

Expert Opinion

Women in Healthcare Leadership- Maintaining Work-life Balance

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Introduction

Women leaders are marginalized in higher healthcare leadership positions. Despite being higher percentage in medical colleges, only few females join healthcare force and even fewer reach top leadership positions. The main reason for this fallout is fixed gender roles in society which mandates female to take care of household.^{1,2} Women continue aspiring leadership positions in all spheres of governance both in public and private healthcare settings; however, they face many challenges in taking leadership positions. Social and cultural barriers hinder women from attaining leadership positions. From the lessons learnt from women leaders, young women entering and excelling in careers and attaining leadership positions should be appropriately educated. Main factors identified by research studies are gender biased society and not maintaining work-life balance. The rigid mindset in male dominated culture denies women the opportunities to attain top management positions in healthcare settings. In response to these opposing factors women either leave healthcare force or opt for part-time opportunities.^{3,4} The objective of this article is to suggest strategies for advancing women leaders in clinical and educational healthcare settings. Women leader may exclude themselves from being a leader as cost of leadership outweighs its benefits.

They are usually underestimated and not supported by peers. There is requirement for institutional committee which promotes equity as organizational value. Well-being programs should be organized at institutional level to promote strategies for work and personal life integration paired with accountability. Young women should be provided with career counseling to find the role that matches their values. Flexible working hours should be provided to excelling women leaders to balance work and personal commitments. There should be a mechanism of continuous feedback from female healthcare workforce regarding challenges they face at work to align resources accordingly. Research into gender and leadership has focused on the inequalities that women encounter while climbing success ladder in healthcare profession, with particular emphasis on role played by glass ceiling. Glass ceiling refers to invisible barriers women healthcare leaders face during excelling in career. However an additional hurdle has been identified by research that is glass cliff. Glass cliff refers to phenomenon that women leaders are appointed to positions associated with increased risk of failure. Glass cliff appointment are based on beliefs and justified by the fact that women leaders have better leadership competencies. Glass cliff phenomenon is another invisible barrier faced by female healthcare leaders when they are promoted to highest levels in healthcare organizations already troubled area. Glass cliff describes an idea that when healthcare organization is in trouble they appoint female leaders. Women leader scores higher than men in most leadership competencies. Literature



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review reports that women leaders perform better in taking initiatives, learning agility, building relationship, motivating others, displaying integrity and developing strategic prosperities.⁵ Employees reporting to women have been shown to have higher levels of engagement. Research shows that women healthcare leaders perform better in crisis situation. Research shows difference in leadership styles of male and female leaders. Male healthcare leaders are shown to be more task-oriented with transactional leadership approach while female leaders are seen to be relationship oriented and usually follow transformational leadership approach. Literature suggests combination of both strategies for effective leadership.⁶

To enforce women empowerment, in healthcare management and education we need to implement justice, diversity, equity, inclusion and accountability. There should be culture of justice that includes recruitment and support of diverse individuals; training of all female healthcare personals; review of system; inclusion of continuous feedback from female healthcare force to identify areas of improvement. This will provide future direction for strategies to impose an impact on progress of female healthcare leaders. Although women in healthcare have exceptional challenges and barriers but they also have exclusive ideas and prospective to guide upcoming women leaders in healthcare settings.

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