

HUMAN RESOURCES

Women where they want to be

While females are increasingly seeking leadership positions in healthcare, many organisational barriers persist, say Fiona Pathiraja and Marie-Claire Wilson

While women are entering traditionally male-dominated professions in record numbers, they remain under-represented at the highest leadership levels. The HSJ100 most influential people in healthcare, published last month, includes just 19 women, with only one featuring in the top 10.

What are the potential causes of this inequality and how can it be addressed?

While it is unfair that women are less likely to be in positions of power, does this really matter to organisational success? Research suggests it does.

Organisations are facing a global war for talent; sourcing outstanding employees, particularly at executive level, is increasingly difficult and companies with higher numbers of women at senior levels tend to have better organisational and financial performance.

Organisations that fail to develop female leaders may be missing out on executive talent and hindering their financial performance.

Entry-level roles are filled equally by women and men, but there are far fewer women on the higher rungs of the career ladder. What is stopping women from reaching the highest echelons of the NHS?

Great improvements in gender equality in the workplace have been made in the past half century but gender diversity programmes are still not organisational priorities. Women's careers may be held back by a myriad of "micro inequalities", rather than by overt discrimination, which is now relatively rare.

Female leaders can find themselves alone at the top, and

may feel uncomfortable in their role as a result of nuances of the work and wider culture. Not having female role models to learn from, a female leader may consider herself an outsider and suffer from "impostor syndrome", adopting stereotyped behaviour patterns in order to cope – even if her male colleagues are largely supportive. She is then more likely to pass on these behaviours to junior women in her organisation.

Sponsors' dilemma

The NHS provides executive staff with many professional development opportunities, including mentoring, action learning sets and coaching. However, targeted sponsorship programmes are lacking.

A study published in the *Harvard Business Review* demonstrated that while women are more likely to be mentored than their male counterparts, they are less likely to get promotions. This was attributed to the mentors of males acting more as sponsors – using their influence within the organisation to actively endorse their protégés' careers.

When comparing healthcare with other industries, where high potential women are matched to sponsors (Unilever), or where sponsors are held accountable for their protégés' career progression (IBM Europe), potential female leaders in healthcare may be at a particular disadvantage.

Work-life balance requirements of female employees must also be taken into account. In *The Sexual*



'Female leaders can find themselves alone at the top and feel uncomfortable in their role'

Paradox, Susan Pinker suggests that women have broader definitions of success and may be simply less likely than men to wish to dedicate all waking hours to their careers, opting out of high-level posts.

There is much organisations can do to improve female leadership in healthcare.

Organisational initiatives should include practical aspects as a minimum – flexible work

initiatives, childcare provision and HR staff who recognise the business benefits of gender diversity.

Recruiting and retaining high calibre females should be tackled at every level of an organisation.

Mentoring and sponsoring programmes should be reviewed and strategies should be put in place to identify and support high-flying women.

High potential females should be encouraged to learn from female role models, as well as from senior male colleagues.

Deep cultural biases may need to be addressed. Not all women should lead, but those with the potential should progress within organisations that value fairness and meritocracy.

There is a deficit of female leaders in healthcare. Redressing the balance is critical for organisational success – the current system, while much improved on the models of the past, means that talented women do not always achieve their potential in the NHS, and that organisations miss out on excellent leaders.

Not everyone, whether male or female, wants to, or is able to, lead. However, through prioritising gender diversity, organisations may be able to retain the potential female leaders who are opting out – a win-win outcome.

If these ideas are put into practice, the HSJ100 may look rather different five years from now. ●

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