



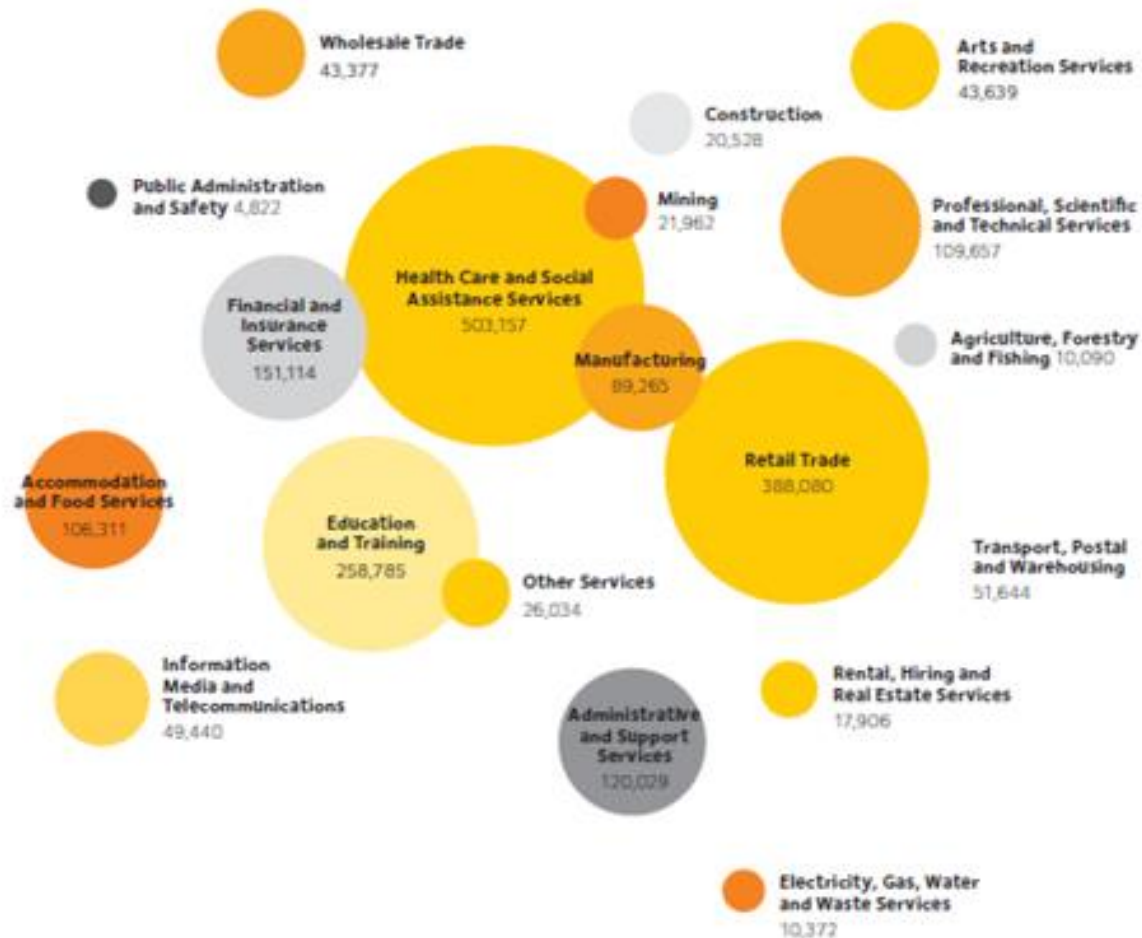
The role of the female health
worker in the global community
- An Australian Perspective

Dr Danielle McMullen
Australian Medical Association
25/8/24 – CMAAO, Manila



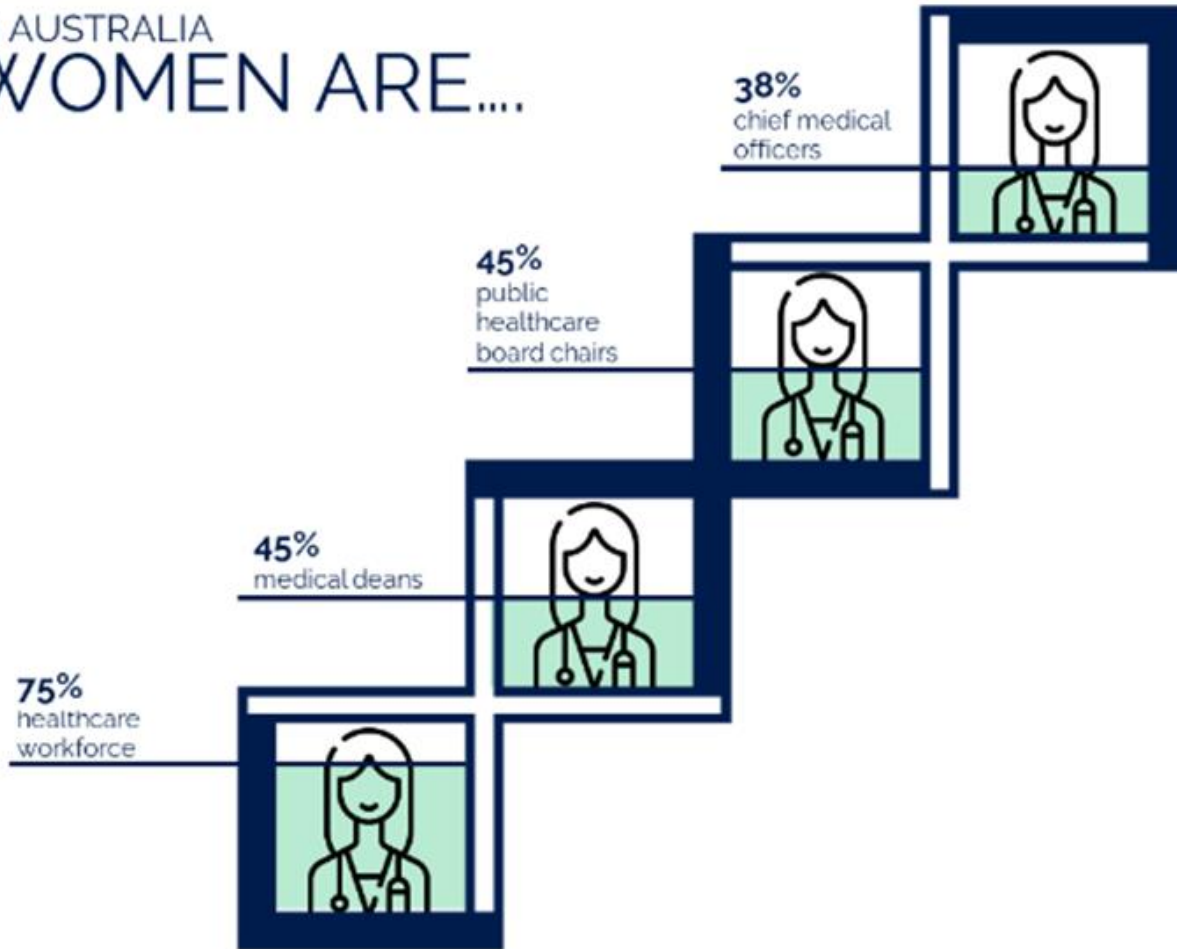
Women in the workforce in Australia

Number of women employed by industry



- One in four Australian women in our workforce work in health
- Fix inequity here & we can impact more broadly

IN AUSTRALIA WOMEN ARE....



Data updated August 2021

- Gender parity in Medicine at entry
- Leaky pipeline
- Variable equity across specialties

The Problem?

Figure 1 Global Health leadership pyramid

Women's representation in global health leadership, based on influence



Healthcare is delivered by women and led by men

There is a recognised need to shift the responsibility for change from the individual to collective systems and organisational action

Why prioritise gender equity in healthcare leadership?

- Improved and more equitable health outcomes
- A more empowered workforce, improved motivation, reduced attrition
- Improved quality of care
- Improved organisational performance.



Barriers to overcome

- Reduced capacity due to career disruption and external responsibilities
- Credibility assumptions around women in leadership
- Perceived capability and confidence.
- Early career male and female doctors progress similarly, yet women are five times more likely to have family related career disruptions, profoundly impacting on career progression.



If we are serious about supporting women and improving the representation of women in medical leadership, evidence-based initiatives need to be implemented at the level of the institution, not the individual.

AMA Advancing Women in Healthcare Leadership (AWHL) Partnership

<https://www.womeninhealthleadership.org/>

- Since 2019
 - Partnership with Monash University
- To deliver coproduced, evidence-based organisational and system change to advance women in healthcare leadership.
- Mapping
- Evidence
- Planning
 - AMA
 - Medical profession



Advancing Women in Healthcare Leadership

Generating an evidence-base and delivering multi-faceted organisational and individual level interventions that measurably improve career progression for women in healthcare

LEAD PARTNERS



IMPACT PARTNERS



SUPPORT PARTNERS



AFFILIATE PARTNERS



UNIVERSITY PARTNERS



COPRODUCTION APPROACH FOR IMPACT

PHASE 1 KNOWLEDGE GENERATION

Evidence synthesis
Qualitative research
Priority setting



PHASE 2 INTERVENTION DEVELOPMENT

Working groups
Development workshops



PHASE 3 IMPLEMENTATION SUPPORT

Researcher in residence
Capacity building program
Evaluation & impact



PHASE 4 SCALE UP

Implementation
resources & toolkits
Policy translation &
guidance



Evidence | Partnership | Implementation | Impact

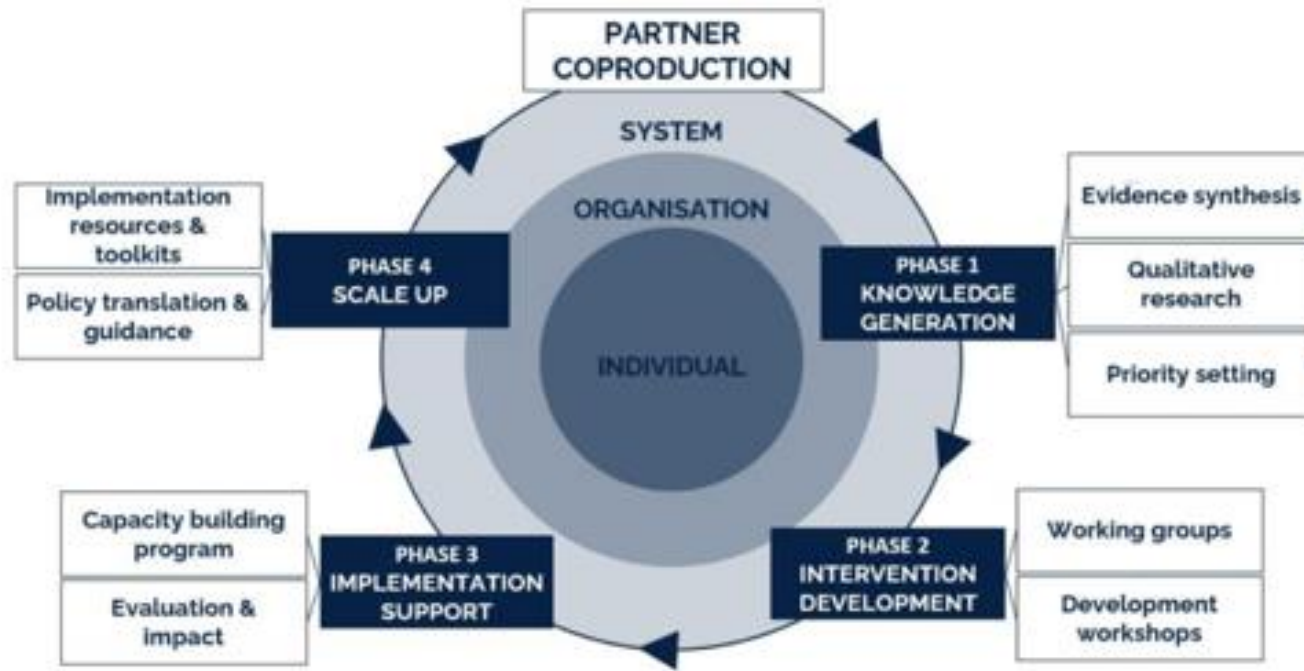
© Monash University



womeninhealthleadership.org



Project structure- Advancing women in healthcare



Evidence:

To close the gender gap and enable women to achieve their career goals, organisations need to adopt dedicated leadership and commit to ground-up co-development with women and the broader workforce to meet their needs in implementing the interventions in the long-term

Research:

Interviews with AMA leaders and AMA members (n=542) Identifying **what works** and **opportunities** for consideration to improve gender equity.

Priority setting:

- Greater focus education about the interplay between power, privilege, bias and merit,
- Transparent monitoring and reporting on initiatives including gender targets
- Promoting access to evidence-based leadership, mentoring and support for emerging women leaders.

How can healthcare organisations best support future advancement of women into leadership?



Mousa M, Garth B, Boyle JA, Riach K, Teede HJ. Experiences of Organizational Practices That Advance Women in Health Care Leadership. JAMA Netw Open. 2023;6(3):e233532. doi:10.1001/jamanetworkopen.2023.3532

- ✓ Start with **evidence-based interventions** (1)
- ✓ Apply **evidence-based implementation approaches** (2)
- ✓ Create a **workplace culture** that supports women's' credibility as leaders
- ✓ Build practices that foster **credibility, collaboration** and **continuous improvement**



womeninhealthleadership.org

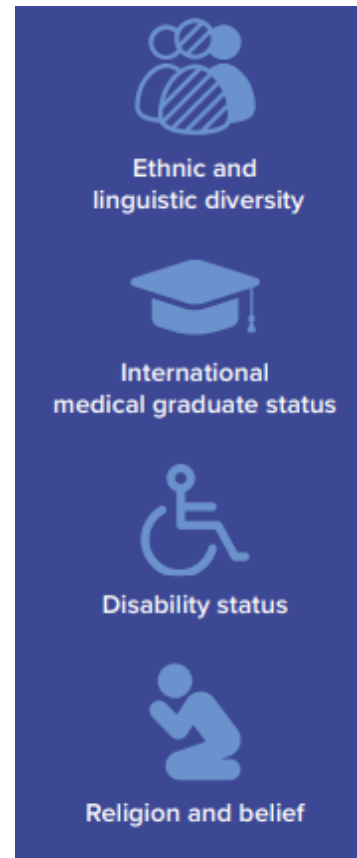


Interventions required to enhance women's healthcare leadership



Diversity survey 2020

Members (542) were asked how supportive the AMA was in terms of a diverse membership, diversity in leadership and their experience as an AMA member



- Females, younger members, international medical graduates (IMGs), non-heterosexual people and people with disabilities were more likely to feel that the AMA could be more representative of them and provide a better member experience.
- IMGs were the largest group to respond with around 30 per cent responding unfavourably with regards to membership, leadership and experience related to being an IMG.
- Two small, opposing views by respondents, one expressing hostility to the survey as politically correct nonsense, and the other voicing a dissatisfaction with dominant roles played by 'old white men' in the organisation.

Opportunity areas

1. Female representation in leadership roles
2. Inclusive and transparent recruitment strategies and workplace practices
3. Formal and informal mentoring and networking opportunities
4. Flexibility and family-friendly policies and practices
5. Gender targets and quotas

AMA priorities to advance women in leadership

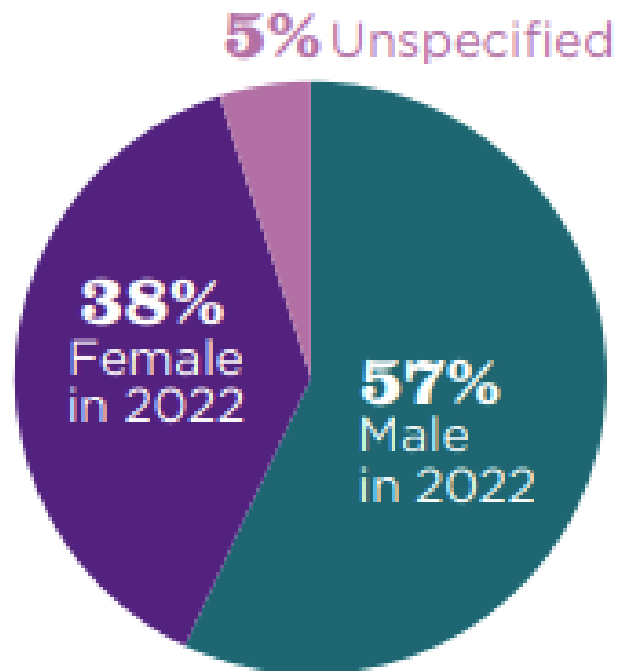
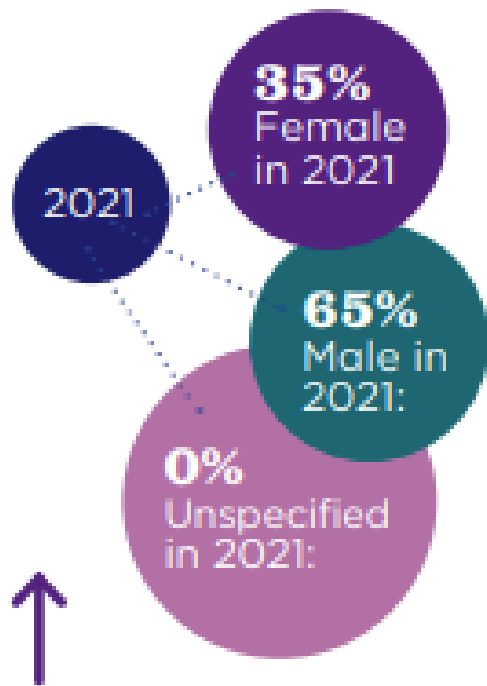
Internal AMA

1. Targeted education on 'merit', bias and privilege and why gender equity is needed
2. Transparent and equitable processes for decision-making around recruitment, selection and acquiring leadership and representative roles including gender targets
3. Monitoring, evaluating and reporting transparently
4. Promote respect and monitor behaviour in AMA meeting/events
5. Evidence-based leadership, mentoring and support for emerging women leaders, incl. scholarships/funding for leadership development

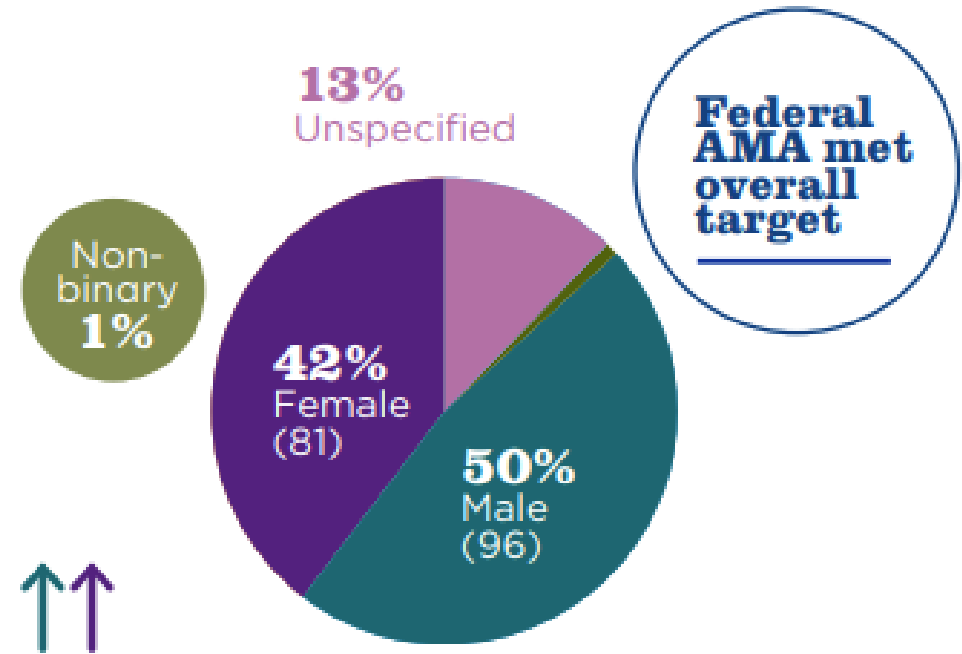


AMA Gender Diversity Target

40 per cent women, 40 per cent men, 20 per cent flexible for all federal AMA councils and committees, with a gender diversity target of women holding 50 per cent of federal AMA representative positions overall.



13 Federal AMA Councils and Committees with 191 representative positions



Diversity and inclusion plan 2020-22: 78% percent attainment of actions

Diversity & Inclusion

- AMA Diversity and Inclusion Plan 2020-2022
- Member Diversity Survey
- Taking part in representative roles

Gender equity

- Gender targets and reports
- A guide to gender balanced representation on AMA Councils and Committees
- AMA Gender Equity Summit
- AMA Advancing women in healthcare leadership partnership

Disability

- Supporting doctors and medical students with disability
- Webinar: Advancing equity for doctors and medical students with disability

Awards & Scholarships

- AMA Indigenous Medical Scholarship
- Women in Leadership
- Diversity in Medicine

Policy

- Supporting doctors and medical students with disability 2023
- Flexibility in Medical Work and Training Practices 2023
- Workplace Bullying, Discrimination and Harassment 2021
- Medical parents and prevocational and vocational training 2020
- Anti-racism 2018

Equity, inclusion and diversity plan 2023-25

Key focus areas

Work participation

- Advocate for pathways to support work participation and career progression for international medical graduates, doctors with disability, and doctors returning to work after a prolonged absence.

Cultural safety

- Collaborate to support Aboriginal and Torres Strait Islander doctors and doctors from culturally and linguistically diverse backgrounds to work and train in culturally safe environments, free from racism.

Equity and inclusion

- Support equity and diversity in our representative structures across the AMA and create a culture where members feel they belong.

Equity, inclusion and diversity plan 2023-25

Work underway

Leading on advocacy

- Advocate for removal of barriers to work participation and career progression for:
 - International medical graduates
 - Doctors with disability
- Review the AMA position statement on antiracism
- Contribute to:
 - Advancing women in healthcare leadership community of practice
 - National Strategy to Achieve Gender Equality

Recognising and valuing members

- Identify opportunities to link AMA messaging to significant public diversity events
- Review AMA meeting code of conduct to promote respectful and collaborative discussion and recognise and act on inappropriate behaviour

Strengthening our AMA community

- Support women to participate in leadership and representative roles by implementing recommendations from the AWHL project
- Review representative and member engagement structures and processes (Governance project)
- Improve our capacity to report on the diversity characteristics across our AMA membership (Business led/digital member engagement project)

AMA Female Presidents



Prof Kerry Phelps
2003-2005



Dr Rosanna Capolingua
2007-2009



Dr Danielle McMullen
2024-2026

AMA24

AMA 2024 Women in Medical Leadership Award



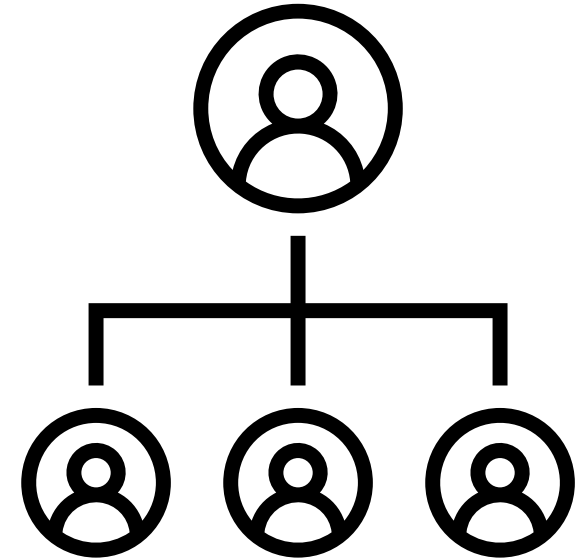
Prof Helena Teede and Dr Sarah Whitelaw were joint recipients of the Australian Medical Association's 2024 Women in Medical Leadership Award for outstanding leadership and contributions to healthcare.

The pair have been recognised for influencing national health policy by promoting gender equity and diversity as fundamental pillars of healthcare.

Thank you!!

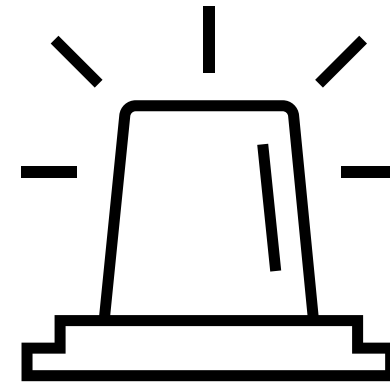
1. Organisational Changes

- Addressing the **structural barriers** such as career flexibility and family-friendly policies
- Providing **support and incentives** to address organisational career barriers for women across early, mid and late career stages is useful in improving overall culture, psychological well-being, and career and health outcomes.
- Effective succession and retention practices included introducing flexible meeting design (in structure, setup and conduct), increasing remuneration strategies that overtly enable and fund participation of women, and promoting female role models
- Supportive human resource policies and practices, with organisational support critical in mitigating the impact of career inflection points or transitions



2. Regulatory Changes

- Setting explicit goals (i.e., targets and quotas) supported by enforcement mechanisms, compared to reporting requirements alone.
- Hard sanctions for non-compliance balanced with support strategies and 'soft' regulatory action (e.g. corporate strategy or code of conduct) promotes sustainable cultural change for gender equity.
- Provide a strong supportive culture that offers opportunities for women to broaden their experience and nurture their leadership potential, advanced women in leadership.



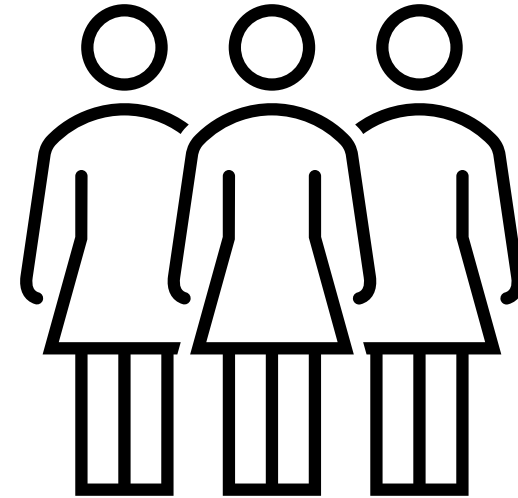
3. Awareness and Engagement

- Publicising and promoting organisational challenges in gender equity and of policies and practices are helpful in building a culture of awareness, workforce engagement, opportunity and motivation.
- Promotion of family-friendly approaches that mitigated the impacts of family demands and reduced bias from gender role stereotypes, improving perceptions of women's leadership efficacy and fostering a culture supportive of advancing women in leadership.
- Improved awareness of strategies that address gender bias, promoted organisational equity, mitigated backlash and enhanced ally-ship (the extent to which men advocate for women).
- Effecting positive change requires workforce engagement in co-design and action-focused solutions that apply 'new' knowledge in practice, while managing expectations and fostering resilience when set-backs occur.



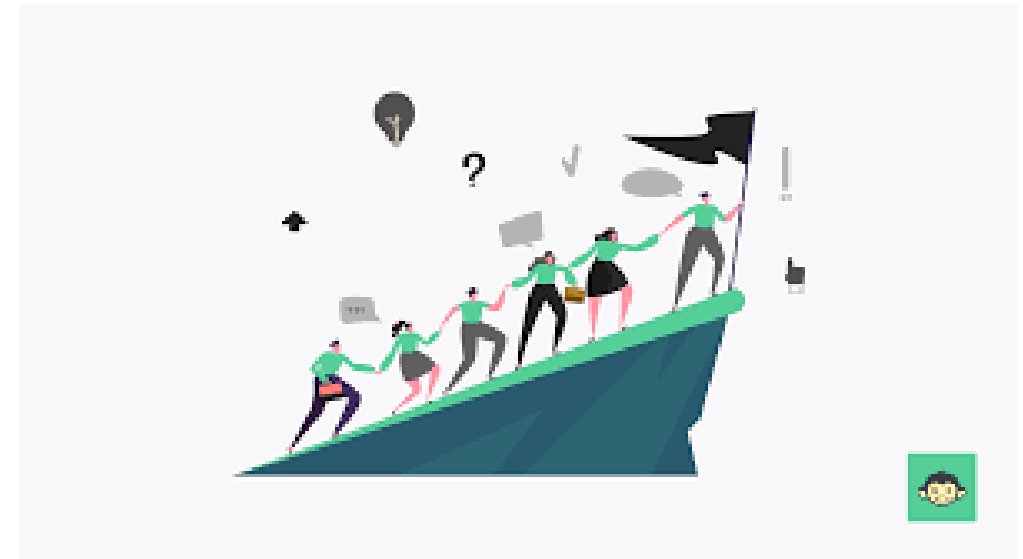
4. Mentoring and networking

- Formal mentoring programs improved women's ability, skills and productivity, with women in junior and senior positions equally likely to become mentors
- Job sharing provides opportunity for women to enact leadership in part work, play to one another's strengths and shoulder complexity and responsibility together.
- Male allies perceived mentoring as significant in supporting women's leadership, when coupled with sponsorship to recognise and promote women into leadership.



5. Leadership development

- Developing organisational leadership and ability supports women's careers, enhancing skills, attitudes and behaviours including expanding participation in broader activities and networks.
- Content in leadership development should include learning to 'survive and thrive' in male dominated contexts, building support, overcoming barriers, and career consolidation.
- Organisations will benefit from demonstrating commitment, which enhances participant willingness and ability to understand how to navigate the workplace, also improving attitudes, engagement and retention



6. Support Tools

- Multifaceted tools (e.g. models, frameworks, measures) that describe specific gender-related problems or issues to be addressed and explores why and for whom a concern was of importance, provides a logic for taking one particular approach over another.
- Cultural support in an organisation should be offered.
- Using computational modelling tools are useful to highlight problematic organisational practices, such as the disproportionate load placed on women to fulfil career requirements, and negative impacts of obstacles to accessing initiatives

