

Women In Health Care Industry

Vimala Prasad.

G.M Nursing Education And Training Yashoda Hospitals, Hyderabad. Telengana

Phd Scholar G.K University Haridwar.

Abstract

Health services are one of the fundamental sectors of society and the economy. Women make up about 42% of the estimated global paid working population. From 43 million healthcare employees around the world, women comprise an estimated 70% of the workforce, making healthcare one of the sectors with a noticeably unequal gender ratio. Though women are contributing tremendously to healthcare still the role of women as leaders in healthcare remain unexplored. Over 60 percent of employees entering the healthcare industry are women as opposed to just 50 percent of entry-level employees in other sectors. Women's representation in healthcare has increased over time, particularly among the higher-paid occupations like physicians, dentists, and pharmacists. Interestingly there is also an increasing share of male workers in nursing and midwifery denoting the beginning of a hopeful phase in terms of gender equality in the healthcare industry.

Healthcare surpasses most other industries in female representation in terms of both experiences as well as varied dimensions. Despite being the majority of the healthcare workforce globally, the opportunities for women in leadership positions are not proportionate due to several reasons like occupational segregation, underlying biases, and power dynamics. Those working in the same occupation as men are still systematically paid less. There are facing several challenges faced by women employees in the healthcare industry such as socio-cultural and legal barriers, the conflict between work and family life, sexual harassment, occupational segregation, skills, and gender pay gaps, unconscious bias, and the impostor syndrome and lack of networks and female leadership role models.

To overcome these challenges faced by female employees every healthcare should provide support to the employee and the family, analyze talent, establish targets, and develop strategies for the implementation of effective policies, including leadership and communication, addressing sexual harassment, nominating women to industry boards and support women entrepreneurs in the healthcare industry.

Key words : Healthcare sector, Women , Health Services, job satisfaction, leadership, challenges,

Date of Submission: 08-09-2023

Date of Acceptance: 18-09-2023

Women in today's world are leading a life which is catering to various domains starting from family to profession to social arenas and lot more. She plays multiple roles. Women are an epitome of strength, love, sacrifice and courage. The role of women has changed significantly and for better. Women now are self-sufficient, well aware and financially independent. They have attained immense success in every field. The 21st century has brought a new hope and empowered women in a positive manner. Earlier they were under the shadow of a husband or a father, but now they have established their own identity and are independent. The journey of liberation of women has crossed many milestones and the society has indeed come a long way. Women are adorned with patience and perseverance, which helped them attain the pinnacle of success. It's now more than 100 years since the International labor Organization first established standards on women in the work place, focusing on maternity protection. Now in today's era women are successfully making a living, carving out careers, doing well in business and taking up leadership positions.

Health services are one of the fundamental sectors of the society and the economy. The International Labor Organization endorses the fundamental principles of the human right to health and protection and equal access everyone in need. Health care organizations have a positive impact and effect on individual and public health in fact it helps healthy citizens in the country. Apart from being one of the largest sectors in India in terms of both revenue and employment, the Healthcare Sector contributes greatly to the overall welfare of the country. It is the policies and guidelines set by the health care community that sets the standard of health and ability of a nation to combat diseases.

The health sector includes Hospitals, Medical Devices, Clinical Trials, out sourcing, and Tele - Medicine, Medical Tourism, Health Insurance and Bio-Medical Equipment. However, there is an argument to be made that over and above the institutions, it is the set of Values, Standards, and Employees that produce and distribute goods and services, whose ethics or key aims determine the direction taken by the nation's health care.

Whether you focus on standardized measurements like GDP or on more sustainable measures like Wellness and Happiness Index, the progress of a nation is observed to be correlated to the status of its health and wellness department.- **Catalyst**

Healthcare sector is growing tremendously and at a brisk pace in India due to its increasing population, technological advancements, strengthening services, wider coverage of services and increasing expenditure by public as well private organizations. Consumers are well aware of their rights and privileges and privatization brought bright outlook in the health industry. The modern healthcare industry includes three essential branches which are services, products, and finance and may be divided into many sectors and categories it depends on the interdisciplinary teams of trained professionals and paraprofessionals to meet health needs of individuals and populations. PUB.MED

Women make up about 42% of the estimated global paid working population. Amongst 43 million health care employees around the world, women comprise an estimated 70 percent of the workforce, making healthcare one of the sectors with an observable unequal gender ratio. In India, the ratio tilts towards 80%. Women are indispensable contributors to the delivery of health care services in most countries. Yet, unfortunately, the role of women's participation as leaders in health care is an underexplored arena. It is important to address this issue in order to improve health care systems around the world. It has been observed that women play an important role in spreading awareness about health and nutrition while also being trusted more with the care aspect of the healthcare industry. K Buckshee

More than 50 percent of science graduates are women, affording them varied opportunity of a career in health care industry with a variety of technical disciplines such as medicine, science, engineering, technology, business, operations, and even designing. At large Nurses play major role in health care industry, they compromise a large part of workforce as care provider and more than 80% of nurses are women. Gretchen Berlin et.all

In the health sector percentage of women entry is relatively higher than general sectors; it's about more than 60% of women entering in health sector amongst the less than 50% in the general sectors. Over the period of time women representations in the health care organisation increasing especially in the high paid fields like Doctors, Dentist, Pharmacist, and administrative levels. In Organization for Economic Co-operation and Development (OECD) countries, the share of female physicians between 2000 and 2017 has increased by 13% an average by 0.58% annually. The Labor Force Surveys (LFS) data from physicians, dentists and pharmacists under the age of 40 are female. Interestingly, there is also an increasing share of male workers in younger age brackets in nursing and midwifery, thus beginning a hopeful phase of relative parity in terms of gender equality at various levels of the health industry. Mathieu Boniol.

Female representation in the health care sector surpasses the any other areas. It may be because of the work needs lots of patience, work experiences suits women well, more suitable industry for women to work in several dimensions. In general notion of the public, the health care industry means women are the nurses, but not only nurses they even holds many positions in the medical field like doctors, pharmacists, technicians, bio-engineers, counselors, social workers, executive posts and managerial level women are excelling. It is regrettable, though, that despite women holding executive management positions at the highest levels, available data consistently shows a lack of gender parity in leadership positions. While there is a lot to celebrate and most employees see diversity as a priority, examining the representation of women across different levels indicate that healthcare still faces lots of challenges in sustaining a diverse workforce at the top management and higher paying levels.

I. Challenges Faced By Women Employees In The Health Care Industry

Even though women comprise major work force in the health care industry noted point is an opportunities for the women in the top managerial, leadership positions are not proportionate in the sector. It may be due to division of occupational segregations like some specialties are male dominated like surgery, orthopedics, forensic medicine ect. And underlying bias, dynamics of power prevalent in the health care industry and visible disparity in the higher paying and higher positions could be openly seen in the health care industry. Even though Women are more likely to be represented in many top managerial positions and roles but most of the times its get limited to their career development could be because of

1. Socio-Cultural:

Socio cultural barriers play major impact on the working women s deprivation and retard their progress in the work area. In India women employee usually get deprived as results of traditional, social, cultural structures, values, and ideologies. These barriers halt women to achieve the leadership positions in the health care industry. Women who aspire to achieve higher levels and leadership positions will be greatly affected by the pervasive sociocultural and gender norms stereotype opinions society regarding women choices and desire to work and the belief system of women role in the society. Most of the times expected roles of women at home

like child rearing, house hold activities, care of family members has prevented women employees from taking certain prominent roles in the health care areas. Especially the ladies for odd hours of work, after working hours to stay back and handle extra task assigned to them, attending emergency duties as and when its arises, night duties, extended and expanded roles to meets the targets, exposing to harmful agents and radiations, chemicals, physical strengths required to meet some of the tasks, so on. Langer A, Meleis

2. Legal barriers:

In most of the developing countries many laws which its restricts women's mobility and freedom will restrain them entering in to the health sector since it require to handle various task required to be performed. In South Asia and Middle East/North Africa, Women are legally restricted working at the night hours. In some countries especially Asian countries like India gender is not a consideration or a barrier for selection for a job at any level except where there is physical labor or which involves working beyond 8pm in the labor laws. In the Hospitals where patient services are concerns , this legal restrictions poses a serious limitation for the women career growth, since hospitals and clinics functions for 24X7 demands extended hours to stay back and complete the patient care and services, its require employees to be on call or work different shifts. These may be the major reasons for entry of women in the supervisors or middle management, top decision-makers positions with interference for her career, or, alternatively, to protect her in consideration of the law. These unintended legal aspects may affect the impaired career development of women in the health sector. Gretchen Berlin

3. Conflict between Work and Family Life:

The role of the women as Mother after the child birth and social expectations around the mother hood and physical psychological bondage of the mother around babies rearing practices affects women advancement in the professional carrier. Maternal identity" the expectations of cultural pressure is also one indicator for the women progress top position in the professional ladder. The work and life balance is one of the major impacts on the women employee in the health sector.

Women are still perceived to be better at household jobs and are expected to be the main, if not the only caretaker for the home and the progeny. As a result, the conflict between work and the responsibilities of family life are considered to pose greater challenge for female employees than for their male counterparts. Women are considered responsible for household affairs and spend more hours per week on household chores than men. At different stages in both professional and personal life, women may be faced with either sacrificing their career or family goals, as the early and mid-career period is typically India and Tanzania found that 78 percent cited work-life balance as a challenge, stating that their work allowed for insufficient time with family and negatively affected decisions on childbearing. For many professional women, the decision to have children is only the beginning of the conflict. The working environment that employees face daily is key to employee engagement, productivity and worker retention. Unpleasant or harsh working conditions and lack of flexibility significantly increases women's interest in "opting out", particularly when family responsibilities are in conflict. The workplace culture also affects women's decisions to return to work after childbirth and how long they choose to remain with the company.

Even today its general notion that Women are still perceived to be better at household jobs and are expected to be the main, if not the only caretaker for the home and the progeny. As a result, the conflict between work and the responsibilities of family life are considered to pose greater challenge for female employees than for their male counterparts. Women are expected to be more responsible for their house hold affairs and work and spend more time at house hold chores than the men. Women at the early or mid-career period may scarify her professional carrier or family goals at different stages of her professional and personal life. In India and Tanzania 78 percent women employees may face many challenges in maintaining work life balance stating that their work allowed for insufficient time with family and negatively affected decisions on childbearing. Taking decision to have children is a major conflicting situation for the many health professionals. Long and odd working hours, long travelling time to reach the work place, demanding workloads, might be pose a challenges for women employees who are mothers with smaller children. The health professionals have to face many challenges to grow in the professional ladder. For this, it is crucial to have spouses and partners who were supportive, had flexible careers, willing to travel or spend time apart during parenting years. While this is true for both men and women, gender dynamics suggest that women are more likely to be expected to be the trailing spouse that relocates based on their partner's career, work from home or be a full-time homemaker than men. Ensuring that men, as colleagues and spouses, are aware and engaged regarding work-life tensions is necessary for addressing this barrier. Gretchen Berlin

4. Sexual Harassment:

Legally workplace sexual harassment is considered a form of sex discrimination so sexual harassment is illegal across the country. In the health care industry sexual harassment is rampant. Women employees have reportedly experienced harassment by supervisors, colleagues, patients and their visitors. An article by the Harvard Business Review estimates that 30 percent to 70 percent of female physicians and approximately 50 percent of female medical students in the US report have been sexually harassed. Jane Van Dis

Since health care companies and organizations have male domination may be a reason for sexual harassment and also prone for hierarchical structure and a work environment which tolerates Trans aggressions. Additionally, workplaces which are not transparent do not have an inclusive culture or provide space for meaningful dialogues can harbor sexual harassment issues. If the harasser has direct control over the victim's career development, the victim may be forced to choose either to stay silent for the sake of their career aspirations within the organization, or to exit the company to improve their chances of career success. This is the power of sexual harassment to hinder potential. Weill Cornell Medicine found that 55 percent of respondents had faced sexual harassment or assault in the workplace in the form of unwanted sexual advances and coercion into participating in undesired sexual behavior. Majority of the sexual harassment may be under reported and ice berg of the cases might be in the limelight. When questioned, many responded that sexual harassment is so 'normalized' in the workplace, that they didn't think it was necessary to report it they didn't expect the issue to be resolved, they lacked a reporting mechanism and they feared negative consequences. Several of these suits were filed by female employees who were fired after reporting their harassment, and further explains why victims are not likely to speak up. Sexual harassment is a matter of power dynamics. To change this dynamic, companies must put into place structural mechanisms for transparency, accountability, trust and action in order to conclusively reduce this barrier and ensure that working conditions are more favorable for women employees and leaders. Jane van Dis

5. Occupational Segregation, Skills and Gender Pay Gaps:

Analysis based on median wages from LFS data from 21 countries showed health workers face gender-related gaps in pay, with female health workers earning, on average, 28% less than males. This is slightly greater than global estimates of gender pay gap data, showing that women are paid approximately 22% less than men. The gender pay gap among health workers can be explained by several factors: different working hours between men and women, different occupations between men and women, and a remaining un-explainable gap for similar occupation and working hours. A 13% pay gap for hourly wages was observed for physicians and a 12% pay gap for hourly wages for nurses and midwives. This suggests that a sizeable portion of the overall pay gap is attributable to occupational segregation within the sector. Projecting the changes in the health workforce distribution for physicians and nursing personnel indicates the 9.9% gap due to occupational segregation will decrease to 7.0% over the coming 20 years. National Health Workforce.

Occupational segregation and gender pay gaps are the two major factors that exacerbate access to leadership positions by female employees. It has to be addressed to prevent women from staying back from leadership positions in the health industry. In mid-career if these opt out may lead to further delay or prevent opportunities to later access leadership positions. In the health care industry women were consistently dominated as nurses, clinical staff and health technicians. A future senior leadership position does not always segue to acquisition of specific managerial and leadership skills, many evidences suggest that even nurses are given senior roles, and opportunities to manage higher posts. There are many opportunities for them to progress in their professional career. In the near future there are more tend to change of position of nurses as subservient role to doctors changed to more advanced roles as nurse practitioners, nurse clinicians and such many emerging roles as expertise and medical leadership positions. Many medical professionals have possessed along with their technical management degree like M B A and administrative degrees to increase their professional and leadership skills to work effectively. Evolving skills of health workers at large in the health fields expanding their roles in not only hospital settings and also community and other settings too makes more women to get acknowledged and recognized for their services. Magar V, Gerecke

Men are better remunerated than women in health field areas even the post and specialization is same, it may be due to occupational segregation and gender pay gap, and unexplained gender pay gap in majority of the fields. In the high income countries this gap is estimated better than middle income countries. This gap could be seen at the entry level and slowly less in the midcareer and it may sometime affect the retention of women employees. During midcareer period women employees may stretch to balance the costs to handle home expenses, domestic support and child care, and would enable women to continue their job more dedicated manner.

According to Magar V in his study expressed in the health sector women work 4.2 hours fewer per week than men among physicians, 3.5 hours fewer per week for nursing and midwifery, 3.7 hours fewer per week for dentists, 4.6 hours fewer per week for pharmacists, and 3 hours fewer per week for personal care workers. Data on the share of health workforce by sector indicate that for highly paid occupations, such as

physicians, men are more frequently employed in the private sector than women (49.2% vs 39.2% respectively < 0.001). However, the contrary is the case for low paid jobs, such as personal care workers, where women are more frequently employed by the private sector (53.0% vs 81.8% for men and women respectively, $P < 0.001$). This contrast illustrates a gender imbalance, with men more likely to obtain private sector jobs in occupations where public sector wage ceilings often exist, whereas women are more likely to obtain lower paid private sector jobs, which tend to offer less job security and favor part-time employment. Magar V.

6. Unconscious Bias and the Impostor Syndrome

A study conducted by the Rock Health Foundation shows 71 percent of women respondents cited ‘**Underselling skills**’ as their number one barrier to career advancement, followed by confidence 55 percent. These are some of the strong components of the Impostor Syndrome, a term used to describe a professional’s sense of self-doubt, in competence or lack of qualification regarding their work performance.

In the middle and higher management positions where men were dominating more in the health professionals these anxieties are very commonly seen in the women workers. Usually women who outspoken and assertive will be posed to feel inferior and discouraged for the higher posts and promotions or leadership positions. Further women may be suppressed and erode their confidence to maximum extent by showing biased behavior like micro aggressions, unclear communication or undisclosed gender pay gaps. Most of the time men may use some unauthorized external support or recommendations for the promotions or career development, where as women prefer and rely more on their prior work experience and tested abilities. These are all some reasons for the women do not apply for new opportunities and promotions into leadership positions, and may wait for all the criteria to meet to get their eligibility for promotion. Gretchen Berlin.

6. Lack of Networks and female Leadership Role models: Survey done by the Rock Health listed more than 50% of women have issue to be connected with senior management, and there will be lack of women models for other women to follow. It may be reason for women advancement to higher posts. If the situation goes with more women with higher posts and on boards, with leadership positions will enables more junior professionals to see themselves in those roles and to connect with leaders and learn from their experience. Since women in nursing occupies major manpower in the health field if they given the prominence role and senior leadership positions, particularly in the emerging economies, will motivate many women to take up their higher positions with confidence. The lack of women in leadership serves as challenge alsofor women who find themselves the only women in the room, regardless of their level in the company. Women are significantly more likely to face micro aggression, feel pressure to perform. The extra mental burden of taking risk and precautions as well ensuring that the woman is performing her role successfully, will leads Emotional Tax , this to encourage and not to have negatively reputation or jeopardize the path for other women to have access to such positions in the future.

Networking Program: in most of the work areas Women were finding difficult in getting formal and informal mentor-ship and networking access at their work areas Women may find it difficult to connect with other female colleagues and senior leaders in an impact way. Additionally, time constraints due to family responsibilities such as childcare can limit women’s abilities to build networks outside office hours or outside the workplace. Changing the entrenched structural hierarchies and patterns in the sector and addressing the dearth of women in senior leadership, requires us to overcome these barriers. Gretchen Berlin.

II. Recommendations For Increasing Women’sleadership In Health Care Industry

Recommendations for Increasing Women Leadership in Health Care industry is the complexity and interconnectedness of the various barriers and challenges, The following multifaceted recommendations are designed to address the identified issues holistically, rather than challenge.

At family level women employee must be supported with the provision of

1. Share Household Chores And Childcare Equally.
2. Watch For Signs of Domestic Violence.
3. Support Mothers and Parents.
4. Reject Chauvinist and Racist Attitudes.
5. Help Women Gain Power.
6. Listen and Reflect.
7. Hire Diversity.
8. Pay and Demand the same Salary for Equal Work.
9. Inclusive Leadership and Communication
10. Analyze talent Management data, Establish Targets and Develop a Strategy
11. Implement Effective Policies and Address Sexual Harassment
12. Leadership Development, Mentor ship Programs and Networks
13. Nominate Women to Company and Industry Boards

14. Ensure Work-Life Integration
15. Support Women Entrepreneurs in the HealthCare Industry
16. Engage Men at workplace
17. Give Employees the Flexibility to Fit Work in to their lives
18. Office fitness challenges: Is a useful and fun way to get employees involved and moving. These fitness challenges can be anything from walking a certain number of steps, having ‘x’ glasses of water every day, nutrition, diet challenges, logging in sleep hours, holding yoga poses for a minute or two, etc.

Each of the recommendations above cannot be implemented successfully without engaging men Male leaders should set the appropriate tone for inclusive leadership; speak out on issues such as sexual harassment; ensure that the best policies are instituted and implemented; and hold human resources, managers and other colleagues accountable. As colleagues, men should model appropriate workplace behavior to promote gender equality. It also means creating an environment where female colleagues feel welcome by not participating in sexist jokes, excluding female co-workers from activities, or staying quiet when a colleague is being harassed.

Healthcare employers can support women throughout their organization from those in entry-level jobs to those in top leadership positions by offering flexible work arrangements. Flexible work benefits all employees but especially women. One can and should be proud of the momentum of women in the healthcare industry. We must continue to highlight the success stories and spread best practices to accelerate recent gains. For areas that still lag, we must continue to remove barriers and address issues that matter with all employees in the industry.

III. Conclusion

At Health care industry women employees are equal asset as male employees. Thus, it is only right to create an equitable workplace culture that addresses its women employees’ distinct health requirements and needs. Health Care areas growth depends on employee productivity, which is dependent on their health and well being. Having women in the industry is a proud moment. The areas where still its lacking must be looked up on and continue to remove barriers and address issues that matter with all women employees in the health care industry. The healthcare industry has an opportunity to lead in the next phase of establishing gender and racial equity. In taking the lead, it stands to benefit economically and socially. A more equitable workplace drives better innovation, performance, employee experiences, and patient outcomes.

References:

- [1]. Catalyst, *Quick Take: Women In Healthcare* (April 24, 2020).
- [2]. Catalyst, *Quick Take: Women In Science, Technology, Engineering, And Mathematics (STEM)* (June 2019).
- [3]. *Quick Take: Women On Corporate Boards Catalyst Journal Of Leadership And Organizational Studies*, (2018), 25(3)
- [4]. Mathieu Boniol, Michelle Mcisaac, Lihui Xu, Tana Wuliji, Khassoum Diallo, And Jim Campbell, *Gender Equity In The Health Workforce: Analysis Of 104 Countries* (World Health Organization, 2019).
- [5]. World Health Organization, *Global Strategy On Human Resources For Health: Workforce 2030* (2016): P. 24.
- [6]. Gretchen Berlin, Lucia Darino, Megan Greenfield, And Irina Starikova, “Women In The Healthcare Industry,” (Mckinsey & Company, 2019).
- [7]. Jane Van Dis, Laura Stadum, And Esther Choo, “Sexual Harassment Is Rampant In Healthcare. Here’s How To Stop It.” *Harvard Business Review*, November 1, 2018.
- [8]. I.L.O. Report For Discussion At The Tripartite Meeting On Improving Employment And Working Conditions In Health Services. Geneva: International Labor Organization; 2017.
- [9]. Langer A, Meleis A, Knaul FM, Atun R, Aran M, Arreola-Omelas H Et Al. Women And Health: The Key For Sustainable Development. *Lancet*. 2015; 386:1165–210.
- [10]. WHO. *Global Strategy On Human Resources For Health: Workforce 2030*. Geneva: World Health Organization; 2016.
- [11]. United Nations High-Level Commission On Health Employment And Economic Growth. *Working For Health And Growth: Investing In The Health Workforce*. Geneva: World Health Organization; 2016.
- [12]. National Health Workforce Accounts Data Include Country Reported Indicators, OECD Statistics, Labour Force Survey (LFS) Data Compiled By ILO, Census Data Compiled By The Minnesota Population Center In Their Integrated Public Use Microdata Series (IPUMS).
- [13]. Magar V, Gerecke M, Dhillon IS, Campbell J. Women’s Contributions To Sustainable Development Through Work In Health: Using A Gender Lens To Advance A Transformative 2030 Agenda.
- [14]. K Buckshee .Impact Of Roles Of Women On Health In India Affiliations Expand
- [15]. PMID: 92536641997 Jul; 58(1):35-42. Doi: 10.1016/S0020-7292(97)02887-
- [16]. World Health Organization Regional Office For Europe, “Data And Statistics.”
- [17]. World Health Organization, *Global Strategy On Human Resources For Health: Workforce 2030* (2016): P. 24.