The gender gap in management and leadership in European academic health centres: a comparative approach

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Gender equality in leadership and management positions in large publicly-funded academic health centres is a black box of both health workforce research and gender research, although women’s participation in medicine is now well monitored.

There is an urgent need for data and gender-sensitive approaches to use health human resources effectively.
Aims:
Explore the representation of women in management and leadership in European academic health centres.

Methods:
Explorative cross-country comparison, including four large European centres: Charite Berlin, Karolinska Insitutet and Hospital Stockholm, Oxford Medical Centre, and Medizinische Universität Wien. Major categories

- number of women in management/leadership (3 levels),
- activities to improve gender equality in the centres.

Data collection: Public statistics, website information, unpublished data from HR Departments, and an interactive workshop of the authors.
Findings

Similar trends, despite country specific patterns:

• gender inequality is stronger within academic enterprises than within hospital enterprises, and

• stronger in middle-management than at the top level.

These novel findings raise questions on the hidden gender effects of new forms of performance management that shift power and control towards (upper) middle management.
### Gender Balance in Academia and Hospitals

#### Charité (Germany)
- **Full professors (university):** 81% Male, 19% Female
- **Senior doctors* (hospital):** 69% Male, 31% Female

#### Karolinska (Sweden)
- **Full professors (university):** 72% Male, 28% Female
- **Senior doctors† (hospital):** 60% Male, 40% Female

#### Oxford (UK)
- **Full professors (university):** 78% Male, 22% Female
- **Senior doctors‡ (hospital):** 65% Male, 35% Female

#### Vienna (Austria)
- **Full professors (university):** 81% Male, 19% Female
<table>
<thead>
<tr>
<th>Centre/enterprise</th>
<th>Top-level (boards)</th>
<th>Middle-level (large units)</th>
<th>Lower-level (smaller units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charité (Germany)</td>
<td>Supervisory Board: Chair F, 6 M/ 6 F (50% F) Executive Board: Chair M, 3 M/ 1 F (25% F)</td>
<td>Directors of Centres: 13 M/ 4 F (24% F)</td>
<td>Directors of Clinics/Institutes: 82 M/ 23 F (22% F)</td>
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<tr>
<td>Hospital</td>
<td>Senior Management Team: CEO F; 2 M/ 2 F (50% F)</td>
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<tr>
<td>University*</td>
<td>Faculty Board: Dean M, 4 M/ 1 F (20% F)</td>
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<tr>
<td>Karolinska Institutet (Sweden) Hospital</td>
<td>Board of Directors: Chair M, 6 M/ 5 F (45% F) Management Team: CEO M, 9 M/ 6 F (40% F)</td>
<td>Chiefs of Divisions: 5M/ 2F (29% F)</td>
<td>Heads of Departments: 36 M/ 39 F (52% F)</td>
</tr>
<tr>
<td>University</td>
<td>Board: Chair M, 9 M/ 12 F (57% F) Management Team: Vice-Chancellor F, 3 M/ 3 F (50% F)</td>
<td>Heads of Departments: 16 M/ 6 F (27% F)</td>
<td>Variety of organisational structure; data not available</td>
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<td>Oxford (UK)</td>
<td>AHSC Board: Chair M, 4 M/ 1 F (20% F)</td>
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<tr>
<td>Hospital†</td>
<td>Board of Directors: Chair F, CEO M; 12 M/ 4 F (25% F)</td>
<td>Directors of Divisions: 5 M/ 0 F (0% F)</td>
<td>Clinical Directors: 11 M/ 7 F (39% F)</td>
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<tr>
<td>University</td>
<td>Chancellor: M Council: Vice-Chancellor F, 18 M/ 8 F (31% F) Medical Sciences Board: Dean M, 14 M/ 7 F (33% F)</td>
<td>Medical Sciences Heads of Departments: 16 M/ 0 F (0% F)</td>
<td>Medical Sciences Directors of Research Institutes/Centres/ Units: 18 M/ 7 F (28% F)</td>
</tr>
<tr>
<td>Vienna (Austria)</td>
<td>Supervisory Board: Chair M, 4 M (0% F) Management Board: 2 M (0% F)</td>
<td>Heads of Clinics, Clinical Institutes, Centres and Special Institutions: 35 M/ 8 F (19% F)</td>
<td>Heads of Departments and Divisions: 67 M/ 22 F (25% F)</td>
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<tr>
<td>Hospital</td>
<td>Directors: CEO M, 2 M/ 3 F (60% F)</td>
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<tr>
<td>University</td>
<td>Senate: Chair M, 11 M/ 16 F (59% F) Council: Chair M, 3 M/ 2 F (40% F) Rectorate: Rector M, 3 M/ 2 F (40% F)</td>
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Conclusions

Setting gender balance objectives exclusively for top-level decision-making bodies is not enough.

Gender equality must be an issue of organisational performance and good leadership monitored at all levels of management.

The authors

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