

Leadership in women's health: not just about equity but also better health outcomes

This issue of the *MJA* has two pieces that reflect on medical leadership, the role of professional organisations, and the challenges that remain for women in leadership. In their perspective, Proimos and colleagues (doi: [10.5694/mja2.52244](https://doi.org/10.5694/mja2.52244)) discuss specifically the role of medical colleges and other member-based medical organisations. This is not a problem that is unique to Australia: as the authors say, a recent report from the World Health Organization “showed women make up 70% of the global health workforce but only 25% of the leadership”. It is even worse for women from minority groups. And, as they note, although getting women into leadership is important for equity and social justice, more diversity, including having more women in leadership, also improves outcomes. So, who should take responsibility around barriers to women's leadership? As the authors argue, “The burden of addressing barriers on a woman's path to leadership should not sit with individuals but rather with changing the culture, organisations and systems where women work”. They go on to describe the Advancing Women in Healthcare Leadership (AWHL) initiative, which focuses on system-level change. What happens next will be important in determining how the evidence-based interventions they identified can be translated into outcomes.

A second perspective in this issue by Wheeler and Govindasamy (doi: [10.5694/mja2.52242](https://doi.org/10.5694/mja2.52242)) looks at the flip side of women's leadership: that there is not just a glass ceiling for women in leadership, including medical leadership, but also a “glass cliff”. They define this concept as follows: “The glass cliff phenomenon, drawn from the glass ceiling concept, refers to the tendency for women and other minoritised people to be appointed to leadership positions in times of crisis, compared with periods of stability”. Such appointments are, as the authors say, “a poisoned chalice” since “when circumstances are bad ... women and other minoritised people are often pushed forward as visible signals of change ... these appointed leaders are expected to perform a miracle to turn the crisis around”. As in the previous article, the authors note that solutions must lie with organisations, not individuals. There must be “renewed focus on institutional changes that facilitate work–life integration and organisational



inclusivity ... [to] deliver the benefits of diverse leadership back to our health system”.

First published online to coincide with International Women's Day 2024, these two articles are a stark reminder of how far we have to go. The stakes are high not just for gender equity: if we are serious about putting in place leadership that will improve health outcomes, more diverse and more female leaders are not just nice to have, they are essential. ■

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doi: [10.5694/mja2.52274](https://doi.org/10.5694/mja2.52274)