

Modern Healthcare

April 13, 2019 01:00 AM

Breaking Bias: Why has it taken so long to achieve equity in healthcare leadership?

Dr. Joanne Conroy



Dr. Joanne Conroy is president and CEO of Dartmouth-Hitchcock, Lebanon, N.H.

Women in healthcare are just as interested in advancing in their careers, but less likely to be promoted. Unconscious bias and lack of work-life balance are two of the most common barriers identified across industries that interfere with career advancement by women.

Studies have shown that U.S. companies with a higher percentage of executive women have a higher total shareholder return than those without women in executive roles. We also know that companies with at least three women on the board of directors have median gains in return on equity higher than organizations with no women directors.

So why has it taken so long to achieve equity in leadership, especially in healthcare?

It's not a pipeline problem.

Women make up more than 50% of physicians in training and 78% of the entire healthcare workforce. We're all focused on attracting the best talent, which means recruiting women, who make up 57% of college graduates.

It's not an ambition gap.

Women in healthcare are just as interested in advancing in their careers, but less likely to be promoted. Unconscious bias and lack of work-life balance are two of the most common barriers identified across industries that interfere with career advancement by women. The "motherhood penalty" for women with children (stereotypes and biases about working mothers) is real.

Many male leaders are highly sympathetic to creating an environment that embraces diversity and full participation, but they're frustrated that they haven't been able to achieve the level of change they want to see. Both previous contributors to the "Breaking Bias"

column, [Chuck Stokes](#) of Memorial Hermann Health System and [Chris Van Gorder](#) of Scripps Health, are strong examples. We're all looking for answers and ways to have female leaders fully participate in leveling the playing field.

In order to succeed, I made some hard life choices and assumed significant personal and professional risk that are nonstarters for many women leaders. It was obvious at some organizations that I had to move away to move up. I assumed some tough roles necessary for the organization to survive, knowing that these were "exit jobs." Regardless, you have to lead with integrity and authenticity to keep you grounded in the most difficult situations.

So what can we do as individuals, organizations and as a healthcare community?

In 2013, I launched [Women of Impact for Health Care](#), which began as a three-day gathering of women leaders from various sectors of the industry, to discuss the possibility of engaging in a collective-impact exercise to "fix what was broken in healthcare."

It became clear that one of the issues where we could have real impact would be increasing the number of female leaders who can transform healthcare more widely. Our efforts have been to focus on raising the issue nationally, and actively promoting and mentoring talented women for leadership opportunities.

At my organization, Dartmouth-Hitchcock, we ask all of our vendors to disclose, in the request-for-proposals process, the diversity of their executive teams and board composition. We want to have partnerships with financially healthy organizations, and we know that diversity in management helps lead to sustainable financial performance.

In a much broader effort, the Equity Collaborative will launch this summer with a design day just before Modern Healthcare's ["Women in Leadership"](#) conference on July 31 in Chicago. The group will be a learning community of men and women, leading large healthcare organizations, who are committed to helping healthcare companies transform their cultures in order to accelerate the advancement of women in management and governance. By sharing practices that are effective, the Equity Collaborative participants will strive to accelerate progress in achieving gender equity in their organizations and promoting equity across the healthcare industry.

We don't want to simplify the challenge by asserting that women make better leaders than men. Instead we want to stress that greater representation by women *and* attention to the environment at the top of an organization allow everyone to be empowered, engaged,

included and respected in their pursuit of improving health and healthcare for the greater community.

This is how, collectively, we begin breaking bias.

Inline Play

Source URL: <https://www.modernhealthcare.com/opinion-editorial/breaking-bias-why-has-it-taken-so-long-achieve-equity-healthcare-leadership>