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Lifting the Second Glass Ceiling

Healthcare market
overview



By Royal Charter



This briefing explores how women in the healthcare sector are experiencing the Second Glass Ceiling (SGC) – whereby women around the world and across sectors are leaving the workforce early and not necessarily out of personal preference – and looks at which factors are influential in driving this.



Sector overview – healthcare

In healthcare, workforce participation by women is relatively high, with women accounting for 67% of the global health and social care workforce¹. But as is the case for many science, technology, engineering, and mathematics (STEM) – based industries, this does not necessarily extend to gender balance at senior levels. According to the World Health Organization three in four leadership roles in healthcare are held by men, with figures showing they earn on average 24% less than men². The European Institute for Gender Equality concludes that women healthcare workers tend to occupy lower-status positions (e.g. nurses and midwives) and are also under-represented in managerial and decision-making positions³. Likewise, the senior levels of the pharmaceutical sector have traditionally been male-dominated⁴.

Research suggests addressing gender balance at all levels of the healthcare workforce could have a positive impact not only on individuals, but on society as a whole as female leaders can bring their lived experience into treatment and management of health conditions⁵. In a sign of progress, Diversity and Inclusion (DEI) programs are gathering pace⁶ in the sector, often as a part of sustainability strategies. The financial investment community has produced guidance⁷ to biopharmaceutical organizations on how to report in their environmental, social and governance (ESG) reports on what they are doing with the “S” social – looking at their people “Human Capital Management”. The objectives under Human Capital management require reporting on strategies relating to talent recruitment and retention, in addition to strategies on diversity, equity, and inclusion, including gender pay equity. The guidance has gone further to also look at voluntary and involuntary causes of employees’ departure – including looking at the context of the departures.

Other steps are underway in specific countries. For example, in Australia Advancing Women in Healthcare Leadership⁸ (AWHL) is a national partnership initiative across professional, medical and nursing colleges, industrial bodies, leading health services and government, designed to take a systematic approach to create a more equitable playing field for leadership roles. In the UK, the NHS published guidance⁹ to support colleagues experiencing menopause. Further opening discussions on the Second Glass Ceiling and educating global healthcare sector leaders about the reasons women may be leaving the workforce early offers the potential to shift the dial on helping retain them.

Key findings

A mixed picture for UK women in the workplace

Nearly seven in ten women working in healthcare globally (68%)¹⁰ believe the next generation will receive the flexibility and support needed to stay productive in the workforce for as long as men, with 76% of them urging businesses to drive this change. However, optimism in healthcare is lower than in most other sectors (74% in finance think the coming generation will receive this support, 79% in architecture, engineering & building and 75% in manufacturing).

Role models are considered important

80% of women in healthcare believe the presence of more experienced female colleagues would be beneficial to the development of younger women in the workplace, yet 37% say it remains uncommon to see women in healthcare leadership roles.

Women in healthcare encounter barriers to staying in work linked to their own health

One in two women in the sector said their own health was holding them back, considerably higher than for women in finance (36%), the arts (28%) or architecture, engineering & building (37%). This follows [research by BSI earlier this year](#) suggesting many in the hospital workforce are struggling with burnout and their well-being post pandemic. One in three specifically cited caring responsibilities, for parents or children, while 22% cited lack of flexibility, 16% cited lack of progression opportunities for women and 17% lack of pay parity.

Menopause

A quarter of women in healthcare specifically mentioned health or well-being considerations for the menopause as a barrier to remaining in work (above the average of 21%). More than half (56%) believe it would be difficult to raise these issues, with an employer.

Formal policies would help

Consistent with the global picture, 74% of women polled in the sector believe it is helpful for organizations to have formal policies to address personal health and well-being issues such as menopause, health issues related to menstruation, difficult pregnancies or miscarriage, but only 5% say they are aware of such policies in their organization.

The report makes a series of recommendations to lift the SGC, including:

- **Recognize the benefits of lifting the second glass ceiling.** Rather than see this as a challenge, organizations can approach it as an opportunity to boost growth, innovation and accelerate progress towards a sustainable world.
- **Open the dialogue** – ask women what they want – uncovering solutions that can reverse the trends and enable more women to thrive throughout their professional lives.
- **Ensure support is available and accessible**, whether around menopause or other considerations
- **See flexibility as an asset** and recognize that small adjustments where possible can help ensure an accommodating workplace
- **Institute a broader culture of care** – prioritize people by promoting individual needs
- **Share best practice** – collaboration across organizations, sectors and countries can drive progress

[Read the full Lifting the Second Glass Ceiling report and see the recommendations here](#)

- ¹ [Value gender and equity in the global health workforce](#), World Health Organization, accessed June 2023
- ² [Women in the health and care sector earn 24 per cent less than men](#), ILO, July 2022
- ³ Health, EIGE, January 2017
- ⁴ [Breaking the Glass Ceiling: Promoting Gender Diversity and Inclusion in Pharma](#), Oxford Academic, March 2023
- ⁵ [More Women Must Lead in Global Health: A Focus on Strategies to Empower Women Leaders and Advance Gender Equality](#), Annuals of Global Health, July 2021
- ⁶ [How big pharma is focusing on diversity, equity and inclusion](#), Pharma IQ, November 2022
- ⁷ [Biopharma Investor ESG Communications Initiative](#), Biopharma Sustainability Roundtable, accessed July 2023
- ⁸ [OUR WHY | Women in healthcare leadership](#), AWHL, accessed June 2023
- ⁹ [Supporting our NHS people through menopause: guidance for line managers and colleagues](#), NHS, November 2022
- ¹⁰ Data drawn from BSI's Second Glass Ceiling Poll, conducted by Censuswide, who surveyed 5,074 women in the UK, US, Australia, China and Japan between 11th and 17th May 2023

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