executives to implement policies and practices that are designed to promote and propel women. The playing field needs to be even so that women have the same opportunities for advancement as their male counterparts. The creation of a pathway to promotion for women who are skilled is essential to help facilities to advance to the next level with the possibilities of reaching higher innovative ground. As reflected in the literature review, a diverse governing body is good for business.

CAHIIM Accrediting Bodies

Consideration in requiring CAHIIM accredited HIM programs in the integration of content related to addressing person-related characteristics is essential to the advancement of the HIM professional. The better students are prepared, beyond HIM skills, the greater the chances are for the HIM professional to advance to senior positions. Awareness of concepts such as implicit bias, gender bias, and gender equity are necessary to help facilitate change in

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the workforce. Planting a seed of common steps (i.e., navigating informal communications, lunch or golf outings) to take for advancement are essential to learners' awareness.

In conclusion, this study helps to further define the continuous struggles in the advancement of women. Historically, this has been a problem with little resolution. In fairness, some women have propelled by securing senior leadership positions. Unfortunately, over time, this number has proven to be nominal reflecting the need to research potential solutions. As reflected, this research has a high focus on the role of academia in addressing person-related characteristics of the HIM professional. The HIM profession is comprised predominantly of women who are not in senior executive leadership positions in healthcare.

Future Studies

The forces that hinder women are many and it is important to note this as research continues. As it relates to additional studies with a concentration on academia, it is recommended that a study be conducted among members of the C-suite to better understand their positions on why so few women and HIM professionals are members of the C-suite. The study can be quantitative or qualitative. This will provide information that can be incorporated into the curriculum.

Because the HIM profession is small in relation to other professions dominated by women, it would prove to be advantageous if similar studies were conducted on other disciplines such as nursing programs. A comparison of curriculum provides data that may further the progression of each program. It can also create a more united force between professions in the interest of the growth of women.

A study on why there is a correlation between delivery method and negotiation of salary is worthy of conducting. Results will help to reveal, what if anything, is different in

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the curriculum and how to enhance so that women are better able to position themselves for success. Conducting a study on why there is a negative correlation between the program director's highest degree and administering bias assessments will help to better explain what variables are influencing forces in the interest of change.

Results

Results were not statistically significant to identify if there was a correlation between leader development and program director's academic experience or leader development based on a program director's experience as a practitioner. However, results did show a positive correlation between: 1) mode of delivery and inclusion in the curriculum of content on negotiation skills in the curriculum; 2) program director's credentials and inclusion in the curriculum awareness on the importance of keeping one's promises; 3) program degree level and the administration of strength assessments; and 4) program degree level and incorporation in the program curriculum an awareness of the AHIMA mentoring program. There was a negative correlation between program director's level of education and the integration of content on bias.

An evidence-based approach is also needed to understand how to combat barriers that influence the development of harmful person-related characteristics such as self-doubt and lack of confidence. This is validated by the social cognitive theory developed by Professor Albert Bandura. The theory speaks to how people influence and are influenced by their environment. A classic example is how modeling is an important influencer in the decision that women make about who they can be (Vinny, 2019). Another example is how women look to sponsors to let them know when they are ready for the senior executive position (Stevenson and Kaplan, n.d.). In a study of women who were members of the C-suite, 65%

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(35 out of 57) women stated that they did not know they could be a CEO until they were told so (Korn Fair, 2017 & Korn Fair n.d.).

In a workforce that is not designed to propel women, it is critical to reveal how women can become better equipped to combat the many forces against them as outlined by the critical theory framework. According to literature review, suggested forces that are needed to combat barriers that hinder the progression of women into senior level positions are identified as: addressing implicit bias, implementing diversity and inclusion programs, creating fair pathways to promotions, offering mentoring and sponsorship programs, providing flexibility for work-life balance, and creating and maintaining a healthy work environment (Mishra, 2018). The results from the survey validate this concept by revealing a deficit in the areas of addressing implicit bias and offering mentoring programs.

Limitations/Delimitations

Despite being predominantly female, one delimitation is that the HIM profession also includes individuals who identify as male. Further, in comparison to other healthcare professions, the HIM community is also exceedingly small. This research is customized for the HIM profession. However, the progression of women is problematic and prevalent in all industries. Another delimitation is the absence of standardized tools specific to leader development. There are surveys/questionnaires for leadership specific to the development of leadership skills. A limitation may be the absence of looking at other post-secondary programs that are heavily dominated by women (e.g. nursing). An additional limitation may be the absence of the voice of current members of the C-suite. There may be a wealth of valuable information that can be provided by this population to enhance the curriculum that promotes the progression of women.

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An important delimitation to acknowledge is the timing of this study. This study occurred during the COVID19 pandemic. As a result, the world is experiencing a great threat that warrants high attention in the interest of preserving the life of man, woman, and child. Nearly 3 million lives worldwide have been lost, causing fear and anxiety as scientists work diligently to find a solution. This is an event that has not occurred since the influenza pandemic over a 100 years ago. The world is in a state of dealing with the unknown and fear. Further complicating the timing of this study are the following: protesting, rioting, and looting across the United States. These are events that have not reoccurred since Dr. Martin Luther King's attempts to hold civil protests in the 1960's. The degree of anger and frustration of people, particularly African American people, is heightened as a result of the continued injustices experienced primarily by African American males. It was during this time that society watched George Floyd, an African American man, die at the very the hands of a policeman whose job was to serve and protect. This violent anti-black horrific encounter that African Americans witnessed, was a reminder and reflection of the pain and continuous struggle and injustices that plaque African American people. These events are significant to report because they have a major impact on the wellbeing of everyone, including the participants of this study. These forces may have influenced the willingness and/or availability of some respondents to participate. These are trying times where safety and well-being are rightfully a primary concern. Given this, it may be advantageous to replicate this study post-COVID-19 with an assumption that the response rate will be higher.

Recommendations

1. Specific to the research questions, some program directors with a doctorate degree were identified as offering content on unconscious bias. Campus-based and hybrid programs

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were strongest in offering content on negotiations for salaries and promotions. Given this, it would prove to be advantageous to share information with other program directors in the interest of mitigating person-related barriers that hinder women from securing senior level positions. This information can be shared through the offering of a seminar or webinar approved by the American Health Information Management Association (AHIMA). Additional recommendations below are provided as a result of the responses to the survey questions.

2. HIM programs should assist learners in the discovery of self. Results from this study provide the reader with a variety of options to consider in the interest of the development of the HIM professional. Leader development can and should take place at all levels of higher education. An assumption is that it should be introduced and explored at all levels of education. In higher education, it is essential for the academic community to not only prepare learners for the field of HIM, but to also assist learners in the discovery of self. One way of doing this is by offering strength assessments to better aid the learners in discovery of who they are and what contributions they will be able to make as productive members of society. The assessment alone is not enough, however, it is a point of departure that helps direct the learner to begin defining a pathway that ideally will support building self-esteem and confidence. The academic community will be better positioned to help the learner build on the assessment to facilitate personal growth.
3. HIM programs should raise students' level of understanding and ability to mediate implicit bias. Adding to the development of self, is the need to know beyond what is on the surface. Implicit bias is real. Everyone needs to understand this conceptually and

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through a personal lens. Part of the struggle for women is related to implicit bias that occurs in the work force. This is evidenced by the inequities that women suffer with a high concentration on women of color. Ellis points out women are not seen as suitable for C-suite positions because they do not mirror their counterparts (men) (Ellis, 2018). ACHE shows the inequity based on sex and race (Athey, 2015). Results from this survey reflect that only 9% of programs offer assessments in unconscious bias, but 22% stated that they do not assist students in mitigating implicit bias and 56% reported not covering gender inequity in the curriculum. Academia needs to help students to understand the social injustices that exist for women and the contributing roles of implicit bias in gender and race inequity. To address hidden biases, one must start with self. Every student should take the Harvard University and Project Implicit assessment in the interest of discovering self and understanding others. This assessment will aid the learners in the discovery of their own hidden biases. It also offers the student the opportunity to make an informed decision: a decision to be part of the solution or part of the problem. It also better equips students to understand that their progress is not exclusively related to their own person-related characteristics (lack of confidence or low self-esteem). Instead, it will open their eyes to better understand forces that contribute to their lack of confidence or low self-esteem.

4. HIM programs should develop formal processes for student mentoring. The offering of a formal mentoring program is essential as reflected by the social cognitive theory. The need for mentoring was also an ongoing theme throughout the literature review. Results reflected a positive correlation between the degree level of the program and awareness of AHIMA's mentoring program. However, results also reflected that 60% of programs

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do not offer formal mentoring programs. Offering of a formal mentoring program is essential to the development of women. Given this, HIM programs need to include formal mentoring in the curriculum. The criteria used for matching mentor and mentee is essential to ensure that the best match occurs. It is equally important to inform students of the need to continue this practice outside of the academic setting in the interest of professional growth. Results from one study reveal the importance of one-on-one mentoring by a CEO (ACHE, 2014). According to Mishra (2018), sponsorships and mentoring programs are essential to addressing barriers that prohibit the growth of women.

5. HIM programs should help students develop their personal brands. Competition in the workforce is steep for the HIM professional. A primary competitor is nursing. The AHIMA helps define the HIM professional's identity. However, this does not always appear to be carried out at a grass root level as evidenced with this study, in which 69% of the program directors stated that they do not help students to develop personal brands. In an era of information and technology, personal branding is essential to the growth of the person and the profession. HIM programs need to offer ongoing workshops or brief courses on how to develop a personal brand in the interest of equipping learners to be more competitive in the workforce.
6. HIM programs should include development of public speaking skills in the curriculum. In the absence of addressing this area, the voice of learners remains passive contributing to the lack of growth and the development of confidence within self. Learners who are interested in pursuing senior level executive positions must build confidence and understand their value. This may not happen in an entry-level position

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however, it does speak to the value of lifelong learning. Learners need to understand the relevance in continuous improvement in communication skills.

7. A heightened awareness of gender inequity is pivotal to the progression of women. This is an ongoing problem for women in general and is further damaging for women of color. HIM programs need to ensure that students are aware of this problem by incorporating materials and exercises that will stimulate dialog and potential solutions in the interest of mitigation and eradication of this problem. The lack of integration of this topic into the curriculum delays the graduate's preparation until workforce entry and forces them to confront the problem without the support of mentors. This approach has not proven to be effective as discussed in the literature review. Early awareness will help the student to understand the realism of this problem and how he/she/they have an opportunity to be an influencing force in addressing this matter.
8. Career planning is essential. Sixty-eight percent (68%) of the participants reported not offering career planning as a service for students. HIM programs need to ensure that students are aware of how to plan, not only for entry-level positions but also senior executive positions. Providing students with the knowledge needed in this area is necessary for students to be able to apply the knowledge. The absence of awareness positions students to float blindly in their pursuit of employment. The assumption is that this practice reduces the likelihood of students even considering pursuing a senior executive leadership position.
9. Learning the art of negotiation is essential to the progression of the HIM professional. Negotiation is a component of the curriculum as required by the CAHIIM domains. However, specifically learning how to negotiation a promotion or a salary is not. In the

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absence of learning this skill the HIM professional is likely a novice and accepting of a salary or position that is offered despite one's value. The absence of having a voice is a contributory factor in the lack of women development hence interfering with the progression of women. If taught this skill women would develop and display confidence. This act will help to position the HIM professional to discover his/her worth as a leader to self and others.

Conclusion

The driving force for this study was in the interest of progression of the career women. The focal point was to discover if there was a role in academia to help in the advancement of women at large. The concentration was specific to helping women to address person-related characteristics that are recognized barriers to progression. The audience of interest in preparing for senior executive leadership positions in healthcare were students enrolled in CAHIIM accredited HIM programs. The question of interest was:

How do CAHIIM accredited HIM programs, incorporate leader development in their curriculum to address person-related characteristics that hinder women from achieving senior leadership positions? To answer the question, the following questions were tested:

- Is there a relationship between *years of experience as a HIM program director* and the development of curriculum content to mitigate person-related barriers to senior leadership positions?
- Is there a relationship between *years of experience as a practitioner* among HIM program directors and the development of curriculum content to mitigate person-related barriers to senior leadership positions?

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- Is there a relationship between the *educational level* of program directors and the development of curriculum content to mitigate person-related barriers to senior leadership positions?
- Is there a relationship between *delivery method* (online or campus-based courses) and the development of curriculum content to mitigate person-related barriers to senior leadership positions?

The population of study was program directors of CAHIIM accredited health information management programs. Three hundred and twenty nine (329) program directors nationwide, were asked to participate in this study by completing a 10-part survey that consisted of the following topics specific to content in the curriculum: students' awareness of personal strengths; and in part two: vision/career planning; part three: implicit bias; part four: mentoring; part five: networking opportunities; part six: gender equity; part seven: personal branding; part eight: effective communications; part nine: program demographics; and part ten: program director demographics. Administration of the survey was online.

Results from the questions suggested there was no statistically significant evidence to support a correlation between the years of experience as a program director or years of experience as a practitioner and development of curriculum content. Results, however, did reflect a moderate positive correlation between method of delivery and content, and this relationship was specific to content on negotiation skills. There was also a positive correlation between the program director's level of education and the incorporation of bias assessment in the curriculum. Program directors' credentials were also positively correlated with impressing upon students the importance of follow-up when professionally networking. A positive correlation was also discovered between the degree level of the institution and

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ensuring students are aware of the AHIMA mentoring program. A negative correlation was noted between degree level of the institution and the administration of a strength finder assessment.

The majority (33) of participants were credentialed as RHIA's, 14 were RHIA's with a second credential. Secondary credentials observed by the RHIA's varied as follows: five participants had a RHIT credential, and two of these had a second credential. Just over half (56%, n=19) of the respondents were master's prepared. The top three areas of academic concentration were identified as: Business Administration, Education, and HIM. The highest practitioner position obtained by the majority of participants (61%) was director. Only one person identified as a VP and one person as a member of the C-suite. Unfortunately, the results from the survey as it relates to the HIM professionals securing senior executive positions are in alignment with results in John's 2015 study in which only 2% of HIM professionals had secured senior executive positions (Johns, 2015). The highest positions held by the remaining participants ranged from coders to managers. Most participants stated that they were in their highest practitioner positions for 3-5 years, the next most frequent category was 6-8 years. Interestingly and coincidentally, the years reported as a program director paralleled the years reported as a practitioner. Most of the participants reported being in their present position as a program director for 3-5 years. In second place, was one to two years while 6-8 years was reported in third place. Four participants have been program directors for greater than 20 years. The background of these participants suggest they are well established members of the HIM community. However, it is important to note that within the HIM community the background and experience of the participants is viewed as eclectic.

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The Carnegie classification of institutions identified was diverse. The majority of participants were program directors at an associate college. In second position, results reflect that participants were from a baccalaureate college. Doctoral universities fell in third position. Complementing the Carnegie classification is ownership type. Most participants were from community colleges. Participants from public universities fell in second position while participants from public colleges and private for-profit universities or colleges fell in third position. The range of program age was wide, with the oldest program dating back to 1962 with the youngest program starting in 2019. However, most programs started in the 1970s. They were followed by institutions that originated between 2010 and 2020. Many (44%) of the institutions offer online education and 39% offer a hybrid program. These statistics reflect a common shift in delivery method to distance learning. The majority of participants reported staffing two or more full-time faculty. Several institutions were also identified as employing adjunct faculty. The size of the student population varied with most institutions reporting between 11 to 20 full-time students and 1-10 part-time students.

In conclusion, a survey of HIM program directors of CAHIIM accredited programs provided a wealth of information on how the curriculum prepares learners to address person-related characteristics that prohibit progression to senior executive leadership positions in healthcare. Results show how there is an opportunity for program directors to consider the integration (or enhancement) of key and relevant topics such as: implicit bias, gender bias, strength assessments, career plans, mentors and sponsorships, informal communications, social capital portfolio, personal branding, and the ability to negotiate a salary or promotion. These concepts will help students to develop the confidence and self-esteem necessary to address external barriers and obstacles that hinder the progress and development of women.

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Addressing person-related characteristics positions learners to develop the confidence and self-esteem needed to facilitate change. This change is necessary to modernize the structural biases that oppress women. This change will also promote diversity and equity in the workplace. Businesses will flourish with the inclusion of women's voices. A heightened awareness will emerge with this change regarding the relevance and importance of addressing concepts such as implicit bias, microaggression and second-generation bias. Changes in academia will motivate a paradigm shift in the thought process of a male dominated corporate leadership environment. Change will help build a healthier and united workforce as a result of the collaboration between men and women. In the end, women who mirror confidence are better positioned to address (and help others to address) organizational, structural, and cultural forces that hinder the development of women into senior executive leadership positions in healthcare.

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Appendix A

Survey Questions

Your answers to the questions on this survey relate to which of the following degree levels
(choose only one)

Associate

Baccalaureate

Masters

Other (Please specify)

Part 1: Students' Awareness of Personal Strengths

1. Does your program administer assessments such as the Values in Action (VIA) or Gallup Strength Finder to help students identify their personal strengths?

Yes (If yes, proceed to question 2.)

No (If no, proceed to Part 2: Vision Career Planning; question 6.)

2. Which assessment is administered? (Check all that apply.)

Values in Action (VIA)

Gallup Strengths Finder

DiSC

TotalSDI

Enneagram

Other (Please specify.) _____

3. When is the assessment administered to full-time students?

Other (Please explain.) _____

4. When is the assessment administered to part-time students?

First semester or quarter of program enrollment

Second semester or quarter of program enrollment

After the first year of enrollment

Variable administration

Other (Please explain.) _____

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5. What follow-up is used to help students apply their strengths? (Check all that apply)

Regular advisement sessions

Written behavioral objectives incorporated into all program courses (Provide one example.) _____

One-time workshop or seminar session

Separate course on strength assessment and use

Other (Please specify.) _____

N/A

Part 2: Vision/Career Planning

6. Does the program require students to develop a written career plan prior to graduation?

Yes (If yes, proceed to question 7.)

No (If no, proceed to Part 3: Implicit Bias question 9.)

7. Which of the following is included in the career plan? (Check all that apply.)

Identification of personal strengths

Identification of career goals

Identification of developmental needs to reach goals

Development of SMART goals to reach goals

Other (Please specify.) _____

8. How are students assisted with operationalizing their career plan? (Check all that apply)

Regular advisement sessions with program advisor

Professional coaching meetings

Peer support group meetings

Other (Please specify.) _____

Part 3: Implicit Bias

9. Does the program use unconscious bias assessments to help students identify and manage their gender and other implicit biases?

Yes (If yes, proceed to question 10.)

No (If no, proceed to question 11.)

10. Which implicit bias assessment is used? (Check all that apply.)

Harvard Implicit Association Test

Other (Please specify.) _____

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11. How does the program help students mitigate and manage implicit gender biases? (Check all that apply.)

- Course module devoted to implicit gender bias
- Research paper assignment on implicit gender bias
- Reflection exercises on gender bias through discussion
- Reflection exercises on gender bias through written journal
- Use of counter-stereotype exemplars
- Use of videos on gender bias followed by group discussion
- Other (Please specify.) _____
- None

Part 4: Mentoring

12. Does the program have a formal mentoring program available to students?

- Yes (If yes, proceed to question 13.)
- No (If no, proceed to question 22)

13. Is there a formal mentor selection process with selection criteria?

- Yes
- No

14. Is there a formal training program for mentors?

- Yes (If yes, proceed to question 15.)
- No (If no, proceed to question 22.)

15. Is there a formal matching process between mentor and mentee?

- Yes (If yes, proceed to question 16.)
- No (If no, proceed to question 22.)

16. Which of the following criteria are used to help determine the quality of a two-sided matching process? (Check all that apply.)

- Stability: mentor's or mentee's ability to switch to be with a preferred party
- Cardinality: maximum number of matched pairs
- Welfare: matching participants to their preferred choice
- Equality: treating both participants equally
- None of the above

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17. Which of the following are mentors advised to ask mentees in order to determine if the relationship is a good match? (Check all that apply)

- Has the mentee shared why he or she would like my help?
- Is the mentee able to be open and honest with me?
- Is the mentee prepared to meet with me (e.g., has he or she provided an agenda or specific questions prior to the meeting)?
- Is this a mutually beneficial relationship (i.e., does the relationship cause me to reflect on my own path or business, do I learn anything, and/or am I making good use of my time)?

18. Which of the following are mentees instructed to consider to determine if their mentor-mentee relationship is a good match? (Check all that apply)

- Does the mentor remember significant things, such as who I am and why we are meeting?
- Is the mentor's expertise in an area that I am interested in?
- Does the mentor provide advice or recommendations that I am able to use right away?

19. How frequently are the mentor and mentee required to meet per month?

- Less than one hour
- One to two hours
- Three to four hours
- Five hours or more
- Other _____
- N/A

20. How are the meetings held? (Check all that apply.)

- Face-to-face
- Via email
- By telephone
- Virtually through Skype or other similar application
- Other

21. What is the duration of the mentor-mentee relationship?

- One semester or quarter
- One year
- Two years
- Other _____

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22. Are graduates made aware of AHIMA's mentoring program?

- Yes
- No

Part 5: Networking Opportunities

23. Are there processes in place to help students develop and assess a social capital (professional networking) portfolio?

- Yes (If yes, proceed to question 24.)
- No (If no, proceed to question 26.)

24. Are students taught how to build a social capital portfolio?

- Yes (If yes, proceed to question 3.)
- No (If no, proceed to question 5.)

25. Which of the following are students asked to identify in their portfolio? (Check all that apply.)

- People who have information about and expertise in the HIM field
- People who have influence to help further the student's career
- People who provide developmental feedback and challenge the student's ideas
- People who provide support by helping the student stick to his or her career goals
- People who add purpose to the student's life
- People who hold the student accountable for an integrated life (life balance)

26. Are students taught the significance of building professional networks based on relationships that are mutually beneficial?

- Yes
- No

27. Are students taught the importance of following through on commitments they make with those among their professional network?

- Yes
- No

Part 6: Gender Equity

28. Does the curriculum include the topic of gender inequity in the workplace?

- Yes (If yes, proceed to question 29.)

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No (If no, proceed to Part 7: Personal Branding; question 30)

29. Which of the following are used in the curriculum for the study of gender inequity in the workplace? (Check all that apply.)

- Course module devoted to gender inequity
- Research paper assignment on gender inequity
- Reflection exercises on gender inequity through discussion
- Use of videos on gender inequity followed by group discussion
- Presentation on gender inequity
- Case studies (e.g., video) on gender inequity followed by discussion
- Other (Please specify.) _____
- None

Part 7: Personal Branding

30. Does the program help students develop a personal branding campaign?

- Yes (If yes, proceed to question 31.)
- No (If no, proceed to Part 8: Effective Communications; question 33.)

31. If yes, which of the following are the students encouraged to include in their personal branding campaign? (Check all that apply.)

- Defining and formulating the student's personal ambitions (e.g., what separates the student from others, what makes him or her unique, etc.)
- Formulating a personal brand by completing a personal SWOT analysis
- Developing personal measurable objectives, milestones, and improvement actions
- Other (Please specify.) _____

32. How does the program help students implement personal branding? (Check all that apply)

- Developing an online image through social networks, blogs, and websites
- Positioning brand by identifying the targeted audience
- Assessing the brand image
- Other (Please specify.) _____
- N/A

Part 8: Effective Communications

33. Does the program require students to take a professional communication course?

- Yes
- No

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34. Are professional communication experiences for students distributed throughout the curriculum??

- Yes (If yes, proceed to question 35.)
- No (If no, proceed to question 39.)

35. Which of the following topics are included to facilitate the development of effective communication skills? (Check all that apply.)

Development of active listening skills

- Recognizing attitudes, emotions, knowledge, and credibility of oneself
- Understanding the attitude and knowledge of the audience
- Understanding the role of diversity such as age, gender, and race in communicating
- Selecting the right medium for the message (e.g., email, face-to-face, etc.)
- Identifying the appropriate places for one-on-one communication
- Understanding the mindset of the receiver
- Knowing when to deliver complex information
- Using appropriate etiquette when calling another on the phone (for example, asking for if it is a good time to talk)
- Conveying information in a simple and short manner
- Knowing and using the appropriate language for your audience
- Knowing the meaning of nonverbal clues (e.g., smiling, titling the head back, parting or pressing of lips, blank face, hand movements)
- Clarifying goals for a team
- Identifying responsibilities of team members
- Receiving credible feedback from team members
- Articulating individual expectations as a team member
- Encouraging team members
- Thanking individuals for their contributions to the team
- Writing and formatting emails for business

36. Which core competencies for business communications are included as behavioral objectives to help students build their communication skills? (Check all that apply.)

- Professionalism (e.g., being courteous, being conscientious, acting in a business-like manner, etc.)
- Clarity (making the message easy to follow)
- Concision (being comprehensive in an efficient manner)
- Evidence-based (presenting credible and relevant data)
- Persuasion (being influential)

37. How are communication skills evaluated? (Check all that apply.)

- Observation
- Written assignment
- Peer evaluation

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Video recording with feedback
Other (Please specify.) _____

38. What types of exercises are used to help develop communication skills between genders?
(Check all that apply)

Role-playing between the genders
Interviews by a different gender
Cultural competency exercises based on gender
Other (Please specify.) _____
None

39. Does the curriculum require students to participate in public speaking?

Yes (If yes, proceed to question 40.)
 No (If no, proceed to question 42.)

40. If yes, when does the public speaking occur? (Check all that apply)

During a professional practice experience
During a formal seminar
During 1 class
During 2-3 classes
During 4-5 classes
During 6 or more classes
Other

41. How is public speaking evaluated? (Check all that apply)

Students are videotaped and provided with feedback.
Specific criteria are established for student presentations.
Students are provided with feedback from the instructor based on specific,
predetermined criteria.
Other (Please specify) _____

42. Are students taught negotiation skills for discussing salaries and job promotions?

Yes (If yes, proceed to question 43)
 No (If no, proceed to Part 9: Program Demographics; question 45.)

43. If yes, how do students demonstrate negotiation skills? (Check all that apply)

Role-play in a group
Discussion of case studies on negotiation
Video demonstration of negotiation

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Case studies

Other methods (Please specify.) _____

44. Are students taught how to negotiate a salary for potential job opportunities? (Check all that apply.)

Asking for what you deserve

Pointing out what is significantly wrong with an unacceptable offer

Being persistent without being a nuisance

Packaging a message that explains why you deserve your requested salary

Making it clear you are sincere about working with the hiring organization

Understanding who you are negotiating with (e.g., the HR representative, a potential future manager, etc.)

Knowing the hiring organization's constraints, such as a salary caps

Preparing for difficult questions such as: Do you have another offer? Are we your preferred choice?

Focusing more on the questioner's intent than on the question itself (e.g., a question about your willingness to immediately accept an offer might be asked only to discover how excited you are about a position)

Focusing on the value of the entire deal and not just the money

Negotiating multiple interest simultaneously (Must have multiple offers)

Negotiating only when needed (Do not ask for more when you have received what you want)

Scheduling multiple offers of interest to come around the same time

Refraining from giving ultimatums

Maintaining patience if offers are delayed

Understanding the role of timing when negotiating (e.g., the present may not be the best time to negotiate)

Maintaining perspective by negotiating for the right position

Part 9: Program Demographics

45. Is your program accredited by CAHIIM?

Yes

No (If no, end the survey.)

46. What degree does your program confer?

Associate's level

Bachelor's level

Master's level

47. What year was the program established? _____

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48. What is the present delivery method?

- Online
- Hybrid
- Virtual
- Campus-based

49. What is the average number of full-time enrolled students?

- 1-10
- 11-20
- 21-30
- 31-40
- 41-50
- Greater than 50

50. What is the average number of part-time enrolled students?

- 1-10
- 11-20
- 21-30
- 31-40
- 41-50
- Greater than 50

51. How many full-time faculty members are assigned to the program? _____

52. How many adjunct faculty members are assigned to the program? _____

53. Which of the following classifications best fits your college or university?

- Public (state) university
- Public (state) college
- Community college
- Private nonprofit university or college
- Private for-profit university or college
- Other (Please specify.) _____

54. Which of the following Carnegie classifications best fits the institution?

Link to Carnegie Classifications:

<https://carnegieclassifications.iu.edu/downloads/CCIHE2018-FactsFigures.pdf>

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- Doctoral Universities
- Master's Colleges and Universities
- Baccalaureate Colleges
- Baccalaureate/Associate's Colleges
- Associate's Colleges
- Special Focus Institutions: Two-Year
- Special Focus Institutions: Four-Year
- Tribal Colleges

Part 10: Program Director Demographics

55. In your entire career, how many years have you served as a program director?

56. How many years have you been the program director at your present college/university?

57. Prior to becoming the program director, were you a practitioner?

- Yes (If yes, proceed to the next question)
- No (If not proceed to question X)

58. If yes, what was the highest position you held as a practitioner?

- Member of the C-suite
- VP
- Department Director
- Manager
- Supervisor
- Other (Please specify.) _____

59. How long were you in the highest practitioner position obtained?

- 0-2 years

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- 3-5 years
- 6-8 years
- 9-10 years
- > 10 years

60. What is your highest academic degree?

- Bachelor's
- Master's
- Doctorate
- Other (Please specify.) _____

61. For your highest academic degree, what was your area of study?

- Business administration
- Computer science
- Education
- Health information management
- Health informatics
- Public administration
- Public health
- Other (Please specify.) _____

62. What professional credentials do you hold? (Check all that apply.)

- Registered Health Information Administrator
- Registered Health Information Technician
- Registered Nurse
- Medical Doctor/Doctor of Osteopathic Medicine
- Certified Coding Associate
- Certified Coding Specialist
- Certified Coding Specialist–Physician-based
- Certified Documentation Improvement Practitioner
- Certified Health Data Analyst
- Certified in Healthcare Privacy and Security
- Other (Please specify.) _____

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Appendix B

Informed Consent Online Survey

You are being asked to participate in an online survey for a research project being carried out by Theresa L. Jones, doctoral student, at National Louis University. The study is called “Leader Development of the Health Information Management (HIM) Professional” and is occurring from June 2020 to July 2020. The purpose of this study is to understand how organizational and program directors’ characteristics influences the integration of leader development content into the curriculum. The leader development content is specific to content that addresses person-related characteristics that hinder women from securing senior level positions in healthcare. This study will help researchers develop a deeper understanding of the curriculum specific to leader development of women that can guide ongoing professional development and contribute to the body of literature. This information outlines the purpose of the study and provides a description of your involvement and rights as a participant. Please understand that the purpose of the study is to explore the process and impact of the integration of leader development content into the curriculum and not to evaluate a person or teaching. Participation in this study will include: Completion of the following online survey, expected to take approximately 12 minutes. The time for completion may be longer (25 minutes) for a differently enabled person.

Your participation is voluntary and can be discontinued at any time without penalty or bias. The results of this study may be published or otherwise reported at conferences and employed to guide best practices at leader development content. Participants’ identities will in no way be revealed (data will be reported anonymously and bear no identifiers that could connect data to individual participants). To ensure confidentiality, the researcher(s) the data file of compiled results will be kept in a password protected folder on an internal university workspace. Only the investigator will have access to data.

There are no anticipated risks or benefits, no greater than that encountered in daily life. Further, the information gained from this study could be useful to the HIM profession and other schools and school districts looking to initiate or refine curriculum related to the development of women for senior level executive positions. Upon request, you may receive summary results from this study and copies of any publications that may occur. Please email the researcher, Theresa L Jones at _____ to request results from this study. In the event, that you have questions or require additional information, please contact the researcher, Theresa L Jones, _____. If you have any concerns or questions before or during participation that have not been addressed by the researcher, you may contact the advisor Nathaniel W Cradit, Ph.D; email: _____; by appointment: _____; the cochairs of NLU’s Institutional Research Board: Dr. Shaunti

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Knauth; email: _____ ; phone: _____ ; or Dr. Kathleen Cornett;
email: _____ ; phone: _____. Co-chairs are located at National Louis
University, 122 South Michigan Avenue, Chicago, IL.

Thank you for your consideration.

Consent: I understand that by checking ‘Yes’ below, I am agreeing to participate in the study (STUDY NAME). My participation will consist of the activities below during the June/July time period: Completion of an online survey taking approximately 12-25 minutes to complete.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the ‘‘Agree’’ button indicates that:

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

‘‘ Agree

‘‘ Disagree