

Barriers and Facilitators to Women’s Leadership in Health: A Qualitative Study in Low and Middle-Income Countries

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Background

Women comprise a significant portion of the health workforce in low- and middle-income countries (LMICs), yet they remain underrepresented in leadership positions. Globally, women account for 40% of the health workforce in high-income countries, yet their leadership representation in LMICs is below 1%. Barriers include societal expectations, domestic responsibilities, limited career development opportunities, and biased perceptions of leadership. Studies from Sudan and systematic reviews show that stereotypes, discrimination, and organisational culture affect women’s career advancement. In Argentina and a few other countries, despite growing participation in medicine, women continue to face substantial obstacles in attaining senior leadership roles. Understanding the challenges and facilitators of women leaders in LMICs is critical for informing policies and interventions to promote gender equity in health leadership.

Methods

Study Design: This study adopts a qualitative approach aimed at exploring and understanding the barriers and facilitators to women’s leadership in health systems in low- and middle-income countries (LMICs). An open survey methodology was employed and distributed via Google Forms. The study received approval from the Ethics Committee of the British Hospital of Buenos Aires, Argentina. Although responses were received from diverse contexts, the majority came from women leaders in Argentina and Nigeria.

Sample: Building on the initial findings, the study remains open to include additional perspectives from women and professionals in health and innovation from other regions. This expanded phase seeks to capture diverse experiences that contribute to a more comprehensive understanding of gender equity in health leadership globally.

Data Collection: The surveys were designed using Google Forms and included open-ended questions on leadership challenges, perceived difficulties, lessons learned, key leadership roles, and recommended interventions for training future leaders. Participants provided electronic informed consent, ensuring confidentiality and anonymity of their responses.

Data Analysis: The responses were analyzed using ATLAS.ti v25 software, following a thematic coding approach.

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Results

Sociodemographic characteristics: Sixty-two female health leaders responded to the survey. The mean age of the participants was 50.6 years (SD = 12.3). The mean age at entry into a leadership role was 41.6 years (SD = 9.8).

As presented in Table 1, the analysis identifies managing interpersonal skills, career development, and work-life balance as the most frequently perceived challenges for achieving positions of leadership. Moreover, other commonly reported difficulties include limited resource management, staff conflict resolution, and experiences of gender discrimination. In regards to key leadership responsibilities most answers included conflict resolution, the promotion of equity, and the empowerment of team members as essential for fostering teams.

Question	Code grouping	n (%)
What professional and personal challenges have you faced as a leader?	Interpersonal management	28 (45.1%)
	Professional development	21 (31.8%)
	Balancing work and personal life	14 (22.5%)
What do you find challenging about leading?	Managing limited resources	19 (30.6%)
	Staff conflict	18 (29.0%)
	Gender discrimination	16 (25.8%)
	Lack of autonomy in leadership	5 (8.0%)
Briefly describe lessons learned from your leadership experience.	Developing interpersonal skills	25 (40.3%)
	Effective communication	21 (33.9%)
	Collaborative leadership	20 (32.2%)
Describe what possible interventions would have an impact on the development of the next generation of leaders.	Coaching and leadership programs	15 (24.0%)
	Training in management and negotiation	13 (20.9%)
	Gender and inclusive leadership	11 (17.8%)
In your opinion, what should be a leader's main role?	Conflict management	16 (25.8%)
	Promoting equity	15 (24.2%)
	Empowering others	10 (16.2%)

Conclusions

Individual, social, and organisational factors influence women’s leadership in LMIC health systems. Despite policy advances, systemic barriers persist, including gender bias and limited access to leadership opportunities. Targeted interventions, such as coaching, leadership training, and organisational reforms, may enhance the representation of women in senior roles. The findings provide a foundation for broader studies to develop evidence-based strategies that promote gender equity in healthcare leadership.

Join our global dialogue!

To share your views and experiences on leadership in healthcare, including the barriers you’ve faced, please take a moment to complete this short survey at the following link:

https://docs.google.com/forms/d/1cHEQT-InBqnMdFRQCjobKbMr21Guc66u3cINKinj5g/viewform?pli=1&pli=1&edit_requested=true

Your insights will help us build a more inclusive and equitable health ecosystem..