

# Exploring barriers to women's leadership in the Maltese healthcare setting

A sub-study as part of the study:  
Exploring barriers to women's leadership in healthcare setting  
in South Eastern European countries by  
Valia Kalaitzi and Katarina Czabanowska  
Maastricht University

Researcher: Dr. Liliana Cuschieri  
Supervisor: Dr. Natasha Azzopardi Muscat  
MAPHM Symposium  
20th October 2017

#PHSymposium17

# Background

- Women leaders in healthcare significantly underrepresented in top leadership positions
- Global healthcare workforce - 75% are women but only 38% hold top positions
- In healthcare industry - women leaders compose only 18% of hospital CEOs, 14% of healthcare boards of directors, 15.9% have reached full professorship

# Background

- “Women doctors bring excellent qualities and results into medical services”
- Talent pipeline of women in medical and clinical leadership needs to be further enhanced
- Various barriers identified
  - cultural (stereotypes)
  - structural (inadequate childcare)
  - organisational (inflexible working hours)
  - personal (lack of appropriate training)

# Background

- Justifications for underrepresentation of women in leadership positions in healthcare:
  - too soon
  - too busy with family
  - not natural leaders

# Aim

- To explore nature of identified barriers to women's clinical, academic & medical leadership within healthcare setting

# Methodology

- One on one in-depth interviews with 18 healthcare leaders (9 female, 9 male)
- Three leadership domains – academic, clinical, medical
- Addressed the research question “exploring the barriers to women’s leadership in country’s healthcare setting”
- Interviews transcribed verbatim
- Transcripts analysed using thematic analysis

# Findings

- Substantial barriers identified by all interviewees
- 4/9 F encountered barriers because of gender
- 0/9 M encountered barriers because of gender

# Findings

- **Representation of women in medical leadership roles**

the Gender Gap; Isolation; Glass ceiling

- *"big boys' club"*
- Increased feminisation of workforce ≠ Increased feminisation of leadership of workforce
- *"...we still have major bias towards the male gender"*
- Men give *"acknowledgement"* & *"green light"* to women who succeed



# Findings

## Gender-related barriers

- **Related to perceived capability:**  
self-doubt, lack of self-confidence,  
underestimating personal capabilities
- Women hold back, need empowerment
- Females "...settle for less..."
- *"I don't think we value ourselves as much as we should."*
- *"we feel that we are not as good as males"*

# Findings

## Gender-related barriers

- **Related to perceived capacity:**  
work/life balance; parenthood; part-time/reduced hours
- Women still primary caregivers in the home
- Difficult to reconcile career progression & family life
- Males less likely to have career breaks & so occupy more top positions
- *"But there is biology that's playing a part there as well."*

# Findings

## Gender-related barriers

- **Related to perceived capacity: Male perspective**

work/life balance; parenthood; part-time/reduced hours

- **Men:** *"have more time on their hands"*

*"have an easier path"*

*"are a bit more stingy and a little bit more selfish where it comes to time."*

- **Women:** *"are still expected to raise children"*

*"their career is stunted...because of maternity leave."*

*"are more generous with their time when it comes to children and when it comes to family."*

# Findings

## Gender-related barriers

- **Related to perceived capacity: Different female perspectives**

work/life balance; parenthood; part-time/reduced hours

- *“putting family first **set me back in my career** a minimum of ten years, if not more.”*
- *“**an experience in its own right**” - more maturity, ability to use the hour to its maximum, cannot afford to be distracted in that hour that you’re working.*

# Findings

## Gender-related barriers

- **Related to perceived capacity: Impact on services**

work/life balance; parenthood; part-time/reduced hours

- Maternity leave = "**hindrance**"
- System almost made you "**not want to have women**"
- *"You cannot have your entire workforce disappearing. Ultimately you have to run the service."*
- Men do not have "**female baggage**"
- Reduced hours = "**stunting the service**"
- Women ask for "*privileges...the only justification is that they have children.*"

# Findings

## Gender-related barriers

- **Related to perceived credibility**

women not taken seriously; "too feminine"; male stereotype;

- *"We have to prove ourselves"*
- *"I noticed that my female colleagues had to adopt the same (aggressive) approach to be taken seriously."*
- *"Women...find it very difficult to dissociate emotions, so usually they find it difficult to be ruthless."*
- Sexist attitude
- Harassment

# Findings

- **Lack of flexible working environment**
  - *"...the whole system does not support women"*
  - *"if the head of the organisation is male then it might be even less supportive to women."*
  - *"the **current establishment is male dominated**"*
  - *The rules of the game are quite **male friendly** and **female unfriendly***
  - *A woman who has children, who can't come for meetings, who is not available, who has to do so many other things which are not connected with that work, is considered as a **disadvantage...**"*

# Findings

- **The Maltese/Mediterranean Culture**
  - Not like the Northern/Scandinavian countries
  - *"The culture itself enforces a lot of guilt on the woman. And not only from men, even from other women..."*
  - *"The culture is that you're more housebound, and give more space to your husband, or to males, to advance."*
  - *"Sexist" , "chauvinistic"*
  - *"family duties are 80% carried by the ladies not the men; the men are not very helpful"*



# Findings

- **Living in a small country**
  - Highly competitive environment
  - Need to travel overseas can cause problems
  - Everyone knows your business

# Supporting women to leadership roles

- Personal (findings 7/9 F & 7/9 M) – husband, wife, parents, professors, mentors, colleagues
- Organisational (findings 2/9 F & 1/9 M) – family friendly measures, scholarships
- Professional/cultural (findings 0/9 F & 0/9 M)

# Discussion

Having women in leadership roles is associated with:

- Better organisational performance
- Better decision making and improved outcomes

# Discussion

- More female graduates than male in many healthcare professions
- Need to take into consideration increase in female healthcare professionals and thus potential leaders in near future

# Women in medicine in Malta over the years

- 1925 – first woman to graduate in medicine
- 1925-1982: 33 women qualified in medicine
- 1983-2014: 636 women qualified in medicine
- Since 2004, more females than males graduating in medicine – c. 52% per year (highest 62% in 1 particular year)

# Maltese women leaders in healthcare

- 1 CMO
- 1 SPH
- 2 hospital CEOs + PHC
- MDH – 1 female Medical Administrator
- VGGH – 1 female Clinical Director
- POYC – 2 female CEOs
- MUMN president – female
- Faculty of Health Sciences - Dean – female
- Faculty of Dental Surgery – Deputy Dean – female
- Consultants
- Directors
- University professors

# Recommendations

- Interventions that would support more women entering formal medical leadership roles
- Staggering of maternity leave, flexibility, plus other family-friendly measures (for males & females)
- Job sharing and shared posts
- Revisiting rigid career structures
- More peer support
- Fair recruitment processes

## Recommendations – the interviewees

- *"get their education out of the way"*
- *"instil more confidence in girls while still at school"*
- Choosing more *"family-friendly"* specialties - radiology, dermatology, public health, family medicine – *"a female surgeon has a hell of a life"*
- Providing a *"...professional climate and culture where women are empowered..."*



# Recommendations

- Quotas –
  - *"...make the environment more female-friendly rather than have quotas... So, at the end of the day somebody has to compete and get the job because he deserves it."*
  - *"For me it's an insult to hear about things like positive discrimination."*

# Looking forward

- 1959 - female houseofficer told - *"Before I employ each and every male doctor there is in Malta I won't employ you."*
- 1980s - *"That you tell me that I can't get a post because my fiancée happens to be going abroad to train... it was so unacceptable I was livid."*
- 1990s - *"I came in quite early to work after, I didn't take my full maternity leave, because I was afraid that I would lose my seniority. At that time it was an issue."*
- 2010s - *"inappropriate questions"* like, *"Do you intend having a family soon, I think you've just gotten married?"* or *"Are you going to have children?"* no longer allowed
- None of male interviewees declared having or ever having issues working with women just because they were female

- *"in the last five years...the prize for Medicine was always awarded to a female. So, not only are they the majority but they're also **the best students.**"*
- *"My experience at that level has always been that women bring in **a lot of quality into our services.**"*
- *"Because otherwise I think the females have, at least in my department, they have shown themselves to be **very, very good, very professional and very, very reliable** so I don't see any problems there."*
- *"...my experience has been that women in leadership positions give **added value**...I believe that women leaders will give much to leadership in the health professions."*
- *"...women tend to be more... their decisions are **more human.**"*
- *"...usually the women that there are are **very good.** They are **of very high standard.** the few who I know who are in leadership positions they tend to be very good...they tend to be...**high performers.**"*

Thank you

#PHSymposium17

# References

- Stavroula Kalaitzi, Katarzyna Czabanowska, Sally Fowler-Davis, Helmut Brand, 2017, "Women leadership barriers is healthcare, academia and business", *Equality, Diversity and Inclusion: An International Journal*, Vol. 36 Issue: 5, pp 457-474.
- Bismark M, Morris J, Thomas L, *et al.* Reasons and remedies for under-representation of women in medical leadership roles: a qualitative study from Australia. *BMJ Open* 2015; 5:e009384.
- Feminization of the medical profession in Malta, Joseph Cacciottolo, *Malta Medical Journal*, Volume 27, Issue 1, 2015, pp 1-3