

Patriarchy In Leadership

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MAKING IT COUNT
COMMUNITY DEVELOPMENT CORPORATION



503c Non-Profit

To develop meaningful opportunities that count toward making a difference in the overall equity and equality of its community members

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PATRIARCHY IN LEADERSHIP



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**IF YOU SEE INEQUALITY AS
A “THEM” PROBLEM OR
“UNFORTUNATE OTHER”
PROBLEM, THAT IS A PROBLEM.**

Kimberlé Crenshaw,
Lawyer, civil rights advocate and intersectional feminist



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Patriarchy and Matriarchy

Patriarchy /ˈpeɪ.tri.ər.ki/

(n.): a social system or group in which men hold primary positions of power and roles of political leadership, moral authority, social privilege, and control of property

Patriarchal /ˌpeɪ.triˈɑːr.kəl/

(adj.): relating to or characteristic of a patriarchy or a patriarch (male leader)



Matriarchy /ˈmeɪ.tri.ər.ki/

(n.): a social system or group in which women hold the primary positions of power and roles of political leadership, moral authority, social privilege, and control of property

Matriarchal /ˌmeɪ.triˈɑːr.kəl/

(adj.): relating to or characteristic of a matriarchy or a matriarch (female leader)



Did you know?

The definitions and characteristics of a patriarchy and matriarchy can differ slightly across fields of study (anthropology, feminism, history, etc.). Many scholars agree that, while some societies with matriarchal characteristics have been documented, it is unlikely that a true matriarchy has ever existed.

Quick Facts

Achieving Gender Equity in Physician Compensation + Career Advancement

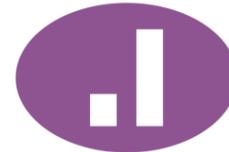
It is important to recognize the progress that has been made to ensure gender diversity in the physician workforce. However, despite this progress, gender inequities have contributed to the disproportionately low number of women achieving academic advancement and serving in leadership positions.

Find full Position Paper published at [Annals.org](https://www.annals.org) on 17 April 2018.

(F) = Female, (M) = Male

Pipeline Stats

- 34% of active physicians (F)
- 46% of physicians-in-training (F)
- 50%+ of medical school students (F) (and have been for many years)



Leadership in Medicine

- 38% of medical school faculty (F)
- 21% of full professors of medicine (F)
- 15% of Dept. Chairs (F)
- 16% of Deans of medical schools (F)



Compensation Inequity

- Females are paid 16% less than their male counterparts in primary care (\$197k vs. \$229k)
- Females are paid 37% less than males in subspecialties of medicine (\$251k vs. \$345k)
- 57.1% (F) versus 33.7% (M) academic physicians are paid less than \$200,000.



Me Too movement for Physicians (F)

- 51.3% of physicians (F) reported discrimination vs. 31.2% (M)
- 30.4% of physicians (F) have filed sexual harassment charge vs. 4.2% (M)
- 59% of females who filed harassment charges perceived negative effect on their professional self-confidence, 47% reported that it negatively affected their career advancement
- 69.6% of physicians (F) report gender bias vs. 21.8% (M)
- On 3:1 scale, females more likely to experience disrespectful or punitive actions than males
- Females more likely to be described as judgemental, rude or unfriendly by patients in online reviews



Parenthood

- Only 28.9% of physician contracts provide maternity coverage
- \$10k lost income while out for maternity leave



*You are welcome to use the following resources in your practice to help promote gender equity, giving ACP credit.

REDUCING IMPLICIT GENDER LEADERSHIP BIAS IN ACADEMIC MEDICINE WITH AN EDUCATIONAL INTERVENTION

GIROD, SABINE MD, DDS, PHD; FASSIOTTO, MAGALI PHD; GREWAL, DAISY PHD; KU, MANWAI CANDY PHD; SRIRAM, NATARAJAN PHD; NOSEK, BRIAN A. PHD; VALANTINE, HANNAH MD REDUCING IMPLICIT GENDER LEADERSHIP BIAS IN ACADEMIC MEDICINE WITH AN EDUCATIONAL INTERVENTION, ACADEMIC MEDICINE: AUGUST 2016 - VOLUME 91 - ISSUE 8 - P 1143-1150 DOI: 10.1097/ACM.0000000000001099

1. A 20-minute standardized presentation highlighting the current research on implicit bias and providing strategies for overcoming such biases significantly changed the perception of implicit bias in male and female faculty
 2. Male gender and age were significantly associated with greater implicit bias associating leadership with men more than women
 3. The intervention had a small, but significant effect on the implicit biases surrounding women and leadership of all participants regardless of age and gender
- The study assessed faculty members' perceptions of bias as well as their explicit and implicit attitudes toward gender and leadership. Results indicated that the intervention significantly changed all faculty members' perceptions of bias ($P < .05$ across all eight measures). Although, as expected, explicit biases did not change following the intervention, the intervention did have a small but significant positive effect on the implicit biases surrounding women and leadership of all participants regardless of age or gender ($P = .008$).



Under represented in leadership

SAS
INSTITUTE

FOUR QUADRANTS OF EMOTIONAL INTELLIGENCE

	Recognition	Regulation
Personal Competence	Self-Awareness <ul style="list-style-type: none">• Self-confidence• Awareness of your emotional state• Recognizing how your behavior impacts others• Paying attention to how others influence your emotional state	Self-Management <ul style="list-style-type: none">• Keeping disruptive emotions and impulses in check• Acting in congruence with your values• Handling change flexibly• Pursuing goals and opportunities despite obstacles and setbacks
Social Competence	Social Awareness <ul style="list-style-type: none">• Picking up on the mood in the room• Caring what others are going through• Hearing what the other person is "really" saying	Relationship Management <ul style="list-style-type: none">• Getting along well with others• Handling conflict effectively• Clearly expressing ideas/information• Using sensitivity to another person's feeling (empathy) to manage interactions successfully

(Source: <https://positivepsychology.com/emotional-intelligence-frameworks/>)

<https://www.ceoaction.com/resources/education/quizzes/>



Why is this important?

Emotional Intelligence



90% of top performers are high in EI

Leaders with EI are more than twice as likely to be highly Emotionally Resilient.

Emotional Intelligence is a top predictor of high potential. PSI studies show that just 7% of graduates have high EI – We can help you identify and develop this crucial capability.



Managers trained in EI deliver **twice the profit** than those that are not

SHORT-STORY EXERCISE TO PRACTICE EMPATHY

Write a fictional short story (1-paragraph) about your anesthesia department in which a member of a disenfranchised and/or oppressed community is treated well and is grateful for the respect, equality, etc.

- Can you see that happening?
- What can you do to make that happen?

Then write a similar short story but from a negative perspective, e.g. where the individual is blatantly slighted.

- Could that happen in your organization?
- How would you feel?
- What can you do to eliminate such possibilities in your organization?

DISRUPTING GENDER NORMS IN HEALTH SYSTEMS: MAKING THE CASE FOR CHANGE

HAY, K., MCDUGAL, L., PERCIVAL, V., HENRY, S., KLUGMAN, J., & WURIE, H. ET AL. (2019). DISRUPTING GENDER NORMS IN HEALTH SYSTEMS: MAKING THE CASE FOR CHANGE. *THE LANCET*, 393(10190), 2535-2549.
[HTTPS://DOI.ORG/10.1016/S0140-6736\(19\)30648-8](https://doi.org/10.1016/S0140-6736(19)30648-8)

- How do gender norms and inequalities manifest in health systems?
- Theory-Intersectional Feminist Theory
- How do health systems affect gender inequalities in health?
- How do gender inequalities manifest in the health-care workforce?
- How can we disrupt health systems in ways that transform gender norms?

DISRUPTING GENDER NORMS IN HEALTH SYSTEMS: MAKING THE CASE FOR CHANGE

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- Series paper
- Systematic reviews, qualitative case studies based on lived experiences, and quantitative analyses based on cross-sectional and evaluation research.
- Intersectional Feminist Theory
- Health systems reinforce patients' traditional gender roles and neglect gender inequalities in health, health system models and clinic-based programs are rarely gender responsive
- Women have less authority as health workers than men and are often devalued and abused.
- Gender equality policies are associated with greater representation of female physicians, which in turn is associated with better health outcomes, but that gender parity is insufficient to achieve gender equality.
- Institutional support and respect of nurses improves quality of care, and that women's empowerment collectives can increase health-care access and provider responsiveness.
- Findings suggest that gender must be viewed as a fundamental factor that predetermines and shapes health systems and outcomes. Without addressing the role of restrictive gender norms and gender inequalities within and outside health systems, we will not reach our collective ambitions of universal health coverage and the Sustainable Development Goals.

GENDER, EQUITY AND LEADERSHIP IN THE GLOBAL HEALTH AND SOCIAL WORKFORCE: A POLICY BRIEF

- Global health is delivered by women and led by men.
- Gender inequality is a pressing human rights and socio-economic issue – and it is also bad for our health.
- Women are 70% of the global health and social workforce but hold only 25% senior roles.
- Gender stereotypes and discrimination constrain women's leadership and seniority
- Leadership matters at all levels – underrepresented voices, particularly women from the Global South and frontline cadres, are critical to informed global health decision making.
- Companies with diverse executive teams outperform competitors run by men only. Women enrich health leadership with perspectives based on different life experiences.
- Fewer women in leadership partly explains why men earn 28% more on average than women in the health sector xvi (gender pay gap), leading to lifetime loss of income for women.

HOW TO OVERCOME BARRIERS ASSOCIATED WITH GENDER INEQUALITY IN HEALTHCARE

- Moving beyond gender parity to gender transformative leadership
- Gender transformative leaders in global health will aim to leave no-one behind in access to health and equally, aim to leave no-one behind in leadership and decision-making.
- Address social norms and stereotypes
- Sensitize men to engage with and lead gender transformation in the health workforce. Since men are the majority of leaders in health and social care, it will be essential to engage men as gender transformative leaders and as mentors for female staff.
- The policy imperative – governments have committed to act (Working for Health: Five Year Action Plan for health employment and inclusive economic growth 2017–2021 (WHO, ILO, OECD))

FINAL THOUGHTS



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