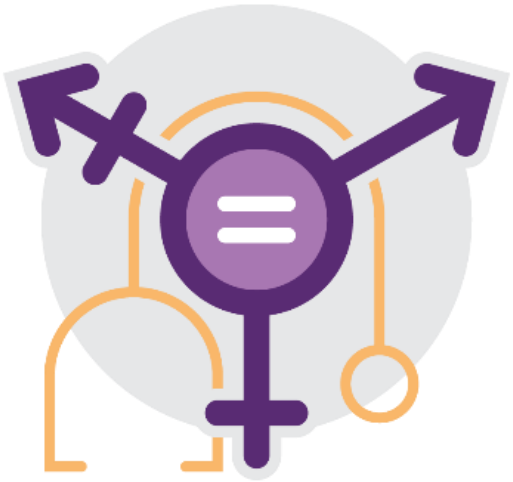
RESISTIRÉ
Reducing gendered inequalities caused by COVID-19 policies

Gender Equality Plans should be mandatory for hospitals

RESISTIRE recommendations to policymakers and hospitals mitigate the gendered impacts of Covid-19, based on RESISTIRÉ findings.

20 December 2021

The pandemic has made visible the need for hospitals to offer the adapted working conditions and to deliver a service of the highest quality. Healthcare workers are leaving the sector faster than ever because of poor working conditions, lack of an adequate work-life balance, and work-related safety and health risks, which were exacerbated during the pandemic. Gender Equality Plans (GEPs) are a proven method to initiate a process of sustainable institutional change to the benefit of the quality of care, that is linked to the motivation and well-being of the people working in hospitals.



Background Information

The existing inequalities in the healthcare sector, and more specifically in hospitals, have been exacerbated due to the pandemic**. Decision-making mechanisms and management are male-dominated, while most healthcare workers, especially on the front line against the virus, are female.** To illustrate, in 2019, more than 70% of the global health workforce consisted of women, while men held about 75% of health leadership roles[1]. More specifically, within the EU in the same year, 86% of personal care workers in health services were women, while women made up 89% nurses and midwives and 84% of associated professionals. In contrast, women made up only 52% of medical doctors[2].

Moreover, the psychosocial risks that healthcare workers - and especially women – have always had to face, have been exacerbated during the COVID-19 pandemic. **The prevalence of these risks is not just inherent to the tasks and workload, it is also due to the work's general organisation and management as well as the social context in which the job is carried out[3], with (women) healthcare workers experiencing different kinds of harassment from patients, clients and co-workers, and also being subject to various patriarchal norms and assumptions regarding their work[4].** Instances of harassment, bullying and violence against healthcare workers have increased worldwide during COVID-19 [5].

Structural gender inequalities result in the devaluation of care work, which is evident in the feminisation of the health sector. **Major improvements are needed in working conditions, at the level of recruitment, career progression, women in leadership positions, work-life balance, prevention of sexual harassment and violence, and psychosocial risks in general.** The pressure to improve on all these dimensions has increased due to the pandemic, as these inequalities became more visible. Also, it has been hypothesised that handling the crisis may have been more efficient if the organisations adopted Gender Equality measures and diversity policies.

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[1] World Health Organization. (2019). Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce. *Human Resources for Health Observer Series*, 24.
[2] Franklin, P., Bambra, C. & Albani, V. (2021). Gender equality and health in the EU. *Publications Office of the European Union*.
[3] Franklin, P. & Gkiouleka, A. (2021). A Scoping Review of Psychosocial Risks to Health Workers during the Covid-19 Pandemic. *International Journal of Environmental Research and Public Health, 18*(5), 2453.
[4] Strauss, S. (2019). Overview and Summary: Sexual Harassment in Healthcare. *OJIN: The Online Journal of Issues in Nursing, 24*(1), https://doi.org/10.3912/OJIN.Vol24No01ManOS
[5] Dye, T. D., Alcantara, L., Siddiqi, S. et al. (2020). Risk of COVID-19-related bullying, harassment and stigma among healthcare workers: an analytical cross-sectional global study. *BMJ Open, 10*, doi: 10.1136/bmjopen-2020-046620
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Institutional change through GEPs: similarities between the research and healthcare sectors

An approach to promote the development of GEPs in hospitals can build on the experience gained in the higher education sector. One of the success factors in the research sector rests **in the institutional change and the holistic approach: working on different domains of discrimination in parallel and making sure the measures proposed are integrated into the processes and effectively change the way the institution functions in a sustainable way.**

Similarities exist between the two sectors in terms of **hierarchy, paternalistic culture and power relations that lead to common inequality patterns**. Implementing this recommendation could act as a living lab to improve the Occupational Safety and Health at work legislation on psycho-social risks at EU-level. Hospitals are an environment where these risks are probably higher than in many other sectors.

Better Stories

Within RESISTIRE, we identify "Better Stories", a term taken from Dina Georgis for promising practices that identify how a given societal situation can be ameliorated to improve existing practices.

Examples of GEPs in public hospitals are still very rare in the EU. Some countries, like France and Spain, have passed legislation that impose the development of a GEP or equivalent on public hospitals. The first examples of GEPs being implemented lack ambition and most often limit their actions to only a few domains, leading to a small impact and slow change.

Examples:

- The GEP of GHU Paris
- The GEP of the Basque Health Agency

Recommendations

1. Make the development of a "Gender Equality Plan" (GEP) mandatory for all hospitals.

Impacts pursued with this recommendation:

- Improved equality and diversity in the workplace
- Encourage institutional change
- Address and eliminate harassment issues
- Raise standards for professional practices in the EU

2. Promote the development of holistic GEPs, addressing all the different domains where discriminations take place.

A holistic approach, that addresses in parallel different domains where discrimination takes place:

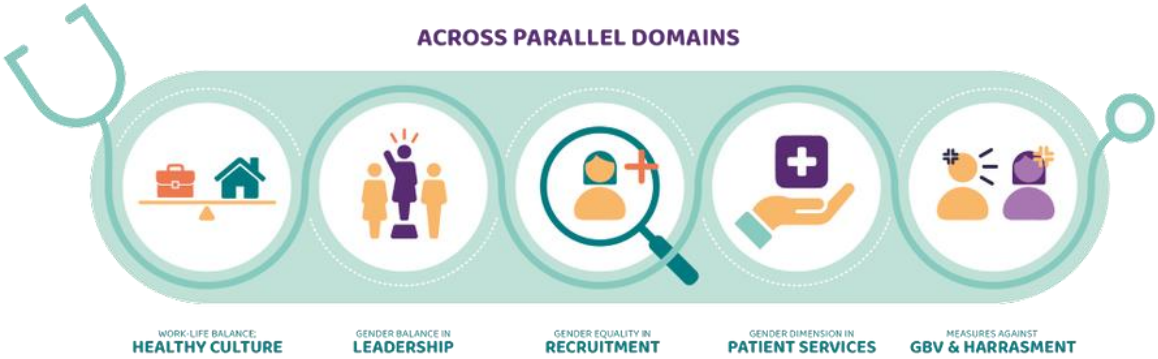
I. **Work-life balance and organisational culture.** Work intensity, insufficient rest, a poor work-life balance, low wages, and numerous other causal factors within this female dominated sector lead to high psychosocial risks that need to be prevented through adequate collective measures. One such collective measure on the EU level could be to include a new 'Daughter Directive' within the Directive 89/391/EEC, on occupational health and safety, that recognises and protects against the psychosocial risks that are so prevalent in the healthcare sector.

II. **Gender balance in leadership and decision-making**. Even if the sector is highly feminised, decision-making bodies are too often male dominated and embedded in a paternalistic culture.

III. **Gender equality in recruitment and career progression.** Gender balance is important in all career paths inside hospitals.

IV. **Integration of the gender dimension into healthcare service delivery.** Discriminatory behaviours inside the organisation are connected with discrimination in medical treatment.

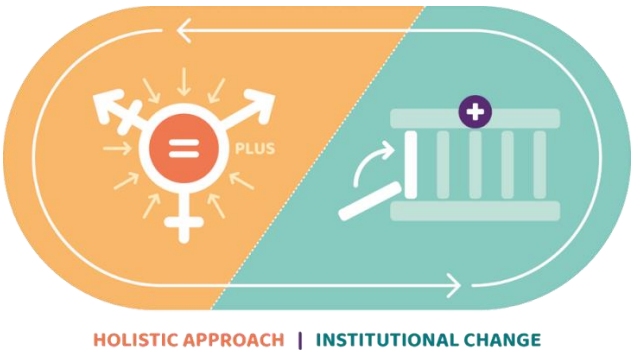
V. **Measures against gender-based violence, including sexual harassment.** The hierarchic culture and the power relations create conditions for hidden gender-based harassment and violence.



3. Integrate the actions from the plan in hospital processes, leading to sustainable institutional change.

An institutional approach that embeds the changes into the bodies and processes of the organisation:

I. **Public commitment**: a formal document signed by the top management, published on the institution's website and widely disseminated within the institution and toward patients and other external stakeholders.
II. **Dedicated resources**: committing resources and gender expertise to implement it. Earmarked funding should be available for staff positions such as Equality Officers or Gender Equality Teams.
III. **Data collection and monitoring**: disaggregated sex/gender data across all staff categories, and annual reporting on gender imbalances based on the indicators; comprehensive evaluation approach. Disaggregated data collection must also be launched to monitor treatment delivery and efficiency among diverse groups of patients.
IV. **Capacity-building actions**: awareness-raising and training on gender equality and unconscious gender bias for staff and decision-makers; information and dissemination material, workshops or working groups dedicated to specific topics.



4. A process of development according to the following principles:

Intersectional/Gender+ Approach: While gender is at the centre of this recommendation, other integrated indicators should be taken into consideration to address other potential inequality grounds intersecting with gender, such as ethnicity, class, disability, age, religion/belief, sexual orientation and sexual identity, family composition and care duties, contractual status, language, citizenship).

Inclusiveness: The perspective of all stakeholders of the hospital (doctors, nurses, support and administrative staff, including temporary staff, subcontractors and trainees) and at different levels should be taken into account in identifying the measures to undertake. The patient perspective in its diversity and as the ultimate beneficiary should be included with the help of patient organisations.

Participatory Approach: Inclusiveness should be accomplished through participatory approaches and techniques that help to define meaningful measures to the actors involved, boosting their willingness to implement them, while respecting the organisational culture. Different and separate dynamic workshops can be envisaged with senior management and leadership posts, human resources and communication staff, medical staff, support staff, … The techniques used have to be adapted to ensure they do not create an additional burden for overworked staff. For measures aimed at patients, patient and women's organisations should be included too.

About RESISTIRÉ

This factsheet is based on data collected within RESISTIRÉ's first research cycle which ran from 15 May to 30 June 2021. 31 national researchers worked with the consortium to map policies and societal responses, together with qualitative and quantitative indicators, related to the pandemic in the EU27 countries along with Iceland, the UK, Serbia, and Turkey.[4] This research activity was completed with workshops and interviews with gender equality experts whose input informed the main findings from expert consultations.[5]

RESISTIRÉ is an EU-funded Horizon 2020 project the aim of which is to 1) understand the impact of COVID-19 policy responses on behavioural, social and economic inequalities in the EU27, Serbia, Turkey, Iceland, and the UK on the basis of a conceptual gender+ framework, and 2) design, devise and pilot policy solutions and social innovations to be deployed by policymakers, stakeholders and actors in different policy domains.

Find out more about the project at **https://resistire-project.eu**.

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Discover all project outputs at https://resistire-project.eu.
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