

Why Healthcare Needs More Women Leaders



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Recently, *Modern Healthcare* published its [list](#) of the 50 most influential physician executives and leaders. The list included only seven women. There were seven in 2016, nine in 2015, and eight in 2014. Women comprise less than 10 percent of that list. As you will see, the math does not add up.

You might also like: [Women in Leadership in Intensive Care Medicine](#)

Women make up more than 50 percent of physicians in training, and 78 percent of the entire healthcare workforce! This is important for healthcare outcomes: [Research](#) shows that patients cared for by female doctors fare better than those who are treated by men. Elderly hospitalised patients were less likely to die and less likely to be re-admitted to the hospital, because female doctors are more likely to follow recommendations about prevention counselling and to order more preventive tests. In fact, Dr. Ashish Jha of Harvard estimates that 10,000 lives could be saved each year if male doctors could generate the same patient outcomes as female doctors.

Research also [shows](#) that women make 80 percent of the healthcare decisions for their families, to the extent that they are now known as “Chief Medical Officers” of their families. It has been demonstrated that engaging these women as decision makers improves health for all because they have a different definition of “health”: 79 percent see it as “physical and emotional wellbeing.”

And yet there is still an underrepresentation of women in leadership roles. Only 8 percent of the top 100 hospitals have a female CEO. There are zero female CEOs in the Healthcare Fortune 500.

Why does this matter? It matters because patient outcomes, management practices and business performance are improved with meaningful female input.

I have developed a number of leadership teams in my 20 years in healthcare. Diverse representation at the table changes the conversation. It becomes more collaborative; there is more listening and less interrupting. A conversation about a layoff is less about profit and more about how to navigate both the human impact and the broader impact on the organisation. We have better conversations about how we are functioning as a team and we create a safe space when people can be honest with their feedback to all members of the team, including the leader. Many times, a strong female Chief Nursing Officer (CNO) will have to remind a male colleague that the timeframe to create a sustainable change in care delivery is not four to six weeks, but four to six months, and can lay out the individual steps and milestones necessary for scale and sustainability. With women on the team, the discussions at the leadership table enable us to better understand our target market, and give us a competitive edge in terms of talent acquisition.

Companies with diverse leadership teams perform better financially. Gallup studied more than 800 business units from two companies representing two different industries—retail and hospitality—in 2014. The researchers [reported](#) that gender-diverse business units have better financial outcomes than those dominated by one gender. With women at the table, I have seen the creation of open, trusting and supportive relationships that liberate the power of diversity, turning differences in perspective and knowledge into innovative ideas and ultimately organisational success.

The historic and persistent underrepresentation of women in healthcare leadership and in the public acknowledgement of that leadership affects hospital and clinic staff, and thus the care patients receive. “Without women in power, women’s ideas don’t get the audience they deserve—56 percent of employees report leaders only see value in ideas the leaders personally relate to,” [reports the Center for Talent Innovation](#).

After decades of male leadership in healthcare, where are we? We are getting ready to end the expansion of Medicaid and cap the amount spent per person. There are plans to decrease subsidies for low-income individuals and families. Taxes for the wealthy used to pay for health insurance expansion for the neediest Americans are to be reduced. We are creating a healthcare system that benefits people who are healthy and high-income, and disadvantages those who are sicker and lower-income.

I and my female colleagues across the country are distressed by the pervasive disempowerment of patients, the exercise of privilege in healthcare access and delivery, and the language of illness rather than wellness, which it is clear so many women crave. We are dedicated to improving healthcare for all Americans by increasing the number of women in leadership positions across the healthcare industry.

