



Female Empowerment in Hospital Management

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Abstract

The reality of gender inequality causes the persistence of segregationist and unequal patterns. In the hospital environment, the management of these sectors performed by women occurs in the same segregation relationship. Thus, the present study aimed to demonstrate the process of female hospital management, as well as the importance of women's empowerment in this environment. Integrative review with selection of 04 articles from the last 10 years in the Brazilian language. The Lilacs, Google academic and Scielo databases were used to select them. Allied to these factors, the keywords that addressed the themes contained in the study were: Hospital management; Empowerment; Gender inequality; Woman in hospital management. The present study concluded, in addition, that it is necessary to increase the number of women in the hospital environment in Brazil, for their inclusion, breaking paradigms and further strengthening women's struggle for their place and recognition in the job market.

Keywords: Hospital Management, Empowerment, Gender Inequality

Introduction

It is known that female participation, in several social sectors, is still characterized today as a process of permanent updating and re-framing before the role of women in the labor market and in society in general. Historicity, as discussed by several authors, points out that, for a long time, women have been the target of a patriarchal and dominating system, one that is perpetuated up to the present day through various guidelines, whether at work, within the family or in layers of citizen participation.¹ In this way, the gender debate is the result of an intense process of experiences lived in the segregation between the sexes. In the present study, the perspective addressed will be the empowerment of women in hospital management, since the gender guidelines are holistic and comprehensive. With this, it becomes essential to contextualize the theme, in order to present a concrete structure and adequate to the understanding of the study. Thus, with the increasing increase in the number of women in the labor market, the obstacles to the exercise of female lip activity can also be noticed more clearly. With a culture based on machismo and patriarchy, women often face difficulties inherent to the simple fact of being a woman in different social sectors.²

The concept of gender can be understood as the social relations performed by women and men, observing factors such as history

and culture over time, in order to define the sample space of the current situation of women in the social environment that encompasses it. With regard to the extreme manifestation of inequalities between men and women, this type of violence is now included as an important social determinant of their health and life, demanding government investments and an expanded debate.³ Regarding the hospital environment, it can be said that, as in all other social sectors, women play a challenging role, endowed with obstacles and challenges that must be overcome daily for management to be effective. Thus, female empowerment should be treated in an encouraging and empowering way in female hospital management, so that the reality of gender disparity is also addressed in the health environment.¹ Thus, numerous studies are nowadays focused on the insertion of women in the hospital sector, although the gap still not filled by women in most hospitals in Brazil is persistent, as will be seen in the present study. It is said, therefore, that the female presence has developed and improved constantly. However, it is essential to know how women exercise their professional functions in the face of economic, technological, social, political and cultural changes.² In view of the numerous challenges played by women in the process of empowerment in hospital management, there are, in the Brazilian reality, difficulties in the labor market, harassment,

Quick Response Code:



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Received: 17 November, 2020

Published: 23 December, 2020

Citation: Carine SAM, Izaque VAC, Ilka KPB. Female Empowerment in Hospital Management. *Pregn Womens Health Care Int J.* 2020;1(1):1-5. DOI: [10.53902/PWHCIJ.2021.01.000502](https://doi.org/10.53902/PWHCIJ.2021.01.000502)

the difficult process of professional advancement, inequality in the salary level, few career opportunities, harassment and prejudice.⁴ Such factors trigger an accumulation of negative factors that can be noticed in all sectors of society, including in the hospital setting, which triggers, in some cases, mental disorders, such as depression, anxiety, panic and several other pathologies associated with limitation of women in this environment. Thus, the problem that governs this research is characterized by: What is the importance of female empowerment in hospital management.⁴ Thus, the objective of the article was to demonstrate the process of female hospital management, as well as the importance of women's empowerment in this environment.

Justification

Gender inequality can be considered one of the mainstays of the social structure and, in order to break them, it is essential that women empower themselves in the social, cultural, political, artistic and sexual environment. Connections in society are based on different social aspects. Patriarchy is characterized as the main obstacle to understanding this female context. The great social vision combined with history and philosophy, unleashes the social format that places men and women in binary and socially different models. When this foundation is not fulfilled, it becomes a deformity before society. Thus, in addition to the historical progress, women need to overcome the socially imposed barriers to achieve the desired professional position. Women's empowerment in hospital management strengthens this process. Thus, the study in question is justified in the need to debate about the role of women in hospital management, the obstacles faced, gender segregation and the impacts of such daily challenges for women. Research is essential not only for the academic community, but also for health professionals and society in general.

Methodology

It is known that research is the main activity of Science. It enables a strict relationship and an understanding of the reality to be analyzed. Research is a perennial and unfinished process, in which it is carried out by means of successive approximations of reality, providing subsidies for a concrete intervention and a connection between theory and practice. Thus, the methodology used in the present study was characterized by being an integrative review. The methodology used was the Integrative Literature Review (RSL). The integrative review is characterized as a holistic and comprehensive research of studies, so that the most relevant research for data extraction, interpretation of results, analysis and presentation of results are tracked and included. Thus, the review integrative literature objective, above all, to identify, select, evaluate and synthesize the evidence gathered during the research. In addition, the integrative review addresses and debates the limitations of each ar-

ticle and research analyzed, evaluating data sets derived from different analyzes and collecting empirical facts to support its criteria and analyzes, so that the guiding problem of a work is solved. The Lilacs, Google academic and Scielo databases were used. Allied to these factors, the keywords that addressed the themes contained in the study were: Hospital management; Empowerment; Gender inequality; Woman in hospital management. Through this review, we searched for articles from the last 10 years, from 2010 to 2020, in Portuguese. 38 articles were found, of which 34 were excluded from the study because they did not contemplate the research objective.

It is essential to demonstrate the process that occurred in the systematic review of the present study. As a result, it can be noted that the detailed methodology occurs through such steps, being ordered by: question formula; definition of search strategies; data analysis; identification of articles; recovery of articles; data extraction; implementation of the synthesis; interpretation and production of the abstract. To better illustrate, the steps of the integrative review were listed in more detail below (Figure 1):

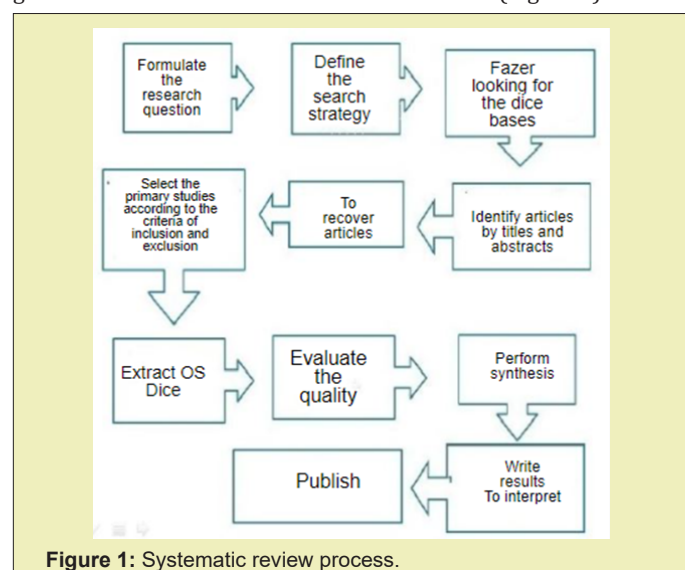


Figure 1: Systematic review process.

Through the completion of the integrative literature review, the research summarized various contents related to the study in an impartial and holistic way. In addition, the research was carried out formally, as a way of making the analysis concrete and effective.

Results

4 articles were included in the study for discussion and analysis on the proposed theme. From this selection of articles that served as the basis for presenting the research, it was possible to carry out an effective and pertinent study, which addressed the theme and provided data and analyzes and information considered fundamental to add value to the present study (Tables 1&2).

Table 1: Selected articles.

| Author (year) | Newspaper | State | Methodology | Outcome (results) |
|----------------------------------|--------------------------------|-------|-------------------------|---|
| Juliana Caires Dias et al (2017) | International seminar Gepráxis | Bahia | descriptive exploratory | It was possible to understand that leadership styles (traditional, participatory, charismatic and contemporary) were present in the way that the three hospital leaders act in the management organizational, and there was not, therefore, predominance accentuated of just one style. |

| | | | | |
|---------------------------------------|--|--------------|-------------------------------|---|
| Mariana Pazzine da Silva (2014) | Revist. Public Relations - UNESP campus Bauru | Bauru | Exploratory and bibliographic | Through this study, it is noted that there is no female leadership formula, but that each interviewee develops the best path for you, experiencing a process of deconstruction of the socially accepted gender. |
| Maria José Menezes Brito et al (2015) | Electronic Journal of Management & Health | Minas Gerais | Exploratory | perceived the competence of women-managers in management hospital, insofar as their actions are directed towards the humanization policy of assistance as recommended by the Unified Health System Cheers |
| Luciane Silva dos Santos (2010) | Revist. Post Graduation in African Studies, Indigenous Peoples and Black Cultures of University State of Bahia | Brasília | Descriptive bibliography | Women in situations of domestic violence who have ideation or attempts to suicides meet anchored in life stories that go through rejection and lack of love, which leads to illness, mainly by depression |

Table 2: Article selection process.

| Total articles found | 38 articles |
|--|-------------|
| Articles deleted after keyword search | 18 articles |
| Articles deleted after reading abstract | 10 articles |
| Articles excluded after inclusion criteria | 6 articles |
| Total selected articles. | 4 articles |

Discussion of Work

The study of gender began in the 1960s and was a concept that was emerging, especially in the United States and Europe. In Brazil, the peak of studies on women began in the 1980s, when it began to be used. Silva⁵ conceptualizes gender through the perspective of two connected portions, but which need to be seen in different ways. For the author, gender is a typical component of social relations based on perceived differences between the sexes. Thus, gender is a precondition for giving meaning to power relations. In this way, the transformations in the organization of social relations meet the changes in power relations, however, these transformations do not adhere to a single meaning, precisely. Brazilian society went through a sequence of changes at the end of the 19th century, such as the establishment of capitalism, urban living that provided modern ways of social coexistence and bourgeois thinking. A different woman emerged who should have a solid family atmosphere, sociable children, being a diligent wife, dedicated to her husband and partner in living in society, she should have her life decided by men and always seeking to be the ideal woman for the social growth of her spouse.⁵ During the Second World War, this situation changed completely, since, at the same time that men went to the trenches, women worked in factories, universities and offices. The degeneration of traditional principles that had not yet reached the impoverished family structure, came in the name of technical and economic progress, but resisted in its presumption. The Brazilian feminist movement gained momentum in 1960, where it arrived in a timid way, in the battle for the entry of women into the labor market, politics, universities and wage equality in relation to men.⁵

Women rebelled in many moments, culturally affected by discriminatory attitudes of the Western patriarchal culture, deciding the future of their lives and empowering themselves. However, the

importance of feminism for gender and women's studies is emphasized, after all, they emerged from this movement, apart from gender awareness and empowerment.³ Over time, women were denied the right to study, even basic literacy. The thought spread that the woman was born to marry and to take care of the home and children, leaving the man with the supply of the home, the intellectual exercise and the political scope.⁵ Not long ago, the number of women studying was much lower than that of men, a circumstance that has been changing with the establishment of public policies and female social commitment, proving that Brazil, even with the reality of education, is overcoming this irregularity in the degrees of schooling between men and women. However, the positive aspect is not observed that even though the labor market has received a large number of women over the years, it has not yet reached the elimination of the gap that exists between wages, considering that men are still better paid than women, even performing the same functions.⁶

Regarding the female and male stereotypes originated in the institutions, in the studies by Brito⁷ there is a demonstration that the ideal categories of man and woman represent, simultaneously, the qualities of "rationality, dynamism, entrepreneurship, strategy, autonomy, independence, competitiveness, leadership and logic and intuition, emotionality, submission, empathy, spontaneity, motherhood, cooperation, loyalty and support", although genders generally have characteristics of both patterns. The establishment of this type of concept in the institutional environment concludes by validating the roles of predefined men and women, stagnating habits and actions seen as pertinent to each one. Silva⁵ points out that there are errors, defects, in relation to the rise of women to the positions of CEO in companies in Brazil, since his study found out about the reality of an Administrative Council formed mostly by men who are unlikely to put women in this position, this because it does not agree with the features of the members of this Council. And, also for not considering that the female capacity can bring better prospects for the profitability of the company, highlighting an extremely patriarchal factor.

Regarding the participation of women in work organizations, Santos⁶ realized that the new administrative standard that de-

mands skills such as: flexibility, empathy, intuitive reasoning, empathy and personal concern, being peculiarities sometimes attributed to women and what these have to offer, as, in a perspective that exempts itself to some extent from investigating the reason for the pre-existing patterns that dissociate men and women. The author points to the fact that the diversity of professional attitudes is put into analysis by those who have power, because the advantages such as success and entrepreneurship are not gender characteristics.⁶ In the hospital context this does not differ, empowerment, when analyzed from the perspective of Brito,⁷ when they indicate that the participation of women in the organization's decisions, in advancing their career and, when occupying the top in the hierarchy, is not limited to the individual and psychological field, which are manifested through self-help expressions. On the contrary, there is a personal aspect that requires, in the social aspect, a change in the access by women both to goods and to power.

From this point of view, the precondition for equality between men and women comes from gender relations. The promotion of power in the hospital environment requires feminine efforts in this essence of movements linked to the interests of the institutions, since this conduct will take women to positions of leadership, contributing to overcome the obstacles regarding the standards given to men and women. It does not mean, therefore, to depart from or oppose the characteristics mentioned, however, it is not to accept that they are responsible for the choices of the functions of CEO, management or leadership, since people are more complex than the social and biological definitions.⁵ To understand the organizational culture in hospital management, such as the one that maintains and holds power, as it correlates, it is essential to verify that the individual who is present in it, has its share of participation in this social context, when stated before. In order to understand that gender relations are linked to these relations, in order to carry out this study, it is important to understand how this process happens in practice.⁶ According to the ILO - International Labor Organization, in 2006, there were 2.9 billion workers in the world, among these 1.2 billion women. In contrast, women in a high position in the hierarchy do not have high rates. Even with the changes in the organizational environment, discrimination and sexist actions occur in veiled and hidden ways.³

In Brazil, although 40% of the national labor market is made up of women, women still receive approximately 30% less than men at the same point in the hierarchy. Still according to Santos,⁶ power is related to capacity and leadership to competence. Even listing the hierarchical positions, for the author it is more evident in the ability to persuade people to do something.⁶ However, most authors underestimate women in leadership positions, not differing in hospital management. The performance of women in health institutions still needs constant analysis, in view of the distinctions in remuneration and recognition in various sectors of the economy. The historical situation of Brazilian society has been influenced by the patriarchal order that has spread to organizational spaces, and which has been progressing daily.

In the health sector, there has been an increase in the female workforce. In this area, management forms have been guided by different characteristics, established in determinants, such as the rising costs of services; the need to expand service coverage in the different health care indices; the increased demand from users and the inclusion of new technologies.⁷ Taking into account the historical conception, in the 1980s, the health area represented the sector of the economy that most developed. In the years 1976 and 1982, health employment increased by 145%. This reality occurred due to the structuring of the sector in the country with the establishment of the Unified Health System (SUS), which caused the expansion of services. A characteristic also evidenced in this segment refers to the woman's workforce, which rose from 41.5% to 62.9% in the 1980s. As a result of the preeminently therapeutic care model, the hospital differs between the organizations providing health health to the population, which clarifies the realization of researches that focus on this type of institution and the social subjects involved in these hospital administration practices.³

Regarding the tasks performed, the managers of the study carried out by Brito⁷ emphasized that in addition to the specific activities of each sector, meetings with the team are part of their daily lives, which allows professionals to expose ideas, the arguments and criticisms related to services, which for them strengthens participatory management. The debate among professionals about the issues that guide the work, represents the cohesion and identity of the group, which can contribute to the consolidation of professional relationships. In studies in Psychology, especially in Public Health and Mental Health, there are several studies that discuss the effects of social vulnerability, prejudice and discrimination with regard to women. This all expresses a context of renunciation and exclusion of human rights and, with regard to women's health, confirms the incompetence of Public Policies and government programs that guarantees prevention and comprehensive health care, in addition to the systematic occurrence and worrying about gender violence.⁵

As is well known, women are the object of major impediments in the professional field, in which the hospital scenario, the target of this study, does not differ from the other segments, which make women defenseless and a focus of prejudice, and this is characterized as a form of gender violence. Another type of violence that is widely practiced and sometimes overlooked is that of a psychological nature. It qualifies for the attitude or omission that damages or dominates the actions, behaviors, decisions and beliefs of other people through control, threat, intimidation, loneliness or other ways that can cause damage to self-esteem and personal development.⁶ The following are some examples: differences in wages, unnecessary deprivation of liberty, lack of information, rejection of instructions and others. These examples do not leave physical marks, however, they cause psychological illness, since it affects beliefs about oneself, behaviors and feelings.³ In other words, the situation of violence and distance from discrimination in relation to gender in the hospital environment, has historically affected the lives of women in the management of the hospital environment. The cultural concept of subtraction of women, without realizing diversity,

interferes with women's self-esteem and firmness, especially in the work aspect.⁷⁻⁹

Final Considerations

It is evident that even mixing their attitudes towards the four forms of management explained, democratic or participative management stands out in the statements observed, when analyzing the presence of words such as dialogue and motivation, characteristics considered by the bibliography of this type of administration. Thus, the bibliography evidenced, when relating this observation to gender issues, that there is a delay in relation to the presence of women in a leadership position, but that this picture has been gradually changing, especially thanks to the struggle of the feminist movements. It was observed with the study that organizational communication in favor of its internal culture as one of the instruments to strengthen this opportunity for female empowerment. Since management will guide the course of the organizational culture, therefore, it is necessary to rethink the insertion of female leaders in the hospital management process to intensify the empowerment and standardization of women's leadership. The present study concluded, in addition, that it is necessary to increase the number of women in the hospital environment in Brazil, for their inclusion, breaking paradigms and further strengthening women's struggle for their place and recognition in the job market.

Acknowledgments

None.

Funding

None.

Conflicts of Interest

No conflict of interest for any of the authors.

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