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ORIGINAL PAPER

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Exploring the Added Value of Women Health Care Managers in Poland

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ABSTRACT

Introduction: Female managers in the Polish health care system are seldom a subject of scientific investigation. **Material and Methods:** This study describes the share and profile of women in health care management positions and explores how and why Polish female health care managers add value to the leadership of health care organizations. Three data collection methods were used including: scoping review, analysis of data from governmental information bases and in-depth interviews with female health care managers. **Results:** Men comprise nearly twice the number of hospital directors in Poland as compared to women, or 67% of the total representation. Traits often attributed to women including strength, perseverance, multi-tasking, empathy, emotional intelligence and intuition add value in leadership roles. Polish women managers value the complementarity of genders in professional roles and their contribution to constructive collaboration. **Conclusion:** The study contributes to the scarce literature on Polish female health care managers.

Keywords: health care management, female leadership, gender equity.

1. INTRODUCTION

Despite increasing evidence of the benefits of female leadership, women remain disproportionately represented in leadership positions in the public and private sectors (1). The gender leadership gap is an important barrier to achieving gender equity and optimal outcomes in organizational management. Though some progress has been achieved in closing the gender gap (2), women's representation in top decision making positions reaches only an average of 39,7% in the EU-28 for 2012 (3). Female representation in top level business decision making echelons reaches only an average of 13,7% of boardroom seats, and this narrows to 3.4% of corporate board seats in the 600 largest EU companies (4). In Poland, for example, women comprised only 15% of the supervisory boards and 7% of CEOs (5). Similar figures apply in other parts of the world, where female representation in higher corporate levels reaches only 15, 7% in the United States, 10,9% in Australia and 10,3% in Canada (6).

Female under representation is also significant in healthcare, though women represent the vast majority of the specialized healthcare workforce (7). Currently, in the UK , "44% of doctors are women, yet they are under-represented in leadership positions (for example, only 23% of medical directors are female)" (8). The evidence shows that gender inequality in healthcare and the existence of a "glass ceiling" in women doctors' careers slows the advancement of women and their potential impact on the healthcare landscape (9). Having a number of women at the top of organizations has been shown to improve organizational performance (10).

Only 18% of hospital CEOs and 14% of healthcare board seats are female out of the 74% of the female healthcare workforce (11), and only 15,9% of women doctors reach full professorship in academic settings (12). The barriers responsible for gender disparity in healthcare managerial positions may be classified into personal, interpersonal and structural barriers (7) and include: career management, work/family balance, networking, mentoring, sponsoring and education and training (7).

Interestingly, examination of the educational backgrounds of male and female CEOs reveals that 53,3% of female CEOs have clinical background (43,9% nursing and 9,6% medical), whereas only 35,7% of male CEOs have medical backgrounds (11).

The percentage of women enrolled in professional degree programs has risen from 25% in 1970 to more than 50% today ([7). Scandinavia has experienced a 43% to 54% rise in female practising

doctors, Central European countries present a 34% to 43% rise, and the post-Soviet countries, including the Czech Republic, Hungary and Poland, present the highest proportion with a rise from 52% to 55% of female practising doctors (13). Still, little is known about the number of women doctors in top management positions in post-communist Siemaszko's model countries such as Poland and their advancement opportunities.

Typically, a hospital director in Poland in the 1990s was a male medical doctor without formal training or experience in the management and governance of a health care unit. This situation was a historical legacy from the period between 1945 and 1989 (14). At that time, the Polish legislative requirements regarding the qualifications of health care managers were not precisely defined (15) and generally included higher education, work experience and no criminal record. This resulted in a lack of clearly defined qualification requirements for hospital directors, an arbitrary approach to filling these positions, staffing of key management positions by physicians and combining the post of a hospital director with the function of the head of the hospital department.

The situation of female managers in the Polish health care system is seldom a subject of scientific investigation. Therefore, our aim is twofold: 1) to describe the share and profile of women in health care management positions and 2) to explore how and why Polish female health care managers add value to leading health care organizations.

2. METHODS

In this non-experimental, descriptive study, the authors triangulated data collected using varied methods (Figure 1).

STEP 1: Scoping review

The scoping review is usually understood as a process of mapping the existing literature or evidence base (16). For this study, we also included a summary of research findings, exploration of the extent of the literature in various domains and identification of research gaps (17). We searched publications from December 2000 through April 2016 to identify articles which profiled health care mangers in Poland. We used two major electronic sources:

- *International Computer databases:* PubMed, Embase, Cochrane Library, PsycINFO;
- *Polish scientific Journals:* "Health Care Manager", "Human Resources Management", "Problems of Management", "Organization and Management", "Entrepreneurship and Management".

We identified 3,706 articles that contained key words such as "female managers", "woman managers", "female leaders", "female leadership."After limiting the search only to "health care," and "female managers,"167 articles were retrieved. Finally, only two documents were found when limiting the search to "female health care managers" and "Poland" or "Polish". We included only research conducted in Poland, focusing on health care management and concerning the profile of health care managers. Publications without explicit focus on health care management, not addressing the target group explicitly, or work conducted in other countries were excluded.

A supplementary review was also performed using web search engines (e.g. Google) with a focus on websites, grey literature, and other non-indexed sources. We identified a significant gap in this field, which confirmed our legitimacy for further research.

STEP 2: Analysis of the governmental databases

To determine the share of women in health care management positions in Poland, we searched governmental databases, including the Centre for Quality Monitoring in Health Care(CfQM) (18) and National Health Fund (NHF) (19).

CfQM is a governmental unit, responsible for the accreditation process of Polish hospitals. It publishes the list of Polish accredited hospitals (18), which included 226 units in 2016. Some of them, because of their complicated organizational structures, were rejected from the analysis. In the end, 204 hospitals were included. Next, the researchers analyzed the gender of NHF managers. NHF is a public payer of health care services in Poland and one of the key stakeholders in the Polish health care system. This analysis was based on a list published online detailing names of NHF directors (19).

STEP 3: In-depth interviews

We interviewed 10 conveniently selected female health care managers who occupy leading positions in the Polish health care system (5 from public and 5 from private units). The interviewees came from one big city (Warsaw – more than 1,7 mln. citizens), one medium sized city (Rzeszow; 185 thousands citizens) and one small city (Mielec; more than 60 thousands citizens). Two respondents represented the 30-40 year age group, three for ages 40-50 and five for persons 50-60 years of age. All respondents had completed higher education, four graduated from a medical university (40%), three were from economics departments (30%), two were from management sciences (20%) and one was from the humanities area (10%). The average age in this group was 49. Almost 90% of respondents had post-graduate education. On average, professional experience in health care was 13.2 years and 9.2 years as a health care manager.

The interviews took place in the respondents' offices from March until April 2015 (20) and were carried out in the Polish language. As compared to using a survey approach, the live interviews allowed for greater flexibility of the conversation, and gave the respondents more control over their responses, making it more person-oriented. The interview protocol consisted of 10 questions. The key questions for our research included:

- Have you encountered any inconveniences or barriers in the pursuit of your career based on the fact that you are women?
- Is easier or more difficult for women to reach leadership positions nowadays and why?
- Please explain what is your experience with being perceived as senior staff member by men?
- Do you believe there are some typical feminine characteristics that hinder or facilitate the execution of tasks of senior staff?
- Why or why not is it better to be a manager in an environment dominated by women or men? Please explain.

All interviews were recorded, transcribed verbatim and checked by two Polish speaking researchers to assure maximum accuracy (20). The transcripts were returned to the participants to clear any disagreement over the transcription contents. This technique increases the authenticity of

the data and amounts to "member check." (21). Transcriptions remained anonymous during the coding to maintain anonymity and confidentiality. Directional content analysis (22) was conducted using the interview scenario as a guide. Two independent researchers compared their interpretations on an ongoing basis while coding the data under four major thematic categories around which the data were centered. In the case of divergence, interpretations were discussed until consensus was reached (23).

Ethical considerations

The respondents were informed about the goals of the research and they all agreed to participate in the study by signing the informed consent form. They could choose to talk, or not, about the subjects they wanted, and avoid topics that made them feel uncomfortable. The research was guided by the principle to do no harm and gave the participants control over disclosure (24, 25). All names of respondents, their organizations and the full content of their stories remain undisclosed to maintain anonymity and privacy. The approval of The Research Ethics Committee of the Jagiellonian University in Krakow was not required.

3. RESULTS

Step 1: Scoping review

We found only two articles that addressed the topic of women managers in Poland. Research conducted in November 2012 by Wojcik and colleagues focused on the profile of health care managers of limited liability companies (26). The research covered 68 units from a total of 138 limited liability companies functioning as restructured public hospitals. While women filled 30.88% of hospital management roles, men occupied 69.12% of all hospital leadership positions. In another study, Kautsch and Sobieralska found an increase in the share of female managers, up to 42% of all executives surveyed in hospitals (27). This share was higher by 22% compared to the total number of people who had previously served as managers (27). They also stated that hospital directors had long professional experience: the average was up to 22.5 years in the health care system and 7.5 years as hospital director. Among the surveyed hospitals, there was no situation in which a man held a top managerial position that had previously been filled by a woman (27). The identified studies also showed that there were significant changes in the profiles of health care managers. The authors claim that the proportion of managers with a medical background is shrinking significantly.

Step 2: Governmental databases

The results based on the CfQM data show that the share of women holding top executive positions among the analyzed hospitals is 33%, based on the presence of 67 female directors (Table 1). Almost twice as many hospital directors were men, which is 137 cases and 67% of the total representation.

Of the 455 deputies in 194 hospitals, 174 were women. Thus the proportion of women in the position of a deputy director is 35% (Table 1). There were 281 men in that position (62%). Ten hospitals (5% of those analyzed) did not have a deputy director in their organizational structure. They had only the position of an independent director. Among these, three hospitals were managed by women (38%) and seven (63%) were managed by men. The analysis of the data from

	Directors by gender		Deputy directors by gender	
	Number of cases	%	Number of cases	%
Women	67	33	174	38
Men	137	67	281	62
TOTAL	204	100	455	100

Table. 1 Distribution of directors and deputy directors of accredited hospitals by gender. Source: own study based on the list of accredited hospitals, February 2016, www.cmj.org.pl

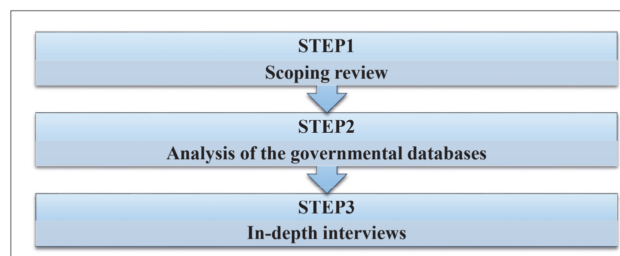

Figure 1. Steps of the research methodology

the NHF (February 2016) shows that 56% of total managers (nine out of sixteen directors) of regional departments of the NHF are women (19).

Step 3: Results of the in-depth interviews with female health care managers

The interview data were matched with four main research queries including: *1) barriers and facilitators of women pursuing a leadership career, 2) the experiences of men's perceptions of women in senior positions, 3) typical female characteristics which hinder or facilitate the execution of tasks of senior staff, 4) advantages and drawbacks to work environments managed by men vs. women.*

Barriers and facilitators of women pursuing a leadership career

Only two out of ten respondents had encountered professional barriers related to gender. Other women stated they had either not encountered obstacles directly or indirectly or that these barriers had not been associated with their gender. Only one of the respondents was of the opinion that "*it is probably different now but women still do not have it easy; even for those who drop out to pursue a career with family or social life*". The respondents agreed that most of their superiors are men – convinced of their own superiority but in fact they are fearful that they will be "shown up" by more capable, industrious and ambitious female colleagues, "*not to mention their personal culture and class.*" (20).

The interviewees were consistently convinced that it is easier to pursue a leadership career today and that women have the same chances as men to succeed. The barriers that they may face are not generally related to their gender and the same barriers may stand in the way of a man. The barriers on the road to advancement can be also related to market orientation and overall globalization of business. However, there are now more employment opportunities due to the fact that more international companies are open in Poland, and they represent a different approach to the promotion path for women and workers in general.

This new development diminishes the stereotype of women as primarily focused on taking care of the family and home.

The additional facilitating factors that increase the chances to reach leadership positions by women are greater education and training opportunities. "*Even the women who have not graduated from any studies due to e.g., motherhood or former lack of interest in pursuing a professional career can easily catch up and enhance their qualifications through postgraduate, evening or distance training. Finally, women are more independent now, they support and fight for each other and they persevere in pursuing their goals. They are more ambitious and better fit for the labor market*." (20).

The experiences of men's perceptions of women in senior positions

The opinions of the respondents were polarized. On one hand, they believed that women are treated as equal partners with trust and respect. The men with whom they work value their opinions, and the decisions taken by them are accepted as responsible and thoughtful. The women agreed that there are men for whom the gender of a supervisor or co-worker does not matter or impact their work. On the other hand, some respondents stated that there are men who treat a woman boss dismissively and do not take her seriously, especially upon first contact which is reflected by the following experts from the interviews:

"*Women are not appreciated and respected, once they reach a high position they are regarded as a novelty rather than a business partner"*.

"*Women who have reached a high position are regarded as boring by men, without personal lives. Some men believe that women take advantage of their femininity in order to attain high positions in the organizational hierarchy."*

Typical female characteristics that hinder or facilitate the execution of senior staff tasks

Only one respondent thought that character and actions were not related to gender. The remaining women believed that there were some typical female features that distinguished them clearly from men including: empathy, openness to social relations and the ability to see a broader picture from different perspectives, and multitasking. While some interviewees held the opinion that these traits were helpful in professional lives, others had a contrary view. For some women, empathy helps to build good relations in a team based on collaboration and shared discussion of problems and ideas, especially when performing a managerial position. A superior who understands subordinate can adapt an individual approach to a person and motivate them better. It differs from male "*roughness"* and "*poor understanding of other people's emotions"*. That is why the respondents argued that it is advantageous having men in managerial positions because they have no problem making quick decisions.

The respondents shared the opinion that the ability to look at things from different perspectives and see a bigger picture was a female advantage. Conversely, very concrete and quick action taking, a trait predominantly associated with men, is not always advantageous. One of the respondents commented that this is due to a belief in their infallibility, which may be sometimes destructive. Women rarely take their decisions lightly. On the contrary, they try to break down every problem into its prime factors and consider every possibility. They argued that it is often difficult for women to make decisions that require "*harming*" someone and an attempt to find an ideal solution takes time. This also allows them to prepare for possible contingencies and emergency changes to avoid surprises.

Another helpful female ability mentioned by the respondents was multitasking. A responsible manager should be able to pay attention to several priorities at one time. The respondents claimed that men lose markedly when compared with women in this regard. The women unanimously stated that they are more systematic than men, they produce better quality results, and they focus on the future which, according to the respondents, is very much associated with feminine nature and does neither facilitate nor interfere with performing executive positions. Among other female strengths were the ability to keep their personal and private lives separate at work, negotiation skills and tolerance.

Advantages and drawbacks of managing in women or men dominated work environments

The interviewed women stated that it was definitely better to manage in male or diverse, mixed groups. This was justified by the previously described tendency of women to struggle with making quick decisions. One woman claimed that she personally worked more easily with men because "*…they are less destabilized emotionally than women….*" Another respondent stated that she would rather work with men although there is no rule however, "*if you have a chance to build your own women's team the effects tend to be great.*" Next the respondents claimed that "*it is harder for women to understand the objective evidence leading people to make difficult decisions which should result in necessary changes*" and therefore they were convinced that it was easier to work in male environment.

Only one respondent stated that she worked far better in a female dominated environment because "*a woman in the position of a manager in a male environment has more to prove. She needs to show that she can cope with the given position"*. Since it is not known if she could cope with the responsibilities of the job as a man presumably could, a woman in such cases is often confronted with mistrust and careful observation by her superiors who are unsure if she was a good choice for the job.

4. DISCUSSION

Our study indicates that the number of women in top managerial positions in the Polish health care system is on the rise. Although, statistically the share of men is still larger, more women are now in leadership roles in both public and private healthcare units. More often a male manager has a woman as his deputy. This may be due to the fact that women are very well educated and are still open to undertaking new postgraduate studies (28). Based on the profile of the interviewees, we can infer that the current manager of a health care institution in Poland is a highly educated person, not necessarily of medical background, with significant professional experience, years of seniority in the management function, very good knowledge of the health sector and is constantly enhancing their skills. Only highly qualified managers are able to meet the requirements of the rapid changes in the health care sector (29). Despite the current uneven ratio of men to women in leadership roles in Polish health care, employers are increasingly proactive in employing women for the same management positions (29).

The majority of the respondents stated that they did not encounter gender based obstacles on their professional pathway but their push for advancement was not easy, which may indicate that the gender barriers were powerful yet often invisible (30,31). In line with the Global Gender Gap Report 2016 (p28) (32) and the study of McKinsey, our results seem to confirm that women often display traits important for success as managers, including strength, perseverance, multitasking, empathy, emotional intelligence and intuition (33).

The authors suggest that this study indicates that today's style of management is moving towards mixed leadership teams aiming to enhance performance (34). Traits often attributed to women serve as an added value in leadership roles making women well suited for high level positions. Women are aware of their strengths, but they also value some specific male traits like fast decision making, especially when confronted with missing information and insecurity. Therefore, it seems that women managers value the complementarity of genders in professional roles and their contributions to constructive collaboration.

Our study does not propose any theoretical model concerning female and male attributes, but findings concur with those in other studies. For example, Edmonstone and Western identified female and male constructs related to gender and health care leadership in the UK) (35). The first includes: "relates to others on equal level, strong and supportive, concerned to take people with them, recognizes that the delivery relies on others, self-aware, honest with own values" and the latter: "gives clear directions, confident, career driven, clarity of purpose, organized and cerebral in relation to gender and leadership" (35).

Limitations to this study include the small sample size, which makes it difficult to draw definitive conclusions and transfer them to larger groups in other European contexts. However, there is evidence in the literature that even six interviews is enough to determine the broad themes of any phenomena (36). Women in less senior roles may have different but just as valid perspectives on how and why women managers add value as their more senior colleagues. If a larger group of women were interviewed, this would enable us to categorize them by age groups, which could then answer the question of how age and years of professional experience come into play. Moreover, despite creating a comfortable, non-confrontational atmosphere for these interviews, it is still uncertain if the women were completely honest with their feelings.

The study has made an empirical contribution to the scarce literature on Polish female health care managers. It helped to describe the share, profile and value of female health care managers needed to support the development and employment of women in senior positions. The results of the study may inform the development of postgraduate and continuing professional development curricula to highlight the strengths and qualities of female managers and their contribution to leading diverse teams. On the other hand, the specially tailored mentoring system can address the improvement of such skills as taking decisions under pressure or dealing with power or lack of trust. This would help in the managerial career planning of women and should be a critical part of the overall leadership strategy of the Polish health care system.

5. CONCLUSIONS

There is a significant increase of women in leadership roles in public and private systems, however statistically the share of men is still larger. This study contributes new and valuable information to the body of literature in the field of health management research, but because of the relatively small groups of respondents, it is rather a starting point for a broader nationwide analysis.

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