South Afr J Anaesth Analg. 2023;29(6):194-195
https://doi.org/10.36303/SAJAA.3089

South Afr J Anaesth Analg
ISSN 2220-1181 EISSN 2220-1173

GUEST EDITORIAL

Leadership dynamics and gender transformation in anaesthesiology in South Africa

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Globally, anaesthesiology journals are emphasising the necessity of gender transformation. This discourse focuses on the roles of women as leaders, researchers, educators, and the significance of including them as biologically distinct subjects in research.[1,2] In the field of anaesthesiology, it is observed that women occupy approximately 30% of leadership roles in research and academia.[1] This is notable, considering women comprise over 60% of the anaesthesiology workforce in most countries with available statistics.

Transforming the gender makeup of the healthcare workforce is key to providing fair and culturally sensitive care for everyone. The diverse skills and values contributed by men, women, and other groups enhance problem-solving, innovation, and productivity in healthcare settings.[3] The World Health Organization (WHO) advocates for health services that respond to gender-specific needs and encourages more research on gender equality, human rights, and health fairness. These efforts are in line with global goals, specifically: ensuring healthy lives for all ages (Sustainable Development Goal 3 [SDG 3]) and achieving gender equality, including empowering women and girls (SDG 5).[4]

Visionary leadership is also crucial for universal health access.[5] Therefore, in fields like medicine and anaesthesiology, it is important to boost women's roles in leadership and high-level decision-making. This approach ensures that diverse perspectives shape the direction of health care, influencing education, policymaking, and their execution. The ultimate goal is to continually move towards a more diverse, inclusive, and equitable healthcare system. Strong leadership is especially needed in anaesthesiology in South Africa, and many countries in the world grappling with global health issues such as inadequate access to safe surgical and perioperative care, exorbitant medicolegal costs and the impending implementation of the National Health Insurance.

In this issue of SAJAA, Fombad, Perrie and Scribante[6] report on their study of the profile of female anaesthesiologists in South Africa, which quantified specialists qualifying through the Colleges of Medicine over almost 60 years (1960–2019) and documents their leadership roles in the various sectors influencing anaesthetics training and practice. Their main findings were a significant improvement in the female specialist output in the last 15 years. They, however, report limited further career progression in academia and leadership for most female anaesthesiologists in South Africa. The leadership roles explored include the Colleges of Medicine, the South African Society of Anaesthetists, university department roles and research and publications, which all represent some of the most influential bodies in anaesthesiology in South Africa. Some participants reported internal reasons such as family responsibilities and external reasons such as unaccommodating work environments and gender-based discrimination. Importantly, most participants were happy with their anaesthesiology career choices, suggesting more deliberate choices to forego academia and leadership roles. What is missing is reference to gender and sexual identification in the dynamics of gender transformation and leadership.

The authors should be commended for this study which provides baseline data on which interventions can be explored and monitored.

Various authors have suggested solutions for gender transformation, such as role modelling, mentorship, supportive workplace programmes, and family-friendly schedules like job sharing. These have had mixed success. A crucial factor for the success of these initiatives is the willingness to embrace change, which largely depends on the workplace's climate and culture. Moreover, it is important to consider how these various interventions apply and sustain themselves within specific contexts.

Currently, the health system faces several pressures, including heavy service and teaching workloads, inefficiencies, and a high risk of burnout. These challenges can be particularly daunting for aspiring female anaesthesiologists with family responsibilities. Gender transformation strategies need to take these factors into account. Non-clinical roles in areas like research, university leadership, and healthcare management also offer growth opportunities worth exploring.

It is vital to increase the visibility of women in leadership positions for effective role modelling that can inspire others. One approach is the "six amplifications" strategy by Patel and Moonesinghe.[7] This strategy focuses on amplifying opportunities, voices, inclusion, participation, recognition, and leadership. The aim is to ensure that women contribute meaningfully, beyond just filling quotas or serving as tokens, by having a voice and ideas that shape the

health system. Incorporating values of diversity, transformation, and inclusivity into the curriculum as non-technical skills could have a lasting impact on the attitudes of both male and female anaesthesiologists.

Gender transformation in anaesthesiology, like all forms of transformation towards a diverse and inclusive society, requires the participation of all stakeholders. This includes the strong support of male anaesthesiologists and the guidance of experienced women mentors. It begins with a baseline evaluation, as published by Fombad et al., followed by setting specific targets, implementing well-considered interventions, and monitoring progress. We should not expect rapid progress; instead, we must be willing to identify and examine barriers to transformation and to test various solutions. Embracing gender roles as a reality and harnessing them positively is essential for the benefit of society.

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