

How do we get more women into health care and medical leadership?

March 8 2024



Credit: National Cancer Institute on Unsplash

Women continue to be under-represented in health care and medical leadership in Australia, with experts labeling the disparity an issue of "equity and social justice."

The burden of addressing barriers on a woman's path to leadership should not sit with individuals, but with changing the culture, organizations and systems where [women](#) work, according to a [new Perspective article](#) published in the *Medical Journal of Australia*.

A renewed push is under way to improve the disparity, writes pediatrician Dr. Jenny Proimos and colleagues, through the Advancing Women in Healthcare Leadership (AWHL) initiative.

A key focus of the AWHL initiative is recognizing the role played by member organizations, including professional associations and medical colleges.

Eight colleges and member organizations partnered with the AWHL to explore the systems and policies they have in place to help advance women in the field.

The feedback from member organizations on the AWHL initiative has been very positive.

Extensive engagement continues with member organizations as one way to improve the representation of women in [health care](#) and medical leadership.

Concerns as women in medicine hit a career 'glass cliff'

Women in medicine face a persistent "glass cliff" when trying to obtain leadership positions, according to a [second Perspective article](#) published in the *Medical Journal of Australia* today (March 8) to mark International Women's Day.

Although more women took on medical leadership positions during the coronavirus disease 2019 (COVID-19) pandemic, there appears to be a "glass cliff phenomenon" in Australia, Dr. Melissa Wheeler from RMIT University and Dr. Laksmi Govindasamy wrote.

Women tend to be appointed to leadership positions in times of crisis, where they are often put under increased demands, they argue.

"The glass cliff phenomenon, drawn from the glass ceiling concept, refers to the tendency for women and other minoritized people to be appointed to leadership positions in times of crisis, compared with periods of stability," Dr. Wheeler and Dr. Govindasamy wrote.

"This is because, when circumstances are bad, change is both desired and needed, and women and other minoritized people are often pushed forward as visible signals of change."

Many gender equity initiatives fail to improve women's representation in medical leadership, they argue, with too many initiatives aimed at [professional development](#) for individuals who are seeking or holding [leadership](#) positions.

This approach "ignores the structural barriers that continue to be unchallenged with such supply side approaches," Dr. Wheeler and Dr. Govindasamy wrote.

More information: Jenny Proimos et al, The role of medical colleges and member organisations in advancing women in health care leadership, *Medical Journal of Australia* (2024). [DOI: 10.5694/mja2.52244](https://doi.org/10.5694/mja2.52244)

Melissa A Wheeler et al, Women in medical leadership: has the COVID-19 crisis heightened the glass cliff?, *Medical Journal of Australia* (2024). [DOI: 10.5694/mja2.52242](https://doi.org/10.5694/mja2.52242)

Provided by Medical Journal of Australia (MJA)

Citation: How do we get more women into health care and medical leadership? (2024, March 8)
retrieved 29 April 2024 from

<https://medicalxpress.com/news/2024-03-women-health-medical-leadership.html>

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