



**FACILITY  
ENGAGEMENT**  
An SSC Initiative

# Knowledge Sharing

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## How are we promoting gender equity to support women in medicine and leadership?

As the number of female physicians grows, more women have the opportunity to take on leadership positions and have a greater influence in health care decisions.

However, female physicians in medicine experience gender equity challenges in both leadership and clinical opportunities.

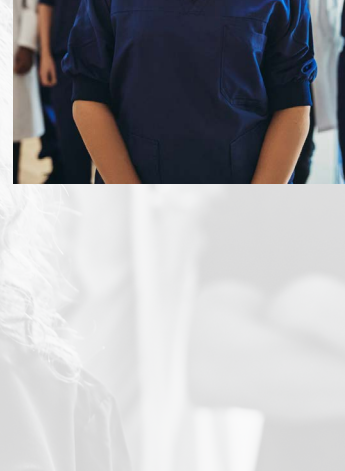
At Kootenay Lake Hospital (KLH) in Nelson, the MSA's Gender Equity Working Group is introducing strategies to shift to a more supportive, equitable environment for women in medicine, that is also more conducive to leadership.

The group is also working with neighbouring hospitals to elevate and promote strategies at the regional level.

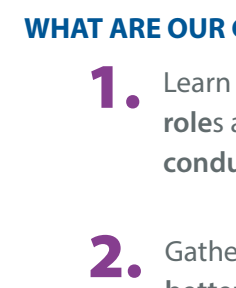
### Equity, Inclusion and Diversity

In the medical profession, inequities in compensation and career advancement, and discriminatory treatment by peers and patients, has been associated with the intersection of race and gender.

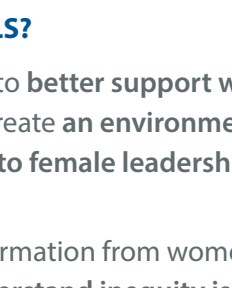
Gender equity and racial diversity in medicine can promote creative solutions to complex health problems and improve the delivery of high-quality care.



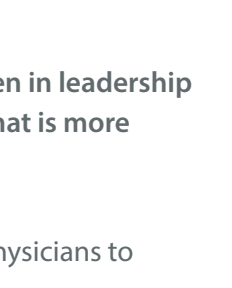
## Kootenay Lake Hospital Gender Equity Working Group



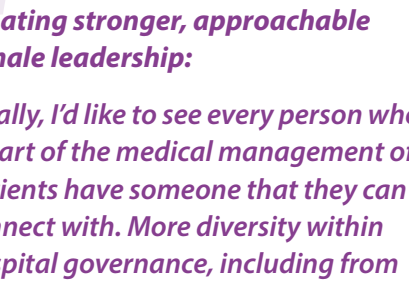
Dr. Belinda van der Berg  
GP, MSA member



Dr. Martha Wilson  
GP, MSA member



Tanya Montazian  
Midwife, MSA member



Kootenay Lake Hospital, Nelson

### WHAT ARE OUR GOALS?

1. Learn how to better support women in leadership roles and create an environment that is more conducive to female leadership.
2. Gather information from women physicians to better understand inequity issues.
3. Work on barriers women physicians face when considering leadership roles, to make leadership more appealing and accessible.

### Creating stronger, approachable female leadership:

*Ideally, I'd like to see every person who is part of the medical management of patients have someone that they can connect with. More diversity within hospital governance, including from woman leaders and other leaders from underrepresented groups, will create a safer space for people to voice their concerns and feel heard."*

— Dr. Belinda van der Berg, GP, and MSA member at KLH.

## Understanding the issues: Medical staff survey

To inform their work, the KLH Gender Equity Group surveyed local physicians, nurse practitioners and midwives who identify as female to better understand local experiences in:

- Hospital Work Environment
- Opportunities for Advancement at the hospital
- Hospital Culture
- Barriers to Leadership Roles

In the area of barriers, here is what they heard.

### What was heard: barriers

Rank	CURRENT Barriers	Agree
1	Parenting commitments	77%
2	Hesitation to take on personal or professional risks associated with the perceived demands of leadership positions	62%
3	Lack of self-esteem or self-confidence in stepping into a leadership role	54%
3	An implicit or unconscious gender bias	54%
3	System-wide KLH policies that disadvantage females (rigid structure pertaining to leave, lack of work flexibility or family-friendly structures)	54%

Rank	PAST Barriers	Agree
1	Parenting commitments	77%
3	Lack of self-esteem or self-confidence in stepping into a leadership role	54%
The remaining barriers were experienced or observed by 38% or fewer respondents		

## Experiences and reflections

### Work environment observations

- > LMACC members except for the midwifery department are male.
- > A lack of support from leadership when issues of gender equity are reported.
- > Biases when in, or managing meetings with no facilitation.
- > Better equity-based lens in smaller groups (such as call groups or areas of practice).

### Leadership barriers

- > Equitable leadership roles within the MSA structure, but not the region/Health Authority.
- > Time commitment with parenting + clinical professional duties.
- > Appropriate remuneration/ease of accessing remuneration.
- > Appropriate support from colleagues for participation in leadership (not appreciated, not seen as valuable, not having an impact).

### Culture issues

- > Male co-workers not always treating female physicians equally.
- > Patients refer to a female physician as "nurse" or by name, but males as "doctor."
- > Patients believe male physicians, but need more time with female physicians.

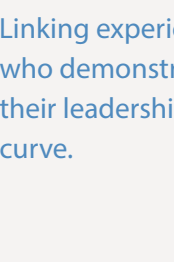
## TAKEAWAYS

### Making female leadership more attractive, within reach

Survey respondents agreed (85%), the top three changes needed at the hospital to make leadership positions more attractive or within the reach of female health care providers are:

1. Support flexible career pathways, work patterns, and scheduling including full- or part-time work.
2. Family-friendly policies and working conditions.
3. Provision of allies for women in the early stages of their careers.

*A culture of true collaborative and inclusive exploration of ideas and decision making, which takes more time, active listening and self-reflection re: own biases and consideration of other points of view.* — Survey Respondent



### Ideas for change

- **Addressing time constraints**  
Adding more MSA co-chair roles; flexible meeting options: lunch/dinner hours, Zoom options.
- **Reducing Isolation**  
Linking experienced mentors with women physicians who demonstrate leadership capabilities to support their leadership journey, and reduce the learning curve.
- **Connections and conversations**  
More conversations about gender equity:  
• Guest speaker(s) — female health care providers in leadership roles sharing experiences and success tips.  
• Conversation cafés, short meet ups or coffee dates.  
• Discussion around how other females have faced and navigated challenges.  
• A reflective practice group to learn together and model changes desired.

## ENGAGEMENT ACTIVITIES

### Action: connections, communications, training

### LOCAL ENGAGEMENT

#### CONNECTING AND SHARING

- Development of safe, generative spaces for women to meet and share stories about women in medicine and leadership.

#### SOCIALIZING POLICIES FOR CHANGE

- Introducing and reviewing Equity, Diversity and Inclusion (EDI) policies to the MSA for implementation.
- Bringing attention to the principles and Health Authority EDI policies when leadership positions become available on various committees.

### REGIONAL ENGAGEMENT

- Participation in the Kootenay Boundary regional table with four other communities.  
  - > Two-way knowledge exchange
  - > Regional/provincial advocacy

### PROVINCIAL ENGAGEMENT

- Connecting with Doctors of BC to learn about data collected on gender equity, be connected with provincial leaders in this area, and review policy released in January, 2023.

## CONNECTIONS

### NETWORKING, DIALOGUE

Illuminate Conversation Salon May 2022 - Kootenay Boundary Regional Gender Equity event - 45 participants

- Insights heard: In response to the event, the majority of participants providing feedback (17) felt:
  - Gender equity should be an important focus for Facility Engagement in Kootenay Boundary
  - The event improved the building of connections, trust, and collaboration within their MSA
  - Empowered to support other women in medicine
  - More interested in participating in medical leadership

## COMMUNICATIONS

### COMMUNICATION AND EDUCATION POSTER CAMPAIGN

- Educating staff and public: hospital poster campaign
- Affecting a change of culture

### LEADERSHIP FOR MEDICAL WOMEN

- Offered across 4 sites/communities in the Kootenay Boundary region, 20-25 women
- CMA Joule Physician Leadership Institute
- Nurtures mentors from those trained
- Provides Insights and tools to:
  - Deepen self-awareness and self-knowledge
  - Identify/ develop individual skills & strengths
  - Highlight capabilities necessary to address and successfully meet challenges unique to women leaders in medicine

- Supported by the Shared Care and Specialist Services Committee Physician Leadership Scholarship fund.

KOOTENAY LAKE HOSPITAL & ESRP

FACILITY ENGAGEMENT PRESENT

ILLUMINATE

MAY 12, 2022

6:30 PM - 8:30 PM

AN INTERACTIVE EVENING ONLINE TO SHARE STORIES ABOUT WOMEN IN MEDICINE AND LEADERSHIP

GUEST SPEAKERS:

DR. KATHLEEN POSES

DR. SHELIA WAGSALL

DR. TRINA LARSEN SOLES

DR. SARAH BLUMHARDT

MODERATED BY: DR. COURTNEY COLLINS

DIVERSITY IS HAVING A SEAT AT THE TABLE,

INCLUSION IS HAVING A VOICE,

AND BELONGING IS HAVING THAT VOICE BE HEARD.

THE DIFFERENCE BETWEEN EQUALITY AND EQUITY

EQUALITY

Each individual or group of people is given the same resources or opportunities

"Leadership positions are open to all."

"Everyone is invited to attend the meeting."

"Similar numbers of women and men participate on KLH projects and committees."

EQUITY

The allocation of resources and opportunities are to reach an equal outcome.

"Recognize that we do not all start from the same place."

"Outreach to recruit those underrepresented in leadership positions."

"Accommodations to increase participation of those with family responsibilities."

"Mentorship for those underrepresented in leadership."

NEW COURSE

Leadership for Medical Women

OVERVIEW

This course is designed to provide women physicians with the tools and resources needed to advance their careers and leadership skills. The course will cover topics such as self-awareness, communication, and decision-making. It will also provide an opportunity for participants to share their experiences and learn from each other.

WHO SHOULD ATTEND?

Any woman physician who is interested in advancing their career and leadership skills. The course is open to all levels of experience.

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## TAKING IT TO THE NEXT LEVEL

### Kootenay Boundary Regional Gender Equity Table



#### REGIONAL MEMBERSHIP:

- Kootenay Lake Hospital (Nelson)
- Kootenay Boundary Regional Hospital (Trail)
- Boundary District Hospital (Grand Forks)
- Castlegar physicians
- Kalso physicians

Through quarterly meetings, this table brings sites and physicians together in the region to:

- Advance gender equality and empower female care providers as leaders and decision makers in Kootenay Boundary.
- Work to understand the power, gender, and diversity dynamics in the region, and augment the work being done by local gender equity groups at each site.
- Identify strategies to strengthen relationships, and develop collaborative approaches to promoting gender equality in the region.

#### Priority Objectives

The table works on behalf of female care providers in Kootenay Boundary to:

1. Foster meaningful engagement and inclusive points of connection to strengthen relationships and collegial support.
2. Promote leadership skills development to empower women to fully participate in medical leadership roles.
3. Consult with health authority leaders, Doctors of BC and other sites to leverage learning and mentorship opportunities.

#### WANT TO LEARN MORE?

For more information on gender equity work underway in Kootenay Boundary and at Kootenay Lake Hospital, contact:

Rachel Schmidt, Strategic Project Manager  
Kootenay Lake Hospital, MSA Facility Engagement:  
E-mail: [rschmidt@kbmednet.org](mailto:rschmidt@kbmednet.org)

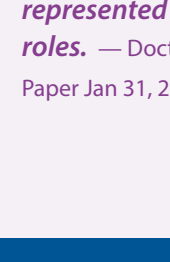
## Doctors of BC Policy Statement on Gender Equity in Medicine

### New policy statement addresses gender equity in medicine

In January 2023, Doctors of BC released policy statement to help better understand gender inequity in medicine, and to build on individual and collective physician action to address this significant challenge.

[Read More](#)

## GENDER INEQUITY IN MEDICINE



*Gender inequity in medicine is a societal issue that is the result of both systemic and individual level bias. It negatively affects female physicians in areas such as income, career advancement, mental health, and job satisfaction. It can also discourage female physicians from pursuing specific specialties or being equally represented in leadership roles.* — Doctors of BC Policy Paper Jan 31, 2023

### Key challenges identified by female physicians in BC

#### Doctors of BC Member Engagement on Gender Equity

- **Gender bias among patients, fellow physicians, other health care providers, and family members.** This can be a source of gendered expectations in subtle but persistent ways, which can impact stress levels, income, and career progression/satisfaction for female physicians.
- **Referral bias, whereby complex or time-intensive patients are disproportionately referred to female physicians.** This may be due to a perception that women are more suited to providing emotional support and counselling.
- **Pay inequity.** Female-dominated specialties and/or those that focus on providing care to women or children (e.g., family medicine, pediatrics, obstetrics) may be under-compensated.
- **Lack of female representation in clinical, academic, and professional leadership.** This can mean fewer opportunities to influence decision-making on fee codes, clinical operations, and policy.
- **Gaps in research contributing to lack of understanding about gender equity issues.** This can create uncertainty about best solutions.
- **Different or added difficulties encountered by women in medicine of varying backgrounds.**