MonashHealth

MCHRI
Monash Centre for Health Research and Implementation

MONASH University

Priscilla Kincaid-Smith Oration

Women in Medical Leadership; Disruption in relation to the profession, its identity and its interaction with the broader health system

Professor Helena Teede MBBS FRACP PhD FACHMS

Executive Director Monash Partners Advanced Health Research Translation Centre
Professor Women's Health and Director Monash Centre for Health Research and Implementation- MCHRI, Monash University
Endocrinologist and Professor Diabetes, Monash Health
NHMRC Practitioner Fellow

Monash Partners
Academic Health Science Centre

Disclosure

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NHMRC, ARC, Government, International funding

Priscilla Kincaid Smith

Overview

- Women in Medicine and Leadership
- Leadership journey
- Models of leadership – power
- Barriers
  - Traditional
    - Pipeline, interest and “natural talent”
  - Capability, Capacity, Credibility
- Moving Forward
- Disruption for impact

Case for action

Table 1 Female representation in selected medical leadership roles

Organisation/ organisation type	Position type	Female representation (for 2015 unless otherwise stated)
Hospitals	Chief Executive Officer	12.5% (for hospitals with >1000 employees) 38% (for hospitals of all sizes) (Drawn from a sample survey by the Workplace Gender Equality Agency)[34]
Australian Medical Association	President (national or state/territory branch)	22%
Medical schools	Dean	28%
Medical colleges	Member of governing board or committee	29% average across all colleges
National Health and Medical Research Council	Lead investigator on funded projects	32% (2014)[31]
Health departments	Chief Medical Officer or Chief Health Officer (state/territory and federal)	33%
Medical students' societies	President	38%
Royal Australasian College of Medical Administrators	Trainees in medical administration	39% (2014)[6]

Bismark et al

Case for action

- Glass ceiling is alive and well
  - 50% graduates, 17% senior academics in science and ~20-30% in Medicine
- Majority house and family duties still fall to women
- Equity agenda is important
- Evidence for benefits of females in leadership roles
- Evidence now on barriers and effective path forward

Leadership labyrinth

McDonagh et al 2013

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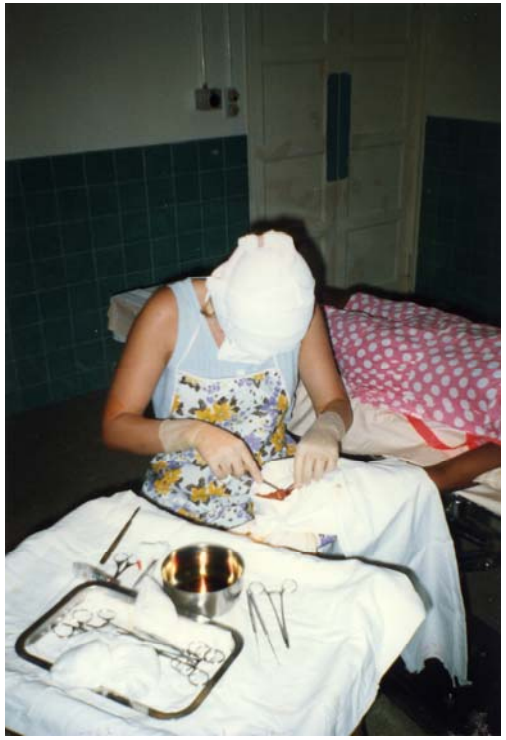
Leadership Journey

- Travelled – diverse exposure
- Medicine, FRACP, General Medicine and Endocrinology
- PhD- seeking career diversity



Leadership Journey

- Married- Respiratory Intensivist, Academic
- Family – 2 daughters
  - Role sharing/ partnership
  - Challenging
  - Rewarding
  - No regrets
  - Guilt common
  - HELP vital

Leadership Journey

- Opportunistic accidental leader
- Head hunted -Academic & Clinical
- Nominated for Exec MBA program
- Self awareness strengths and weaknesses
- Fundamental learning experience

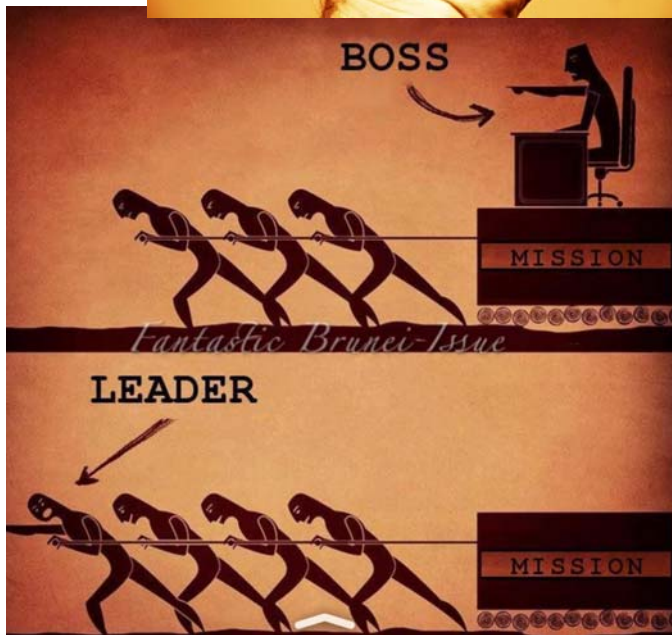
Power

- Personal level
  - Motivators
  - Drivers
  - Energy
  - Work ethic, work life balance
  - Balance autonomy and demands and stress
  - Collaboration and impact

- Power:
  - physical might
  - mental or moral efficacy
  - political aurthorative control or influence

Leadership is based on inspiration, not domination; on cooperation, not intimidation.

---William Arthur Wood



Leadership

Behavioral genetics
- ~30% of variation in leadership is heritability

Rest attributed to environmental factors
- different role models
- early opportunities for leadership development

(Arvey, Zhang, Avolio, & Krueger, 2007)

"Homogeneous teams don't make better decisions – they just think they do". Senator Penny Wong

Leadership Journey

- Roles:
  - Mother, Partner
  - Clinician
  - Acade
  - Leade
    - He Academic Health Sci earch Committee, Government roles
  - Government, NGOs, Academic, Health, NGO sectors
- Training/ mentoring next Generation, especially women
  - Leadership courses,
  - International, National and Organisational Initiatives

Clear motivator of influence and impact

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What does the evidence say?

BMJ Open

Reasons and remedies for under-representation of women in medical leadership roles: a qualitative study from Australia

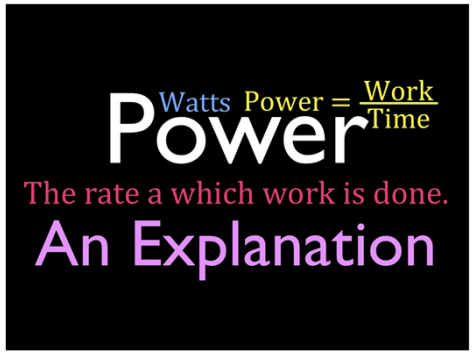
Marie Bismark,[1] Jennifer Morris,[1] Laura Thomas,[1] Erwin Loh,[2] Grant Phelps,[3] Helen Dickinson[1]

- Pipeline – no longer valid, progress is much slower and largely static in past decade
- Interest and “natural talent” rarely conscious bias but persists in unconscious bias

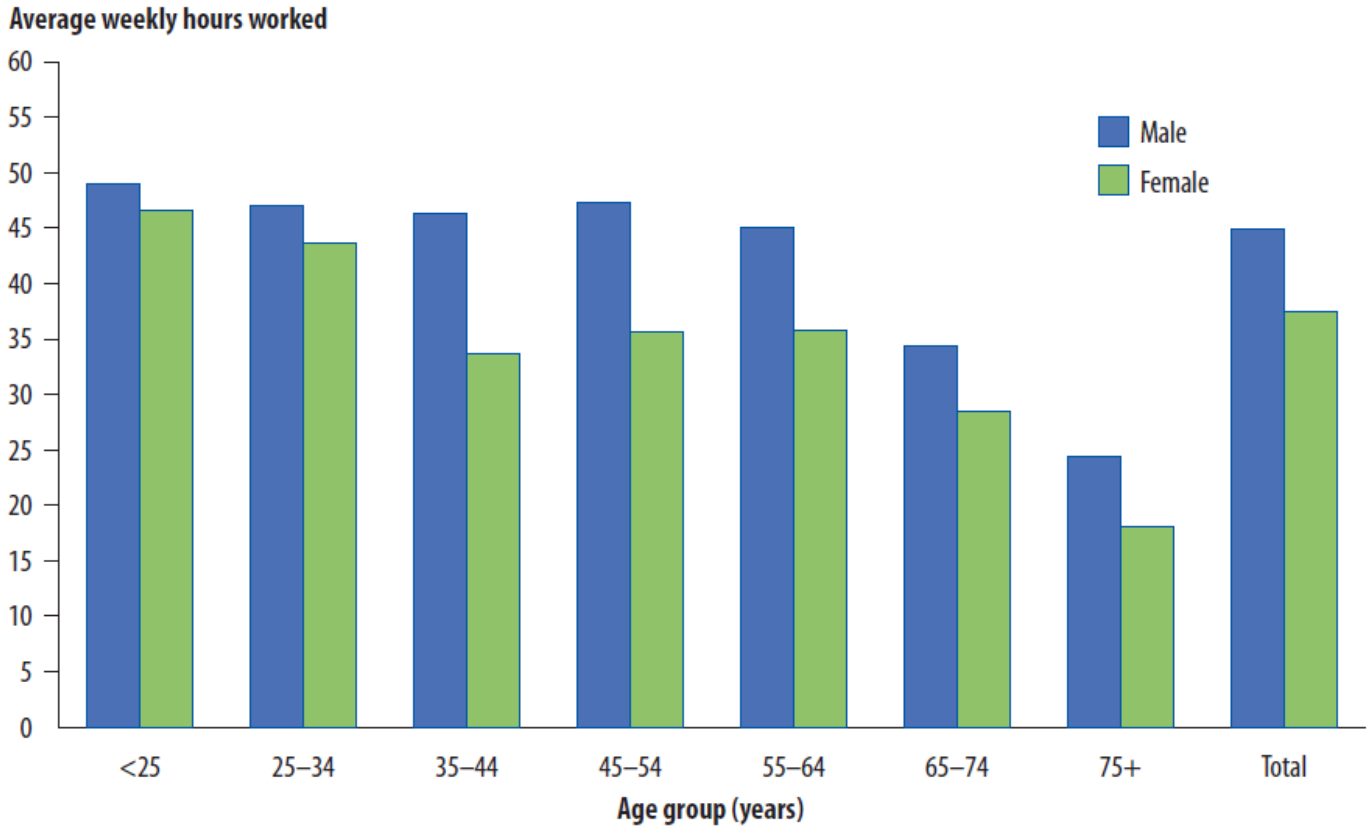
Capacity


Career
Family
Life
Balance
Health
Friends


workplace
flexibility


Watts Power = Work / Time
Power
The rate a which work is done.
An Explanation

Work hours



Source: AIHW Medical Labour Force Survey 2009.

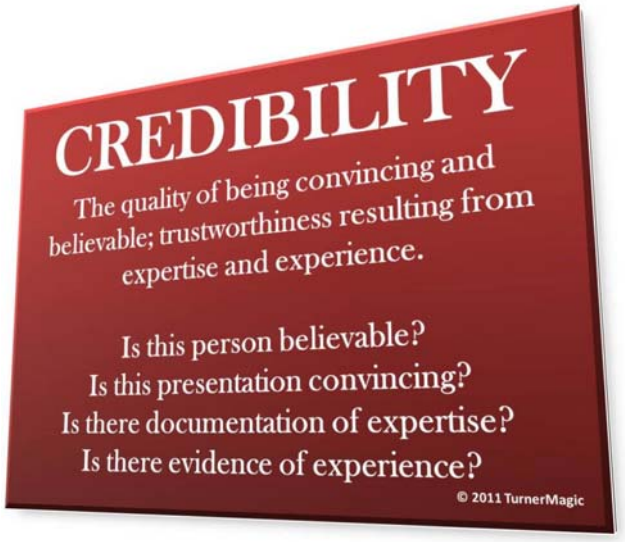
Figure 3: Employed medical practitioners, average total weekly hours, by age group 2009

Capability

Believe in your skills and ability
Support others to believe in their skills and ability

Mentors

Credibility



Aim for balance and representation
Strategies to enable a conducive environment
Support others to believe in their skills and ability

Practices for success

- Strong case and recognition of the need for change
- Redesign roles/ training to enable / normalise flexible work
- Support talent through life transitions
- Infrastructure to support an inclusive and flexible workplace
- Role-model a commitment to diversity
- Set a clear diversity aspiration, with accountability
- Develop rising women and ensure women are in key roles
- Challenge traditional views of merit and credibility in recruitment and evaluation
- Actively sponsor rising women
- Invest in frontline-leader capabilities to drive cultural change

McKinsey WIL success factors in Australia 2018

Initiatives

Academic sector

- NHMRC
  - Range initiatives, substantive statement to promote equality
- Athena Swan
  - International initiative
- WISE
  - Australasian initiative Women in science and engineering
- Australian Academy Sciences
  - SAGE (Science in Australia Gender Equity)

- RACP opportunities

In the clinical context

Table 4 Interventions suggested by interviewees to support women's participation in medical leadership roles

Who	What can they do?
Individuals	Recognise unconscious gender biases
	Serve as a peer support, role model or mentor for aspiring leaders
	Support and encourage women through periods of maternity leave and childrearing responsibilities
	Promote women for consideration for leadership roles
	Model good behaviour through recognition of and respect for female leaders
Organisations eg, hospitals	Provide flexible and family-friendly working hours
	Establish a female leadership group to offer peer support
	Create part-time leadership roles
	Be explicit and transparent about opportunities to apply for leadership roles
	Provide appropriate continuing education allowances and educational opportunities to part-time staff
Professional organisations eg, colleges	Improve reporting and consideration of gender issues at board level
	Help to connect women with female leaders and mentors
	Help to develop training and career pathways that dovetail with parenting and other caring responsibilities
	Encourage women to consider opportunities they may not have thought about
	Advocate for gender equity in wider social policy debates (eg, pay equity, access to education and childcare)

Bismark et al

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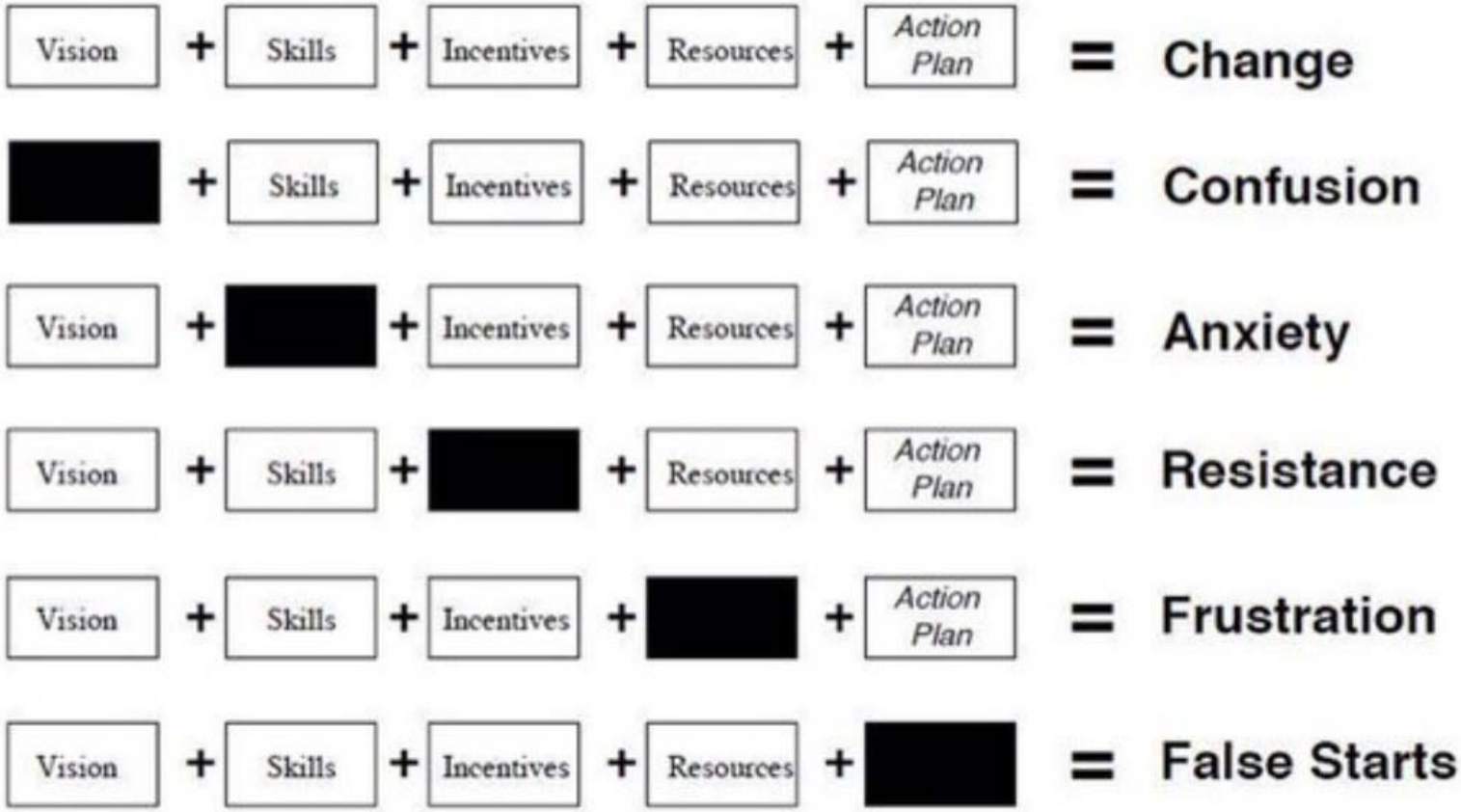
Managing Complex Change



Adapted from Knoster, T., Villa R., & Thousand, J. (2000). A framework for thinking about systems change. In R. villa & J. Thousand (Eds.), Restructuring for caring and effective education: Piecing the puzzle together (pp. 93-128). Baltimore: Paul H. Brookes Publishing Co.

Disruption: More women in leadership

- Vision, skills, incentives, resources, action plan for change
- Enable and support young women
- Increase women in senior leadership roles
- Identify and address unconscious bias
- Disrupt norm to enable more women in leadership
- Create level playing field

Disruption for Transformational leadership

- Equity delivers more inclusive style in leadership
- Greater cooperation, collaboration
- Meta-analysis
  - women are more transformational than male leaders
- Advantage for women as leaders
  - manifest leadership styles relate to effectiveness
  - focus more on individuals, engaging for common goal
- More women in leadership team
  - greater success in attaining goals
  - promotion of collaboration for transformation

Eagly A 2006

Opportunities in health
Silos and a lack of system

Creating the platform for transformation

Target

Traditional unidirectional concept of translational research: The need to evolve iterative process

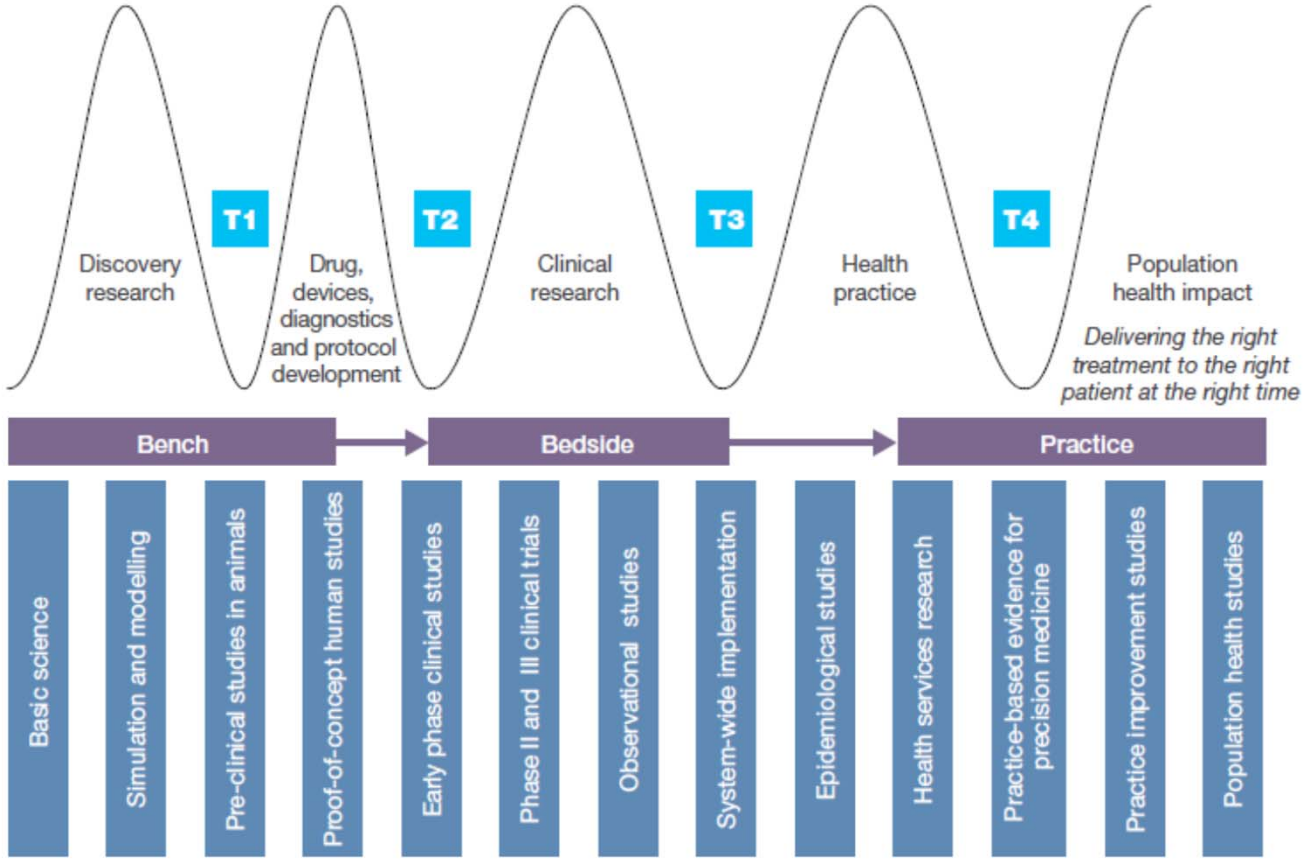
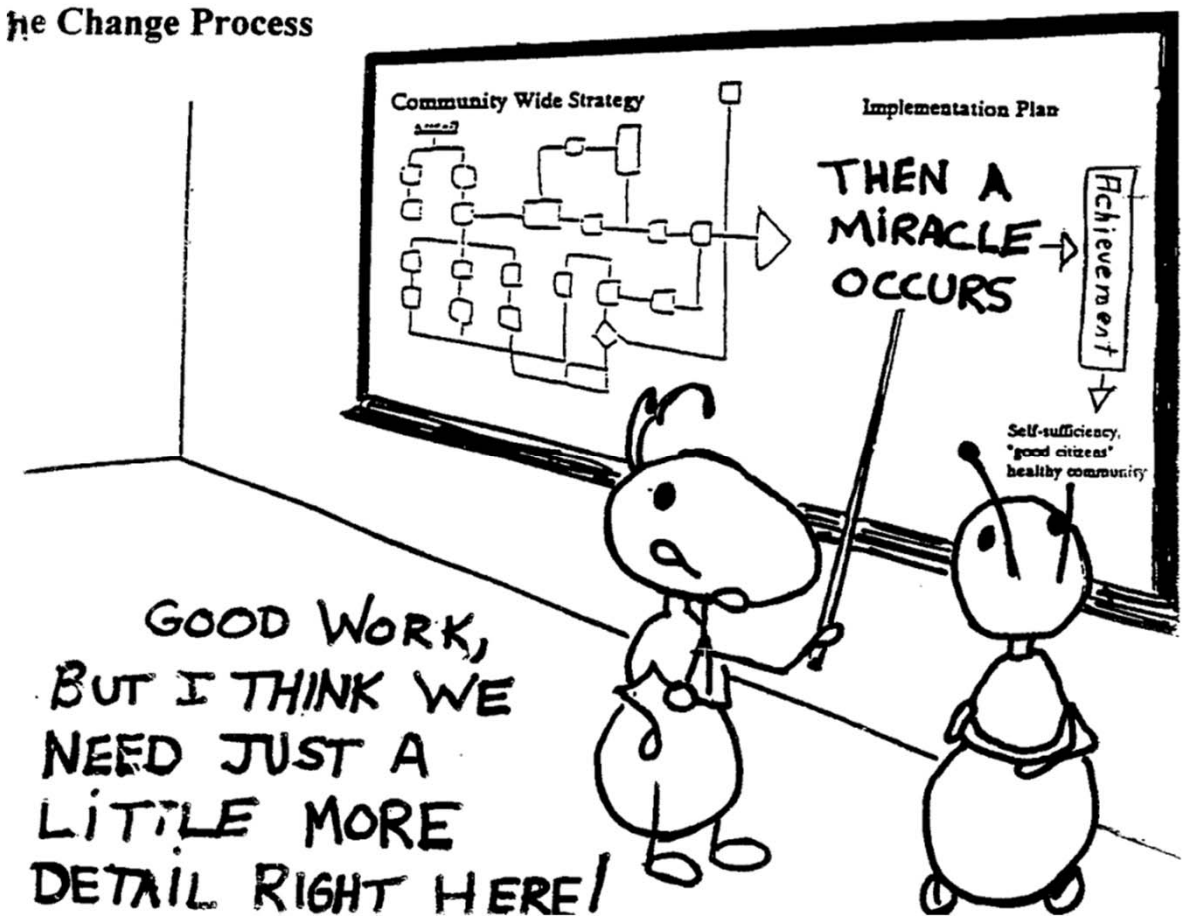


Figure 3: Health and medical research pathway from bench-to-bedside to practice

Adapted from Meslin et al. 2013[13] and Westfall, Mold & Fagnan 2007[14]

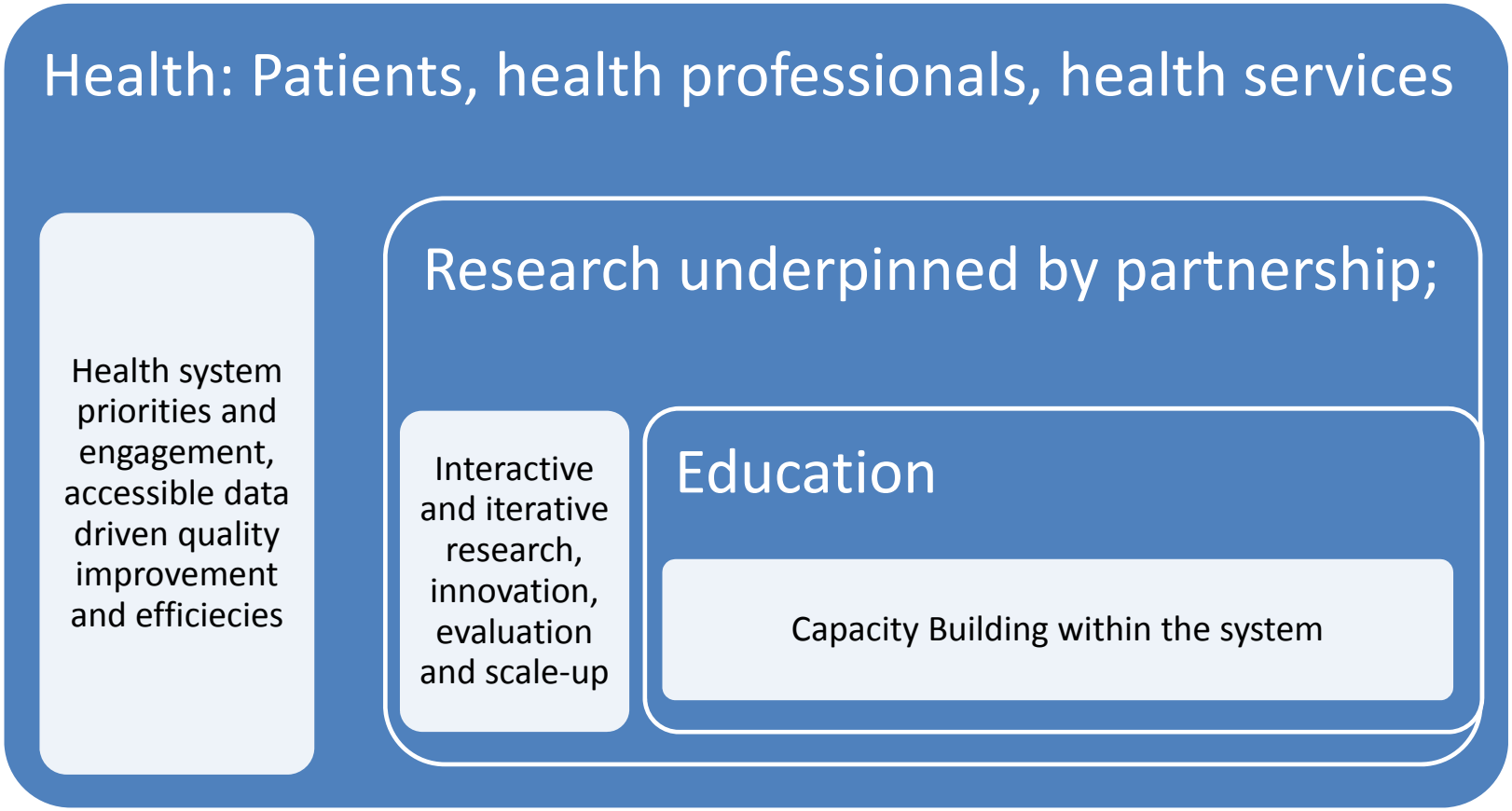
Implementation and translation

- 

Disruption and improvement

Communities of practice

Models


Health: Patients, health professionals, health services
Health system priorities and engagement, accessible data driven quality improvement and efficiecies
Research underpinned by partnership;
Interactive and iterative research, innovation, evaluation and scale-up
Education
Capacity Building within the system

Monash Partners
Academic Health Science Centre

MONASH University

Monash Partners Academic Health Science Centre or Advanced Health Research Translation Centre

Integrating research, clinical practice and education

To connect health professionals, researchers and community to innovate for better health

AlfredHealth
Baker
Burnet Institute
Medical Research. Practical Action.
Cabrini
easternhealth
Epworth
HUDSON
INSTITUTE OF MEDICAL RESEARCH
MonashHealth
MONASH University
Peninsula Health

The Australian Health Research Alliance (AHRA)

7 Advanced Health Research Translation Centres

2 Centres for Innovation in Regional Health

Sydney HealthPartners

Monash Partners Academic Health Science Centre

Melbourne Academic Centre for Health

SAHMRI South Australian Health & Medical Research Institute

South Australian Academic Health Science and Translation Centre

WAHTN Western Australian Health Translation Network

brisbane diamantina health partners

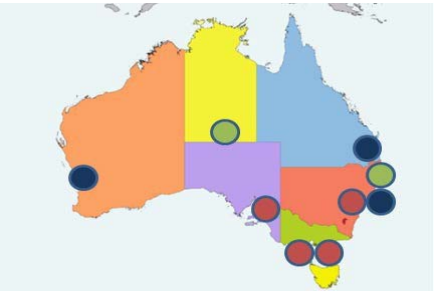
NSW REGIONAL HEALTH PARTNERS CENTRE FOR INNOVATION IN REGIONAL HEALTH

CENTRAL AUSTRALIA ACADEMIC HEALTH SCIENCE CENTRE

SPHERE

Maridulu Budyari Gumal

The Sydney Partnership for Health, Education, Research & Enterprise (SPHERE)



Australian Health Research Alliance

- Unprecedented engagement
- Collaboration vs competition
- Premise - Australians are the funders and beneficiaries in health and in medical research
- Health Care Improvement cooperative for the good of all
- Socialisation of health and research
  - $65M to date
- Significant leadership and engagement
- Changing in leadership from competitive to collaborative
- Role models and emerging collaborative leaders

Australian Health Research Alliance

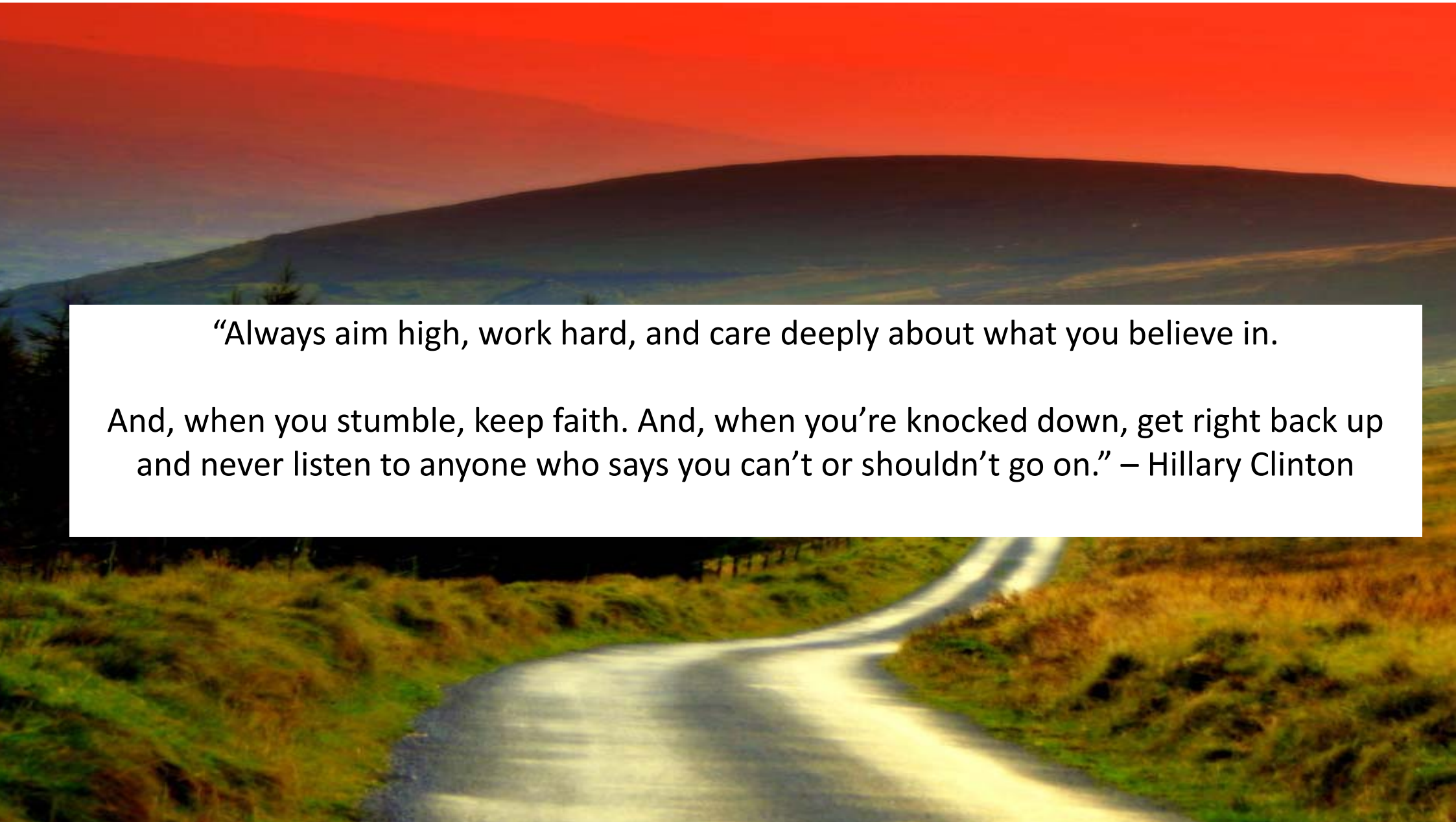
Data for clinical improvement

Health services research

Consumer & Community Involvement

Indigenous health and capacity building

Impact


“Always aim high, work hard, and care deeply about what you believe in.
And, when you stumble, keep faith. And, when you’re knocked down, get right back up and never listen to anyone who says you can’t or shouldn’t go on.” – Hillary Clinton

Our vision

To measurably enhance the health of the communities we serve

Our Website

https://www.monashpartners.org.au

Monash Partners
Academic Health Science Centre