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Men as allies

A report by the Health & Care Women Leaders Network
delivered by NHS Confederation and NHS Employers





“Being an ally is more than just saying you are – it needs to be reflected in actions and behaviours. And it can sometimes feel uncomfortable. We need to get comfortable with being uncomfortable if we are to tackle this”. (Tweet chat contributor.)

Foreword from our network chair, Samantha Allen

At our annual conference last November, an attendee commented on how much they enjoyed the day, but openly questioned why more men did not attend such events.

As a network, we realised that to achieve our ambitions and deliver our priorities we need men as allies, working with us and supporting and influencing on our behalf.



And so, engaging with our senior male leaders and reaching out to male colleagues across health and care has become a point of focus throughout our 2019 work programme.

Many men in the NHS are allies to the cause of gender balance and are keen to ensure their organisations offer supportive environments for women. Late last year, our network guiding group, a supportive group of women working in the NHS, asked a number of male senior leaders for their views on the barriers to women getting to leadership roles in the NHS and how those can be overcome. In January 2019, the network also held a tweet chat that garnered over two million impressions and drew views from a wider group of men and women on these issues.

The result is this report.

At our annual conference members of our network said, "To achieve progress it is the system that needs fixing not the women". Data¹ shows us that where men are actively involved in gender equality, 96 per cent of their organisations report progress. Where men are not actively involved, only 30 per cent show progress. Therefore men play a crucial role in ensuring women are represented and supported in leadership roles. To achieve progress on gender balance across the NHS we need men, as leaders and as colleagues, to understand the barriers women can face in the workplace and be prepared to ask women how they can be better allies. To attract, retain and motivate our workforce together we all have a role to ensure the working environment in the NHS is one that supports all and helps everyone to achieve their potential. Balance is better for everyone.



"As men, if we are to be effective allies, we need to support women leaders and aspiring leaders, and work with them and senior men to challenge assumptions and the status quo."
Niall Dickson - Chief Executive, NHS Confederation

"As men we have to accept that our role as allies demands more than speaking on platforms against sexism or supporting networks. It is about truly listening to our female colleagues' stories and experiences; it is about challenging our male co-workers and friends in our day-to-day interactions; it is about recognising that as part of the problem we are also required to be part of the solution."

Daniel Mortimer - Chief Executive, NHS Employers



1: <https://www.bcg.com/publications/2017/people-organization-behavior-culture-five-ways-men-improve-gender-diversity-work.aspx>

Sisters shouldn't do it all for themselves – men as allies

In this report we will explore some of the actions and behaviours men can adopt to support the development of women leaders, and how they can work through any discomfort brought about by challenging norms or ingrained behaviour. At the same time as highlighting the support for women, embracing the multiple and intersectional identities that the word 'woman' speaks to, we recognise the need to go much further than gender. It is also important to reflect that gender can be fluid and we also need to reflect those who identify as non-binary and trans if we are to be truly inclusive in our leadership across the NHS and represent the communities we serve.

Factors senior male NHS leaders see as holding women back

Women not putting themselves forward

Several interviewees felt that women put up barriers to their own progression. While a man might 'give it a go' and apply for a senior job, a woman might see the obstacles in her path such as lack of experience. This imposter syndrome – a lack of confidence in their own abilities – was seen as holding women back even when those around them felt they were ready for the job. And once in a job, women may feel the need to work excessively to 'prove themselves'.

"Men come in saying 'I've had a stellar year and I want an A' and women say 'I haven't done well' when they have." David Sloman

One interviewee described many women as having 'self-limiting beliefs', including a belief that they are not destined for more senior roles. In his view, women can and should be confident in creating a narrative about themselves and the impact they have delivered, but they may need further support in doing so. Coaching, mentoring and shadowing senior leaders might be a way to address this, he suggested.

Networking

Some of the men interviewed suggested that informal networks are often seen as one of the ways men advance through hierarchies and get their next job. And women's ability to benefit from joining such networks may be adversely affecting their chances of progression. But do either of these concepts hold true in today's NHS?

Our interviewees had differing views on networks – some saw themselves as not taking part in any outside of normal work events or viewed them as not being important. However, many recognised that in places which might be regarded as 'networking opportunities' women were often in the minority. Not because there was any attempt to actively exclude women, but this simply was a reflection of the NHS as it is now.

However, some interviewees recognised that the logistics and the environment of some networking needed to change. One interviewee pointed out that evening events could be more difficult for leaders to attend where they had childcare responsibilities – an issue which is becoming more significant for younger male leaders with families as well as their female counterparts. And while the traditionally male dominated drinking

and sports culture, which had characterised some informal networking, may be dying out, there can still be a tendency to use language derived from sport in discussing performance issues - a 'microaggression' of which many men are oblivious.

Interviewees tended to regard networking around professional development very positively – such as action learning sets or discussion groups. They also felt that such settings were more likely to be gender-balanced and to address issues in a way that would support the growth of women leaders.

Recruitment in own image

One of the barriers that still persists is a tendency of some of those in positions of power to recruit in their own image, interviewees suggested. One described 'recycling' of executives to non-executives, which did not bring in new thinking or new challenges. Another pointed to a stereotype of what 'effective' is and a tendency from the chair downwards to appoint leaders with a similar management style. Such bias is highly likely to be unconscious, but regardless of intent, it can lead to shortlists of candidates who are all white men, one suggested.

The small numbers of black, Asian and minority ethnic (BAME) leaders at the top of the NHS may mean that boards that recruit in their own image are overwhelmingly going to be looking at white candidates. BAME women may be doubly disadvantaged.

Long-hours cultures

Women promoted to high-level jobs or looking to move to an executive role may be expected – or believe they will be expected - to work excessive hours, often at a point in their lives when they have family commitments to children and elderly relatives. Chief operating officer roles in particular are notoriously demanding in terms of hours and availability.

For women with childcare or other responsibilities this can be perceived as a barrier, despite there being great role models of women who have managed this very challenging stage in their lives successfully. Several of those interviewed mentioned senior women in their own organisations who had done demanding jobs – sometimes part-time – while also having family commitments.

“Be objective. Women with children are often the hardest working and most organised.” David Sloman

However, some women may decide the prize of a senior NHS job is simply not worth it. One chief executive commented on the high fallout rate of women on the graduate management scheme who should have been heading for chief executive roles. “They reach a point in their career where they don't see a way through and either stay at mid-level or leave the NHS,” he added. As generational expectations change, and younger men see work-life balance and sharing of caring responsibilities as a norm too, this is likely to be an issue of significance to both men and women.

What men can do to help

Learn why greater diversity and gender balance is helpful

It is easy to characterise the drive for a more diverse board and senior management team as political correctness, or to see the moral case but not to see it as a business priority. Greater awareness of the evidence base of the business benefits brought by a diverse leadership team can help male leaders to make the case for diversity in their organisations. Senior men are in a privileged position where they can influence wider attitudes and behaviour within an organisation and across the system. Many men have made clear their support for gender balance and supported initiatives such as HeForShe (www.heforshe.org).

The benefits of greater diversity, of course, go beyond just looking at gender representation to include other factors such as whether BAME staff are represented at all levels of an organisation. One interviewee called for action at entry level to professions to ensure that recruitment reflects the local population, but added that this would be a 'slow burning fuse' as they would take time to progress.

Encouraging different models of working

One obstacle to a more family-friendly approach may be the increasing demands on the NHS for 24/7 staffing and the growing expectation that senior leaders will make themselves available at any point. But what people want out of a job may also be challenging. More men being actively involved in parenting and the portfolio-career aspirations of millennials may help normalise flexible working.

Balancing work and home is going to be a challenge for anyone at a senior level in the NHS. But, historically, women have often taken the burden of caring responsibilities for both children and elderly relatives and may not want to work in the way previous leaders have. While some interviewees highlighted the danger of polarising gender views on this issue, accepting and supporting different models of work was picked out as something that would benefit women, as well as the growing number of men who share in caring responsibilities. This encompasses part-time working, accommodating school holidays, maternity, paternity and adoption leave, and job shares. Technology can also make it easier for staff to work from home, when practical.

"Creating the right culture and environment is about getting men to think differently at home as well as at work." (Tweet chat contributor)

However, it is not just accepting different patterns of working that is the issue. Leaders also need to ensure that flexible working is valued as equal to the traditional model and does not hinder career progression. For example, women and men may choose to take a career break or move to a different role for a time and will need to consider how this impacts on their career progression.

Challenging assumptions

Women going for senior jobs may have to battle assumptions about their leadership style and their ability to commit to the job, based on stereotypical views of gender differences. Removing those assumptions from the selection process is difficult but can bring results.

Male leaders need to develop awareness of when assumptions are being made, whether in recruitment, promotion or the everyday working environment, and be willing to challenge both their own assumptions and those of the people around them.

“Reverse mentoring offers opportunities to understand the lived experience of others - making them more confident in speaking about it.” (Tweet chat contributor)

“It’s important not to make assumptions about the barriers women face – and asking about them instead.” (Tweet chat contributor)

Some of the leaders interviewed said their own beliefs about flexible working had evolved, often because of the example of women working part time who were doing a fantastic job. One said: “I realised I just had to get over myself as it was working well.” He has gone on to support other senior women who have worked flexibly or had periods off work because of family commitments.

“Allowing conversations to happen which value the whole person, allowing others to bring all of themselves to work.” Matthew Trainer

For budding chief executives, the chair of the organisation they want to join is key to their selection. One interviewee suggested only two or three people were instrumental in appointments so their attitudes towards gender equality may be key. Another interviewee felt that some chairs in particular tended to be ‘alpha males’ and recruit senior executives with a similar management style to their own. Inevitably, this often favours men.

Support to personal development

There are a wide range of actions male leaders can take to help individual women and their organisations move towards gender (and other) equality.

For women who want to progress to new roles or challenges, the availability of coaching or mentoring may make a difference. One interviewee suggested that women sometimes had the insight needed to make changes as a leader but might need support to grow the courage or confidence to make them. This is an area where coaching might help.

One male leader said feedback on his application had helped him progress to a chief executive’s role after failed attempts, but this level of input was not always available. Others mentioned learning sets and discussion groups as providing a helpful environment and building trusting relationships. Where these opportunities are not available, and even where they are, women with potential are not accessing them. Male leaders could help foster them and ensure women get suitable access to them.

“Listen and recognise pivotal moments where you can make a difference and amplify a voice, sound it back and potentially change the course of a career.” Ian Trenholm

Many interviewees saw women role models as important, including the appointment of several women to the top of the medical royal colleges in the last few years as well as women already at senior levels in their own or similar organisations.

The increasing profile of women leaders in provider organisations is very positive but is not yet matched by a similar public profile among commissioning organisations or national bodies. National leaders could do significantly more to demonstrate their active commitment to developing diversity in senior leadership teams.

For women who are looking to get a board-level job but are not yet ready to apply, exposure to what boards do and shadowing board members in a range of organisations may help. Women who are looking for a non-executive position could be helped to find similar experience outside the NHS, as that external experience is valued.

Interviewees felt a more systemic talent management process across the NHS, identifying individuals with the ability to take on leadership roles, could help. NHS England and NHS Improvement are beginning to address this in partnership with Health Education England, but more could be done to raise the profile of this work.

Offering challenge

Male leaders can help to challenge ingrained behaviours and assumptions, both within their own organisations and the NHS more widely. Refusing to accept all-male shortlists for senior jobs may be one way to make a clear commitment to gender balance, although care needs to be taken to avoid tokenism with such an approach. But talking about diversity, challenging a 'macho' culture and role-modelling behaviours are also ways men can help. Men who talk about their own work-life balance and obviously value their home life may make it easier for women to do the same.

One interviewee pointed out that, while there may be support for the aim of gender balance on boards by 2020, this may not be backed up by pressure from above. Holding the chair and chief executive in each organisation to account for this might be one way forward, he suggested, but the key people in NHS England and NHS Improvement should also be asked what action they are taking to drive change. Another suggested publishing data about gender balance and progression, as has happened for BAME staff. More data on gender differences and pay gaps in different roles would also make clear where women are not achieving equality.

"We need to change mindsets, if my emergency department performance drops off I know I'll get a phone call, I won't get a call if my board isn't 50/50 by 2020." Owen Williams

Recognising some of this will be challenging for men

Not all men working in the NHS will necessarily embrace or even understand the drive for gender balance. Some will feel threatened by it. One interviewee pointed to the identity crisis men felt, while another said: "The worst boards I have been on are all male – they see power being attacked by women joining." A contributor to the tweet chat said: "Men sometimes held themselves back from getting involved in debates around gender equality because they feared being viewed as patronising or 'getting it wrong.'"

Dealing with this fear of being supplanted, losing power, or being seen as patronising may be difficult, but doing so constructively may give a better chance of change. "Transformation at boards will go one person at a time," one interviewee said.

Male leaders can try to build support and encourage change to be seen as constructive rather than threatening. As another tweet chat contributor said: "Ultimately, the best allies are willing to give up some of their power, and that is a rare thing to happen in health."

Conclusion

Challenging norms, assumptions and ingrained patterns of behaviour is not comfortable. Giving space and time to others in competitive environments is an act of generosity. Speaking out and following your words with actions is brave. Women leaders find themselves doing this on a daily basis. We welcome men as allies who are also challenging, generous and brave and are willing to get comfortable with being uncomfortable in exploring this as part of creating a more diverse and inclusive NHS leadership.

Collective action for driving gender balance and inclusivity in senior leadership roles is needed. As members of the Health & Care Women Leaders Network said: "It is not the women who need fixing, it is the system." Having men as allies is critical if we are to fix the system and get better balance for all.



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The Health & Care Women Leaders Network was established in 2015 and brings together senior and aspiring women leaders working across the NHS and care sectors.

The aims of the network include supporting women in their careers and professional development and raising awareness of barriers facing women in the workplace.

Join the network: www.nhsemployers.org/womenleaders

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