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FEMALE LEADERSHIP IN HEALTH CARE

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Women play an indisputably significant role in society. For this reason, society should encourage female leadership in various domains. Healthcare is one of such domains where leadership should be diversified to include female leaders. Although society experiences various issues relating to females being incorporated in health care leadership, there should be active freewill to embrace female administration as an agent of change in healthcare. Populations in society are heterogeneous, meaning that health care perspectives should include diversification. The literature review demonstrates gender inequality in the leadership aspect of health care, the less attention paid to address the inequality, and the factors contributing to the fewer female than male leaders in the field.

Gender Inequality in Leadership of Health Care

Various studies demonstrate that females are underrepresented in the administration of health care in society. Although females are from the majority population in the United States and the country's health care workforce, they are underrepresented in leadership, diminishing their role in policy decision-making and affecting populations and women's health.¹ This discovery acknowledges that females form the larger health care workforce than men. In particular, women form 70% of the healthcare workforce, occupy 25% of senior positions, and manage 5% of the top organizations.² This statistical data demonstrates the recognizable issue concerning the fewer women holding leadership positions relative to men. In such a case, men make most healthcare decisions that form the policies applicable in healthcare systems. The lack

1. Bismarck Odei, Crystal Seldon, Melanie Fernandez, Michael Rooney, Junu Bae, Jason Acheampong, and Awad Ahmed, "Representation of Women in the Leadership Structure of the US Health Care System." *Jama Network Open* 4, no. 11 (2021): 3, <https://doi.org/10.1001/jamanetworkopen.2021.36358>.

2. Amie Batson, Geeta R. Gupta, and Michele Barry, "More Women Must Lead in Global Health: A Focus on Strategies to Empower Women Leaders and Advance Gender Equality." *Annals of Global Health* 87, no. 1 (2021): 2, <http://doi.org/10.5334/aogh.3213>.

of equality in health care administration adversely affects women more than men. Moreover, the lack of opportunities to make decisions about health care makes it impossible to initiate transformative policies addressing women's issues. Consequently, women's health is adversely affected, although women's leadership can improve the current state if it is incorporated into the health care administration. Therefore, one component of the female leadership concerns the lack of equality in health care administrations characterized by diminished opportunities to influence changes in health administration, leading to poor health outcomes for women.

Nonetheless, the representation of females in the management and leadership of health care has positive impacts on the general population, including women. For instance, the studies show that gender diversity results in improved organizational performance.^{3,4} The previously discussed adverse impacts due to the lack of women representation resonate with what the studies showing the improved organizational performance reveals. In addition, female leaders offer insightful perspectives about various domains in the healthcare sector. Thus, considering that they have a significant contribution to the management of healthcare affairs, there is a need to embrace gender equality in healthcare leadership to realize the dreams of general healthcare administration in all societies.

Less Attention to Advance Women's Careers in Health Care Leadership

Numerous studies identify the underrepresentation of female leaders in the health care administration as a critical issue in society. Yet, while this fact is widely acknowledged, there is limited evidence of meaningful efforts of organizational strategies, policies, and practices aiming

3. Odei et al., 3.

4. Cortney Baker, "Women Leaders in Healthcare: Going Beyond the Glass Ceiling." *Pepperdine University*, (2015): 1, <https://digitalcommons.pepperdine.edu/etd/631>.

to advance women's careers in healthcare administration.⁵ The fact that women are underrepresented in health care leadership does not seem to change the day-to-day deliberations of gender inclusion in society. Essentially, organizations persist in discriminating against women in leadership roles in health care administration. In turn, most organizations do not consider gender inequalities in health care administration a problem deserving intervention, resulting in a reluctance to initiate and implement policies, strategies, and practices that can assure gender inclusion in the future. Therefore, the underrepresentation of women in health care is a known issue, although organizations do not acknowledge it as a problem deserving social interventions to address such gender disparities in health care leadership.

Factors Contributing to Women's Underrepresentation in Health Care Leadership

Women possess unique characteristics that increase the likelihood of not attaining optimum career progression in healthcare administration matters. These problems can be grouped into individual and societal. For example, the individual factor relates to the work and home responsibilities that women must balance.^{6,7} Women are more engaged in physical matters of the family than men. Due to these involvements, tensions arise between managing these affairs and meeting work-related requirements. Therefore, they focus less on personal and professional development to occupy higher leadership positions in health care administration.

5. Mariam Mousa, Jacqueline Boyle, Helen Skouteris, Alexandra K. Mullins, Graeme Currie, Kathleen Riach, and Helena J. Teede, "Advancing Women in Healthcare Leadership: A Systematic Review and Meta-Synthesis of Multi-Sector Evidence on Organisational Interventions." *EClinicalMedicine* 39 (2021): 1, <https://doi.org/10.1016/j.eclinm.2021.101084>.

6. Batson et al., 2.

7. Stavroula Kalaitzi, Katarzyna Czabanowska, Sally Fowler-Davis, and Helmut Brand, "Women Leadership Barriers in Healthcare, Academia, and Business." *Equality, Diversity, and Inclusion: An International Journal* 36, no. 5 (2017): 3, <https://doi.org/10.1108/EDI-03-2017-0058>.

Another factor concerns systemic societal gender bias. Most men unconsciously and consciously perceive women's professions based on the ideal concepts of female attributes.⁸ The attributes of female professional health care leaders are associated with characteristics, such as motherhood and wife, whereby men consider females to be submissive even outside family boundaries. This gender bias perspective resonates with findings of other studies demonstrating how it affects women. Notably, gender stereotypes shape people's perceptions about men and women, focusing on what people believe to be the behaviors of the two genders.⁹ People perceive females differently from males, implying that both genders should behave differently. Consequently, people develop two categories of prejudice that affect women in the workplace. For instance, the two forms of prejudice include prescriptive and descriptive prejudices.¹⁰ The descriptive prejudice classifies the female gender according to particular characteristics. In such a case, women are forced to conform to society's constructs about how they should be. The prescriptive prejudice relates to the social constructs of what is considered a female behavior. Despite a woman having utilizable leadership qualities in health care, she might be forced to diverge her interests and leave such roles for men. Hence, both individual and societal factors contribute to the discouragement of women from assuming leadership responsibilities in health care.

8. Batson et al., 2.

9. Sophie Soklaridis, Ayelet Kuper, Cynthia R. Whitehead, Genevieve Ferguson, Valerie H. Taylor, and Catherine Zahn, "Gender Bias in Hospital Leadership: A Qualitative Study on the Experiences of Women CEOs." *Journal of Health Organization and Management* 31, no. 2, (2017): 254, <https://doi.org/10.1108/JHOM-12-2016-0243>.

10. Soklaridis et al., 254.

In conclusion, female leadership in healthcare shows that gender inequalities persist in the healthcare sector, while society has not employed enough efforts and strategies to eliminate the disparities. Female leaders significantly influence the success of the healthcare sector, although less attention is paid to the persistent disparities. Consequently, women lack opportunities to develop health care policies to help other women, leading to poor clinical outcomes.

Furthermore, the literature review highlights factors, like gender bias and individual perceptions, as causes of the underrepresentation of female leadership in a politically and socially male-dominated society. However, because female leadership in health care has proven to result in positive outcomes for organizations, society needs to initiate discussions and find ways to address such gender inequalities to encourage more female leaders in health care administration.

Bibliography

- Baker, Cortney. "Women Leaders in Healthcare: Going Beyond the Glass Ceiling." *Pepperdine University*, (2015): 1-128. <https://digitalcommons.pepperdine.edu/etd/631>.
- Batson, Amie, Geeta R. Gupta, and Michele Barry. "More Women Must Lead in Global Health: A Focus on Strategies to Empower Women Leaders and Advance Gender Equality." *Annals of Global Health* 87, no. 1 (2021): 1-4. <http://doi.org/10.5334/aogh.3213>.
- Kalaitzi, Stavroula, Katarzyna Czabanowska, Sally Fowler-Davis, and Helmut Brand. "Women Leadership Barriers in Healthcare, Academia, and Business." *Equality, Diversity, and Inclusion: An International Journal* 36, no. 5 (2017): 1-25. <https://doi.org/10.1108/EDI-03-2017-0058>.
- Mousa, Mariam, Jacqueline Boyle, Helen Skouteris, Alexandra K. Mullins, Graeme Currie, Kathleen Riach, and Helena J. Teede. "Advancing Women in Healthcare Leadership: A Systematic Review and Meta-Synthesis of Multi-Sector Evidence on Organisational Interventions." *EClinicalMedicine* 39 (2021): 1-11. <https://doi.org/10.1016/j.eclinm.2021.101084>.
- Odei, Bismarck, Crystal Seldon, Melanie Fernandez, Michael Rooney, Junu Bae, Jason Acheampong, and Awad Ahmed. "Representation of Women in the Leadership Structure of the US Health Care System." *Jama Network Open* 4, no. 11 (2021): 1-4. <https://doi.org/10.1001/jamanetworkopen.2021.36358>.
- Soklaridis, Sophie, Ayelet Kuper, Cynthia R. Whitehead, Genevieve Ferguson, Valerie H. Taylor, and Catherine Zahn. "Gender Bias in Hospital Leadership: A Qualitative Study on the Experiences of Women CEOs." *Journal of Health Organization and Management* 31, no. 2, (2017): 253-268. <https://doi.org/10.1108/JHOM-12-2016-0243>.