

Breaking Barriers and Building Bridges: Advancing Women's Leadership in Healthcare Through Tailored DEI Initiatives

Introduction

Recent research (Devillard et al., 2019) reveals that around 82% of Canadian organizations are prioritizing gender diversity, reflecting a broader trend in emphasizing Diversity, Equity, and Inclusion (DEI). The COVID-19 pandemic has heightened the significance of DEI, especially for women, particularly those of color (Morgan et al., 2022). Despite comprising 70% of the global health workforce, women hold only 25% of senior leadership positions (Smith & Sinkford, 2022). This paper investigates the core barriers to women's underrepresentation in healthcare leadership, focusing on structural and cultural factors. It assesses the effectiveness of DEI efforts in promoting women's progress and explores interventions for gender diversity. An empirical study within Toronto's largest healthcare organization evaluates the transparency and accountability of DEI initiatives, shedding light on the barriers hindering women's advancement.

Research Question

How do structural and cultural barriers impede the advancement of women into leadership roles within healthcare organizations, and how can tailored DEI initiatives effectively address these challenges to support women's progression?

Methodology

For this study, I adopted a qualitative research approach, utilizing secondary data from the University Health Network (UHN) to explore how healthcare organizations address structural and cultural barriers related to gender inequality in leadership. UHN, being a major healthcare organization in Toronto, was chosen as the focus of the study. I collected data from approximately 20 relevant articles on UHN's website, covering strategic plans, UHNWomen initiatives, and newsroom articles. In the data analysis phase, I used a combination of deductive and inductive coding methods. Deductively, I established a codebook based on existing theories and incorporated codes such as "women in leadership" and "cultural barriers." Inductively, I identified additional patterns within the data. Using the qualitative analysis software "Delve," I conducted open coding and focused coding, refining themes and generating focused codes that represent key findings.

I. Structural Barriers

a. Inadequate Mentorship and Sponsorship

Gender disparities persist in mentorship and sponsorship practices, particularly impacting women's career advancement. Tailored sponsorship programs are crucial for fostering gender equity in fields like healthcare, recognizing the importance of mentors and sponsors.

b. "Anytime, anywhere" Models: Lack of work/life support

The absence of comprehensive work/life support systems, including flexible hours and childcare assistance, significantly affects women's leadership advancement. In healthcare, frontline workers, mainly women, struggle to balance demanding roles and caregiving responsibilities, underscoring the need for comprehensive work/life support policies.

c. Discrepancy between Leadership Commitment and Action

A substantial gap between leadership's commitment to gender diversity and its implementation erodes trust and leads to disillusionment, particularly among women. In healthcare, women of color often lead diversity efforts while facing barriers to their own progression, hindered by managerial skepticism about diversity initiatives. Organizations must translate their diversity rhetoric into action to create inclusive environments.

II. Cultural Barriers

a. Gender Through Work

Workplace dynamics, influenced by cultural norms, significantly impact organizational structures and career prospects. Women are often concentrated in specific sectors, leading to disparities in recognition and pay, with healthcare being a prime example of this gendered impact. These gendered divisions shape career paths and hinder women's access to leadership roles.

b. Think Manager-Think Male" Phenomenon

Deep-seated cultural biases associate leadership with masculine traits, affecting promotions and perpetuating gender stereotypes in managerial positions. This phenomenon is particularly pronounced in healthcare, where gender norms play a pivotal role in shaping leadership perceptions. Women often encounter a double-bind, needing to balance communal and agentic qualities to meet leadership expectations.

c. Family versus Work Devotion

The challenge of balancing family and work responsibilities disproportionately affects women, shaping their career choices and opportunities. Within the healthcare sector, this struggle is magnified, with disruptions like childcare issues hindering women's advancement into supervisory roles. While flexible work options have emerged, persistent negative perceptions, especially for women, hinder leadership diversity.

III. Effective Interventions

Networking and Training

- Proactive Recruitment, Formal
- Mentorship and Sponsorship Programs
- Leadership Development Programs

Work/Life Balance

- Flexible Scheduling
- Extended Leave Policies
- Organization-Sponsored Childcare Assistance
- Back-to-Work Programs

Organizational Advocacy

- Transparent Goal-Setting and Progress Tracking
- Vocal CEO and Management Commitment
- Employee Cross-Training
- Diversity Task Forces
- Events Celebrating Underrepresented Groups

IV. The Conflict Between Structural Interventions and its Cultural Implications

The interplay between structural interventions and cultural norms poses complex challenges for women aspiring to leadership roles, as changes aimed at addressing gender disparities can inadvertently reinforce biases. For instance, adaptations tailored to cultural nuances, such as offering flexible work hours for working mothers, can paradoxically perpetuate negative perceptions of women's commitment to work. This dilemma underscores the need for a critical evaluation of these interventions and the importance of adapting them to cultural nuances, all while providing pathways for women to leadership roles and challenging norms from within leadership positions. Ultimately, achieving balanced representation requires a multifaceted strategy that addresses both structural and cultural barriers and recognizes the transformative power of women reshaping norms within leadership roles.

Findings

THEME 1: "Empower and Invest in a diverse TeamUHN"

University Health Network (UHN) demonstrates a notable commitment to diversity, equity, and inclusion (DEI) efforts aligned with their strategic plan, emphasizing "Empower and Invest in a diverse TeamUHN." They acknowledge the value of diversity in healthcare, recognizing its potential to foster innovation and improve patient care quality and staff well-being. Despite challenges driven by systemic discrimination, UHN is actively taking steps to address DEI issues, with initiatives like the Inclusion, Diversity, Equity, Accessibility and Anti-racism (IDEAA) Committee and UHNWomen, which aims to advance women into leadership roles. UHN's proactive leadership and management involvement align with research emphasizing the importance of organizational advocacy in achieving DEI goals.

THEME 2: Addressing Gender-based Challenges in Healthcare Work

The main findings in this theme provide answers to your research question by illustrating how University Health Network (UHN) addresses gender-based challenges in healthcare leadership. UHN's commitment to addressing work-life balance issues, involving men in gender equity efforts, recognizing the unique challenges faced by women of color, and celebrating progress while acknowledging ongoing challenges align with research findings. These actions demonstrate UHN's proactive approach to promoting gender equity, diversity, and leadership balance within the organization, addressing structural and cultural barriers to women's career advancement.

THEME 3: Organizational Transformation

In this theme, I've observed University Health Networks (UHN) dedication to promoting women's advancement within healthcare through tailored Diversity, Equity, and Inclusion (DEI) initiatives. UHN's initiatives encompass direct employee support, including well-being programs, mentorship, and work/life balance initiatives that specifically address the needs of women and minorities. These initiatives align with findings from research literature and aim to enhance the overall well-being, professional growth, and work-life balance of employees, particularly women. Moreover, UHN's commitment to cultural transformation is evident through awareness events, committee formations, and the establishment of diversity advisory teams. These initiatives illustrate UHN's active efforts to create a more inclusive and equitable workplace, directly addressing my research question by demonstrating how UHN is working to facilitate women's advancement in healthcare leadership roles.

Discussion

In summary, my research provides a comprehensive analysis of a prominent healthcare organization's efforts to promote women's leadership. By closely examining values, challenges, and Diversity, Equity, and Inclusion (DEI) interventions, I've highlighted the organization's journey towards gender balance. This research contributes by bridging the gap between theoretical barriers and practical solutions. By intertwining UHN's initiatives with existing literature, I've offered a unique perspective on the complex challenges of gender balance in healthcare leadership. Importantly, this work emphasizes that achieving gender balance is a collective effort. The experiences shared by underrepresented individuals within UHN highlight the significance of representation, particularly of women in leadership. This research extends beyond UHN, guiding other healthcare organizations toward meaningful change and contributing to broader discussions on diversity in leadership. In envisioning a healthcare landscape that embraces diversity, this study underscores the transformative potential of inclusive leadership. By sharing UHN's journey, this research encourages ongoing exploration and action to empower women's progression into leadership roles across the healthcare sector.

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