

# NAVIGATING THE MAZE:

## Challenges in Healthcare Career Advancement

— *Standard Report* —



# Introduction

For decades, advocates, service providers, educators, and funders have focused on increasing mobility for workers (primarily women and People of Color) from poorer-quality entry-level jobs in the healthcare sector into high-quality, “good” jobs that provide economic security. Despite this, many women struggle to make that transition. Workers either shift repeatedly between entry-level positions for far too long, or they leave the profession entirely without ever realizing their career goals. That failure significantly impacts healthcare workforce shortages, limits diversity in healthcare settings, and stifles earnings for adults who do not advance beyond low-paid jobs.

To better understand the reasons behind this, Women Employed led a research project to investigate the career pathways of workers who started in entry-level, low-paid roles with a particular interest in Women of Color. We wanted to better understand what these workers experience throughout their journey from education and training to hiring and promotion, and use these learnings to address the barriers that thwart their goal of long-term economic mobility. To carry out this project, Women Employed collaborated with healthcare workforce development partners and training providers, including the Chicago Healthcare Workforce Collaborative, Esperanza Health Systems, Health and Medicine Policy Research Group, Instituto del Progreso Latino and Instituto College, Safety Net Learning Collaborative, and West Side United.<sup>1</sup> To further inform this work, the research team also met with training providers, nursing educators, researchers, workforce development specialists, healthcare employers, and union representatives to better understand the healthcare training and workforce landscape.

This report is a condensed version of a more detailed, full report that is available at <https://womenemployed.org/HCCP> which contains more details about project partners as well as the study itself, including additional quotes from participants. The full report also has extended discussion of the findings and recommendations,

and highlights some best practices in the Chicago area. There is also an Appendix which contains the full literature review and workforce landscape scan referenced below as well as participant demographics.

## Literature Review

Existing research on healthcare career pathways is limited, particularly research on the experiences of healthcare workers in low-paid jobs. However, in our review of the literature we uncovered a few themes related to the focus of this study (see Appendix in the full report for the full literature review).<sup>2</sup>

- First, research shows an overrepresentation of Women of Color in entry-level, low-paid roles, including salaries lower than predicted based on their education and years of experience. However, unionization had a positive effect on wages and equity gaps.
- Second, cost in both time and money was a significant barrier to additional education and training for advancement, and Women of Color report higher healthcare educational debt than their peers.
- Third, multiple studies (particularly in nursing) found pervasive racial and gender discrimination, both through experiences on the job but also in relation to career advancement.
- Fourth, the “benefits cliff” for workers who are on public assistance was seen as a barrier to making an upward move worth it financially when changing positions.
- Finally, one of the largest barriers to advancement is the confusing healthcare career ladder system within hospitals in particular, with workers not knowing what they need to do to advance their career, and administrators lacking clarity on upskilling paths.

# The Healthcare Workforce In Chicago

As part of this research, the Workforce and Organization Research Center (WORC) conducted a landscape scan of the Chicago healthcare workforce, summarizing the available data on the frontline healthcare workforce in Chicago.<sup>3</sup> While their full data analysis is in the full report, key findings included:

- The Chicago metropolitan area consistently ranked nationwide as one of the highest for employment levels among the four positions centered in this project: Certified Nursing Assistants (CNAs), Medical Assistants (MAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs), though their salaries were lower than other geographic areas.
- Salaries for Registered Nurses in the Chicago metropolitan area are lower than the national average.
- Demand for entry-level, frontline healthcare positions in Illinois is currently high and is projected to grow in the next 10 years, particularly given the nursing workforce is an aging population, with significant numbers over 55 years old.

## Meandering Healthcare Career Pathways

We set out to find the most effective career pathways for women who start in entry-level healthcare careers, with the hope of amplifying and facilitating more women's career advancement. Instead, we discovered that healthcare career trajectories are exceptionally varied and often confusing, which leave many workers frustrated with their ability to advance in their career.

The 44 healthcare workers we spoke with described their healthcare career journeys from their first training credential to their current job and goals for the future. Their stories described a range of educational and career pathways, not always in an upward trajectory, frequently shaped by challenging personal circumstances and the lack of alignment across training programs and employers' hiring and promotional processes. Examples of some of these pathways are shared in [Figure 1](#).

Workers shared their successes and challenges in navigating complicated healthcare work environments, including the difference between hospitals and clinics, a proliferation of confusing job titles, and unclear hiring and advancement processes. Education and training, mentorship, and racial bias all played key roles in career pathways, which we discuss in more detail in later sections of this report.

Adding to the lack of clarity about healthcare career pathways, partners and subject matter experts emphasized the impact of COVID on the healthcare workforce, referencing both the dire shortage of workers, and the broad stroke changes to the entire healthcare industry as a result, some of which started even before the pandemic. This included changing position requirements and credentialing, training programs, and hiring. For example, Medical Assistants, once primarily administrative, now do a significant amount of clinical work, hence the desire from many of them to eventually go into nursing.

During the pandemic, healthcare systems, particularly hospitals, created conditional hiring practices to provide more opportunities for those with LPNs or Associate's Degrees in Nursing (ADNs). Additionally, some hospitals are spending millions of dollars on temporary, travel/agency nurses (at very high wages) due to workforce shortages. Training program providers saw an increase in interest and enrollment for LPN programs in particular, which had waned before the pandemic. These changes make it even more challenging to understand clear healthcare career pathways, as job responsibilities and hiring shift over time.

# Sample Career Pathways

These are some of the real-life examples of participants' career pathways

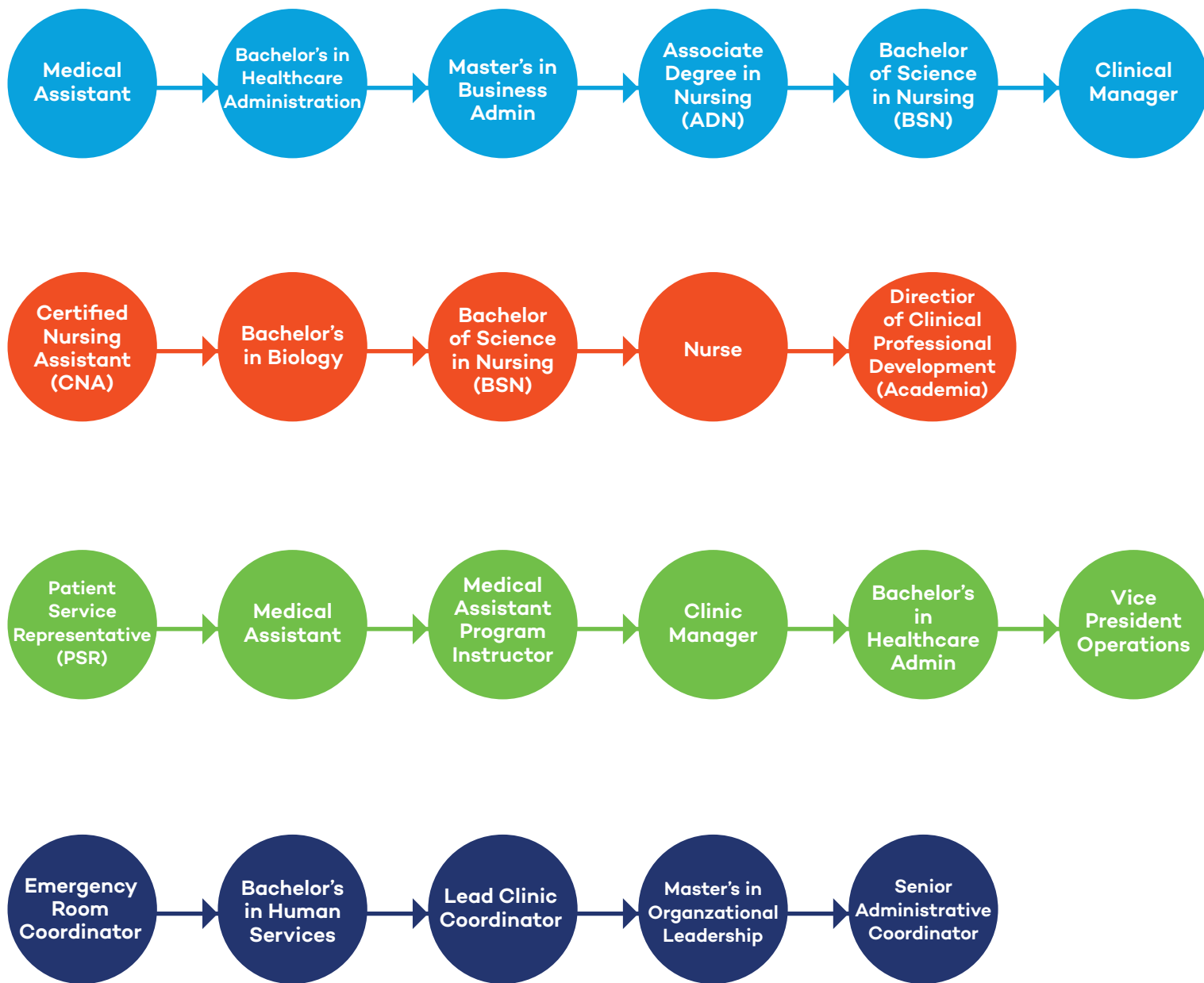
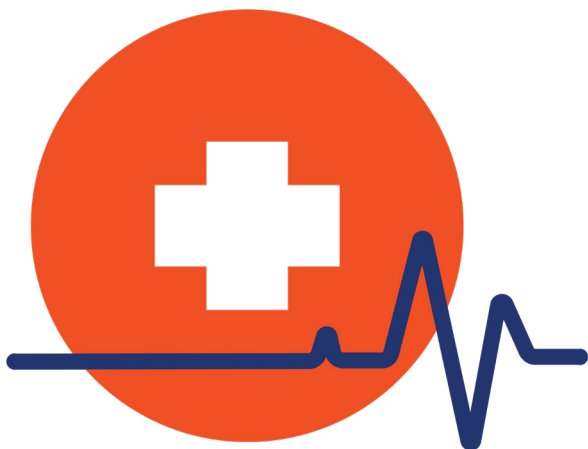


Figure 1

# Work Environment Matters: Differences Between Hospitals and Clinics

We interviewed workers from both clinics and hospitals who had different experiences and perspectives on career advancement. Healthcare workers in Federally Qualified Health Center (FQHC) clinics, specifically, seemed to be able to advance more easily, along diverse pathways, to higher-paying jobs, even if those advancements were primarily administrative. Workers at FQHCs mentioned supportive managers, enjoying their current job and workplace, and feeling supported by the company and colleagues much more often than workers at Health System Clinics. However, the smaller size and scope of clinics often meant fewer resources, lower pay, and less exposure to different types of healthcare job opportunities and scopes of work.

Those who worked in hospitals described challenges in getting hired and promoted due to bureaucratic and unforgiving application processes that sometimes screened them out before an interview. They reported difficulty navigating different departments and learning about job opportunities within their hospital, due to the siloed, independent nature of different units and the lack of consistency in hiring and promotional processes. Additionally, frequent mergers and buyouts disrupted career pathways and led to misalignment in wages across units and facilities. However, both workers and training providers saw hospitals as the best places to get experience and exposure to a wide range of healthcare careers and medical specialty areas.



Our workforce development, education, and union partners shared challenges of working with large hospital systems given the often-decentralized nature of training, upskilling, and workforce development efforts. This included inconsistencies in the scope and responsibilities of human resources and workforce development staff positions, which made it difficult to know who to involve in efforts to effect change.

While most of the healthcare workforce is not unionized (we also found few unionized workers among study participants), there is ample evidence to show the positive effects of unionization on workers, especially in terms of higher wages. We heard from union representatives that most healthcare employers (large hospital systems in particular) are resistant to unionization of their workers. Union representatives said that often employers do not adequately explain to workers what their rights are and the details of their union contracts, both intentionally and unintentionally. This was substantiated by study participants who did not know what it meant for their position to be unionized or not, other than they heard it's better for wages.

## Inconsistency in Job Titles

One of the more surprising findings from this study was the many different job titles we found among our participants (see Figure 2). We found both: a) different job titles for equivalent jobs and; b) the same job title but with very different job responsibilities depending on the employer. This made it difficult for both the research team and workers themselves to compare wages, understand what different levels of jobs were, and/or understand what a career pathway meant. It is also worth noting that union representatives told us that hospitals often create new job titles to skirt unionization.

The greatest variation in titles was for Nursing Assistants in hospital settings, obscuring their actual job responsibilities. It was also not clear what these titles meant in relation to their training and certification, since there are separate Certified Nursing Assistant (CNA) and Patient Care Technician (PCT) certifications; in practice, the CNA and PCT roles are often

used interchangeably by employers regardless of which certification was earned. Workers told us that the additional courses required for the PCT program were frequently not required for hiring, and that training was often offered on the job for CNAs anyway. Additionally, we found participants working in areas of healthcare that did not match their earned credential, typically in jobs that on paper they would not qualify for (e.g., LPNs working alongside nurses in hospitals; CNAs working as MAs), and it was unclear whether this was an anomaly or a pattern of post-COVID hiring practices.

This confusion was exacerbated by a lack of salary transparency, as many of the jobs we saw posted on hospital websites did not have wages or a salary range listed. Note that most job postings for clinics *did* include salary ranges. We asked participants to self-report their wages and found great variation which could not always be explained by earned credentials or years of experience. For example, CNAs reported earning between \$14-\$24/hour; MAs between \$18-\$32/hour; LPNs between \$29-\$32/hour; RNs between \$30-\$45/hour.

# LIST OF JOB TITLES

from study participants' career paths



Figure 2

# An Insider Hiring and Advancement Process

We heard from healthcare workers that opportunities for promotions and career advancement are based on “who you know, not what you know” rather than academic credentials or years of experience. Family, friends, and colleagues were important sources of information for initial job opportunities and entry into an institution or position through direct referrals from personal contacts. Others shared stories of their colleagues bringing them with them to new employers or recommending them for their position when being promoted. Having a connection was crucial in having access to more opportunities and seemed to matter more than actual credentials, skills, or experience.

It is also worth noting that many of the participants who expressed challenges in finding jobs were those who did not have connections, but instead were applying through websites or other application portals (this was primarily at hospitals). Some were able to remedy this by asking for help from key people in their networks who could address obstacles in the job search process when bureaucracies got in the way. However, many workers did not have these contacts or know what to do when they felt they were being overlooked.

Another common perspective that we heard from workers was that you need to leave your current employer to advance, both for workers who had been successful and those who had not. This was a particularly common sentiment among nurses who told us that it was widely understood that you would not get as big of a raise staying at your current employer as you would if you were hired into a new position elsewhere. Other workers told us that they felt their employers did not really care about them despite years of service: “Just don’t get so invested because they’re not invested in you as much as you think they are.”

Healthcare workforce development experts told us that efforts to upskill incumbent workers can be challenging due to academic testing requirements for returning to school, lack of information about promotional opportunities, and lack of flexible schedules. Additionally, the siloed nature of departments and cumbersome bureaucratic processes within hospital

systems meant that decision making was often decentralized, which was a huge barrier to information sharing and standardization across departments. Workforce development experts emphasized the need to find an internal workforce development leader within a hospital system who could work with decision makers across different units, not just in human resources, to make real change.

## Key Takeaways

- Women working in healthcare experience a confusing system of credentials, schools, employers, hiring criteria, and bureaucratic processes that make career pathways murky and difficult, if not impossible, to navigate.
- Hiring and promotion largely depend on who you know and the connections you have, regardless of credentials and years of experience.
- There is a plethora of job titles for the same (or similar) work. As a result, it is difficult to compare wages across employers for jobs with equivalent responsibilities.
- There was a clear difference in opportunities for (and ease of) career advancement for women who worked in hospitals (difficult) and FQHC clinics (easier).
- What employers say (or what is in writing) about who they hire and what criteria are required for jobs is often not reflected in their search and hiring practices.
- The COVID-19 pandemic exacerbated problems with inconsistent and unclear hiring criteria and policies.

*“My biggest challenge was encountering an environment where promotion was based upon who you knew and not what you knew...especially if you didn’t have a good relationship with someone who had a higher position, then your chance of promotion was very, very low.”*

## Recommendations for Hiring and Promotion

- Develop a healthcare worker board in order to enact wage floors, consistency of roles and titles, and clarity of hiring criteria and requirements for frontline healthcare roles, indexed by region and aligned with the local cost of living.
- Standardize job titles across hospital systems.
- Increase transparency on hiring practices, wages, and required credentials for roles.
- Implement skill-based hiring practices that transcend licensing requirements and take into account the skills required to perform job functions in healthcare.
- Provide know your rights, salary negotiation, and understanding union contracts workshops.
- Develop, clarify, and promote supports for workers to upskill.
- Ensure that workforce development initiatives and staff are centralized.
- Maintain a centralized and publicly accessible internal job board.
- In healthcare systems, promote advancement opportunities and facilitate career pathways across all departments (including both clinic and hospital settings).
- Hire more Registered Nurses with the associate’s degree instead of requiring a bachelor’s degree.
- Clarify what hiring practices are temporary.



# The Diverse Education & Training Landscape

Women in our study took many different educational paths for training and certification, some earning multiple credentials and attending multiple institutions over an extended period of time (see [Figure 3](#) and [Figure 4](#)). They expressed challenges in navigating a maze of programs and institutional differences, including inconsistent (and sometimes burdensome) prerequisites for enrollment. Workers expended significant time and money in the process, often unintentionally, because they did not fully understand which credentials would best fit their career goals; in fact, some of these educational journeys seemed unnecessarily complicated. This was particularly true for nurses navigating the options including Certified Nursing Assistant (CNA), Licensed Practical Nurse (LPN), Associate's Degree in Nursing (ADN), and Bachelor's Degree in Nursing (BSN)—note that both the ADN and BSN sit for the Registered Nurse (RN) licensing exam. Instead, they were often guided by recommendations by family, friends, and colleagues, and based decisions primarily on affordability and schedule, but also on convenient geographic locations. Unfortunately, this meant that sometimes they received inaccurate information.

## Cumbersome Prerequisites

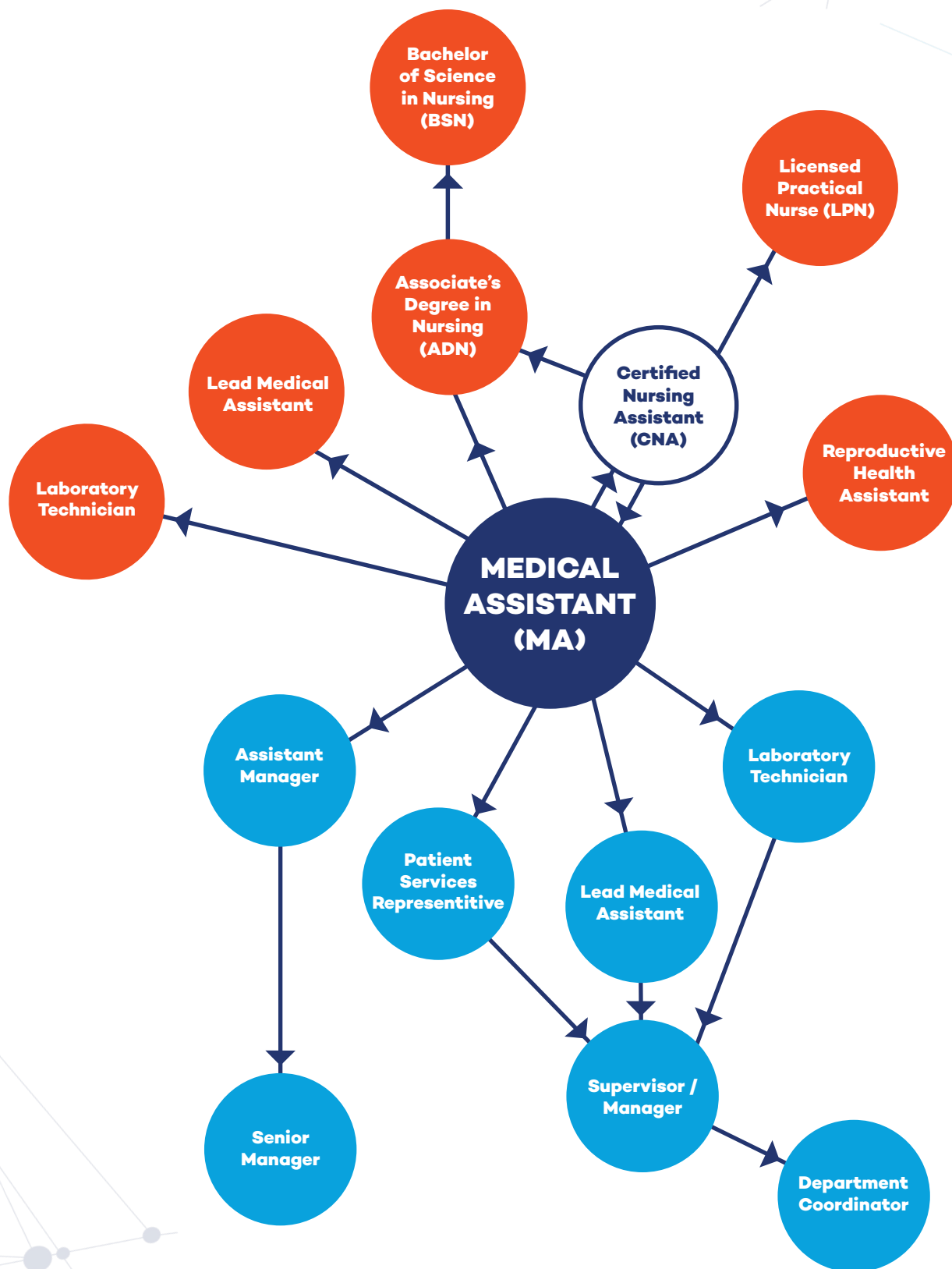
Prerequisites were a challenge, both in terms of what was required (the curriculum) but also how to get them done (logistics and scheduling). For example, prospective students who wanted to attend a private training program often needed to find an entirely different institution (such as a community college) to complete prerequisites, regardless of where they ended up enrolling. This meant another application process, a separate tuition and financial aid process, and a different commute. Prerequisite requirements vary by

school and the lack of standardization means spending more time and money on education than anticipated.

Obtaining the CNA certification, a common prerequisite for ADN nursing programs, was a challenge for participants—especially for those who never wanted to work as a CNA but just needed the certification. Before admission into a nursing program, they needed an entirely separate educational process to find an appropriate CNA program that fit their schedule and that they could afford, regardless of how much experience they already had in the healthcare workforce. This seemed particularly onerous for those who had significant years of experience in healthcare, including experienced MAs who desired to go into nursing, given very few nursing institutions offered credit for work experience. Additionally, a couple of participants' college credits “expired” due to interruptions in their education.



Figure 3



● Clinical Pathways  
● Administrative Pathways

Figure 4



## Moving Between Different Institutions

A surprising number of participants attended multiple institutions to obtain their credentials, including prerequisite courses as mentioned above. For some, a lack of academic preparation and unsatisfactory progress led to their dismissal or stopping out, though sometimes this was because of caregiving issues that interfered with their ability to study and attend class. Financial issues were another common reason for taking time off school and/or changing institutions for one more affordable. Students also stopped out for other personal issues, whether a death in the family, moving, etc., adding significant time to completing their educational goals. These women often returned to a different institution to complete their credential(s) due to geographic location or affordability, yet many lost credits in the process (either to lack of transferability or time expiration) or ran out of financial aid, which meant additional time and money to retake classes.

## Financial Considerations

Financial challenges were a huge barrier for participants and influenced their choices of training programs, desired credentials, and potential career paths. We found participants who paid almost everything out of pocket (including one participant withdrawing money from her 401(k)), and others who figured out how to get most if not all of their schooling covered by financial aid and/or their employer.

Some had challenges with federal student aid given that not all training programs are eligible and it did not always cover the full cost. Those who had already attained a bachelor's degree had often exhausted their financial aid from their first degree so were not eligible for more. While many employers had tuition reimbursement programs, this meant that workers still needed to pay up front, which was often difficult for those who did not have much disposable income. Additionally, some employer financial supports were only available for specific programs, and/or contingent on receiving a certain grade. For this reason, almost all our participants worked while

going to school, particularly mothers who were breadwinners for their family. These women talked about the lack of part-time healthcare positions as well as child care to accommodate school, which meant they attended school while working full time, which was often challenging.

## Do Bachelor's Degrees Matter?

Several workers in our study had (non-healthcare) bachelor's degrees, but their degree did not offer any advantage in attaining healthcare credentials, getting hired into their first job, or setting a higher wage. Most who had attained a bachelor's degree before their healthcare career ended up going back to earn a healthcare certification, such as a CNA or MA.

Notably, even among participants who wanted to work in nursing (or already were), the bachelor's degree in nursing was not necessarily the most desired credential. Several ADN-RNs were satisfied with their work and wages and did not see the need to pursue a BSN given the time, energy, and finances required. Largely a result of the pandemic nursing shortage, conditional hiring practices made it possible for ADN-RNs to get hired into roles typically only available to RNs with BSNs (and it appears that many of those conditional practices continue today). We also found that BSN-RNs did not seem to have much of an advantage (or higher wages) in getting hired, though a BSN was preferred at magnet hospitals and for nursing leadership positions.

*"I had to jump so many hoops. I went to [Nursing School A] [because] they said I didn't need a CNA. I was only there for a year. I was not able to keep up with their rigorous program. So there, another year that I lost because my credits weren't transferable [to another school]. And now I need to look for a different nursing program.*

*-Nurse [ADN] at a Health System Hospital*

Meanwhile, most nursing career pathways and training programs seem to be based on the idea that CNAs, LPNs, and ADNs all aspire to earn a BSN, which we heard in conversations with nursing educators. This disconnect draws attention away from training and upskilling programs that do not have the BSN as a final goal. While we certainly do not want to discourage anyone from pursuing a BSN, it may not be for everyone, particularly for women in low-paying jobs or those with caregiving responsibilities, due to the significant amount of time, energy, and money it requires as currently structured.

We also investigated a variety of healthcare training programs and spoke with educators who shared their perspectives on the above issues. We discovered that training programs vary widely in terms of requirements, curriculum, schedules, and their student body makeup. Training program administrators described frequently changing

enrollment trends and the need to adjust their programs to meet these needs while staying within the bounds of accreditation rules. Some programs also took advantage of workforce development grants in addition to federal student aid funds to address students' financial barriers.

## Key Takeaways

- Participants took many different educational paths in their healthcare career and many had multiple credentials (some perhaps unnecessary).
- Many students were unclear about accreditation, licensure, etc. In choosing schools, they often chose what was convenient because of geographic location or referral from a friend/family member.
- There was confusion over which nursing credentials are the most important and/or are the best stepping stone to eventually become an RN. While we heard from educators and employers that the BSN is the desired RN credential, many participants shared they were satisfied with their ADN.
- The Medical Assistant to nursing pathway was a popular desired path but particularly problematic to achieve in terms of time and prerequisites needed.



## Recommendations for Education and Training

- Create a career pathway from Medical Assistant to nursing.
- Consider eliminating the CNA prerequisite for ADN admissions and instead find ways to integrate that training into the ADN curriculum or training programs.
- Offer more part-time training programs.
- Allow course credit for work experience.
- Expand intake, advising, and career exploration services.
- Create consistent and transparent transfer agreements across training institutions.
- Support academic preparation for incumbent workers seeking upskilling training.
- Strengthen resources and pathways for the ADN to BSN pipeline.
- Establish educator-employer advisory committees to create better alignment and clarity of the relationship between training credentials, position requirements, and job titles.

*"When I spoke to the counselor at [School B] I said, I have a daughter, and maybe it's not the right thing for me to do. I said everything that I had been told [by School A] and they're like, '...No, that is not the case.' [School B] said, '...[Having a child] should give you motivation to keep going instead of thinking that it's going to hold you back.' So that changed my mindset as well."*

*-Nurse [ADN] at a Health System Hospital*

# Supports and Barriers

While a variety of supports and barriers for women's healthcare career advancement are mentioned throughout this report, a few additional issues are worth noting that either helped or hindered workers' career trajectories. Supports that facilitated success included

family, colleagues, supportive schools/training programs, and especially supervisors. Barriers to success included finances, a lack of information and mentorship, and balancing personal lives (particularly caregiving responsibilities) with work and school.

## Supports

Financial assistance was a key facilitator in enrollment of lower-income students, whether it was federal or state student aid, institutional grants, scholarships, or workforce grants, such as those from the Workforce Innovation and Opportunity Act (WIOA). Academic services like tutoring, study groups, advising, career preparation, and hiring fairs were crucial in addition to services like transportation, free child care, and information about public benefits. Some students said their schools also referred them to other workforce and/or nonprofit organizations that provided additional wraparound services. Training providers also told us how important these services were for student retention and success.

Programs that were part-time or had evening and weekend classes increased accessibility and facilitated retention and completion. Online courses were also helpful for students who had busy schedules or did not live near a particular program. For experienced healthcare workers, schools that did not have an expiration date on previous college credits, or offered conversion of work experience into class credits, allowed them to move through school faster.

Family was another important source of support, both emotionally and financially. In particular, student parents talked about their families helping with child care, whether they were in school or working, and how much that helped them to focus on school and work without having to worry about their children.

Participants mentioned a variety of employer policies that helped them further their education, like up-front tuition, tuition reimbursement, discounted tuition at partner schools, or free upskilling programs. Participants also mentioned the importance of workplaces that allowed scheduling flexibility, or the ability to work part time temporarily.

Helpful colleagues offered encouragement to go back to school as well as emotional and professional support while participants were in school, whether answering questions or accommodating work responsibilities. CNAs, specifically, shared that their RN colleagues encouraged and supported them in their endeavors to become nurses, providing additional on-the-job training and practice.

## Barriers

Many of the workers we spoke with were also mothers. For some, being a parent motivated them to either enter or advance their careers for a more stable economic future. Student parents talked about the challenge of trying to find time to study and having to miss out on study groups or school-related activities. Finances were an issue, with most of the mothers we spoke with needing to work full time while going to school, often to pay for child care.

Another barrier was a lack of information about education and career resources and/or workplace rights. Participants shared they had not fully understood how to learn about training programs, distinguish between various “tracks,” apply for scholarships, transfer credits, and find support services at school.

Generally, workers expressed confusion regarding who to go to for questions, guidance, resources, or support on the job other than a direct supervisor. Once employed, some women shared that they were unaware of professional development opportunities or support for upskilling. Some had heard of these programs but did not know the eligibility criteria or how they worked.

Several workers told us they did not know their workplace rights, whether it was related to union representation (or what was really in their union contracts), or their ability to (and knowledge of how to) negotiate a salary. A few participants reflected on how they wished they had advocated for themselves more at the start of their career and/or had more self-confidence to ask for more (whether wages, professional development, or advancement opportunities).

Participants often chose training programs or employers purely based on proximity to their residence, which limited their options. If a school or employer location was far away or not easily accessible by public transit, it was a challenge for them to stick with it (and they typically did not apply there in the first place). We also heard from training providers and employers that commuting was a huge challenge for some of their students and employees. Another clinic manager expressed frustration with wanting to hire more students from a particular community college, but it was too far so those students were not interested in even doing an externship because of the distance.

## Key Takeaways

- Workplaces that supported employees in their professional development, offered flexible work schedules, and tuition support were particularly important in helping workers persevere.
- School wraparound services and supportive staff were key to retention and persistence, including test preparation, study groups, career guidance and placement, and especially on-site child care.
- Geographic location was a barrier in terms of commuting distance for school, clinicals, and/or work, often limiting healthcare workers' choices.
- Child care was a particular challenge for women, both when attending school and also working, but many found support from family.
- Many women did not know about available resources to support their career advancement, whether related to school, professional development, or workplace rights.

## Recommendations for Mitigating Barriers

- Provide a wider variety of geographic locations for training programs, clinicals, and externships so that healthcare trainees and workers' opportunities are not limited by where they live.
- Create intentional partnerships to provide wraparound (and financial) support for education and training.
- Offer healthcare students robust academic support.
- Offer child care for workers to attend school and upskilling programs.
- Connect to workforce development organizations for additional wraparound supports.
- Support academic preparation for incumbent workers seeking upskilling training.



# Mentorship and the Role of Managers

Mentorship came up repeatedly in our interviews as a key to career success, particularly given the maze of options and the importance of insider information to advance professionally. Almost everyone who had been successful in an upward trajectory credited a supportive manager and/or mentor for their success. Mentors came from different parts of workers' lives, including advisors, colleagues, and teachers—though workplace supervisors appeared to be the most important to help navigate career advancement.

Workplace mentors served as a crucial point of contact for information on career advancement, job openings, continuing education, and professional development opportunities, as well as workplace supports. They also helped workers understand and manage the day-to-day work as a healthcare professional—particularly important for new employees with less experience.

Workplace mentorship was also important for emotional support and encouragement in what is often difficult work. Participants expressed the importance of being recognized for their work, feeling valued, and having a voice.

Mentors in the workplace were also important in advocating for workers in their career advancement by acknowledging their potential and encouraging them to upskill, return to school, or apply to open positions. Participants credited their mentors with encouraging and motivating them to pursue advancement opportunities that they perhaps would not have otherwise. In particular, participants mentioned the importance of supportive supervisors in accommodating schedules to allow for working while going to school or managing life issues.

that they did not feel appreciated, and were not recognized for their hard work, their reliable attendance, or for going above and beyond in their jobs. This affected not only their morale, but their thoughts about their future career. Some of the more experienced workers, particularly those who did NOT have a mentor or positive support in their own career, became focused on mentoring the younger generation as a result.

*“The way I got to where I am is just trusting in my mentors and predecessors, who saw things in me that I didn’t always recognize in myself. They would tap my shoulder and say, ‘Hey, you’d be great for this opportunity,’ and I would say, ‘...Sure,’ and it would open up a plethora of doors.”*

*- Nursing Manager at a Health System Hospital*

Mentorship may be particularly important given the self-doubt that we heard from some participants, which—if they did not have a mentor to help them work through it—became a barrier to career advancement. Several participants mentioned that they decided to take a certain path because another option “sounded too hard” or would “cost too much,” without having all the information to make an informed decision. They often then chose a lower-level credential, or did not pursue a particular path at all. Without a mentor, the confusing pathways and lack of (or conflicting) information we uncovered could seem overwhelming and leave workers feeling at a loss for what to do next to help them advance their career.

## Lack of Mentorship

It is important to note that lack of mentorship did not go unnoticed by many women we spoke with. Some women, particularly Women of Color, shared frustration with not having mentors, knowing that mentorship would help them with their career journey. Other participants expressed



## Key Takeaways

- The role of supportive managers in encouraging, supporting, and advocating for healthcare workers, including for their professional development and promotional opportunities, cannot be understated.
- Women, particularly Women of Color, mentioned the lack of women mentors.
- Participants recognized when they did NOT have meaningful connections or mentorship at work, or were not valued. This was motivation for several participants to mentor others.

## Recommendations for Mentorship

- Establish formal, paid mentorship programs for prospective and current healthcare workers, particularly for Women of Color, starting with high school, at colleges and training institutes, but especially in the workplace to assist with networking, professional development, and career advancement.
- Include mentoring as a key responsibility for healthcare supervisors, and incentivize leaders for their employees' advancement.
- Incentivize healthcare employers and training providers (e.g., through state grants or philanthropy) to implement mentorship programs, continuing education support, and paid internship models.



# Racial and Gender Discrimination

Throughout our interviews, we uncovered multiple examples of racial bias and discrimination, both from participants' stories and racial disparities in their experiences. This was not a surprise given that previous research, cited in our literature review, noted both racial and gender discrimination in the healthcare workforce, particularly nursing.<sup>4,5,6</sup> Whether or not overt discrimination was specifically mentioned by several participants in their interviews, the research team found signs of systemic discrimination in the different patterns we observed between white women and Women of Color related to access to information and job opportunities, manager support, and promotional opportunities (or lack thereof).

We found disparities in education and training: while we did not interview many white women, most of them were RNs and had earned a bachelor's degree at a young age. On the other hand, most Black and Latina/x women who were in nursing rarely went from an entry-level credential (CNA, MA) into a BSN program, instead typically earning an LPN or ADN along the way, often with long breaks in between. This additional time meant delaying their path to higher quality jobs.

White women talked about being recommended by managers for promotional opportunities or encouraged to pursue additional training, and as a result were in higher-level positions at a younger age than the Black and Latina/x women. By comparison, Black and Latina/x women talked about the difficulty of getting hired even for their first job. We spoke with many Black women who had significant years of experience and yet were not in leadership roles. Black women expressed frustration with how long it took them to advance, particularly when watching white women get promoted more quickly, sometimes with the same or fewer credentials or years of experience. These women also expressed frustration with lack of support from their managers for their work, and lack of encouragement for professional development or recommendations

for promotional opportunities. The importance of “who you know” in the nursing profession seemed to allow personal biases to influence career opportunities: one woman mentioned seeing white women get promoted into jobs they did not even know were available, because opportunities are often offered based on personal connections rather than being widely posted.

Gender discrimination was also mentioned by participants of all racial backgrounds who saw men, often with less experience, get promoted over women throughout the healthcare system. This lack of women in higher-level positions then resulted in fewer female mentors (particularly Women of Color) to help women in entry-level roles grow, develop, and/or navigate the complexities of a career in healthcare. Some workers also shared stories of age discrimination, describing how younger workers get more opportunities, or how older workers are often responsible for training younger workers who then were promoted over them.

Many of the Black and Latina/x women in our study wanted to move into positions where they could better serve Communities of Color, including addressing health disparities. In fact, for some of them, wanting to serve their local communities was the reason they entered healthcare in the first place. Some participants specifically mentioned wanting to go into social work or public health and several of our participants either had a degree in public health or a desire to obtain one. Thus, moving more women into and upward in healthcare may contribute to greater health equity and better outcomes for Communities of Color.



*“You would not imagine all of the positions that I have applied for, and I know at least three to four people personally, that cannot advance... Well, I don’t want to say that it’s race-related because they’re all Black. I don’t want to say it’s because of their race because it shouldn’t be. It should be based on their experience. But a lot of them feel that’s the reason why they are not chosen when they have the experience to move forward.”*

*- Manager at a Health System, Black/African American*

## Key Takeaways

- Black women view racial discrimination as a significant barrier across multiple positions and employers. Black women expressed having had a harder time finding jobs and opportunities for advancement and it took them longer to get promoted (if at all) than white women.
- Women from all backgrounds mentioned seeing men get promoted more quickly and with fewer qualifications.
- Women of Color seemed to have non-linear paths to a BSN in particular, obtaining more credentials and taking a longer time to completion.
- Since workers reported workplace advancement operated based on information from internal connections, Black and Latina/x women were often at a disadvantage because they were outside these informal networks.
- Many Black and Latina/x women specifically mentioned wanting to serve Communities of Color and address racial disparities in their work, including wanting to go into public or community health in the future.

## Recommendations for Racial and Gender Equity

- Establish affinity groups (e.g., Black nurses, women in leadership) and increase awareness of identity-based professional associations (Black and Hispanic nurses associations, etc.).
- Broaden healthcare worker recruitment efforts to community job fairs, particularly those with more racially and economically diverse populations.
- Conduct equity audits on salaries and positions, track employee advancement, and review data to address disparities across gender and race.
- Provide ongoing managers' training on implicit bias (including gender, race, age, disability).
- Hire and promote more Women of Color into leadership positions.
- Promote a wider range of career opportunities beyond nursing and hospital work.



# Conclusion

We approached this research intending to illuminate accessible and efficient pathways for entry-level women healthcare workers. But instead, we found very few trends in how women advance along healthcare career pathways. Yet there was a common thread among their diverse career trajectories: vague and confusing employment practices (at hospitals in particular), which left workers frustrated with the lack of transparency and systemic challenges in getting hired and promoted. We spoke with women who did all the “right” things in terms of obtaining relevant credentials, getting licensed, and demonstrating commitment to their employer, and yet had a difficult time finding positions, and lacked a clear understanding of how to advance in their career even after years of experience and dedication. This was particularly true for Black women, who experienced the added challenge of racial bias throughout their career.

Most women who were able to successfully navigate the complexities of a career in healthcare credited workplace mentors with guiding their way. Those without mentors felt overlooked, or lost, and struggled to find opportunities for advancement. We discovered that the lack of transparency among employers is one of the biggest barriers to developing a more inclusive and equitable healthcare workforce. If workers cannot figure out what the hiring requirements are, what jobs are right for them, and what promotional opportunities are available—and are not given a fair chance to apply for them—then they cannot appropriately pursue further education, set career goals, or plan for a future in healthcare.

The meandering paths of workers’ career journeys reflected a lack of alignment between training providers, employers, and healthcare workers. There is a disconnect between what types of programs are offered by training providers and what healthcare workers need. Opaque hiring criteria and a bewildering number of job titles lead to confusion about which training programs and credentials qualify workers for particular. Many training programs (including upskilling programs for current workers) do not fit the

real-life experiences, caregiving responsibilities, and economic realities of many low-paid women healthcare workers.

The role of race cannot be understated as a systemic barrier to career advancement. The impact of discrimination on career trajectories was notable, particularly for Black women. Black and Latina/x women are disproportionately likely to be employed in entry-level healthcare positions so it is vital to create mentorship programs to support and encourage these women in their healthcare career journey and help them navigate complex hospital systems in particular.

While the current political landscape attacks diversity, equity, and inclusion programs, the present research demonstrates that the healthcare ecosystem instead needs to double down on investments in providing equal opportunity and equitable hiring for Black and Latina/x women in particular. For example, Black and Latina/x nurses are more likely to have ADNs rather than BSNs, so hiring more ADNs and supporting these employees in obtaining their BSN over time, will facilitate greater racial diversity into the nursing field.

The frontline healthcare work carried out by dedicated workers is very hard, both physically and emotionally; the path to getting there should not be equally taxing. Healthcare educators, employers, workforce development organizations, and philanthropy need to do a better job in facilitating accessible and transparent career pathways for all who are interested, regardless of what point they start from. Leaders in hospital systems, training programs, professional associations, and licensing boards need to bring into alignment education and workforce needs and clear up the confusion, complexity, and racial bias that currently characterizes the healthcare ecosystem. The onus should not be on workers to figure out the unspoken rules and processes needed to advance in their career. Instead those workers should be supported in their desire to carry out such crucially important work in caring for our communities. The future of our healthcare system depends on it.

# Recommendations To Improve Healthcare Workforce Systems

While recommendations that target specific issues have been made throughout this report, the breadth of challenges we found across the healthcare workforce warrant some broader recommendations that cross institutional sectors. Throughout this study, our education and workforce development partners shared the importance of working in coalition across hospitals and clinics to share knowledge, best practices, and resources. They expressed the need for collaboration across not just internal units (for example, in a hospital system), but external partners as well: training program providers, workforce development services, and employers.

Grant-funded initiatives often took more time than expected to pilot, and funding frequently ran out before they could show meaningful results.

Thus, the following recommendations require collaboration between decision makers at healthcare employers (hospitals and clinics), education and training providers (colleges, schools, training institutes), workforce development organizations, and philanthropy, in order to break down silos and make real change to improve healthcare career pathways, which will require all relevant parties to fully engage.

## Recommendations for Healthcare Systems Change

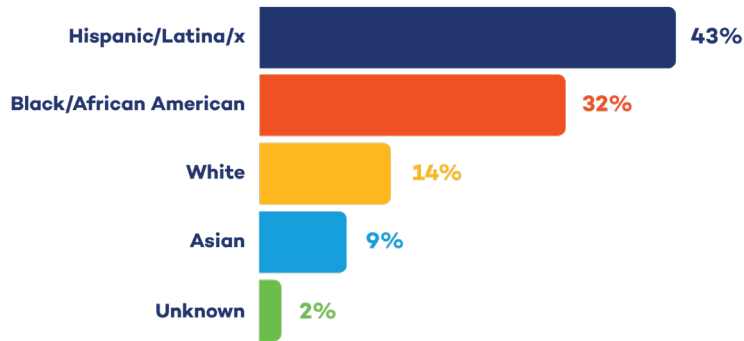
Based on this research, we recommend the following to improve the healthcare workforce ecosystem:

- Create a task force across health systems, accrediting bodies, training providers, government, and advocacy teams to work on systemic issues uncovered in this report including (but not limited to) salary transparency, lack of alignment between credentials, licensing, and hiring requirements, and standardization of job titles.
- Increase union representation in the healthcare workforce at both clinics and hospitals.
- Implement better data collection for the healthcare workforce, including data disaggregated by race, gender, and age: a) at healthcare employers to track employment and advancement; and b) at the city and/or state level to better understand who is in the healthcare workforce.
- Healthcare workforce funders should facilitate a learning community to share knowledge, expertise, and learnings across various healthcare initiatives in Chicago to maximize impact and inform funding decisions.
- Bring leaders from hospital, clinic, and healthcare education providers to the table for cross-system collaboration.
- Philanthropy funding should support multi-year projects to effect change given how long pathways take to move through. This funding should include wraparound supports for schooling, and target upskilling beyond the entry level.
- Results from grant-funded pilot programs and healthcare projects should be shared widely so that other institutions can benefit from the learnings.

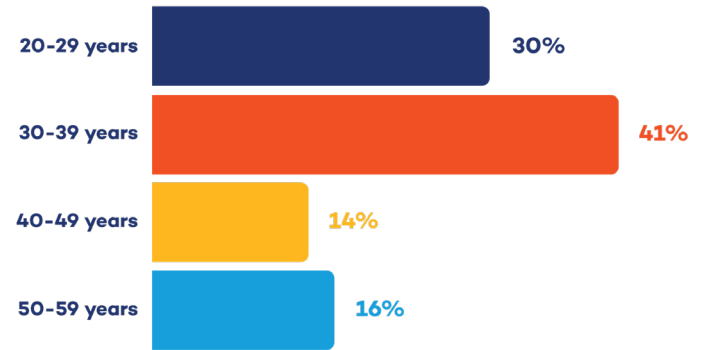
# Participant Demographics

*\*Totals may vary due to rounding up*

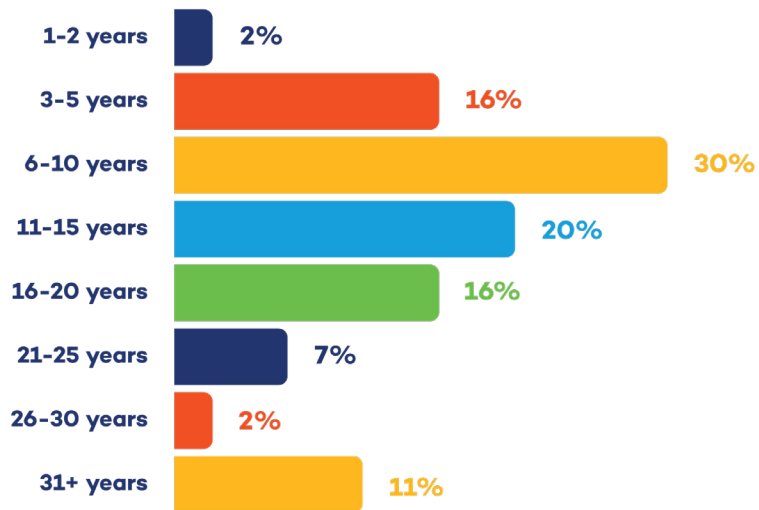
## RACE/ETHNICITY



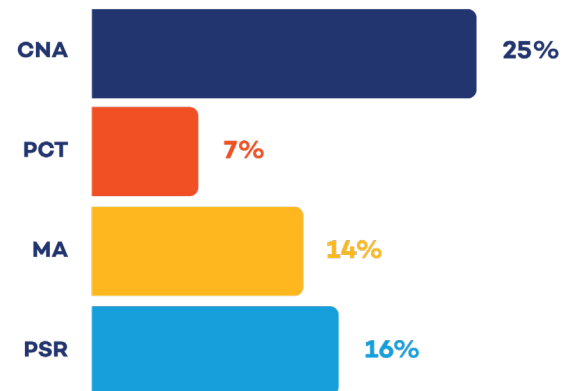
## AGE



## YEARS IN HEALTHCARE INDUSTRY

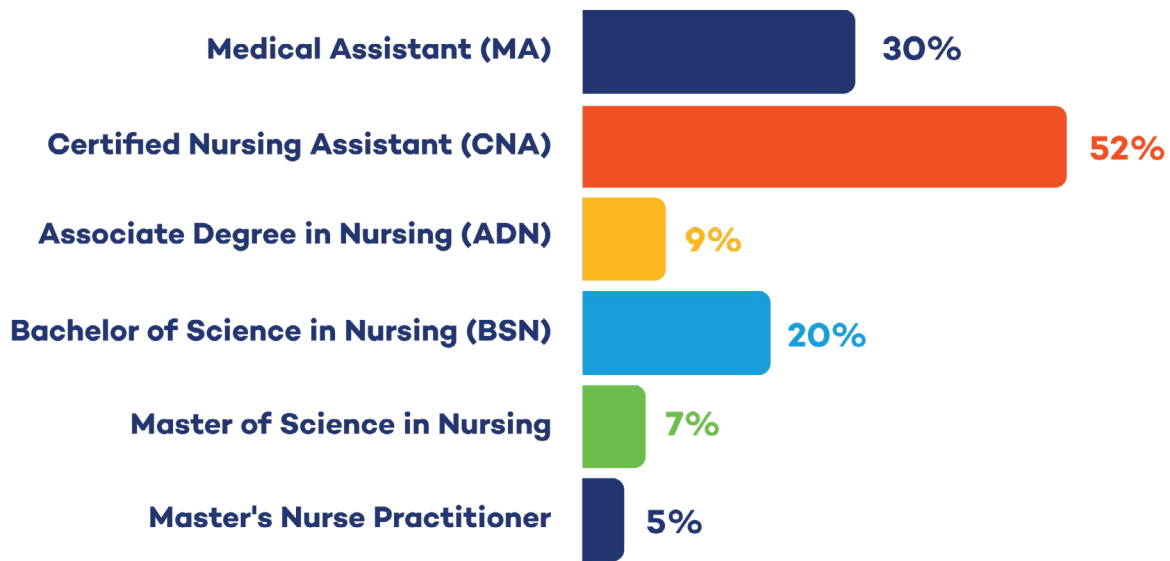


## ENTRY LEVEL ROLE

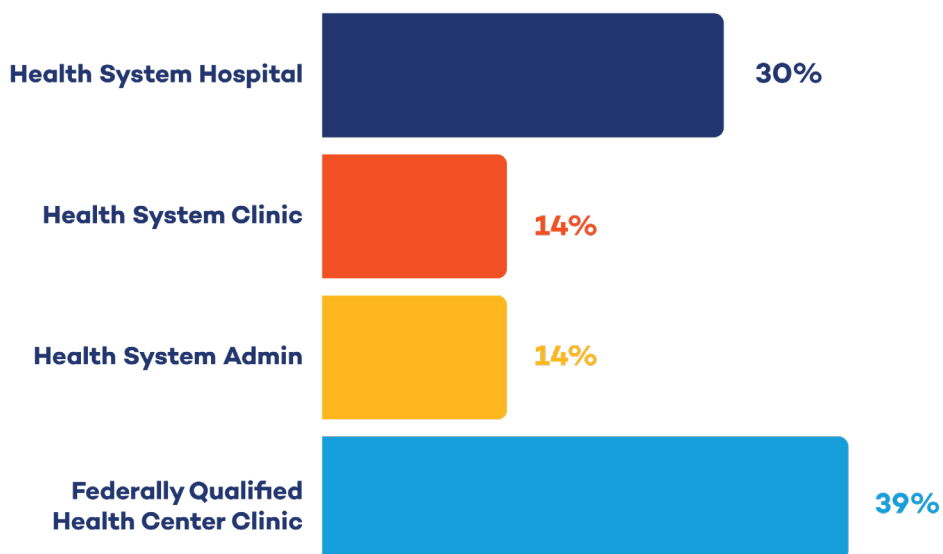


## EDUCATION AND TRAINING

*\*\*Participants can have multiple educational backgrounds and credentials.*



## EMPLOYER TYPE



# NOTES

<sup>1</sup> Kodama, C.M., Sasahulih, E., Kelley, M., & Warden, C. (2025). Navigating the Maze: Challenges in Healthcare Career Advancement, An In-Depth Look. Women Employed Research Report. (Full Report)

<sup>2</sup> Full Report

<sup>3</sup> Full Report

<sup>4</sup> Okoro, O., Umaru, O., & Ray, M. (2024). Women of color in the health professions: A scoping review of the literature. *Pharmacy*, 12 (29). <https://www.mdpi.com/2226-4787/12/1/29>

<sup>5</sup> Hennein, R., Gorman, H., Chung, V., & Lowe, S. R. (2023). Gender discrimination among women healthcare workers during the COVID-19 pandemic: Findings from a mixed methods study. *PLOS ONE*, 18(2). <https://doi.org/10.1371/journal.pone.0281367>

<sup>6</sup> Truitt, A. R., & Snyder, C. R. (2020). Racialized experiences of black nursing professionals and Certified Nursing Assistants in long-term care settings. *Journal of Transcultural Nursing*, 31(3), 312–318. <https://doi.org/10.1177/1043659619863100>

## About Women Employed

Since 1973, Women Employed (WE) has been opening doors, breaking barriers, and expanding opportunities for working women. Our mission is to increase the economic status of women and remove barriers to economic equity, and we do that by shaping policy change, expanding access to educational opportunities, and advocating for fair and inclusive workplaces so that all women, families, and communities can thrive.

For more information, visit [womenemployed.org](https://womenemployed.org) or follow Women Employed on Facebook, Instagram, LinkedIn, Threads, and BlueSky.



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As one of Chicago's largest employers, JPMorganChase is committed to strengthening Chicago's local workforce and driving economic growth for all. Since 2015, it has supported workforce training programs to ensure that Chicago residents have the skills and training that they need to compete for well-paying jobs, including more than \$10.6 million in philanthropic grants to advance career pathways in Chicago's healthcare sector.

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