

# Role Of Women Leadership Attributes In Hospital Management

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## **Abstract**

*People all across the globe are affected by developments in the health care sector. Improvements in patient care, treatment follow-up, and other key aspects have contributed to the industry's steady development throughout time. There has been progress for women in health care leadership, but there is still a long way to go before gender parity is achieved.*

*In the past, women faced significant barriers to advancement in the health care industry. Despite ongoing efforts to level the playing field, women continue to face significant barriers to advancement in the medical profession. This imbalance of power is fascinating to consider since women are often the ones making choices about their health and the health care their families get. Women are heavily involved in the healthcare system as patients, yet they are underrepresented at the top levels of the sector.*

**Keywords:** *healthcare industry, technological advancements, male-dominated, power dynamic, decision-makers, leadership roles.*

## **Introduction**

**Women in Health Care: An History Overview:** Women have historically been underrepresented in the medical field across the world. For instance, the Senate majority decided to form a health care working group at the time when the legislation known as the Affordable Care Act was being discussed in Washington. Many of the women who were working so hard to close the gender gap in the field were dismayed to see just 13 males in this group. Susan Collins, the Republican senator from Maine, has extensive experience in the healthcare industry, including five years as head of the Bureau of Insurance. The composition of the committee, however, just confirmed what many women had already suspected about the health care system.

Changes on a broader scale might result from a series of incremental improvements implemented by separate healthcare institutions. In 2019, there are 10 times as many women as there were in 2002 leading Fortune 500 corporations. The World Economic Forum says that. While this is still just 8% of all the Fortune 500 firms, it has the potential to expand as more and more women contribute their skills and ideas to health care businesses throughout the world.

**Far from Gender Parity unattained:** The health care business has lagged behind others in terms of increasing the number of women in executive roles. The percentage of women in executive positions in this sector has been low since at least 2015. In 2019, just 15.3% of health system CEOs were women, according to research published in JAMA Network Open. According to the same research, just 15.8% of CEOs in the health insurance industry are female.

Cultural prejudice persists against senior women in the health care sector. In 2019, according to data compiled by Becker's Hospital Review, barely eight percent of Fortune 500 firms had female CEOs. Only 6% of CEO positions at S&P 500 businesses were held by women, according to the same research. As a result of their underrepresentation, women are unfairly stigmatised as leaders.

**Benefits of Women Leaders in Health Care:** Executive women in the health care industry are fully aware of the perks and challenges of their profession. Women excel in a variety of leadership roles important to the healthcare sector.

**Exploring the Challenges in Health Care:** Women who aspire to leadership roles in the health care industry confront a variety of difficult obstacles. The "double bind" of how women are appraised for C-suite roles is one of the most intractable problems. Women face a double bind since their success in the workplace is measured not just by their accomplishments and technical skills, but also by how closely their public persona and work reflect the company's ideal of a female leader. Because of historical norms in health care, some of today's top executives have unconscious biases against women in executive roles. When it comes to what constitutes a successful leader, many of the standards are set by men. Women tend to be assigned support roles rather than strategic or operational ones when they reach upper management.

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Women who want to be in leadership roles in the health care industry need to make it happen. Investing in one's education is crucial since it opens doors to new experiences and networks. Women should develop a comprehensive plan to enhance their leadership potential, with a particular emphasis on:

- a) Bringing their own objectives into line with the company's strategic plan
- b) Building up the qualities of a strong leader
- c) In light of the ever-changing healthcare industry and the need for visionary leaders who can improve outcomes without increasing costs,

Women may accomplish more in health care leadership if they have a concrete plan and a degree that demonstrates their dedication and expertise.

**Future Trends of Women in Health Care:** Organisations benefit from having women in leadership roles in the health care sector. Studies by organisations like McKinsey & Company have shown that when women hold leadership positions, they tend to do so in ways that are beneficial to the company as a whole.

Executive Master of Health Administration programmes, such as the one provided by USC Price, are excellent options for women who want to further their careers in health care administration. The curriculum is structured to assist students become ready to deal with challenges in the health care business, such as improving care quality, balancing the needs of different generations, reducing costs, and expanding access to medical services.

Leaders in the health care business must be able to adapt to the changing nature of care delivery brought on by technology improvements. Gaining the necessary managerial and administrative expertise may be facilitated by the Executive Master of Health Administration programme at USC Price. Learn more about the EMHA programme and how it can provide students with the skills they'll need to transform the healthcare system.

If you're a woman executive in today's competitive health care industry, you're probably up against a number of obstacles that make it hard for you to go up the corporate ladder. That's because women executives often encounter pushback when they attempt to display the same authoritative and managerial qualities that are praised in males.

**Considering the Landscape for Women with High Career Aspirations :** The path to the top is difficult for everyone, but women with ambitious goals in the workplace face additional obstacles. Women in Healthcare, a study published by Rock Health in 2013, gives a useful overview of the present climate: Despite women making up the bulk of the health care workforce, just 19% of hospital CEO positions and 4% of health care corporations are held by women.

And over half of all health care industry women respondents in 2017 thought it would take 25 years or more to reach gender parity in the workplace, according to an updated edition of the Women in Healthcare research.

Having women in positions of power in top management is associated with improved profits, according to a worldwide research done by the Peterson Institute in 2016. However, in her opinion, women face unique challenges while trying to climb the corporate ladder in the health care industry. Women make up the majority of those working in health care, although they only make up 19% of hospital CEO roles and 4% of health care company CEO positions.

First, women are more likely to be elevated to senior positions in customer service, where advancement to the top ranks is less probable. Women are less likely to get to the top of their fields, even when they are in situations where they might do so and are generally seen as more capable than their male colleagues. She explains that this is due of the double standard by which women are judged.

In other words, the success of women depends not only on their technical skill and accomplishments, but also on how well their efficiency and image match with the standards of what a female and an administrator should be, as well as how they strike a balance between these two categories, which frequently stand at odds with each other in the minds of decision-makers.

**The Inherent Gender Bias:** Implicit prejudice on the part of those doing the promotion is a contributing factor. Since health care executives historically have been males, women may have a harder time being promoted to high leadership positions since they don't fit the picture that decision makers have of a top leader. Promotions of women to positions of authority have often occurred in service-oriented roles, which are seen as more feminine, rather than tactical and strategic roles, which are seen as more male.

Collectively, male examples and images have defined what it means to be a leader in the health care business. Promotions of women to positions of authority have often occurred in service-oriented roles, which are seen as more feminine, rather than operations and strategic roles, which are seen as more male.

As a result, women's professional success is ultimately determined by how well their public persona and performance conform to stereotypical notions of what a strong female leader should be.

This idea also applies to the actions taken by females. "When women strive to express themselves in leadership roles, they frequently encounter pushback against their authority and competency because they are not fitting the norms of what is expected from a woman.

In today's economic environment, women have made great strides towards leadership roles. More than 43% of all managerial positions in the United States are held by women in the modern workforce (U.S. Department of Labour, Bureau of Labour Statistics, 2015). Female representation is low at the top levels of management, with just 4.8% of Fortune 500 businesses having a female CEO, COO, board chair, or president (Catalyst, 2014).

Therefore, it may seem that women are still finding their way and making progress in a male-dominated society. In the healthcare sector, too, women are underrepresented at the highest levels of leadership (American Council of Healthcare Executives [ACHE], 2012). Despite the fact that women contribute to organisations at every level, data show that only a tiny percentage of women hold executive-level roles in corporations (Carr, 2014).

Women trailblazers including Florence Nightingale, Dorothea Dix, Elisabeth Kubler-Ross, and Marie Curie were instrumental in advancing medical practise. Compassionately addressing the most pressing health concerns of their day, these women paved the way for medical practise paradigms of the twenty-first century (McDonagh & Paris, 2013). As a result of their bold leadership and that of other women, women now hold a wide variety of jobs in the healthcare industry beyond those traditionally associated with caregiving or clinical work.

Women are heavily represented in the healthcare sector, not just as patients but also as providers. Women make significant contributions to healthcare organisations via their time and money as volunteers and contributors. Women are traditionally the decision-makers for their families when it comes to health care decisions (McDonagh & Paris, 2013), and as such, they are consumers with the ability to alter how care is given.

Furthermore, women now account for approximately 74% of the workforce in healthcare professions and technical fields. In the medical field, women make up almost 90% of nurses and nurse practitioners, 36% of doctors, 65% of PAs, and 56% of chemists. Dentists, chiropractic care, surgeons, and medical technicians in emergencies are mostly male vocations in the healthcare industry (U.S. Department of Labour, Bureau of Labour Statistics, 2015).

**Women as Leader:** Women are essential, high-productivity leaders who can provide high-quality outcomes, according to research (McKinsey & Company, 2015). Women were rated higher as leaders than males across the board in a 2012 poll of over 7,200 executives and managers by leadership experts Zenger and Folkman. In spite of this, women are being held back in healthcare because of a male-dominated leadership structure (McDonagh & Paris, 2013).

Despite the notion that women have broken through the professional glass barrier, few healthcare organisations have women serving in leadership capacities (McDonagh & Paris, 2013). The ratio of women serving as healthcare industry CEOs has been stagnant for decades at 11% (ACHE, 2012; Lantz, 2008).

However, a 2012 survey found that 37% of female healthcare executives hoped to get to the role of chief executive officer over the next 15 years. Women were more likely than men to support efforts to enhance the percentage of women in healthcare leadership roles (79% vs. 42%), according to the same survey (ACHE, 2012).

Women's underrepresentation in executive-level management positions is disproportionately low (ACHE, 2012), therefore healthcare organisations would benefit immensely from diversifying their top leadership capabilities to incorporate contributions from women and doctors (McDonagh & Paris, 2013). Greater access to strategic, creative thinking and a style that embraces more female leadership qualities are two benefits of having women on executive-level healthcare teams (Barsh & Yee, 2015). It has been suggested that better healthcare outcomes may be achieved if women were more actively involved in healthcare decision-making (Onie, Farmer, & Behforouz, 2012).

Each healthcare industry executive woman brings her particular set of skills, experiences, and perspectives to the table. This dissertation tells the stories of 10 women who defied the odds to reach the highest levels of executive leadership in the healthcare industry, and it details the struggles these women faced and overcame on their way to the top. Furthermore, these women discuss the kind of leadership they feel they exhibit, the ways in which they feel that style has contributed with their success, and the lessons they have learned along the way.

**Changed work sphere – Greater Need:** Leaders in the healthcare industry have taken on a more important and demanding role as a result of the changing times (Porter-O'Grady, 2003). There is a widespread and resolute need for radical innovation and strong leadership to steer the necessary course correction (Lantz, 2008). In addition, all parties agree that the staff's make-up, from doctors to executives, should be representative of the patients' diversity in terms of both gender and race/ethnicity. (Dreachslin, 2007)

Journalist and surgeon Atul Gawande claimed in his 2010 book, *The Checklist Manifesto*, that the real innovation in medicine is not in creating new therapies, but in perfecting the ones that already exist. It's a wild guess, but maybe the U.S. healthcare system may be revolutionised by including women and doctors on the senior leadership teams that decide

suitable practises. The gender gap in healthcare leadership has to be addressed with the same level of seriousness as the issues of cost and quality (Lantz, 2008).

The healthcare business is dominated by women, and these women are rapidly rising up the ranks to leadership roles. Mid-level management and leadership jobs are becoming increasingly open to women, although this is primarily because more women are entering the healthcare workforce overall (Neubert & Palmer, 2004).

Despite the fact that women make up the bulk of the healthcare profession, the field is nevertheless run as a system dominated by men where male qualities and values are standard (Sebrant, 1999). So, what qualities help women succeed in male-dominated fields like healthcare, where they face significant obstacles to climbing the corporate ladder? How have these women navigated unique challenges on their way to becoming healthcare industry leaders? What sets these ladies apart from others who also make an effort but ultimately fail? Just what kind of ladies are these?

**The Glass Ceiling versus the Labyrinth:** The phrase "glass ceiling" implies covert barriers (as opposed to overt discrimination) prevent women from advancing to high management positions in organisations. The very existence of a ceiling suggests its inevitability. So, it stands to reason that these unseen elements won't just disappear. Equal to or higher professional success than males would imply (according to the phrase glass ceiling) (Valian, 1999). The implied ceiling is a barrier that purposefully prevents women from advancing in their careers, regardless of their level of ability.

Most businesses no longer support the idea that the glass ceiling exists as a barrier to advancement for women; most recognise that the obstacles women still encounter are not insurmountable. There are several ways in which the metaphor of the "glass ceiling" fails to apply to modern-day women in the workplace.

Mindsets about men, women, and leadership, both conscious and unconscious, guide prejudicial perceptions about women in positions of power. Women and men are generally associated with various qualities, and leadership qualities are more often associated with males (Eagly & Johannesen-Schmidt, 2001). Discrimination against women in leadership positions stems from the conflicting notions that women exhibit traits often considered communal, whereas leadership jobs ask for more agentic abilities (Eagly & Karau, 2002).

**Implications for Women in Leadership:** There is still a massive gender gap for women in business leadership positions (Yee, 2015). The gender gap in leadership positions has narrowed significantly over the last several decades, but there is still a long way to go (Hoyt, 2013). About 60% of bachelor's and master's degrees are given to women in the United States, and more than 50% of doctorate degrees are earned by women. Women also account for almost half of the labour force in the country at present (Hoyt, 2013; U.S. Department of Labour, Bureau of Labour Statistics, 2015).

About 40% of all management and professional positions in American organisations are held by women (U.S. Department of Labour, Bureau of Labour Statistics, 2015). Despite these numbers, women are still underrepresented in corporate leadership roles in the United States; just seven of the Fortune 500 businesses are headed by women, and only ten of the Fortune 501-1000 have female executives (Catalyst, 2005; Hoyt, 2013).

College-aged women's perceptions of women in leadership roles have not changed since 2009, despite women's improved capabilities and social standing.

Women in college now who show leadership potential feel the same as they did in the 1990s: their skills, qualities, abilities, and traits are not sufficiently evaluated when compared to those of males. Feelings of inadequacy, confusion, and insecurity are the outcome for these women (McEldowney et al., 2009).

Women must successfully navigate the maze of obstacles and dead ends on their journey to the top. It would be ideal if men and women had equal opportunities for leadership, but this is not the case. There are a lot of publications out there with tips for women on how to climb the corporate ladder, but they frequently contradict one another. There are two recommended strategies: either adopt a more feminine or more masculine demeanour. The double-bind problem is ignored by these unilateral approaches.

The stereotype that women can't be effective corporate leaders persists despite extensive research to the contrary (Catalyst, 2007). Since men are often thought of as leaders, it's common to draw comparisons between traditional male and stereotypical female leadership styles. This makes it challenging for a woman to succeed in a male-dominated field. Women are often praised for their teamwork and empathy, two supposedly "feminine" leadership traits, but their approaches are nonetheless seen as "special" and "different" from the (presumed) norm.

**Implications for Women in Healthcare Leadership Positions :** To identify and provide care for its population, a healthcare organisation (HCO) "reaches across the spectrum of medicine, other medical disciplines, and business" (White & Griffith, 2010, p. 3).

Health care organisations (HCOs) are defined by clear chains of command and an emphasis on personal responsibility. In these tightly controlled settings, where initiative and original thought are valued, it is essential to have a solid grounding in the subject matter at hand (White & Griffith, 2010). The potential to provide safe and trustworthy healthcare has so far

outpaced human talents (Gawande, 2010), necessitating complex system procedures, team-based speciality services, and a dedication to delivering ethical services (Gilbert, 2007).

According to White and Griffith (2010), healthcare systems may be broken down into five categories: (a) competitive; (b) political; (c) complicated; (d) highly technology; and (e) concurrently personal. There seems to be a steady stream of scientific and medical advances. With each new innovation, however, HCOs must contend with the challenge of balancing the needs of their customers with the price of maintaining their expanding infrastructure. Healthcare organisations (HCOs) are tasked with ensuring patient safety and quality while also managing costs effectively in a dynamic and unpredictable setting.

Particular consideration must be paid to:

- a. solid bonds of cooperation among workers;
- b. gains in revenue;
- c. Keeping debt in control;
- d. guaranteeing adherence to all relevant regulations;
- e. ensure the delivery of high-quality, risk-free medical treatment;
- f. a rise in production and size;
- g. low churn rate of employees;
- h. making sure you have a very productive staff;
- i. top-notch feedback from happy customers and a contented workforce go hand in hand (Rowitz, 2006).

With healthcare becoming more complicated by the day, HCOs would do well to increase the diversity of their executive teams (McDonagh& Paris, 2013).

In intricate settings, leaders need to demonstrate the following five abilities:

- a) a familiarity with or command of one's surroundings;
- b) models in one's head, including a global perspective on other civilizations;
- c) a common goal, accompanied by imaginings of the future;
- d) cooperating as a group; and
- e) approach to problem-solving that takes into account all possible interactions and interactions (Rowitz, 2006).

While studies have shown that both men and women are capable of performing the duties of an executive leader, fewer women hold such positions than men do. Similarly, executive leadership at the highest levels of healthcare organisations is essential (ACHE, 2012).

## Conclusion

Female healthcare professionals have had to overcome bias and sexism in the workplace for decades, and they still do so today. Despite the fact that women make up more than three-quarters of the healthcare workforce and account for the majority of healthcare customers, women remain vastly under-represented at the executive level (Hoss et al., 2011).

In reality, just 11% of CEOs are women, a number that has not altered much over the previous several years, according to a recent research by the ACHE (2012). Women are the backbone of the healthcare industry, yet they still face obstacles to progress in the workplace.

Over four million new healthcare jobs are expected to be created between 2012, making it one of the fastest expanding sectors of the American economy. The healthcare industry is vast, employing people in hospitals, doctors' offices, nursing homes, home health care, medical research centres, and other ambulatory care settings. In 2013, more than 15.8 million individuals had work in these sectors. Hospitals hired the most individuals in the healthcare industry in 2013, accounting for 39% of the sector's overall workforce (Torpey, 2014). According to the BLS (2014) of the United States Department of Labour, women constituted roughly 76% of the healthcare sector employment in 2014.

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