

A Pathway for Gender Equity in Healthcare: Solutions for Health Leaders

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- None of the authors in this presentation have any conflicts of interest.



Background

- The leader's actions during a crisis, such as COVID-19, serve to guide and support others' actions during unpredictable health service demands
- Leadership and relationships are critical to promoting organizational resilience in a crisis ^{1,2,3,4}
- Healthcare transformations and the compounding stress of the COVID-19 crisis, makes organizational resilience an urgent research priority
- An organization's ability to react to and recover from a disturbance with minimal effects on its stability and function^{5,6}

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Background

- A commitment to gender equity in healthcare leadership begins with senior leadership
- Considerable work-related stress amongst leaders and the healthcare workforce - one that can positively support a diverse workforce and positively influence organizational performance ^{2,3,7,8}
- Disproportionate burden on women, who make up the majority of health leaders and nurses
- Gender roles, relations, norms, and expectations shape the progression of equitable processes by health leaders at multiple levels

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Purpose

As part of a larger study on crisis leadership and organizational resilience during COVID-19, we explored **how health leaders fostered organizational resilience** and how that may be shaped by **attention to gender equity and gender relations, norms, and expectations to inform action.**

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Methods

- The **qualitative exploratory research design** consisted of **criterion sampling** of 14 senior health leaders and 10 frontline managers, across three health regions in Manitoba, Canada. Participants completed socio-demographic questionnaires and individual semi-structured interviews.
- **Braun and Clarke's** six-phased approach to **thematic analysis**^{9,10} to explore how senior health leaders and frontline managers fostered organizational resilience and how that may be shaped by gender relations, norms, and expectation in fostering gender equity.

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Results: Demographics – Senior Leaders

	Number (n)	Percentage (%)		Number (n)	Percentage (%)
Age	(n=14)		# of individuals supervised	(n=14)	
21-30 years	0	0.00	< 50	12	85.71
31-40 years	2	14.29	51-100	0	0.00
41-50 years	6	42.89	101-150	0	0.00
51-60 years	4	28.57	> 150	2	14.29
61-70 years	2	14.29	Years of experience in senior leader role	(n=14)	
Gender	(n=14)		< 5 years	2	14.29
Female	10	71.43	5-9 years	2	14.29
Male	4	28.57	10-14 years	5	35.71
Education	(n=14)		15-19 years	5	35.71
Diploma	9	64.29			
Degree	13	92.86			
Graduate Education	11	78.57			
Certificate	8	57.14			

*Other past management/leadership roles included CNO, Director, Manager/Supervisor, Chief Admin/Op. Official, and others.

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Results: Demographics – Frontline Managers

	Number (n)	Percentage (%)		Number (n)	Percentage (%)
Age	(n=10)		Years of Experience in Frontline Manager role*	(n=10)	
21-30 years	0	0.0	<5 years	6	60.00
31-40 years	1	11.00	5-9 years	1	11.00
41-50 years	3	33.00	10-14 years	2	22.00
51-60 years	5	56.00	15-19 years	1	11.00
Gender	(n=10)		# of individuals supervised	(n=10)	
Female	10	100.00	<50	3	33.00
Male	0	0.00	51-100	6	60.00
Education	(n=10)		100-150	0	0
Degree in Nursing and other disciplines	8	80.00	> 150	0	0
Only Nursing Degree	2	20.00			

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Results

1. Accepting labour without questioning

Taking on increasingly unrealistic demands and pressures of the pandemic in which they were unprepared , and completing their workday and a "second shift"

2. Shifting power through relationship building

Prioritized communication to problem solve and were highly attentive to the emotional and mental health of their employees

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Results

3. Compounding stress at work and home

Majority experienced gendered pressures and expectations though family burdens and emotional labour at home and at work in the midst of this crisis

4. Shifting expectations of what resilience means

Accepting situations of uncertainty in work, using empathy and thinking outside the box and proposing new ways of doing things rather than returning to the old system

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Discussion

- Gender disparity in healthcare leadership is pronounced (women represent 70% of health workers, 26% hold leader roles), in our study women held the majority of leader roles
- 91% of regulated nurses in Canada are female¹¹ (2023)
- More female representation in lower management position - “leaky pipeline”¹²

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Discussion

- Overall, women in senior leader roles are well represented in Manitoba
- Some causes of women’s lack of representation can be linked to gender inequality of opportunities, or lack of mentors, participation in networks, important for professional career development¹²
- Family time and lack of encouragement can be greatest obstacles

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Implications

- Different expectations and opportunities for women often reinforced by family roles and cultural practices that affect gender norms and relations
- Foster capacity in building equity and justice for women employed in the healthcare system that can include:
 - Equal opportunity recruitment, anti-discriminatory practices, monitoring of gender equality, mentorship, support for parents and carers, flexible and PT work, networks, unconscious bias and diversity training for staff

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Conclusion

- Attending to gender differences can create workplace cultures that ease family demands for women that can improve organizational performance to drive quality patient outcomes

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References

1. Gavin B, Hayden J, Adamis D, McNicholas F. Caring for the psychological wellbeing of healthcare professionals in the Covid-19 pandemic crisis. *Irish Medical Journal*. 2020;113(4):51-51.
2. Williams TA, Gruber DA, Sutcliffe KM, Shepherd DA, Zhao EY. Organizational response to adversity: Fusing crisis management and resilience research streams. *Academy of Management Annals*. 2017;11(2):733-769. <https://doi.org/10.5465/annals.2015.0134>
3. Wooten LP, James EH. Linking crisis management and leadership competencies: The role of human resource development. *Advances in Developing Human Resources*. 2008;10(3): 352-379. <https://doi.org/10.1177/1523422308316450>
4. Maunder RG, Leszcz M, Savage D, Adam MA, Peladeau N, Romano D, Rose D, Schulman RB. Applying the lessons of SARS to pandemic influenza. *Canadian Journal of Public Health*. 2008;99(6):486-488. <https://doi.org/10.1007/BF03403782>

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References

5. Linnenluecke, M. K., Griffiths, A. & Winn, M. (2012). Extreme Weather Events and the Critical Importance of Anticipatory Adaptation and Organizational Resilience in Responding to Impacts. *Business Strategy and the Environment*, 21(1), 17-32. <https://doi.org/10.1002/bse.708>
6. Meyer, A. D. (1982). Adapting to environmental jolts. *Administrative Science Quarterly*, 27(4), 515-537.
7. Teo W, Lee M, Lim W. The relational activation of resilience model: How leadership activates resilience in an organizational crisis. *Journal of Contingencies and Crisis Management*. 2017; 25(3):136-147. <https://doi.org/10.1111/1468-5973.12179>
8. Wong C, Cummings G, Ducharme L. The relationship between nursing leadership and patient outcomes: a systematic review update. *Journal of Nursing Management*. 2013;1:709-724. <https://doi:10.1111/jonm.12116>

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References

9. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2008;3(2):77-101.
10. Braun V, Clarke V, Hayfield N, Terry G. Thematic Analysis. In: Liamputtong P, ed. *Handbook of Research Methods in Health Social Sciences*. Singapore: Springer; 2019.
11. Canadian Nursing Association (2021). Nursing Statistics. Retrieved from <https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-statistics>
12. Perez-Sánchez, S., Madueño, S. E., & Montaner, J. (2021). Gender gap in the leadership of health institutions: the influence of hospital-level factors. *Health Equity*, 5(1), 521-525.
13. Kuhlmann, E., Ovseiko, P.V., Kurmeyer, C. *et al*. Closing the gender leadership gap: a multi-centre cross-country comparison of women in management and leadership in academic health centres in the European Union. *Hum Resour Health* 15, 2 (2017). <https://doi.org/10.1186/s12960-016-0175-y>
14. Dhatt, R., Theobald, S., Buzuzi, S., Ros, B., Vong, S., Mureya, K., & Jackson, C. (2017). The role of women's leadership and gender equity in leadership and health system strengthening. *Global Health, Epidemiology and Genomics*, 3, e8.

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