Why is it important to Gender Health Human Resource Policy?

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Importance of health workforce research

- The management of the health workforce and its associated and expanding wage bill is the most pressing challenge for health system planners in Canada.
  - The health workforce constitute arguably the most important and costly inputs in health care.
  - There is increasing concern whether the supply of HHR will be able to meet not only future health system's demand but also population health needs.
  - How policy, planning and management effectively align with this key resource will be integral to the sustainability of universally accessible health care.

Why take gender into consideration?

- Health policy reforms and scholarly debate over how to plan and manage HHR more effectively largely ignores the fact that ***the healthcare division of labour is structured by gender and that any change in the sector is imbued with complex gender dynamics.***

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The health care division of labour?

- The concept of a **division of labour** is broadly defined to include work arrangements, control of the work setting and influence on social relationships.
  - It involves the **articular between different health professional scopes of practice** which designate the roles, functions, tasks and activities, professional competencies, standards of practice, entry to practice, registration requirements and the domains of practice (Baranek, 2005)
- It may be rooted historically in **economic** concerns, but it also entails **social** and **cultural** dimensions as well

Conceptualizing Professions within the Health Care Division of labour

- ***Dominant***
  - Controls the <u>content</u> & <u>context</u> of their work (autonomy), other health occupations & clients
- Other professions defined in terms of their relationship to dominant profession (medicine):
  - ***Ancillary or subordinate***
    - *direct control or supervision by medicine*
  - ***Limited***
    - *practice independently of medicine but with a limited scope of practice (patient or treatment modality)*
  - ***Marginal or excluded***
    - *practice outside of the mainstream medical system and are denied official legitimacy*

What is notable about ancillary professions is that they are predominantly *FEMALE*

- Lower status professions are disproportionately staffed by women:
  - This is not because of difference in career commitment, years of education (Armstrong & Armstrong, 1992),
  - or submissiveness between male and female professionals (Grandjean & Bernal, 1979),
  - **BUT** because women have been actively excluded from the established professions, (Crompton, 1990),
  - and experience different conditions as professionals (Butter et al., 1987).

- Elements of these historical legacies remain

Gender Segregation:

BETWEEN PROFESSIONS	WITHIN PROFESSIONS

BETWEEN PROFESSIONS

- Occupation
- Job Function
- Work Setting
- Level of Autonomy
- Educational Attainment
- Economic Reward

WITHIN PROFESSIONS

- Dept. Affiliation
- Specialty
- Type of Practice
- Work Setting
- Level of Autonomy
- Economic Reward

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Gendered Professional Projects:

Witz (1992):

"gendered actors engaged in professional projects … will have differential access to the tactical means of achieving their aims in a patriarchal society within which male power is institutionalized"

Davies (1996)

- "The key issue is not so much the exclusion of women from work defined as professional *[or their segregation within professions]* but rather their routine inclusion in **ill defined support roles**"
  - These dynamics are masked in a discourse of gender

Gender & Medicine

- Evolution of …
  - “keeping women out of medicine”
    - Harvard refused admittance until 1945
  - to “making it uncomfortable to be in medicine
  - “indigenously produced organizational cultures, informal relations surrounding work, which can result in a situation uncomfortable for women” Davies p. 662
    - A gendered climate
    - Lack of female role models
    - Sexual harassment
- Feminisation of medicine?
  - Implications for work culture & work patterns?

Gender Segregation

- Social-cultural gender arrangements **shape the structural location of men and women in the health workforce** as well as the classification of caring and curing, formal and informal work, and skilled and unskilled work (Armstrong and Armstrong, 1996; George, 2007).

- The horizontal and vertical segregation by gender is also **linked to issues of part-time work, career chances and work-life balance** (Jong et al., 2006; Özbilgin et al., 2011; Van den Brink, 2011).

*problems with **supply***

concerns the numbers of health care professionals providing services to a population

*problems with **mix***

concerns the relative numbers of health care professionals providing various types of services

*problems with **distribution***

concerns the location or deployment of health care professionals across geographic areas

HHR POLICY PROBLEMS:

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GENDER AND HHR SUPPLY

Negligence of Gender in HHR Planning:

- Typical approaches to HHR planning are problematic in two ways:
  1. despite calls for more complex planning models and an increasing awareness of gender issues in mainstream policy, none fully incorporates critically important gender dimensions.
  2. Where gender is mentioned, it is mostly reduced to sex-based analysis, so the 'gendering' of HHR is at risk of becoming a mere statistical exercise, like for example counting the numbers of men and women in different professional groups.

The case of women in medicine

- Although both genders experience increased tension when dealing with work/family conflict, the **gender ideologies** which are embedded in the structural and interactional contexts of everyday life, can **make this dilemma more pressing for women** than for men (Luxton, 2009; Ranson, 2009).
- The work-life balance concerns of female physicians, for example, has been argued to be linked to their **lower productivity, shorter overall careers, restricted patient population**, and delivery of a more restricted basket of services compared to their male counterparts (Esmail, 2007).

Negligence of Gender in HHR Planning:

Health Council of Canada:

- "*We believe that a specific focus on gender in health human resources policy is warranted due to the fact that the health workforce is ever-changing, the make-up of the health professional school enrolments are changing and that women are making up a larger share of the health workforce, yet ... governments and the health sector at large are designing HHR policy solutions without the benefit of a critical examination of gender in their decision-making*."

GENDER AND HHR MIX

Rationalization, skill mix & task shifting

- Rationalization of the health care division of labour:
  - *focus on the most efficient use of health care resources*
    - Substituting less skilled/costly for more skilled/costly labour

- BUT, the notion of skill is gendered so …
  - *Female health professions are more susceptible to this trend*

Gender & Skill Mix

- A recent WHO report (2011) suggest skill mix initiatives as one of four key areas where gender equality should be assessed:
  - every attempt to negotiate the balance of skills and the distribution of tasks is inevitably linked with a need to re-negotiate the gender order of the healthcare system and the gendered division of care work.

Gender & Skill Mix

- *[…] measures like substitution and delegation, which affect the professional ordering of health systems, cannot be seen as technical interventions alone. The gender dynamics of these measures need to be considered on a contextual basis, with an assessment of how gender hierarchies among health occupations are formally and informally sustained or subverted, in order to eliminate rather than exacerbate current inequalities across health occupations. It is essential that delegation be seen as part of long term planning and investment efforts that skilfully restructures health systems to do more in different ways, rather than as a means to stretch farther on a cheaper basis, often falling back on unsupported female labour.* (George, 2007: 6)

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GENDER & HHR LOCATION

Gender Dynamics in the Migration of Health Workers

- the movement of health care workers from one health care system to another is shaped by gender dynamics of the countries of origins and destinations.
- Gender ideologies also inform professional practice and personal experiences of migrating health care workers.
- Global care chains

Why gender health workforce research?

- Not doing so has and will continue to exacerbate the problems we continue to see in the health workforce and the health system more broadly

Thank you