

## **A Critical Analysis of Gender-Based Workplace Challenges Facing Women: Gender and Compensation**

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### **Abstract**

: This paper explores workplace challenges that women face and recommends strategies to address them through 1) research, and 2) policy at organizational and governmental levels. Discrimination against women manifests itself in various forms, including: job segregation; wage gap; sexual harassment; denial of career development opportunities, including mentoring; poor performance evaluations; and lack of promotion opportunities. This paper focuses on women in business and reviews the literature on gender disparities in employment, compensation, and promotion. Theoretically, women dominated industries should have improved pay equity, lesser gender discrimination and contain a relatively higher number of executive women than male dominated industries. The paper follows up on findings of the Federal Glass Ceiling Commission<sup>1</sup> and seeks to further understand the continuing impact of gender on compensation. Compensation data from the American Dietetic Association, a female dominated healthcare organization, is analyzed to determine if women dominated industries (WDI) have improved pay equity. If women are to achieve salary equity and experience career satisfaction, if corporations are to benefit fully from the capabilities of qualified managers, certain workplace attitudes and behaviors must change or the workplace must be protected from expressions of partiality and gender/sex bias. The paper makes recommendations to business, researchers and policy makers.

### **Introduction**

Research that explains the emergence of gender-related behaviors in organizations generally fall into three categories: biological, socialization, and structural/cultural models<sup>2</sup> (Bartol, 2003; Cleveland, 2000; Powell, 2003). Researchers conclude that the study of gender and management has resulted in a sameness/difference debate with research on women in management becoming either polarized or marginalized. Thus, they argue for attention to the “*biological, social and thereby often domestic fact of being female, and how this intersects with the conditions in the workplace*” (Rees, 2003).

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<sup>1</sup> The Commission was created by Title II of the Civil Rights Act of 1991.

<sup>2</sup> Pollard (2005) explores biological, socialization, and structural/cultural models in “*A Critical Analysis of the Glass Ceiling Phenomenon,*” the Sloan Family and Work Encyclopedia.

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Women face greater barriers and rely on strategies for advancement that are different from those of their male counterparts (Lyness and Thompson, 2000). Discrimination against women manifests itself in various forms, including: job segregation, wage gaps, sexual harassment, the denial of career development opportunities (including mentoring and poor performance evaluations), and a lack of promotion opportunities. Being a woman and working outside of the home calls for additional education about sex and gender biases and alertness to the reality of workplace inequity. Additionally, working mothers are stereotyped as not being serious or reliable enough to take positions as managers because their priorities lean more towards raising a family; this is often presented as an either/or argument, effectively advancing the myth that successful executives are unable to manage multiple priorities. Therefore, women are not taken seriously at work. If women are to earn an unbiased salary and experience career satisfaction, if corporations are to benefit fully from the capabilities of qualified managers, certain workplace attitudes and behaviors must change or the workplace must be protected from expressions of partiality and gender/sex bias.

### **Workplace Challenges and Gender Disparities in Employment and Promotion**

Ninety-five percent of senior managers of Fortune 500 service and Fortune 1000 industrial companies are men. In the Fortune 2000 companies, only 5 percent of senior managers are women (Federal Glass Ceiling Commission, 1995a). These numbers present a troubling statistical profile when we consider that the percentage of bachelor's degrees earned by women rose from 35 percent in 1960 to 50 percent in 1980 and to 57 percent in 2000. Similar growth exists at the master's degree level: from 32 percent in 1960 to 50 percent in 1980 and 58 percent in 2000. In contrast, the rate of growth is even greater for women earning business

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degrees. At the bachelor's level the percentage rose from 7% in 1960 to 34% in 1980 and 50% in 2000. At the master's level, the percentage of degrees earned by women went from a low of 4% in 1960 to 22% in 1980 and 40% in 2000 (U.S. Department of Education, 2002). Therefore, more women are graduating from college, more women are earning degrees in business, but their presence in senior management is negligible. Despite comprising more than two-thirds of the U.S. population and more than 57 percent of the U.S. labor force in 1995, women were underrepresented at upper levels of management (Redwood,1996). Contrary to their presence at middle management, women comprise only 5 percent of executive suites. The data have not improved, for while women now make up more than 45% of the labor force (Current Population Survey, 2001), they represent only 12% of all corporate officers(Catalyst,1999). Women are graduating and entering management positions yet there is a bottleneck at middle management levels (Current Population Survey, 2001). This representation of women in management suggests that at executive levels we would see a similarly strong representation of women. Women experience glass-ceiling effects that keep them from climbing corporate ladders to levels above middle management. As more women graduate with business and other professional degrees and enter corporate life, the problem becomes more urgent because they experience a slower progression compared to their male counterparts (OECD Employment Outlook,2002; U.S. Department of Education, 2002). So, while entry is easier, progression slows and in most situations regardless of their qualifications or achievements, women are prevented from climbing the corporate ladder to the top. There are many factors that contribute to employment and progression of women. Progression is dependent on a number of factors, including performance findings, mentoring opportunities, and impediments created by sexual harassment.

## **Performance Evaluations**

Television entertainment is often indicative of societal realities, so it may not be surprising that when the television show *The Apprentice* moved from teams that were divided by gender to co-ed teams (Kinnick and Parton, 2005) that “every woman but one was eliminated in the next seven consecutive episodes, largely because males were perceived to be the stronger leaders (p. 447).” Interestingly, while the men were criticized for their leadership, they were not fired. Could gender influence performance ratings? If television shows dramatize societal realities, we would then anticipate that women when rated by men will receive less favorable ratings compared to ratings that men give to men. In the UK studies have shown that women are more likely than men to receive high performance evaluations (Rubery,1995), however this bias occurs at lower pay grades (p. 643). Similarly, in the U.S. female applicants benefited more than males from ratings when evaluated by males (Walsh, Weinberg, and Fairfield,1987). Other studies show no significant gender effect in job performance ratings (Igbaria and Baroudi,1995). Yet women were perceived to be less likely to be promoted than men. Given the rise in pay for performance, and that women receive less favorable attributions than men; women can be expected to be promoted at a smaller rate than men.

## **Mentoring**

Women face gender-related barriers that prevent them from developing the interpersonal relationships and career guidance that is inherent in mentoring (Lyness and Thompson 2000; Noe,1988; Ragins and Cotton,1991). Cross-gender mentoring relationships have been hampered by fear from men that the relationship may be perceived to be improper. Within the healthcare industry, mentors have great influence on women’s career mobility and guarantee access to

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promotions (Walsh and Borkowski,1999). Women are just as willing to mentor as men (Ragins and Scandura,1994) and women experience greater drawback to becoming a mentor than men. Women are more likely than men to say that they did not feel qualified to be a mentor, that they did not wish to suffer from their protégé's failure, and that they did not have the time to mentor; (p. 105) thus women feared the costs of mentoring (Ragins and Cotton,1993). However, for executive women no evidence exists that they are unwilling to mentor (Ragins and Scandura, 1994). So both men and women may be unwilling to engage the mentoring relationship depending on their level within the organization, and for different reasons.

Mentoring offers career benefits to men (Barnier,1982; Dreher and Cox, Jr. 1996; Orth and Jacobs,1971) and could benefit women if appropriate organizational strategies ensure mentoring opportunities. Mentored professionals receive more promotions, earn a higher income, and are more satisfied with their pay and benefits than those with weak mentoring relationships; however those benefits have not been associated with differences caused by gender (Dreher and Ash,1990; Johnson and Scandura, 1994).

Critical to the success of mentoring is the role that mentors play. Male mentors have been found to provide more career support than female mentors. Female mentors are reported to provide socio-emotional support to a greater extent than male mentors (Sosik and Godshalk, 2000). Career support could be the aspect of mentoring that explains the advancement benefit, associated with male mentors, that mentoring provides to protégés. Yet when mentoring is factored into career support and psychosocial support, “career support for women from female mentors translates most into advancement (Tharenou, 2005).” On the other hand, men do not seem to receive their advancement from the same type of support that women receive. In fact, “men’s developmental experiences were more likely to have been given to them” whereas

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women report a greater dependence on developing relations and on facilitating their own advancement (Lyness and Thompson, 2000). The suggestion is that women and men might require different types of mentoring relationships. Or, men are not superior mentors for women; women mentoring women might be more advantageous for women.

The under-representation of women at top management levels occurs across occupations (ACHE, 2001; Goodman, 2003; Robinson-Walker,1999;Tang,1997) industries (Dingell, 2002), and countries (OECD Employment Outlook, 2002). The hard reality of the glass ceiling is encountered by management women particularly those at executive levels, regardless of the number of women employed or the numbers at management levels (Dingell 2002; Federal Glass Ceiling Commission ,1995b; OECD Employment Outlook, 2002). Interestingly, this deficit occurs at a time when business and public policy initiatives are actively seeking to shatter the glass ceiling. The U.S. Department of Labor's "Glass Ceiling Initiative" and the Federal Glass Ceiling Commission provide volumes of research and accompanying initiatives and laws to prevent discrimination against women, yet discrimination in its various forms continues.

### **Sexual Harassment**

As mentioned earlier, cross-gender mentoring is often constrained by the need to avoid the appearance of impropriety. In the United States sexual harassment is considered a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Any conduct that explicitly or implicitly affects an individual's employment such as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment. As stated, the effect may be on employment but it is not limited to employment, sex discrimination may unreasonably interfere with an individual's work

performance, or creates an intimidating, hostile, or offensive work environment. Of the 13,136 charges received in 2004 by the Equal Employment Opportunity Commission 84.9% were filed by females (EEOC, 2006). Claims of sexual harassment that have been filed with state and federal agencies increased 20 percent, from 10,532 in 1992 to 12,670 in 2005. However, monetary benefits have increased at a more significant rate of 277 percent, from \$12.7 million to \$47.9. Given the potential for misperceptions or appearance of impropriety, many men avoid serving as mentors (Ragins and Cotton, 1991; Ragins and Cotton, 1993; Walsh and Borkowski, 1999). Thus women are denied career guidance and the emotional support and benefit of shared personal experiences that powerful men can provide to women. Women are left to locate career paths that are different from those that men have historically enjoyed, if they wish to move beyond the glass ceiling.

Management researchers and policy makers recognized over two decades ago that a “glass ceiling” existed for women in management<sup>3</sup>. The glass ceiling is often viewed as an invisible organizational barrier<sup>4</sup> that is associated with gender or sex roles. The glass ceiling is an invisible barrier that exists within organizations, and evidences an invisible barrier in women’s mobility to top decision making positions. Thus, the glass ceiling describes an organizational level beyond which female managers are not promoted even though they are as qualified as their male counterparts.

### **Job Segregation and the Wage Gap**

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<sup>3</sup> The term, symbolizing inequality for women, first came to national attention during the groundbreaking three-year study of women executives, the Executive Women Project, which began in 1984 (Morrison, White, and Van Velsor, 1987).

<sup>4</sup> Allen (2003) and Rothausen (2001) present theoretically grounded descriptions of organizational barriers and gender in the *Sloan Work and Family Encyclopedia*.

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With over half of all masters degrees being awarded to women, it is surprising that 95 percent of senior-level managers of the Fortune 1000 and 500 service companies are men (Federal Glass Ceiling Commission, 1995a). Whether discrimination against women in management is caused by cultural prejudices within a country (Lev ,4 A.D.)<sup>5</sup> or cultural prejudices within an industry (Dingell 2002; Federal Glass Ceiling Commission, 1995a), the effect is that those in power have the capability to preempt (or facilitate) change. This fact-finding report<sup>6</sup> (p. 26-36) details societal, government, and internal structural barriers that affect the glass ceiling. If barriers exist, then women managers are more likely to be in service than in manufacturing industries. Yet, upon examination of employed persons within industry by gender and occupational level (p. 221), women do have greater representation in the service industry workforce, as expected, but lower representation at executive levels. Women are more likely to be employed in service industries and in finance, real estate, wholesale, and retail trade. Nearly 75% of employed women work in service industries, and in finance, real estate, wholesale and retail trade.

The glass ceiling has many effects; the main consequence is inherent in its description, women's upward mobility is impeded by many barriers. The presence of a glass ceiling is also associated with pay gaps between women and men. The gap is greatest for women who are close to and for those who have broken through the glass-ceiling (Morris, 2005). The GAO data shows that women managers continue to lag behind their male counterparts, with full-time women managers earning less than their male counterparts in both 1995 and 2000 (Dingell, 2002). Furthermore, in seven of the ten industries, the earnings gap actually widened between

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<sup>5</sup> Take for example the fact that in male-dominated Japan women are assigned the primary role of mothers and wives, not managers; and definitely not managers over men. Lev (4 A.D.) reports that in Japan, "only 8.9 percent of working women have managerial positions, compared with 46 percent in the U.S."



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1995 and 2000. Not surprisingly, only five of the industries had women managers in the same proportion as in the industry's workforce in 2000. Thus, across industries and particularly in industries employing the majority of U.S. women workers and the majority of U.S. women managers, women experience economic segregation and women managers are behind their male counterparts in advancement and pay (Kirchmeyer, 2002). Blau and Kahn (Blau, 2000) present economic analyses showing a decline in the wage gap and evidence that the high wage ratios for younger women declines with age. Women at the highest executive levels experience more obstacles than both their male counterparts and than lower level women. Executive women and men are similar in many ways, including pay grade and work attitudes. Yet, these women differ from executive men in that they have less authority, receive lower total compensation, have less international mobility, and have greater pressures from family demands <sup>7</sup> (Catalyst, 2003b; Catalyst, 2003a; Federal Glass Ceiling Commission, 1995b; Lyness, 1997).

Therefore, as women move to the executive suite they experience a wider wage gap, suggesting that compensation structures may have a "blue line" that women have difficulty crossing; thus, compensation structures may not be fair to women. In an across industry study on managerial pay involving more than 2,000 managers from more than 500 organizations, findings

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<sup>6</sup> The primary goal was to follow up on the findings on the Federal Glass Ceiling Commission and to further understand the continuing impact of the glass ceiling on women's advancement to the top (Dingell 2002).

<sup>7</sup> The Families and Work Institute, Catalyst and The Boston College Center for Work and Family conducted a study of women and men executives at multi-national companies. "*Leaders in a Global Economy: A Study of Executive Women and Men*" found that "women at reporting levels closer to the CEO are more likely to have children and less likely to have decided not to have children than women executives at lower levels, when differences in age are controlled statistically. Moreover, these higher-ranking women are no more likely to have delayed or decided against committed relationships than women in lower status executive jobs." Specifically, 18 percent of women versus 9 percent of men have delayed marriage or a commitment to a partner and 3 percent of women versus 1 percent of men have decided not to marry. Currently, 94 percent of men are married or in couple relationships compared with 79 percent of the women. Executive men and women have lives at home that are very different from one another: 74 percent of women surveyed have a spouse/partner who is employed full-time while 75 percent of men surveyed have a spouse/partner who is not employed. 35 percent of women versus 12 percent of men have delayed having children and 12 percent of women versus 1 percent of men have decided not to have children. Currently, 90 percent of men executives have children compared with 65 percent of women executives.

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indicate that not only do women managers earn about 9 percent less than male managers, but pay of both men and women managers also is related to the gender and age of those they work with. With regards to gender, the study finds that managerial pay is lower when the manager's referent group (subordinates, peers or supervisors) is largely female, when subordinates are outside the prime age group, and when peers and supervisors are younger. Specific findings regarding gender and pay indicate that: (1) Managerial pay becomes substantially lower as the percentage of females that the manager supervises increases. For example, on average, a male or female manager whose subordinate group is comprised of 80 percent female receives about \$7,000 less in pay than a manager whose subordinate group is 80 percent male does. (2) Managerial pay remains relatively constant when the percentage of females that the manager supervises is less than 50 percent. However, once females become the majority in the workgroup, both male and female managers pay decreases sharply as the percentage of female subordinates in the workgroup increases. For example, a manager who supervises a group comprised of all women receives approximately \$9,000 less than one who supervises a group comprised of 50 percent women. (3) On average, managerial pay decreases by about \$500 for each 10 percent increase in the percentage of that person's female peers. And, (4) on average, a manager whose supervisor is female receives approximately \$2,000 less pay than one whose supervisor is male (HR News, 2003).

### **Conclusion**

In theory, women-dominated-industries should have improved pay equity, lesser gender discrimination and contain a relatively higher number of executive women than men dominated

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industries (Pollard, 2005). Women are more likely<sup>8</sup> to be employed in the service industries and in finance, real estate, wholesale, and retail trade (Dingell, 2002). However, women managers continue to lag behind their male counterparts, with full-time women managers earning less than their male counterparts and the earnings gap actually widened between 1995 and 2000. Across industries<sup>9,10</sup>, and particularly in industries employing the majority of U.S. women workers and the majority of U.S. women managers, women experience economic segregation and women managers are behind their male counterparts in advancement and pay (Dingell, 2002). Thus we conclude that compensation (salary and benefits) will be greater for men than for women. Additionally, women in women-dominated-industries and workplaces will experience a compensation “blue-line,” compensation inequity that appears to be coupled with gender. The preceding text suggests the following conjecture:

*Hypothesis 1: Compensation for Registered Dietitians will experience gender differential, men will have higher salaries than women.*

Additionally, sex segregation by practice group may account for the differential in the gender gap in wages. Practice groups are masculine- and feminine-typed and thus may suffer from gender effects on compensation and other career outcomes. Men who work in masculine practice areas (jobs) will have higher salaries and benefits than women who work in the same practice groups. Further, theories of tokenism state that being a minority evokes stereotypes and thus threatens outcomes for token minorities (Kanter,1977). Extending that theory, we examine the effect of minority status on the presence of positive and negative stereotypes as expressed

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<sup>8</sup> Nearly 75% of employed women work in service industries, and in finance, real estate, wholesale and retail trade. (See Federal Glass Ceiling Commission research).

<sup>9</sup> Kirchmeyer analyses data across industries and occupations, concluding that there are gender differences in managerial careers.

<sup>10</sup> Blau and Kahn present economic analyses showing decline in the wage gap and evidence that the high wage ratios for younger women declines with age. Therefore, as women move to the executive suite they experience a wider wage gap.

through compensation. Positive stereotypes are normally enjoyed by men and negative stereotypes are ascribed to women. Therefore, we would expect the mis-match of men as tokens in women-dominated professions to result in more positive career progress outcomes for men. Mis-matching men with feminine contexts will result in particularly favorable outcomes. Matching women with feminine contexts may result in particularly unfavorable outcomes. Therefore, we submit the final three hypotheses:

*Hypothesis 2: RD gender affects practice group membership and outcomes. Women will receive higher salaries in feminine-typed groups, whereas men will receive better outcomes in masculine-typed groups.*

*Hypothesis 3: Women will have fewer benefits when compared to men.*

*Hypothesis 4: Women in male preferred practice groups will have fewer benefits.*

Gender and salary effects have been widely tested albeit sometimes on available populations of graduate students. The wage gap has even been blamed on feminine preferences for collaboration, suggesting that women do not ask/negotiate their salaries while men do so (Babcock and Laschever, 2003). A typical woman's response is to say, "I didn't ask for more money because there are less direct forms of financial compensation that are just as important as salary." However, there is a dearth in the gender and compensation literature for studies that focus on the components of compensation. Therefore this study makes a unique contribution to the literature; it allows for examination of the components of total compensation within a healthcare profession.

## **Methods**

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Compensation was measured by total cash for RDs employed full-time for at least one year. Benefits were selected from a list of benefits including a category “other” for unlisted benefits. Respondents selected gender from male and female options. By examining the data by gender, non-respondents were controlled for. The survey was conducted across a probability sample drawn from the population of all domestic active ADA<sup>11</sup> members (N=55,084) plus all domestic non-members (N=18,654) maintaining current registration as a Registered Dietitian (RD) or Dietetic Technician, Registered (DTR) (American Dietetic Association, 2003b).

### **Analysis**

Respondents provided information on their career progression and outcomes, including compensation (total cash and benefits), responsibility level, and size of budget. RD compensation was calculated as total cash compensation (including salary plus earnings from overtime pay, on-call pay, commissions, bonuses, incentive pay, profit sharing or distributions, and cash retirement benefits received) for full-time employees with at least one year in the position. Full-time employees are those working at least 35 hours per week for at least 48 hours per year. Other variables included sex (0=male, 1=female) and practice group. Practice group was obtained by asking respondents to select from a list of ADA practice groups and position descriptions (American Dietetic Association, 2003a).

The data was analyzed using the Statistical Program for the Social Sciences (SPSS) to examine frequencies, proportions and relationships. Hypotheses were tested using the Chi-Square and the *t*-Test.

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<sup>11</sup> The American Dietetic Association is a professional healthcare association of Registered Dietitians (RDs), non-registered Dietitians, and Dietetic Technicians, Registered (DTR).

## Results

A total of 13,694 usable responses were received, for a 46% response rate. This study is the most “exhaustive investigation to date of compensation in the dietetics profession” (American Dietetic Association, 2003a). Deletion of missing data further reduced the sample sizes for the hypothesis-testing analyses. Samples sizes are presented for each hypothesis tested. Analyses were on 9,220 practicing RDs. Ninety-seven percent of practitioners are female, the median age is 43, and 8% indicated a race other than white. Sixty-eight percent of RDs work full-time. Median total cash compensation for RDs employed in the position for at least 1 year was \$45,800. Similarly, the survey had an item for respondents to indicate the benefits they receive.

Virtually all RDs hold at least a bachelor’s degree, with 45% holding master’s degrees and 3% doctoral degrees. RDs report a median of 15 years of work experience in dietetics/nutrition (excluding time taken off to return to school, raise a family, or work in other areas). The most common employment settings for RDs are hospital (33%); extended care facility, 10%; clinic or ambulatory care facility, 10%; community or public health program, 9%; and private practice/consultation, 11%. RDs practice in the following areas: clinical nutrition, 54%; community, 11%; food and nutrition management, 13%; consultation and business, 11%; and education and research, 6%.

*Hypothesis 1: Compensation for Registered Dietitians will experience gender differential, men will have higher salaries than women.*

**Table 1**  
**Association\* Between Gender and Total Cash Received in 2001**

Gender	N	Total Cash Compensation		
		Mean	SD	SEM
Female	7,816	42,292	20,443	231
Male	255	52,963	22,213	1,391

\*p<.0001

There is a significant relationship between the salaries of Registered Dietitians (RDs) and gender (t=-8.18, p<.0001). Men, on average, earn \$10,000.00 or 24% more than women (Table1).

*Hypothesis 2: RD gender affects practice group membership and outcomes. Women will receive higher salaries in feminine-typed groups, whereas men will receive better outcomes in masculine-typed groups.*

There is a statistically significant relationship between gender and practice group preference (p<.001). The top two practice groups for females and males are Clinical Nutrition and Food and Nutrition Management (Table 2). The most preferred practice area for both men and women is Clinical Nutrition. Fifty-six percent of females and 40 percent of males are clinical nutrition practitioners. The next highest field of practice is Food and Nutrition Management, with females at 14%; and males at 28%.

**Table 2**  
**Relationship\*\* between Gender and Practice Area of Registered Dietitians**

Gender	Practice Areas									
	Clinical Nutrition		Community		Food and Nutrition Management		Education and Research		Consultation and Business	
	N	%	N	%	N	%	N	%	N	%
Female	4803	56.3	1016	12	1154	14	571	6.7	990	12
Male	109	40.1	34	12.5	76	28	21	7.7	32	12

$\chi^2(4, N=8,806) = 52.2, p < .001$

Across practice groups, female RDs are paid significantly less than male RDs (Table 3). The t-test examined equality of means. Females are paid less not only in Clinical Nutrition and Food & Nutrition Management practice groups but in the other groups where males are lesser-represented. Gender influences pay for Registered Dietitians.



**Table 3**  
**Comparison of Salaries by Gender and Practice Group**

Practice Group	Gender						p-value
	Female			Male			
	N	Mean	SD	N	Mean	SD	
Clinical Nutrition*	4,22	36,751.4	14,641.3	97	42,702.4	10,651.	$p < .001$
	3	3	6		5	11	
Community Nutrition	844	49,082.0	31,231.5	29	60,109.6	27,201.	.03
		8	4		6	17	
Food & Nutrition Mgmt*	1,05	57,152.1	18,985.1	72	60,747.6	25,373.	.06
	5	3	2		5	36	
Education & Research	500	46,931.8	26,513.7	19	61,453.0	32,255.	.01
		5	0		0	25	
Consultation & Business	882	39,703.7	15,554.3	28	49,665.7	12,225.	$p < .001$
		0	2		1	31	

\*Practice groups with highest representation of males.

*Hypothesis 3: Women will have fewer benefits when compared to men.*

*Hypothesis 4: Women in male preferred practice groups will have fewer benefits.*

Respondents receive a wide array of benefits, including: paid time off (83%), medical (81%), insurance (74%), retirement/investments (76%), professional development (61%), and other benefits (72%) to enhance the quality of work life (Rogers ,2003). Eighty-nine percent of respondents indicated that they receive one or more benefit. Registered Dietitians identified twenty-two benefits that they receive. Proportions of benefits differ ( $p < .01$ ) for males and females with regards to eleven benefits: paid holidays, medical insurance/group plan, prescription drug, dental insurance/group plan, vision insurance/group plan, life insurance, disability, defined contribution retirement, profit sharing, professional society dues, and college tuition assistance (Table 4). Males receive significantly more benefits than females, especially healthcare benefits.

**Table 4**  
**Frequency of Registered Dietitians by Gender and Type of Benefit**

Benefit	Gender				$\chi^2$	p-value
	Female N=8921		Male N=285			
	n	%	n	%		
paid holidays	6497	73	234	82	12.09	<.0001
Paid sick days	8921	100	285	100	-	n/a
Paid vacation/personal time off	8921	100	285	100	-	n/a
compensatory time/flex time	3175	36	104	36	.10	.75
telecommuting	665	7	27	9	1.62	.21
medical insurance/group plan	7078	79	261	92	25.58	<.0001
prescription drug	5993	67	221	78	13.53	<.0001
dental insurance/group plan	6407	72	237	83	17.68	<.0001
vision insurance/group plan	4742	53	179	63	10.34	<.001
life insurance	6118	69	224	79	12.93	<.0001
disability	5439	61	204	72	13.11	<.0001
on-site child care or allowance	1108	12	35	12	.01	1.00
extended/paid parental leave	2323	26	78	27	.25	.63
employee assistance/wellness program	3617	41	112	39	.18	.71
fitness benefits	2632	30	89	31	.40	.55
defined benefit retirement	3930	44	142	50	3.73	.06
defined contribution retirement	5664	63	204	72	7.82	<.01
profit sharing	689	8	41	14	16.79	<.0001
stock option/ESOP	8921	100	285	100	-	n/a
professional society dues	2032	23	101	35	24.87	<.0001
funding for professional development	5368	60	177	62	.43	.54
college tuition assistance	3645	41	141	49	8.47	<.01

We restricted our analyses to benefits that both males and females receive. Both men and women received paid sick days, paid vacation/paid time off, and stock option/ESOP benefits so no differences in proportions were observed. Furthermore, cell counts for certain benefits men receive were too small for chi-square analysis. Those benefits are telecommuting, medical insurance/group plan, and on-site child care or allowance, and profit sharing. For the Food and Nutrition Management and Consultation and Business practice groups proportionately more men receive benefits, compared to women (Table 5). Gender therefore influences receipt of benefits.

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**Table 5**  
**Frequency of RDs by Gender, Type of Benefit, and Practice Group**

Benefit:	Clinical Nutrition				Community				Food & Nutrition Management				Education and Research				Consultation and Business				$\chi^2$ (females)*	$\chi^2$ (males)	<i>p-value</i> (males)
	Female		Male		Female		Male		Female		Male		Female		Male		Female		Male				
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%			
Paid holidays	3,307	69	85	78	555	55	22	65	1,052	91	69	91	419	73	15	71	879	89	32	100	531.52	20.66	<.0001
Compensatory time/flex time	1,520	32	38	35	282	28	11	32	489	42	27	36	172	30	4	19	545	55	19	59	254.62	10.41	<.0001
Prescription drug	3,152	66	80	73	487	48	23	68	976	85	65	86	408	71	17	81	724	73	28	88	355.78	7.83	0.10
Dental	3,419	71	90	83	500	49	25	74	1,035	90	67	88	408	71	15	71	793	80	30	94	475.90	8.36	0.08
insurance/group plan																							
Vision	2,524	53	64	59	356	35	17	50	757	66	55	72	302	53	12	57	606	61	24	75	232.21	8.49	0.08
insurance/group plan																							
Life insurance	3,260	68	79	72	466	46	22	65	1,028	89	71	93	397	70	16	76	716	72	26	81	477.43	16.51	<.01
Disability	2,890	60	75	69	454	45	22	65	912	79	61	80	361	63	15	71	598	60	23	72	274.31	4.03	0.40
Extended/paid parental leave	1,257	26	28	26	185	18	8	24	395	34	20	26	129	23	7	33	264	27	13	41	76.10	3.56	0.47
Employee assistance/wellness program	1,909	40	40	37	259	25	13	38	643	56	32	42	241	42	11	52	418	42	12	38	208.58	2.10	0.72
Fitness benefits	1,545	32	37	34	195	19	11	32	397	34	23	30	216	38	7	33	182	18	6	19	158.72	2.79	0.59
Defined benefit retirement	1,884	39	51	47	292	29	14	41	666	58	40	53	298	52	13	62	609	62	18	56	367.43	3.41	0.49
Defined contribution retirement	3,124	65	80	73	491	48	23	68	872	76	58	76	350	61	10	48	601	61	24	75	183.13	7.40	0.12
Professional society dues	874	18	34	31	362	36	14	41	512	44	39	51	71	12	7	33	128	13	5	16	547.20	14.97	<.01
Funding for professional development	2,733	57	66	61	509	50	13	38	916	79	58	76	331	58	12	51	658	66	23	72	259.80	16.43	<.01
College tuition assistance	2,005	42	50	46	287	28	15	44	649	56	41	54	295	52	13	62	277	28	15	47	275.98	2.95	0.57

\*females (df=4, N=8,534) *p*<.001

males (df=4, N=272)

## **Discussion**

The theoretical framework of this research is based largely on the belief that social stratification leads to biases towards tokens and that these biases are evident in cash compensation and benefits received. A number of theories are presented to explain the barriers that women face and to make the case that those barriers result in a salary “blue line” for women. Statistics are presented, consistent with human capital theory, to explain wage differentials between men and women. Yet the literature review shows that education and on-the-job experiences do not adequately explain the wage gap. Possibly, institutions and ideology may provide better explanations and so we look at the literature on situation- and person-centered perspectives. Thus mentoring by powerful others may benefit women and attributions by men may result in beneficial performance evaluations that result in advancement. However, while individual studies that lack generalizability may suggest this view, the literature does not support this perspective.

The theoretical foundation for this study therefore brings together theories that seek to explain the experience of women in what has been historically viewed as a man’s world. These theories range from those that identify gendered barriers, to human capital theories that seek to explain the sources of barriers; from structural theories, to theories of social stratification, to gender stratification and tokenism; from career theories to mentoring theories, to theories of interpersonal attraction and similarity, to role modeling and role identification.

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The extant findings suggest that Registered Dietitians are stratified into practice groups by gender, and men earn significantly more than women and also receive more benefits than women. While all practice groups experience a greater number of females than males, men tend to cluster into two practice groups; yet regardless of which practice group men belong to their salaries are significantly higher than that of women in the same practice group. Additionally, men as tokens appear to be rewarded in higher pay. With regards to benefits, there are also significant differences in the benefits received by men compared to those received by women. Men receive more benefits than women.

The study makes a significant contribution to the literature because it relates gender and practice group membership to salary and benefits of RDs. Yet, several limitations of our study also provide excellent opportunities for future research. First, career outcomes include more than compensation. Future studies could include responsibility level and size of budget managed. Second, variables that mediate the relationship of gender and practice group membership to career outcomes may shed additional light on the pay gap. These could include time (PT/FT), experience, years in position, number supervised, organization size, education, and geographic location. Finally, the uniqueness of our data set limits our ability to address how the relationships evolve over time. Since our study is based on the first large-scale compensation survey of Registered Dietitians, we could not examine how the compensation of this group of healthcare professionals changed over time. Neither could we compare to other gendered and non-gendered healthcare professions. A reasonable next step is to conduct multi-year studies and to expand the data set to include, for example, Registered Nurses.

### **Conclusion**

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In this article we examine two questions that are not answered in the research literature but are at the heart of the pay gap: What are the gendered effects of the pay gap for healthcare practitioners who are Registered Dietitians? And, is there a gendered effect on salary and benefits within RD practice groups? We know that a glass ceiling exists for women in management and it is being studied and remedied from varying perspectives. Registered Dietitians experience career outcomes that suggest the presence of a compensation “blue line” within that gendered profession. Compensation of RDs has a gender differential effect, women across practice groups earn less than their male counterparts and also receive fewer benefits than men. Much of what managers receive as outcomes of their work (compensation, number of reports, future assignments, perquisites, etc.) is negotiable. Negotiation is likely only if the manager is aware that negotiation is possible and has information about feasible limits. This need for a vast amount of knowledge suggests that managers who desire to be upwardly mobile and desire for higher compensation require powerful networks to provide facts and to champion their cause. In addition to the need for particular types of mentoring, women could benefit from being mentored by both men and women, with the preference being for women if advancement is desired.

Much of the research on women in management is limited in that data cannot be compared across studies. Pay should not be assumed to be comparable across organizations. The more useful studies will be within organizations, industries or professional organizations where data can be examined for men and women after controlling for various relevant factors. Then we can move to helpful meta analyses that define comparable factors, such as pay ranges, pay, benefits and other outcomes within organizations, industries, and professions. Maybe with this level of intentional research design data can be more useful to inform policy. Finally, both

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grassroots and governmental agencies should continue to monitor the glass ceiling and wage gap both to spur action to remove it and to acknowledge those organizations that are actively unbiased and who embrace the abilities of *both* men and women.

Appropriate research is necessary to monitor and to understand both the glass ceiling and the wage gap. Yet, the best expression of inclusion is the removal of structural and pipeline barriers. At the firm level, leaders should demonstrate commitment to inclusion through specific actions. They should adopt high performance workplace practices. Leaders should build and communicate the business case for diversity. Accountability structures and measures to advance a diverse workforce should be developed and diversity should be included in all strategic plans. Line managers should be held accountable for progress, and the corporate ranks should be educated to encourage merit-based practice and behavior. Minorities and women should be prepared for high visibility, high-impact and senior positions through the expansion of access to core areas of the business and through formal mentoring programs that provide career guidance and support. Work/life and family-friendly policies should be initiated. And finally, selection, promotion and retention practices of qualified individuals should be through objective and unbiased workplace practices (See Bryan, 1998; Federal Glass Ceiling Commission, 1995a & b; Catalyst, March & August 2003).

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