



Commentary

Building an evidence base on organisational interventions to advance women in healthcare leadership

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While women remain underrepresented in healthcare leadership, an evidence base on organisational interventions that can help to accelerate their advancement to leadership positions is limited and scattered across different sectors. In an article published in *EClinicalMedicine*, Helena Teede and colleagues contribute to building such an evidence base by identifying and synthesising organisational interventions that have been shown to measurably advance women in leadership [1].

Teede and colleagues systematically searched the relevant multi-disciplinary databases and identified 91 eligible studies across academia, health, government, sports, hospitality, finance, and information technology sectors, which were published in English in peer-reviewed journals between January 2000 and March 2021. Amongst these studies, there were more studies from academic medicine and healthcare than from any other sector. The authors narratively synthesised the findings from these studies using a meta-synthesis approach with a view to generating insights on the processes that enable women to advance in healthcare leadership. The multi-sector scope of the review and its meta-synthesis approach make a unique and valuable addition to other recent reviews on gender equity in healthcare [2,3].

The results of the review have the potential to inform organisational strategies, policies, and practices. Namely, the results indicate that organisational leadership, commitment, and accountability are associated with measurable improvements in women's advancement. The results identify five categories of potentially effective organisational interventions: (i) organisational processes, (ii) awareness and engagement, (iii) mentoring and networking, (iv) leadership development, and (v) support tools. Importantly, the authors acknowledge the shortcomings of isolated interventions and argue

for a multifaceted approach including a range of interventions at multiple organisational levels.

Moreover, the article poses important implications for the development of the field of diversity interventions. One important implication is the quality of evidence on diversity interventions. The article shows that currently there is a paucity of robust quantitative studies, a varied body of qualitative studies, and a lack of standardised outcome measures across both quantitative and qualitative studies. This is in line with previous research showing that even in the case of mentoring, which is arguably the most common diversity and career advancement intervention, it is impossible to ascertain its effectiveness in reducing gender inequalities due to a lack of standardised approaches and weak evaluation designs [4].

Given that research funders, professional associations, and research organisations across the globe commit significant resources and efforts to diversity interventions, there is a need to develop standardised and more rigorous approaches to designing and evaluating diversity interventions. For example, government funding agencies and professional associations in the United Kingdom, Ireland, Australia, the United States, and Canada have been instrumental in the wide-spread adoption by higher education and research institutions of gender equality action plans based on the standardised Athena Swan framework [5]. A new European gender equality strategy has made provisions for the European flagship research funding programme to require applicants to have in place gender equality action plans [6]. The Australian Academy of Science has identified establishing a consistent national evaluation framework across all gender equity initiatives in science, technology, engineering and mathematics as one of the major strategic opportunities of the current decade [7].

Another important implication for the development of the field of diversity interventions posed by the article is the complexity of organisational interventions, which requires continuously adapting interventions to the local contexts and constantly emerging conditions [8,9]. It follows that the effectiveness of interventions will also depend on the capabilities of the local staff in adapting and implementing interventions taking into account their local contexts and emerging conditions. As such, in parallel with standardising and strengthening the design and evaluation of diversity interventions, there is a need to develop implementation science approaches and tools to support the effective implementation of diversity interventions.

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Yet another important implication for the development of the field of diversity interventions posed by the article is the salience of sector and organisational cultural factors. The authors rightly point out that there is a need for future research to gain greater insight into organisational cultures in the strongly hierarchical healthcare sector. While the hierarchical cultures in the health sector can present barriers to women's career advancement, they can also help to ensure the uptake and effective implementation of gender equity interventions when healthcare leaders commit themselves to advancing gender equity [5,10]. The fact that the current review includes more studies from academic medicine and healthcare than from any other sector suggests that the healthcare sector is leading multi-sector efforts in evidence-based gender equality interventions. The evidence synthesis presented in the current article makes a valuable contribution to help accelerate such efforts further.

Declaration of Competing Interest

PVO declares an advisory role with the Advance HE Athena Swan Governance Committee. EKS declares no conflicts of interest.

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