Letter to Editor

Women as Leaders in Healthcare; the Way Forward

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Introduction

Women comprise almost 70% of health and social care workers globally and nearly 90% of the nursing and midwifery workforce. Yet, it is estimated that they hold only around 25% of leadership roles in health. Few women are promoted in academia, achieve research grants, and take up senior leadership posts. One of the reported reasons for this discrepancy are flawed and gender inequitable policies which render women at a disadvantage. In Pakistan, male counter-parts occupy more than 80% of all leadership posts in health sector except in the academic basic sciences.[1]

Although women have always wanted to partake in high-ranking positions in healthcare sector based on their merit, multiple obstacles have prevented them from these opportunities as compared to their male counter-parts. Obstacles hindering women from advancing the career ladder have been likened to a 'glass ceiling'. These barriers include absence of gender equitable governmental action, institutional hindrances, and orthodox assumptions of society regarding the female sex and female seniors sabotaging other women. Another factor acting as a handicap to women seeking leadership positions is the "motherhood penalty" which includes career breaks on account of pregnancy and work being affected by physical and emotional load due to domestic responsibilities.

A study highlighted that female healthcare professionals are of the view that their superiors doubt their sincerity and dedication towards work. They also maintained that their male counterparts are insecure of them and use different tactics to bring them down.[1] In a survey to learn about barriers faced by women while trying for elected leadership posts, women report that their inexperience, lack of proper mentorship, and difficulty to balance work-family life held them down. Interestingly, feelings of incompetency and inadequacy also held back female doctors from pursuing senior positions.[2] This internal feeling of being a fraud and not deserving of one's successes has been labelled as 'imposter syndrome' and is highly prevalent in female health professionals.

Countless steps have been proposed by researchers and many of them are being implemented in most of the healthcare organizations. It is expected of the government, institutional management, and administration to ensure discourse regarding gender equity strategies and policies. The need for implementation of stricter sexual harassment policies has been highlighted. Similarly, implementation of straightforward policies targeting discrimination against women have been recommended. Suggestions have been made to arrange workshops with the target of training all faculty in eliminating gender stereotyping.[1] It is expected of healthcare organizations to implement a good maternity policy. At the moment, most healthcare organizations provide maximum 90 days of paid maternity leave. All healthcare institutions have been recommended to introduce in

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house childcare setups to facilitate female health professionals. Peer support programs are recommended to be promoted both outside and inside the workplace to counsel and advise for career progression. Formal mentorship programs are advised to be planned and introduced for all healthcare facility with the purpose of training women by skill development workshops, increasing their intrinsic motivation, providing guidance on how to handle different aspects of workplace, how to overcome gender bias and identification of potential leaders. Women mentors recognize the importance of training women aiming to climb up the career ladder by charging them with leadership roles to navigate the workplace and provide advice on how to overcome and challenge gender bias and discrimination.[1]

However, some female leaders generally are of the view that their success is because of their own hard work and abilities. They normally reject the notion of equal opportunity policies for women due to the reason that such policies emphasize gender stereotype indicating women need assistance from the state to reach and maintain leadership positions. This mentality leads to the "queen bee behavior" with women in top positions being overly critical of their own gender and patronizing women for being less ambitious than the opposite gender. They tend to isolate themselves from other females to be able to survive and compete with both their male and female counterparts. Female leaders in the pursuit of proving themselves to be worthy of their leadership positions have to often do away with displays of compassion. This usually renders the female leaders unapproachable.

Females are often at risk of enduring work family conflict,[3] so female leaders may also experience it for most of their career. Work family conflict has been shown to negatively affect emotional intelligence, self-efficacy and mental health, as well as causing burnout in health professionals.[3] Burnout in health professionals has been proven to negatively affect leadership quality,[4] while self-efficacy, resilience and emotional intelligence[5] have a profound effect on becoming a competent and efficient leader. It would be interesting to investigate emotional intelligence, resilience and self-efficacy, all qualities of an effective leader, in female health professional leaders in comparison to their male counterparts.

Females in healthcare governance posts are responsive to the concerns of society especially that of women, children, and other minorities. As a result, women leaders are conveniently stereotyped as caring, emotional, empathetic, and nurturing. This just goes to show that female leadership has only ever been studied in relation to masculine ideals and leadership style. Women in positions of leadership are known to provide a distinctive viewpoint, invaluable expertise, and original ideas for innovation. It is proposed that further studies need to be conducted to determine different leadership styles adopted by female health professional leaders, in both academia and hospital setting, and how these leadership styles influence employee productivity and morale.

While policies facilitating women to progress in their careers should be revisited and implemented, the need of the hour is to focus on capacity building of female health professionals to make them better leaders. Leadership training programs with special emphasis on trainings to improve resilience, emotional intelligence and self-efficacy should be regularly organized for not only female but all health professionals. These measures will not only assist females in climbing the career ladder but will also facilitate those at senior leadership posts to thrive in their position.

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