



Taking action to improve health for all

Health management and women doctors to improve health for all

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Which the challenges for female doctors in health management?



- 1. The need to entrust the governance and management of public healthcare to medical professionals, rather than to political logic;
- 2. The increasing challenges in balancing work and personal life, particularly for female healthcare professionals;
- 3. The underrepresentation of female doctors in leadership roles, despite women now outnumber men in the medical profession.

 Multiple-choice questions: Response

Qualitative Research

Multiple-choice questions: Response frequencies
Open-ended questions: MAXQDA
(computer-assisted qualitative analysis software) and Thematic coding



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4 European Countries:

• France, presenting robust policies supporting families and parental care;

- <u>Czech Republic</u>, the feminization of the medical profession took place about two decades earlier than in Italy;
- <u>Croatia</u>, the percentage of female doctors in leadership positions is now nearly equal to that of men (HLS-FEMS data);
- Italy, providing a direct point of comparison

WHICH TARGETS?

- to identify and promote international best practices in work-life balance and workplace well-being
- To recognize actions to support the new generations of female doctors in asserting their leadership
- to outline the characteristics of women doctors currently holding top positions in their workplace

EHMA

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60% of participants have held a leadership position for over 5 years





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	Number of Respondents	Mean Age	% of single	No children	Top level role
ITALY	61	75% are over 56 years old	21%	26%	12%
FRANCE	46	27% are over 56 years old	15%	25%	30%
CZECH REPUBLIC	96	41% are over 56 years old	15%	8%	68%
CROATIA	34	36% are over 56 years old	15%	18%	82%

COMMENT

Data suggest that welfare systems have an impact on work-life balance

Are female doctors <u>satisfied</u> with their <u>top role</u>?

YES

• Czech Republic: 64%

I would not do it again!

• Czech Republic: 16%

Leadership as the "Only

Goal" • Czech Republic: 8%

• Italy and France: ~50%

• Italy and France: 25%

• Italy and France 25%

• Croatia: <50%

• Croatia: 31%

• Croatia: 10%

The voices of respondents

"I would be happier without a leadership position, but I accept my responsibilities." (Croatia)

"It's important to move forward and support younger women, but the **system must change**: we can't keep demanding personal sacrifices or making people wait too many years to advance." (Italy)

I am **very tired**, constantly overbooked and I wonder if it is worth it (French)

I'm satisfied, but I don't want to be there anymore (Italy)

Satisfied, I would not do it again. I will last 3 years until retirement. (Czech Republic)

I'm not going to change, but **it's very difficult** with my family (*Czech Republic*)

It's an opportunity, but it's **also complex for a woman** (*Italy*)

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Czech Republic

• Reduced working hours

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Belonging

Safety needs

Physiological

Pay equity

Structural imp

Italy

• Flexible schedules and parttime options

France

Incentives for sports

Croatia

 Regular health check-ups and healthy meals on the workplace

Cross-Cutting Need for Leadership Training

Ititasking.

sick leave.

bls. roles. and

Self-actualization Unlocking potential: creativity, morality, purpose, meaning Respect from others, confidence, achievement, uniqueness Maslow's Pyramid

Friendship, family, intimacy,

future, possibilities

Security, health, property,

Food, water, breathing

sleep, warmth, shelter

love, sense of connection

Until basic needs are not satisfied, higher-level ones do not emerge

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Are they acting for a change?



NOT REALLY... any genuine initiatives capable of serving as a broader model, even if there is a dedicated effort in the communication field.

A more systematic commitment—both in terms of financial resources and political will—is required to initiate and support the changing



2. Self-esteem

3. Expertise

4. Resilience

5. Networking and Flexibility

BUT.. There is a sense of "imperfection" in the leadership exercised



PERSONALITY CHARACTERISTICS

the interviewees recommend introducing, at multiple levels structured leadership training and coaching programs specific to the healthcare sector



CONCLUSION



"The growing presence of women physicians demands a reorganization of work to allow them to decide whether to pursue leadership roles or not.

The survey shows us that in the current context, even though women demonstrate qualities such as resilience and determination, dissatisfaction and feelings of isolation run so deep that **they reject top-level positions**.

In line with our mission, it is clear that strengthening women's presence is not only a matter of gender, but of social equity and a further possibility to improve health for everyone.

Now more than ever, there is a need for leaders who can integrate clinical and managerial skills with sensitivity to patients and the community.

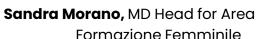
HOW CAN YOU HELP?

one point of convergence among the four countries is the **urgent** need for a shared, structured educational provision at multiple levels—<u>Medical Schools, Medical Associations, Trade Unions, and Scientific Societies</u>—to teach from the outset not only clinical skills but also management, negotiation, and team-building abilities.



THANK YOU





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