the UDAITI foundation

WOMEN IN LEADERSHIP

Pathways to Progress: Organizational Practices to Bridge the Leadership Gender Gap in the Health Sector

Foreword

When more women are empowered to lead, everyone benefits. Research shows that when women are meaningfully represented and engaged in leadership bodies - legislatures, courts, executive boards and c-suites - decisions are more likely to be inclusive, and successful. Companies with more women in executive leadership positions are known to be more profitable; firms in the top-quartile for gender diversity on executive teams are 21% more likely to outperform the average.

The underrepresentation of women in health sector leadership positions in India, especially when almost half of the health workforce is women, points to a 'leaky pipeline' limiting women's career progression. I am heartened by the Women in Leadership - Health Sector Initiative, led by Dasra, with The Udaiti Foundation as technical partner, which aims to support the advancement of women in mid-management to senior leadership positions in the Indian private healthcare sector, by encouraging meaningful dialogue with stakeholders, creating repeatable, scalable models for organizational change, and advocating for policy reforms.

Under this initiative, The Udaiti Foundation's first priority was to devise a 'menu' of organizational and sectoral best practices which can advance women's leadership in the health sector. This evidence brief begins with an exploration into leadership frameworks, which became the basis for organizing the findings from the primary and secondary research undertaken. It also highlights the prevailing barriers faced by women across entry, advancement, and leadership in the health sector. The brief concludes with a description of organizational and sectoral best practices, and key impact indicators, which can enable private healthcare organizations and the sector at-large to bridge the leadership gender gap. At The Udaiti Foundation, we are committed to building salience for, and supporting implementation of these best practices across the health sector to enable significant correction in the current gender gap.

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ABOUT UDAITI

The Udaiti Foundation's vision is a world where every Indian woman achieves her full economic potential, helping India become a $10 trillion economy in the next 15 years. Udaiti is bringing this vision to life by striving to increase women's share of quality jobs, and scaling women's enterprises. Our team and advisory network comprise entrepreneurs, gender and data specialists, and private and public sector leaders, working across Delhi and Bengaluru. We act as a force multiplier in the field through strategic public and private partnerships for solution testing, advocacy, and system change. We catalyze solutions on women's economic empowerment through partnerships with government (Government of Uttar Pradesh, NITI Aayog's Women Entrepreneurship Platform etc.), private sector (Bain and Co, Quess Corp, Wipro), philanthropy (ACT Grants, Dasra, The Convergence Foundation etc.), and research institutions (Stanford University, Ashoka University, UCSD).

Introduction

The question of why women's representation in the health sector decreases on the path to leadership positions has a complex set of answers.

The health sector leadership gender gap, a result of 'sticky floors' that limit women's progression in the workplace, is attributed to structural, organizational, as well as individual factors; lack of confidence among women, the burden of household responsibilities, absence of agency and knowledge to navigate institutional structures, gender discrimination and harassment, and the absence of networks and mentoring systems, to name a few.

For women to move into decision-making roles and spaces, sectoral and organizational initiatives, like mentoring programs, quotas, targeted advancement programs, and executive coaching, have been implemented to varying success. A set of secondary initiatives to retain women in the workforce, like flex-work, providing childcare support, and return-to-work programs have also been implemented. However, coordinated, evidence-backed, industry-led efforts to address the leadership gender gap in the health sector have been few.

As part of the Women in Health Sector Leadership Initiative, The Udaiti Foundation devised a 'menu' of organizational and sectoral best practices to advance women's leadership in the health sector. This compendium of solutions includes practices that have shown promise in accelerating women's leadership in the health sector, covering organizational strategies across hiring, retention, advancement, and promotion. It also covers certain strategic policy levers that can support women's career progression sector-wide.

Our process to devise this Menu included:

→ **Exploration of Conceptual Frameworks:**

Landscaped conceptual frameworks, including those on leadership, and narrowed-in on the most relevant one for women's leadership in the health sector.

→ **Mapping of Barriers:**

Utilized existing research and findings, including those from the Dasra-McKinsey Landscape Report, and key stakeholder interviews to map barriers to women's leadership in the health sector across the "workcycle"

→ **Detailed Landscaping of Best Practices:**

Conducted a detailed perusal of the existing gray and peer-reviewed literature for documented evidence and models of best practices, which operate organizationally and sectorally

→ **Key Stakeholder Interviews:**

Conducted interviews with key stakeholders in the private and public health sectors who have knowledge and experience of industry-specific enablers of women's leadership

Solving the Leadership Puzzle: Exploring Conceptual Frameworks

Several conceptual frameworks on leadership exist, highlighting individual characteristics which determine how people in positions of power influence or act. Leadership can be transactional – focusing on external motivators for the performance of job tasks; or it can be transformational – creating a vision which provides motivations to strive beyond required expectations. Leadership can also be ascribed – power or influence that is bestowed or ordained; or it can be intrinsic – innate influence or power to create a vision and value.[1] [2] For the purpose of this exercise, Udaiti adopted an organizational leadership lens, consisting of two related aspects: Representation in Leadership, and Effective Leadership

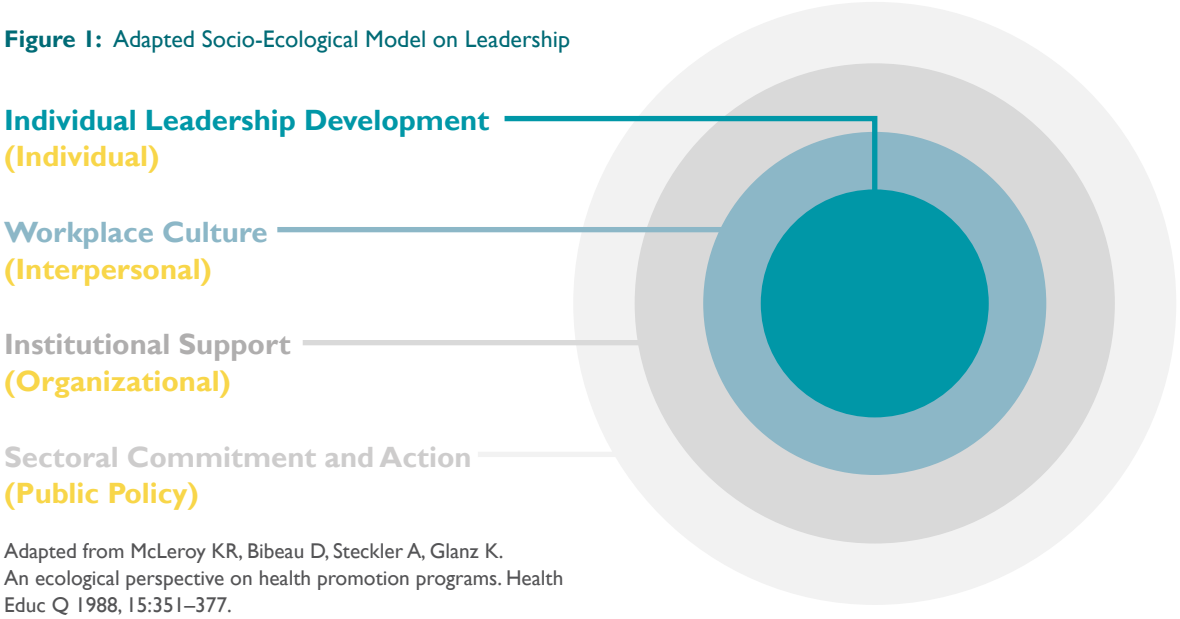
★ **Representation** in leadership is quantitative in nature and refers to the number or percent of a particular kind of individual in leadership in any organization.

★ **Effectiveness** relates to the ability of a leader to perform their role, and their influence, regardless of their position in an organization's hierarchy.

This distinction is important to our goal of boosting women's representation in leadership positions in the health sector. However, improving the influence and impact of these women leaders is also vital. For this, addressing prevalent gender and power barriers through organizational change interventions at sector shaping institutions is critical.

In addition to this Representation - Effectiveness lens, the socio-ecological model also emerged as an effective framework to unpack what organizational and sectoral solutions to the leadership gender gap in the health sector could look like. The traditional socio-ecological model considers the complex interplay between the Individual, Interpersonal relationships, Community or Organizational, and Societal or Public Policy as intrinsic to successful program design, particularly in behavior change programming. For the purpose of this exercise, the traditional model was adapted to encompass organizational and policy levers which together can accelerate women's progress on leadership trajectories in the health sector, covering Individual Leadership Development (Individual), Workplace Culture (Interpersonal relationships), Institutional Support (Community or Organizational), and Sectoral Commitment and Action (Societal or Public Policy).

Figure 1: Adapted Socio-Ecological Model on Leadership



Adapted from McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Educ Q 1988, 15:351–377.

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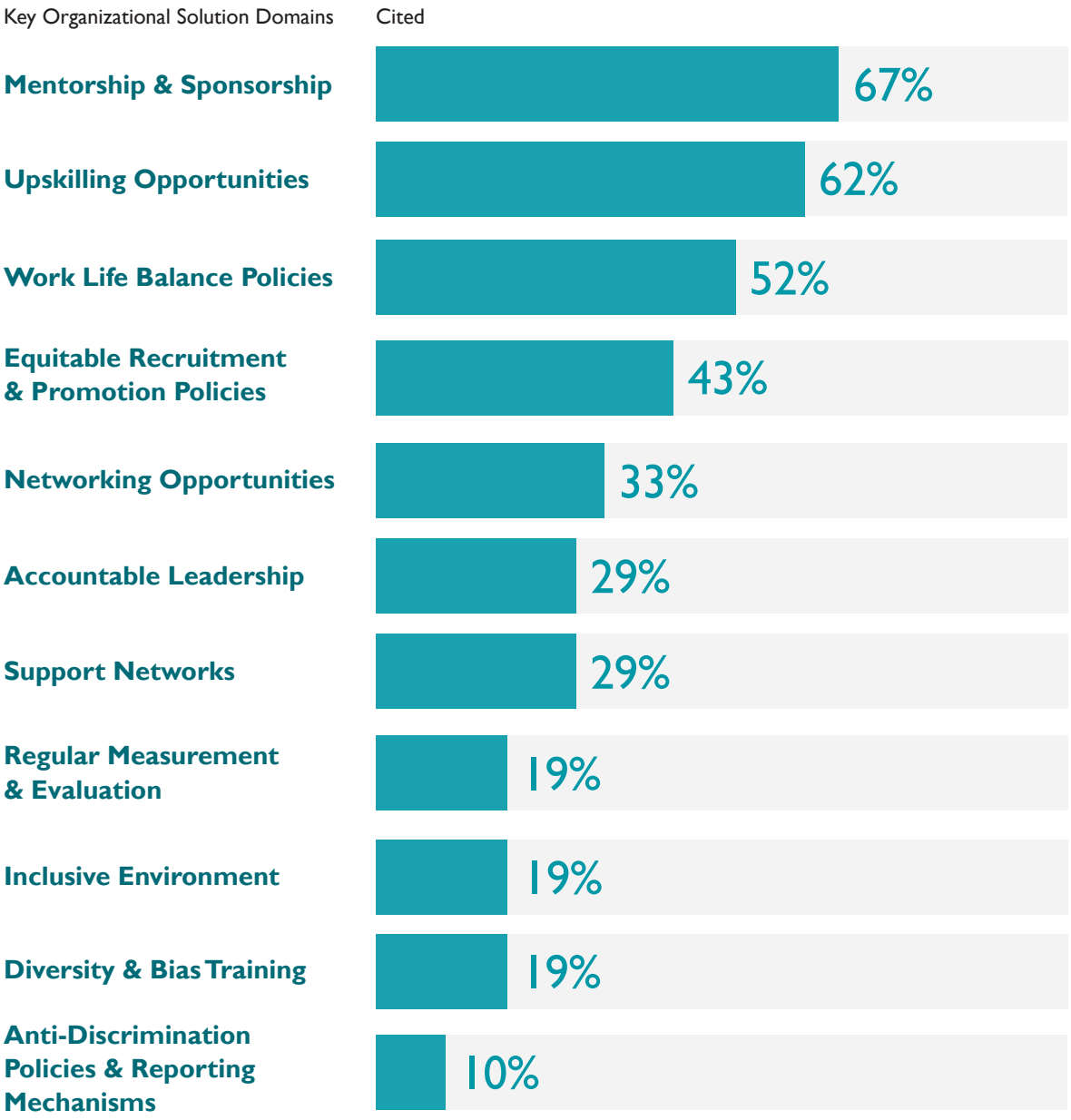
2 Riyadiningsih, Hening & Nurhayati, Siti & Haryadi, & Kaukab, M.. (2020). Intrinsic Leadership: Scale Development and Testing its Validity. Management Science Letters. 11. 1071-1082. 10.5267/j.msl.2020.11.0032.

Gathering Evidence and Stakeholder Perspectives

A detailed evidence review around barriers and solutions, shortlisted 80 pieces of literature focused on *Increasing Women's Hiring, Retention, & Advancement in Formal Sectors*, of which 21 looked specifically at Advancing Women's Leadership in the Health Sector, with 24% from the Global South, and 71% published within the last five years. Interviews with 15 experts across the private and public sector healthcare, as well as with NGOs and Think Tanks, added important practitioner context to the evidence base.

The secondary review highlighted certain organizational solution domains as opportunity areas more frequently than others, however inferences on their impact is difficult to ascertain given the descriptive nature of the literature. Organizational strategies around Mentorship and Sponsorship, Upskilling, Work Life Balance Policies and Equitable Recruitment and Promotion Policies emerged as the key action areas.

Figure 2: Key Organizational Solution Domains from Secondary Literature



The stakeholder interviews shed light on specific, tested organizational practices, as well as the personal journeys of women leaders, capturing barriers and enablers that facilitated their professional leadership progress.

Interviewed stakeholders emphasized the need to provide flexibility to women employees during the peak 3-8 years of childcare, as well as creating robust re-onboarding policies for those who may opt out of full-time work for a specific time. The value of role models and mentors also emerged as a key driver for women in leadership, as did the commitment of organizational leadership towards the diversity agenda, rather than just treating the issue as an "HR problem".

Figure 3: Stakeholder Interview Key Quotes

Barriers to Women's Leadership along the Workcycle

To effectively highlight potential solutions for increasing women's leadership representation and effectiveness in the health sector, it was key to landscape the barriers faced by women across the 'workcycle', acknowledging that there are some common barriers that impact women's employment at all stages of their professional life. These include, limited professional networks, mobility and safety constraints, and gender-blind organizational policies and infrastructure, amongst others. Certain barriers specific to women's advancement and leadership in the health sector also exist, which preclude women from decision-making roles, such as the absence of formal professional development training, lack of re-onboarding after family care driven career breaks, gender unequal middle management role and resource allocation, few existing promotion opportunities, and the lack of mentorship and sponsorship to support women's work progress. While all women may not experience all of these challenges, an important takeaway from the evidence review and stakeholder consultations was that all women have faced at least some of these constraints throughout their professional development. How their families, the organizations they work at, and the sector they are a part of addressed these barriers proved to be intrinsic to their leadership journeys.

Figure 4: Barriers to women's leadership in the health sector across the 'Workcycle'

Barriers operating across workcycle

	Entry	Advancement	Leadership
Individual	• Limited pre-job training • Inadequate technical & soft skills • Limited knowledge of available opportunities, prevailing wages in health sector • Location mismatch • Aspiration mismatch	• Lack of formal professional development training • Limited voice & authority to develop leadership skills • Insufficient information on opportunities	• Lack of female role models in health leadership • Limited management/ leadership experience
	• Small, limited social & professional networks | limited opportunities to expand connections • Restrictive gender norms| limited human capital dev | early marriage | care work responsibilities & time constraints • Mobility | Safety constraints		
Organization	• Hiring channel gaps • Hiring process gaps (opaqueness, male dominated hiring panels, etc.) • Gender-segregation - preferring men in growth roles; women in non-technical or admin/HR roles	• Lack of re-onboarding after career break/"stop the clock policies" • Inequitable promotion models • Gender unequal middle management role allocations	• Lack of mentorship & sponsorship programs • Perceptions about women's ability to "lead men" • Few existing women for promotion
	• Org infrastructure (physical workplace, transport, day care/creche/ other child care solutions) not in line with the needs of women employees • Gender blind / gender neutral org policies		
Sector	• Belief that employee diversity, having women leaders are unrelated to 'the bottom line' • Lack of tracking and accountability of diversity initiatives • Lack of data on existence of and methods of addressing prevailing stereotypes & biases		

Organizational and Sectoral Solutions to the Leadership Gender Gap

Through the evidence and stakeholder interviews, potential solution areas to address women's representation in leadership, as well as their effectiveness in such roles, became evident. The solutions themselves present a plethora of actions which can be undertaken by health sector organizations to support their women employees to move up the decision-making ladder. For increasing women's representation in leadership, prioritizing women employees upskilling, work-life balance, equitable recruitment and promotion, building an accountable leadership are the key domains for actions. Further, regular monitoring and evaluation of these initiatives also emerges as an important strategy to ensure their success. With regard to improving women leaders' effectiveness, providing adequate mentorship and sponsorship opportunities, networking spaces, and building an inclusive environment emerged as the key organizational initiatives. Diversity and bias training, and anti-discrimination policies have also shown some promise in this regard, but are perhaps not the most relevant mechanisms when it comes to leadership transitions for women employees.

Figure 5: Organizational Solutions to Address Representation

% cited in reviewed evidence

Representation in Leadership	
Reference Indicators	% women in organization across levels % women in leadership verticals - technical vs. admin % women in C-suite % women on board % women leading technical / scientific teams Women leaders compensation, company equity, etc. vs. male leaders
Upskilling Opportunities (62%)	1. Workshops / training focused on • personal development, • career advancement, • organizational readiness, • leadership and • other technical / health-sector-specific skills
Work Life Balance Policies (52%)	1. Paid/incentivized parental leave 2. Nursing/lactation rooms 3. Flexible work hours 4. Emergency dependent care 5. Policies conducive to work-life balance 6. Centrally available and advertised information on family support resources 7. 'Stop-the-clock' policies 8. Commuting support & cab drops for early morning/late night work
Equitable Recruitment & Promotion Policies (43%)	1. Hiring transparency 2. Clear salary standards 3. Neutral language in job postings & blind interviews 4. Diverse representation on hiring panels & committees 5. Equitable compensation & promotion models 6. Targets/quotas for female representation on boards & in senior positions
Accountable Leadership (29%)	1. Accountable leaders, with specific diversity and inclusion KRAs, who enforce policies and lead change from the top
Regular Measurement & Evaluation (19%)	1. Regular needs assessments and employee evaluations 2. Periodic audits of compensation levels and pay practices 3. Regular evaluation of recruitment & promotion practices 4. Diversification of performance metrics 5. Exit interviews with outgoing employees to learn why women might leave 6. "Stay" interviews with current employees to learn what might motivate women to stay 7. Generation of data on prevailing stereotypes & biases

Figure 6: Organizational Solutions to Improve Effectiveness

% cited in reviewed evidence

Effective Leadership	
Reference Indicators	Resources (financial and personnel) allocated to women leaders Share of voice (int) Share of voice (ext) Share of influence (# of decisions part of/ shaped)
Mentorship & Sponsorship (67%)	1. Formal programs to promote research engagement and skill building for women 2. Protected time and resources for mentees 3. Increased sponsorship opportunities, leadership grants, and health research grants for women
Networking Opportunities (33%)	1. Virtual and in-person opportunities for networking 2. Sessions on career development 3. Opportunities to attend and participate in conferences, roundtables
Support Networks (29%)	1. Peer mentorship groups 2. Employee resource groups 3. Support networks for women 4. Safe spaces for gender- specific conversations
Inclusive Environment (19%)	1. Uncompensated service assignments/"office housework" equally distributed so it doesn't disproportionately fall on women employees 2. Equal allocation of resources for teams with male and female managers of the same level 3. Senior women regularly assigned to high visibility/leadership tasks 4. Opportunities to participate in organizational change and and have ownership over the change processes, as well as the encouragement of senior buy-in 5. Respectful, supportive, culturally competent environment where open and honest feedback about the organization is welcome
Diversity & Bias Training (19%)	1. Comprehensive sexual harassment & discrimination training 2. Gender sensitivity training aimed at eliminating bias, casual sexism, and abuse of power in the workplace
Anti-Discrimination Policies & Reporting Mechanisms (10%)	1. Clear definitions of harassment 2. Clear procedures in place for disciplinary measures/redress 3. A safe and reliable system through which gendered discrimination and harassment can be reported 4. Review committees appointed to address complaints 5. Referrals to counselling services

Through this exercise, the need to underline key impact indicators across these solution parameters also emerged. These indicators will enable organizations to track their progress, should they implement any of these strategies. As with the solutions, the leadership representation and effectiveness lens was also used to differentiate the impact indicators. While representation indicators are quantitative in nature, covering the percentage of women in leadership roles, boards etc., effectiveness measures are more qualitative, accounting for women employees' share of voice (internal and external), and share of influence. Figure 7 outlines these suggested indicators.

Figure 7: Suggested Key Impact Indicators at the Organization Level

Representation in Leadership	Effective Leadership
• % women in organization across levels • % women in leadership verticals - technical vs. admin • % women in C-suite • % women on board • % women leading technical / scientific teams • Women leaders compensation, company equity, etc. vs. male leaders Note: *These are not intersectional in this current version*	• Resources (financial and personnel) allocated to women leaders - Do women leaders have adequate budgets, HR in their teams • Share of voice (internal) - Speaking minutes in key internal meetings; participation in committees • Share of voice (external) - Participation in external meetings; representing the org at forums • Share of influence - # of decisions part of / shaped

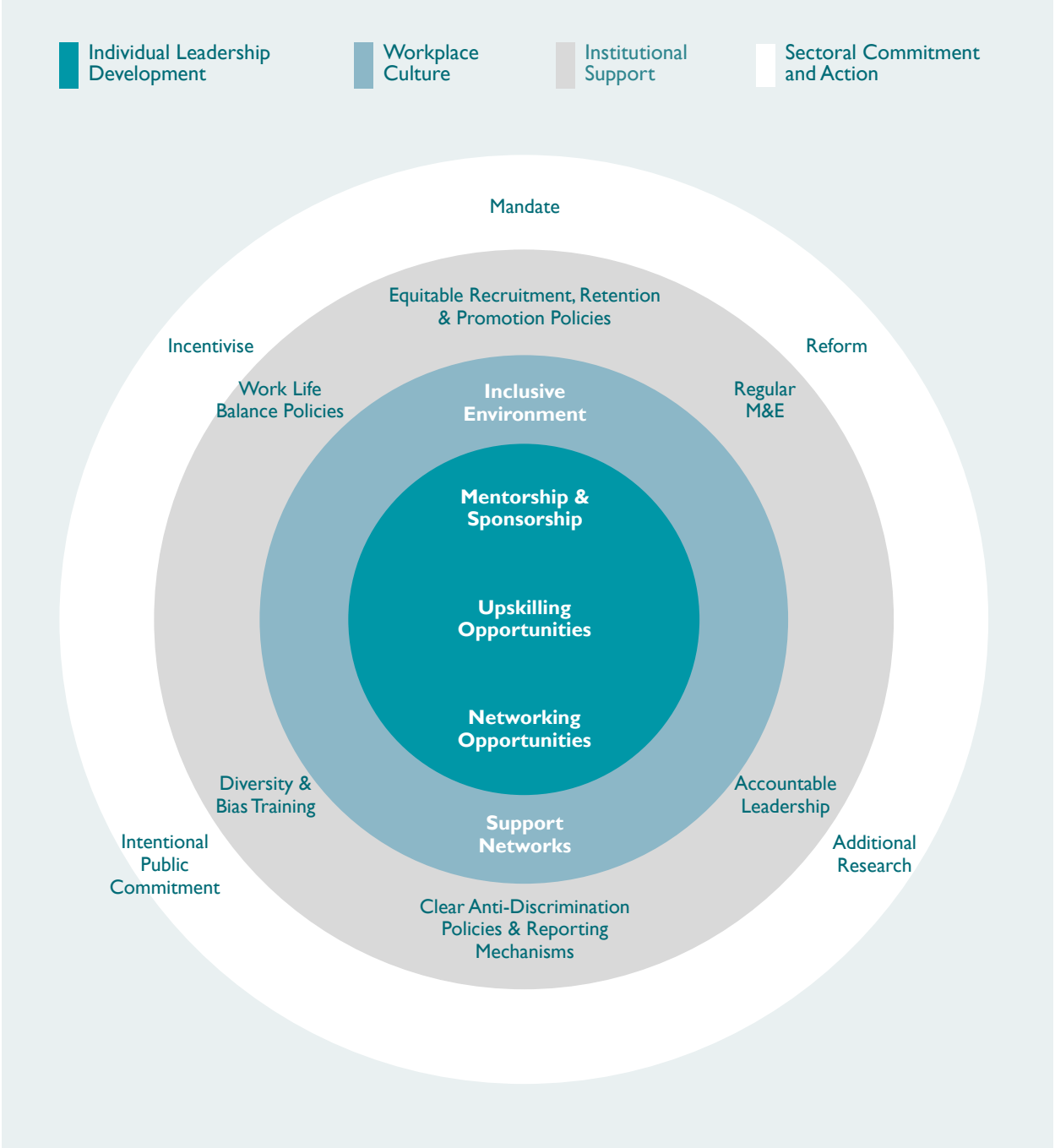
While the primary focus of this initiative was highlighting organizational solutions to accelerate women's leadership, the evidence collection activity also captured certain solutions for the health sector and public policy at-large (Figure 8). These sectoral solutions include public policy actions for government like mandating the presence of women in boards and executives via quotas, incentivizing diversity by recommending investments for organizations that meet their targets, and reforming legal and policy frameworks to prioritize gender advancement in the health sector. Industry bodies can also play a crucial role in supporting women's leadership progress by committing to hosting gender balanced and inclusive conferences in terms of speaker slots and attendees, creating awards to felicitate existing women leaders, creating capacity building grants for women in middle management, and prioritizing research into the impact of women's leadership on health outcomes.

Figure 8: Sectoral Solutions to Address Representation and Improve Effectiveness

Representation in Leadership	Effective Leadership
Mandate 1. Laws that set a minimum quota for women on boards 2. Rules on disclosure of the gender makeup of company boards and/or diversity policies 3. Comply-or-explain provisions on gender in corporate governance codes 4. Voluntary targets for gender diversity on boards and/or in senior management **Incentivise** 1. Government-led initiatives to raise awareness of board diversity in listed companies (e.g. In Japan, the Ministry of Economy, Trade and Industry and the Tokyo Stock Exchange jointly launched "Nadeshiko Brands" which provides positive recommendations for investors as attractive investment targets with potential for long-term growth) 2. Tools to incentivise companies to take action and accelerate progress by publicising, celebrating or rewarding diversity in firms. (e.g. certificates (Argentina and Japan), MOUs (Korea), awards (Australia and the United States), norms (Mexico), and contest for employers (Russia))	**Intentional Public Commitment** 1. Explicit statements by industry bodies and confederations challenging gender essentialism and highlighting the absence of evidence for gender-based differences in mathematics or science ability can be helpful in shifting attitudes and opinions within and beyond the professions' boundaries 2. Scientific and medical societies should commit to gender balanced & inclusive conferences - speakers, panels, organizing committees, and attendees 3. Increase thought leadership events related to women's role in the health sector 4. Create awards/felicitate existing women leaders 5. Capacity Building Grants for women in middle management, early career to develop leadership skills **Reform** 1. Reform legal and policy frameworks (e.g. France's gender equality index for ranking companies on diversity policies and Switzerland's mandatory wage equality audits) **Additional Research** 1. Conduct further research and analysis on the impact of women's leadership from design to implementation to health outcomes. 2. Conduct further research and analysis of the mid-career 'pipeline drain' of women leaders in the health sector

These solutions have also been mapped to the adapted socio-ecological model of leadership as described previously. While these are still organizational and sectoral strategies, they address different levels of a woman's experience in a health-sector workplace throughout their professional lives (Figure 9). At the first level of this model, mentorship and sponsorship, upskilling, and networking, all target the Individual Leadership Development of women employees. This is followed by Workplace Culture, which covers strategies to create an inclusive environment and support networks for all staff. At the third level, Institutional Support to women employees in the form of equitable recruitment and promotion policies, work-life balance policies, diversity and bias training, clear anti-discrimination policies, an accountable leadership, and regular monitoring and evaluation are depicted. Finally, the outer level of the model constitutes Sectoral Commitment and Action covering, intentional public commitment, policy mandates, reform, incentives, and additional research. Taken together, these strategies operating across various levels, can solve for the gender leadership gap prevalent in the health sector.

Figure 9: Organizational and Sectoral Solutions mapped to the Socio-Ecological Model on Leadership



Key Learnings from a Stakeholder Consultation on Solutions to Close the Leadership Gender Gap in the Health Sector

On September 2 2023, Udaiti along with Dasra, Catalytic Corps and the Administrative Staff College of India in Hyderabad, organized a stakeholder consultation on "Solutions to Close the Leadership Gender Gap in the Health Sector" as part of the Women in Leadership - Health Sector (WIL-H) Initiative. The event aimed to drive concrete action for gender equity in healthcare leadership, and sought to foster collaboration, urgency, and inclusivity while showcasing the business impact of gender diversity.

Through discussions on organizational best practices, two panels with women leaders, held among 40 participants (across diverse roles such as MD, Group CHRO, HR Managers, CEOs, and students), a few additional solutions were identified. Further, a ranking exercise of solutions considered important, relevant, and feasible to implement for organizations, was also completed.

- **Upskilling Exercise** was ranked important in increasing representation of women in leadership roles.
- **Work life balance policies** were perceived as both important and feasible for organizations to advance the women's leadership agenda.
- **Mentorship and Sponsorship** was regarded as a feasible measure for organizations to build effective women leadership.
- **Creating an 'inclusive environment'** was deemed both important and feasible by the participants.

Figure 10: Additional Solutions to Address Representation and Improve Effectiveness

Additional Solutions from the 2nd September Consultation

Representation in Leadership	Effective Leadership
• Gender Agnostic Support in terms of mentoring, role-models, etc. • Alignment of organizational ideologies (tangible ongoing commitment and buy-in by organizations) • Regular pay equity reviews • Leadership development programs tailored for women • Shadowing positions (particularly for nurses) • Setting gender diversity goals (e.g. specific targets for the percentage of women in the workforce) • Encourage potential employees (especially women) to inquire about an organization's gender diversity from the start	• Shadowing women in leadership positions • Programs that actively address conscious and unconscious bias in organizations (including programs aimed at engaging men) • Mental health support systems (to encourage employee engagement and reduce stigma) • Organize Open Dialogues on challenges and opportunities faced in promoting women in leadership positions to encourage sharing experiences and insights • Exposure for middle-management to strategic aspects of the organization

Way Forward

Developed through the exploration of robust theoretical frameworks, and primary and secondary research, this 'menu' of solutions can serve as an important resource for stakeholders invested in closing the leadership gender gap across private and public health care, research, and civil society. As we move forward, the Women in Leadership Initiative partners envisage collaborating with sector-shaping private healthcare organizations to implement organizational change models that foster a conducive environment for women leaders to rise and thrive.

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