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Perspectives

MOVING THE NEEDLE

The progress the British healthcare system is making in advancing female leaders can serve as a model for the global healthcare industry.



The problem:

Women working in healthcare around the world are experiencing similar obstacles to advancement.

Why it matters:

Women account for a majority of the global healthcare workforce, suggesting that barriers to advancement may be symptomatic.

The solution:

Use culture and purpose to engage high-potential women and communicate to them early on that leadership is a viable career path.

The path to becoming a CEO doesn't normally include a stop in a CFO post. Fewer than 15% of chief financial officers matriculate into the top position. Evelyn Bourke is among the exceptions.

Bourke's background is in insurance, and she spent most of her career as a financial officer in the corporate world. To be sure, the international health insurance and healthcare group Bupa recruited Bourke to be its CFO in 2012 because of her extensive experience in financial services. Three years into her role, Bupa's board of directors appointed Bourke acting CEO after Stuart Fletcher stepped down in March 2016. A few months later, she became the group's CEO, the second female CEO in Bupa's history.

Bupa has 15.7 million customers worldwide, and health insurance revenue accounts for 73% of its business. The remaining revenue comes from health provisions, operating health clinics, hospitals, dental centers, and other care services around the world, serving another 15 million customers.



“Bupa’s brand is female-friendly,” says Bourke. “We do a good job of advancing women in general and middle-management roles into supervisory and leadership roles.” The data supports Bourke’s claims. Of the organization’s top 100 leaders globally, 37% are female. Bourke’s group executive team is 36% female, and women account for 41.6% of Bupa’s board.

Bupa’s journey in advancing female leaders is a model for the healthcare industry. In many regions around the world, women are encountering the same obstacles that prevent them from advancing as their counterparts in finance, manufacturing, and nearly every other industry—namely unconscious bias, a lack of mentors, and few opportunities to run a revenue-generating division of a business. Consider, for instance, that despite women making up nearly 80% of the healthcare workforce in the United States, they hold only 20% of key leadership roles. Only 19% of hospitals in the US are run by women, and only 4% of all healthcare organizations have a female CEO.

At the same time, however, complex new treatments, regulations, and competitors are forcing healthcare organizations to find agile leaders who embrace and excel in uncertain environments. The global movement toward pay equality, diversity and inclusion, and social impact are forcing organizations across industries to look inward at cultural barriers that might be stalling progress.

Certainly, there is mounting research in favor of a shift toward female leadership, showing that organizations with the highest

percentage of women leaders deliver better returns for shareholders. Simon Wiggins, a senior client partner with Korn Ferry in London, says of the healthcare industry’s attempts to advance women into the C-suite in Europe, “We have come a long way but we still have a long way to go. We just need to continue the momentum for the next generation to further build upon.”

“There is a huge opportunity to modernize how we talk about healthcare careers.”

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A comprehensive, voluntary initiative led by business and supported by the government is already underway in the United Kingdom, aimed at increasing the number of women in corporate leadership positions. The goal is for women to account for 33% of corporate board members or C-suite leaders of the 350 largest British companies by 2020. To achieve this goal, the report says, half of all openings or additions to boards, executive committees, and senior leadership roles this year and next need to go to women.



Healthy Approaches

Here are some key statistics that underscore the progress Bupa and NHS Improvement's provider networks have made toward advancing women into leadership roles and how much more work needs to be done.

BUPA

EMPLOYEES



80,000 worldwide

2018 REVENUE



£11.9 billion (\$15.1 billion)



EXECUTIVE TEAM



36% female

BOARD DIRECTORS



41.6% female

TOP 100 LEADERS



37% female

NHS IN ENGLAND

PROVIDER ORGANIZATIONS



220

PROVIDER ANNUAL REVENUE



\$50 million to \$2 billion per provider

OVERALL WORKFORCE



75% female

PROVIDER CEOS




40% female

NHS IMPROVEMENT EXECUTIVE GROUP



38.9% female

A large, abstract graphic in shades of pink and magenta, featuring a dense, textured pattern of vertical and diagonal lines, resembling a stylized forest or a data visualization. It occupies the top half of the page.

“Businesses need talent strategies for where they want to go, but too many are still recruiting for where they are.”

Put another way, organizations need to reassess how they recruit, train, and develop women throughout the talent pipeline. Based on research from the Women CEOs Speak project conducted by Korn Ferry and the Rockefeller Foundation, female CEOs value culture and purpose more than their male counterparts. “Creating cultures that employees believe in and are willing to work in is vital for advancing women,” says Katie Bell, a Korn Ferry senior client partner and global account lead for the firm’s Healthcare practice.

In that regard, healthcare organizations should have an advantage over the competition—helping people live longer, happier lives is a pretty compelling purpose. That’s why Dido Harding, chair of England’s NHS Improvement, thinks that increasing awareness of how an organization’s culture and purpose impact performance can help create more diverse and inclusive leadership teams.

“There is a huge opportunity to modernize healthcare careers,” says Harding, whose organization oversees all providers of healthcare

in England. Compared with other healthcare systems, the NHS has made good progress—of the roughly 220 provider organizations that are regulated by NHS Improvement, which each have revenue between \$50 million and \$2 billion, 40% feature a female CEO and 75% of the overall workforce is female. Still, Harding says there is more work to do, particularly in advancing ethnic minority women, who are far less represented in leadership positions.

Harding cites how changes in society are changing what the new and next generation of healthcare leaders want to do with their working lives. Many doctors and nurses, for instance, now want to split their time between patient care, research, and entrepreneurial work, and mix work flexibility with time with their families. Such newfound flexibility presents an opportunity to market healthcare as a growth career for women and men alike.



Vital Signs

Here are some ways experts say the healthcare industry can meet its oft-stated goal of advancing women into leadership positions.

Communicate

Identify women with leadership potential early. Then clearly communicate to them that leadership is a viable career path.

Activate

Understand where barriers exist that prevent women from rising to top leadership roles, and create strategies to mitigate those hurdles.



Audit

Conduct a talent audit to understand the capabilities of the current leadership team. Identify female candidates who can fill any gaps in the organization's leadership pipeline as part of the succession process.

Evaluate

Regularly review the promotion process to identify the critical roles in which women are underrepresented. Then analyze the data to determine why this occurs.



Harding credits the NHS's emphasis on mentoring for helping advance women. There is abundant evidence showing that exposure to high-level executives is critical to female career advancement. Experts say that one of the biggest issues impeding women's progress in healthcare leadership in the US is a lack of mentors and sponsors. In fact, 65% of the female CEOs Korn Ferry interviewed for Women CEOs Speak said they only realized they could become a CEO after someone told them it was actually possible.

But, perhaps because of the differences in how the UK healthcare system is set up, Harding says leaders who mentor or routinely allow junior talent with leadership potential to participate in shadowing activities is a cultural norm. Indeed, having spent the bulk of her career in finance, retail, and telecommunications before joining NHS Improvement in 2018, Harding points out that neither practice was common in the private sector. "Shadowing is a great way of helping people see what to aspire to; they get to see the world through the senior person's eyes," Harding says.

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Concurrent with the focus on mentoring is a conscious effort to create a more hospitable workplace environment for women. That includes everything from more flexible schedules and pay-equality measures to employee resource groups and zero-tolerance policies around harassment. It also involves more robust career planning.

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Wiggins says the first step for any organization hoping to balance the C-suite gender divide is to conduct a talent audit to understand the capabilities of the current leadership team and identify female candidates who can fill any gaps in the pipeline as part of the succession process. The audit will help to uncover where barriers exist that prevent women from rising to top leadership roles, allowing for the creation of strategies to mitigate those hurdles.

“Where there is a lack of female leaders, companies need to encourage, support, and drive programs to help ensure their leadership team reflects the diversity of their customers,” says Wiggins.

But that’s easier said than done. According to a new series of Korn Ferry surveys, many organizations don’t have any internal candidates, never mind female candidates, who can step in to be chief financial officers, chief marketing officers, chief technology officers, and other top senior leadership spots. Of the chief human resources officers Korn Ferry surveyed, for instance, 76% said they do not feel there is an internal, ready-now successor for their role, and only a few more than half of them said they have a comprehensive succession plan in place.

Statistics like that make what Bourke has been able to accomplish at Bupa all the more impressive. Bourke and her executive team each year review the succession pipeline for all business units and functions, drawing up a list of internal candidates as ready now, ready in one to two years, and ready in three to five years. She proudly—and rightly—notes that as it currently stands, there is a female candidate in at least one of those buckets for each senior leadership position.

“When putting slates together for internal leadership roles, we don’t want to have to look for women, we want to have them,” says Bourke.

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