

Using female talent in healthcare.

Using female talent at the top leads to better results and is necessary to mitigate the impact of the ageing population. However, women's participation in the boardroom is very limited and is growing only slowly:¹⁻³

There are also financial benefits to having women in the boardroom: it leads to a 50% rise in profits and improvements in a whole range of organisational criteria such as working atmosphere, values, vision, coordination, monitoring, leadership, developing skills, innovation and creativity¹.

In the Netherlands, fewer than 5% of directors in the 200 largest companies are women³. Seventy five percent of working women work part-time. If women's talent is so neglected, the labour shortfall in Europe – certainly at the highest level – will grow, according to estimates, leading to a shortfall of 24 million by 2040.¹ However, if women's skills are used as much as men's, the shortfall will be only 3 million.¹

In the health and welfare sector as a whole, the proportion of female staff is 80%, and the proportion of women in the boardroom is 30%.⁴ However, in healthcare, the proportion of women in the boardroom decreases with the size of the organisation: from 31% in small organisations to 14% in large ones (> 1000 employees).⁷ The governing boards of hospitals comprise 80 doctors, of whom 8 women (10%); two years ago there were 4 women (5%).⁵ 11% of university lecturers are women; four years ago the figure was 9%.⁶ Fewer than 6% of managers in science are women.⁶

The requirements for (re)registration in other Member States differ, which means that the opportunities for Dutch doctors/care providers to work across the border are limited.

Conclusion: the skills of female doctors are not being used optimally, and the reasons for this are mainly cultural. Modifying the situation will therefore require an integrated approach to promote cultural change: encouraging diversity policy in government and in healthcare organisation.

Action plan:

For government:

- Encourage work-life balance, e.g. by encouraging 'broad schools' [*i.e. schools offering a range of social and community services outside classroom hours*] and afterschool clubs.
- Bring the requirements of the Member States for the (re)registration of doctors/care providers into line.

For organisations:

- Diversity policy, supported from the top of the organisation, including:
 - a target of 30% of boardroom posts to be held by women;
 - managing, developing and keeping talented women by way of mentoring, role models and raising awareness of gender issues;
 - flexible working hours, career development support.

Sources:

- 1 *Women matter, gender diversity, a corporate performance driver*, Mc Kinsey 2007.
- 2 *Women and men in decision-making*, European Commission 2007
- 3 *Talent naar de top, charter en aanvullende voorstellen* (Talent to the top, charter and other proposals), 28 May 2008
<http://www.talentnaardetop.nl/Nieuwsartikel/Publicatie-Talent-naar-de-Top-28-mei.htm>
- 4 Emancipation monitor 2008
- 5 Nederlandse vereniging van bestuurders in de zorg (NVZD – Dutch Association of Healthcare Managers) / Vereniging van Nederlandse vrouwelijke Artsen (VNVA – Association of Dutch Women Doctors), February 2009.
- 6 Landelijk Netwerk Vrouwelijke Hoogleraren (LNVH) – National Network of Women Lecturers, www.lnvh.nl

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