

# Women in medicine and leadership

The Health and Social Care Information Centre (2014) has now confirmed information that we expected for some time – we now have more female GPs than male GPs. A recent success story, many would argue, and yet the *Daily Mail* ran with a headline of ‘now more than half of our family doctors are women – concerns grow over female GPs demanding to work part-time’. It seems we still have a way to go in the equality stakes.

As it happens nearly half of all doctors are women. Women also make up 41% of NHS chief executives. This is much higher than in other professions, such as politics, business and even our major museums and galleries, where just 26% of directors are women. The recent Cranfield board report (Vinnicombe et al, 2014) showed that FTSE companies are coming just short of the 25% ambition.

Women are working throughout the NHS as doctors, scientists, therapists and managers, delivering and supporting diagnosis and care and shaping our health-care services for the future. They are the scientists working behind the scenes, the doctors diagnosing diseases, bringing new life into the world in one ward and helping people to die with dignity in their homes.

So why is there negativity about the medical profession?

- 47% of lawyers are women, including 63% of trainees
- 77% of human resources professionals on the Chartered Institute of Personnel and Development register are women
- 34% of accountants are women.

All these professions are seeing growth in the numbers of their members who are women.

It seems that the concern about women doctors is rooted in what, to many of us, now seems an almost Victorian view of the family doctor: that continuity of care comes from seeing the same doctors whether for routine appointments or an emergency, whenever you need them, 24 hours a day. The same goes for hospital doctors and yet the average length of stay in a hospital is now 4.5 days – barely time

to see the set of staff twice through shift changes before discharge. The fact of an omnipresent doctor probably never truly existed but in the age of specialists, it is anachronistic as a model of care now.

Nevertheless many women continue to face hurdles in the NHS that men do not face. The cause can be unconscious bias as well as a systemic issue. It can be too easy to displace the argument away from workplace culture and society’s norms, which are key, and onto women as a pressure on them to adapt and change. We don’t do this in other environments, for example we don’t educate men to ‘thrive as nurses in a female environment’. Instead we develop a culture that makes the most of, and celebrates, the contribution of both.

Two particular areas of note are obstacles to leadership and outdated views of working patterns.

## Leadership issues

We know women are in the minority in senior NHS roles despite making up two thirds of all staff. The average pay of working women is also lower (Office for National Statistics, 2013). But why are so many women apparently trapped in the layer below upper management?

Professor Tom Schuller of the think tank Longview has created an alternative to the classic Peter Principle theory. His ‘Paula Principle’ argues that most women work below their level of competence. The ‘Paula Principle’ suggests five elements that are holding women back. These are:

1. Discrimination
2. Childcare and now elder care
3. Psychology – women are often averse to putting themselves forward
4. A lack of vertical networks – men tend to know people higher up the ladder
5. Women choosing – for one reason or another – to stay where they are rather than move up to the next level.

These seem consistent with existing evidence.

There is evidence that women in general can bring particular traits and skills to roles. Men have strengths too of course and there is considerable overlap between

the sexes, but studies suggest that women have slightly greater inclusivity, openness, management of risk and a tendency to operate on common agreed principles (Business in the Community, 2012).

Similar aptitudes are noted on the front line. A review of complaints received by the National Clinical Assessment Service shows that women are less likely to be subject to disciplinary hearings (National Clinical Assessment Service, 2009). Other studies show that women’s communication style has been shown to improve health, increase patients’ adherence to treatment recommendations, decrease the chances of medical malpractice and achieve greater patient involvement (Firth-Cozens, 2008).

The challenge for us all, I believe, is to move beyond burdening women with pressure to change and conform and instead to create space to accommodate the diversity. Of all the cultural changes we need within the NHS, this one, on paper at least, should be easier to address.

The leadership challenge is not just about employing more women in senior positions for equality’s sake, or because by excluding women we limit the talent pool, or because it is just morally right. But also because I want my daughters to see women in senior positions and my sons to see the contribution of women in all walks of life. I think that will help make them better citizens valuing diversity. Also a better balance of men and women will lead to better decisions and better services. That is the real prize.

## Working patterns

Moving on to working patterns, many do not realize that female medical and dental staff work comparable hours to men. According to NHS Employers estimates based on 2012 staff numbers, taking full and part time together, only 5% of all women work less than 20 hours per week while 83% of women in medical and dental grades work 30 or more hours per week (NHS Employers, 2014). According to the same estimates, men work an average 38 hours per week while women work

almost as many despite taking more part-time roles – an average of 36 hours per week.

## Conclusions

There is indeed better legislation, clearer policies, improved recruitment practice and positive cultural change in the NHS. We should be proud to be so diverse and in some ways medicine is at the forefront. In a strange way, I welcome the type of *Daily Mail* headlines precisely because so many of us, men and women, find it offensive. That in itself shows progress. **BJHM**

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## KEY POINTS

- Women hold a greater proportion of senior positions in the NHS than in other professions, but still fewer than men.
- Unconscious bias is a real challenge to women's progression into senior positions.
- There is evidence of tangible gender differences in workplace performance that can be embraced rather than subverted.
- The argument should focus on changing workplace culture and norms, not on pressure for women to change.
- The difference in working hours between men and women in medical careers is misunderstood to be greater than it really is.

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