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Policy levers for recruitment & retention of health professionals: evidence (or lack thereof) from a gender perspective

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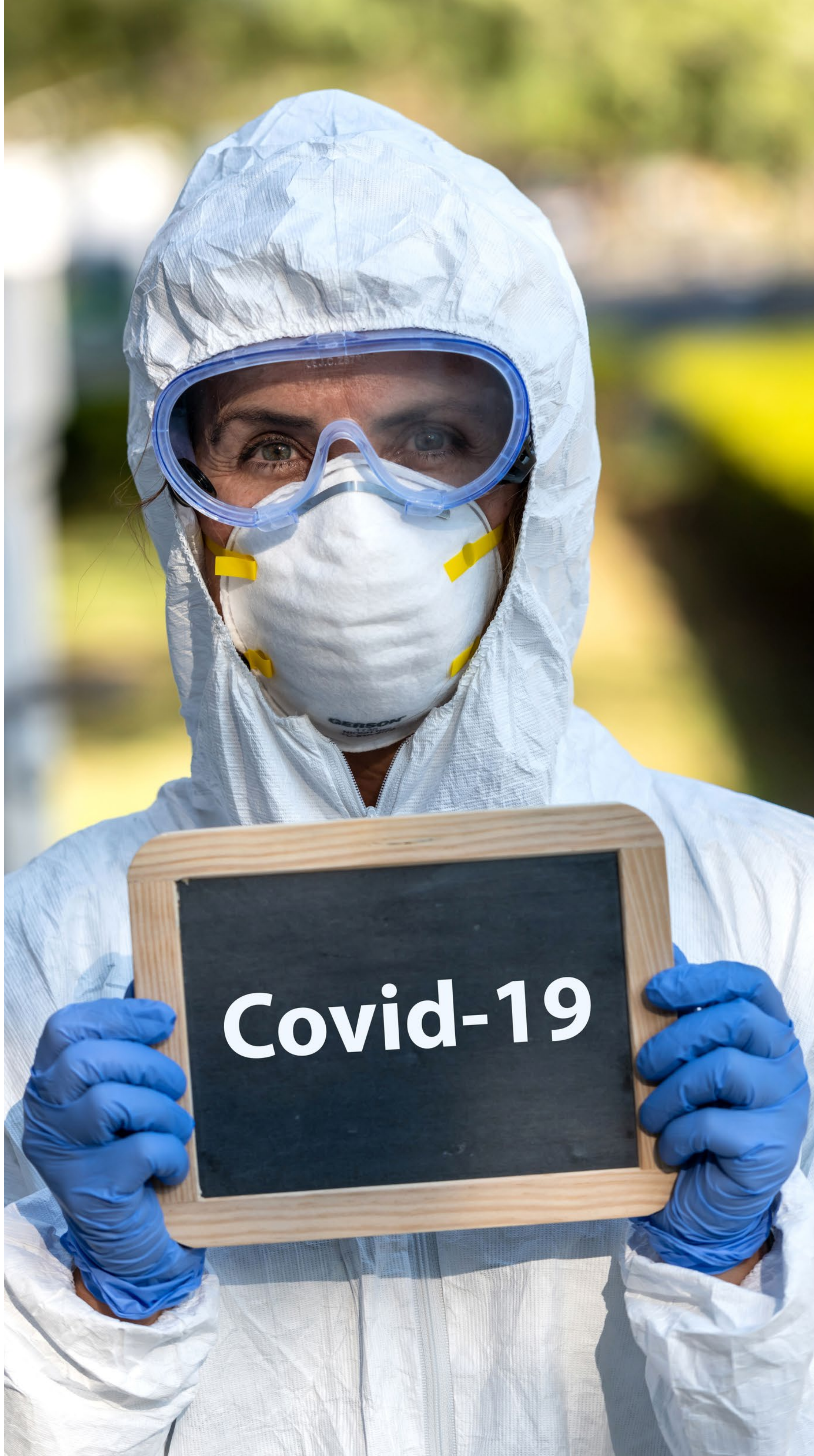
Issue / Problem

- Dramatic changes in Canada's health system in recent years → increasing representation of **women** in medicine & other occupations (e.g., health policy research)
- Gender considerations much less prevalent in research on human resources for health (HRH) → especially compared with patient-oriented healthcare research
- Void in the literature & policy guidance on gender effects of HRH financing schemes → including pecuniary incentives for enhanced performance or geographic distribution

(Gupta & Ayles 2020; Gupta et al., 2023)



Background

Gender occupational segregation

- 67% of the global health workforce are women (WHO 2019)
- Even higher concentration in Canada: 79% female among the 1.5 million working in health & social care occupations (Statistics Canada 2016 census)

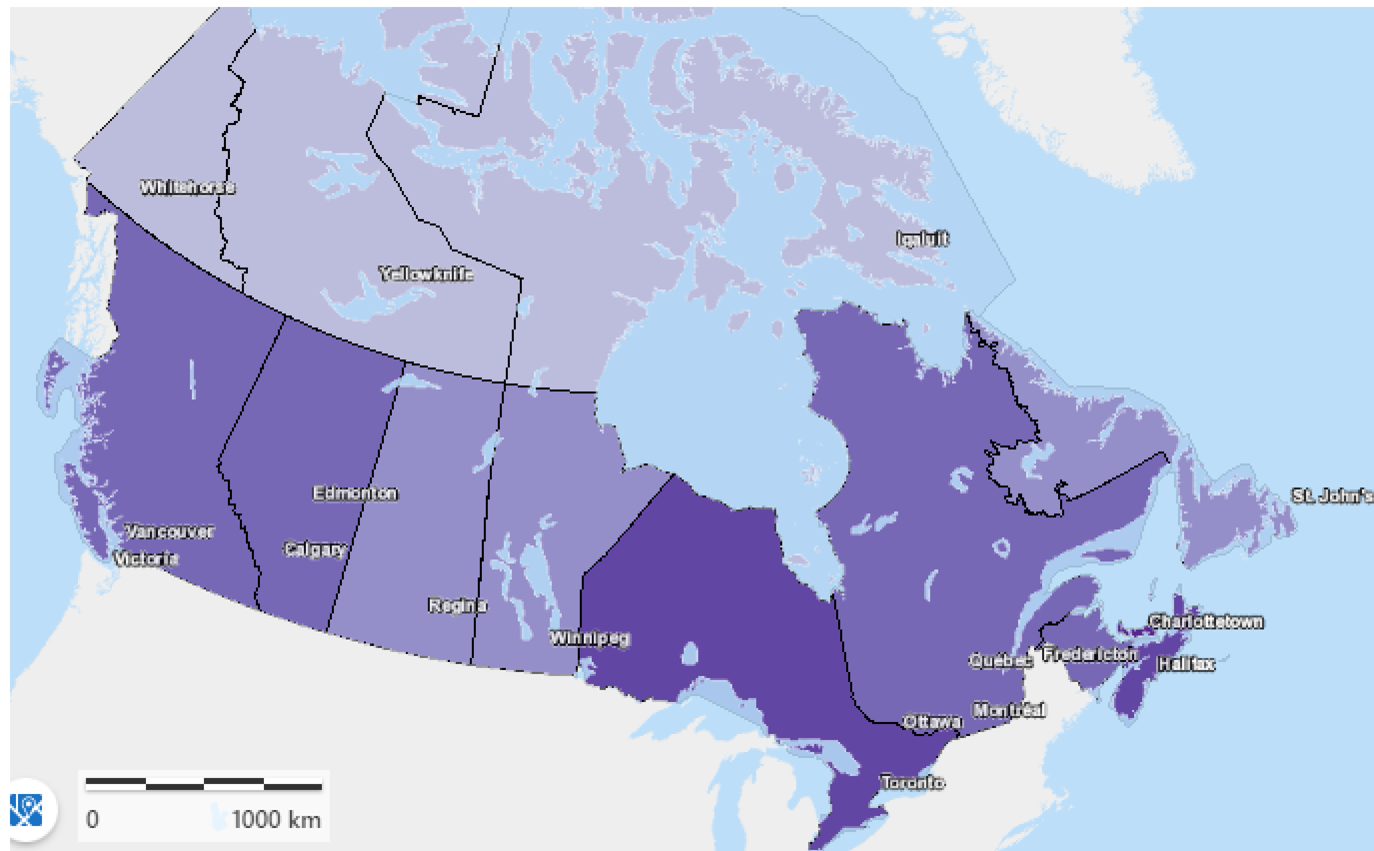
Gender wage disparities

- International estimate: female health workers earn 28% less than males → wage gap of 11% after adjusting for key labour market variables (WHO 2019)

Research and policy challenges

- Lack of gold standard or singular definition for how gender equity should be measured → "equal pay for equal work" (Guppy & Vincent 2021)
- Resistance to admitting gender wage gaps exist, need to be changed, or warrant more research (Alksnis et al. 2008; Izenberg et al. 2018)
- Scarcity of national studies on clinical & non-clinical health personnel

National context: Canada



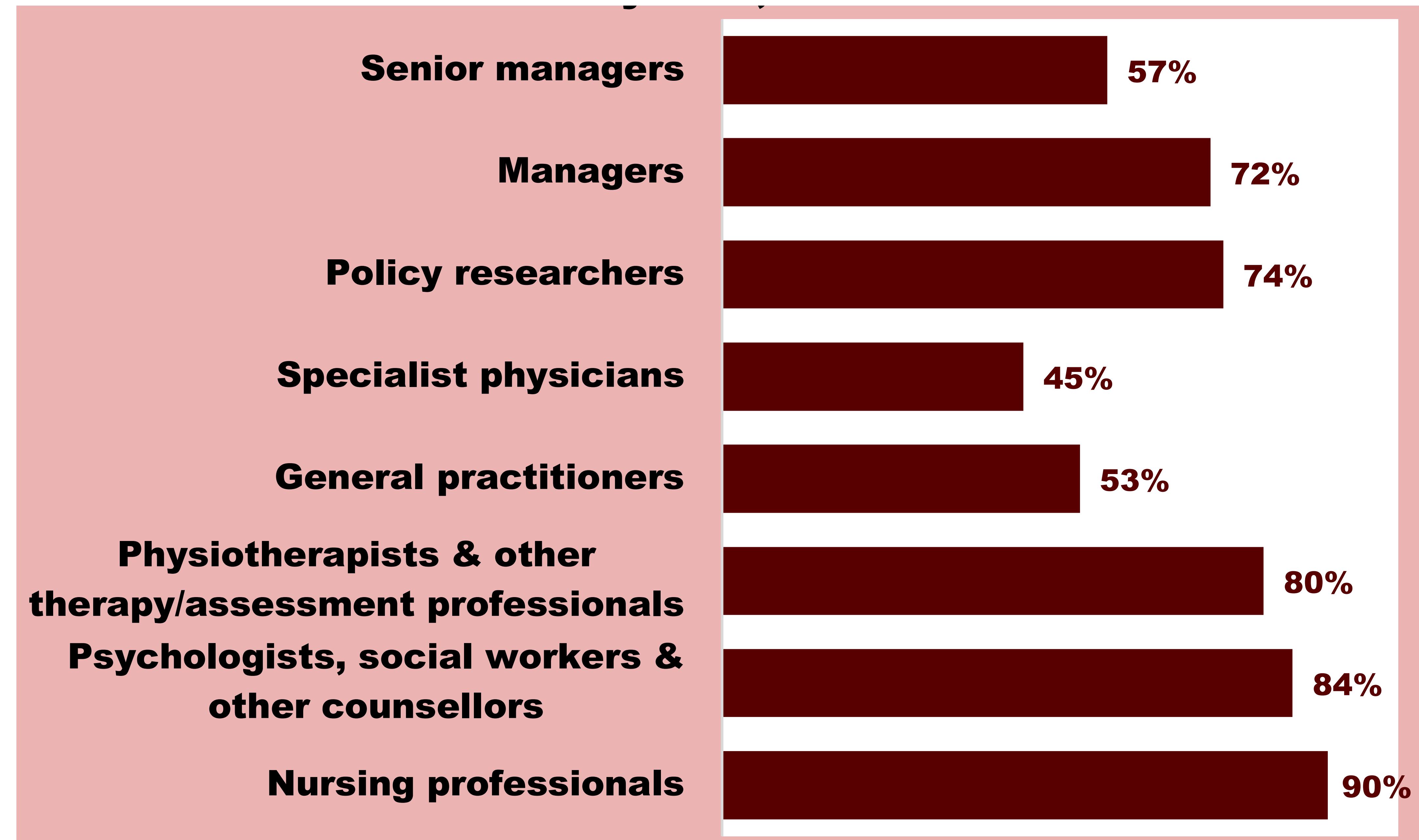
- Population of 40 million
- Heavily urban → 5.9 million (16%) reside in rural areas
  → varying degrees of remoteness
- Rapid aging → 18.8% aged 65 and older
  → estimated 20% of all adults at high cardiometabolic risk
- Single-payer universal coverage for physician & hospital services
  → federal funding mechanism, provincial delivery
  → data sources on HRH fragmented

KEY FINDINGS

LEADERSHIP

- Women represent **57%** of senior health managers

→ but the pipeline from middle management **(72%)** & policy research **(74%)** suggests persistent career barriers disproportionately affect women



Women's representation in the Canadian health system, 2016

Source: 2016 Canadian population census (authors' calculations)

KEY FINDINGS

WAGE DISCRIMINATION

- Persistent & significant gender wage gap in every health occupation

→ women earn **5–20% less** than men, after adjusting for labour, social & residential characteristics (largely unexplained statistically)

Source: 2006 & 2016 Canadian population census (authors' calculations)

KEY FINDINGS

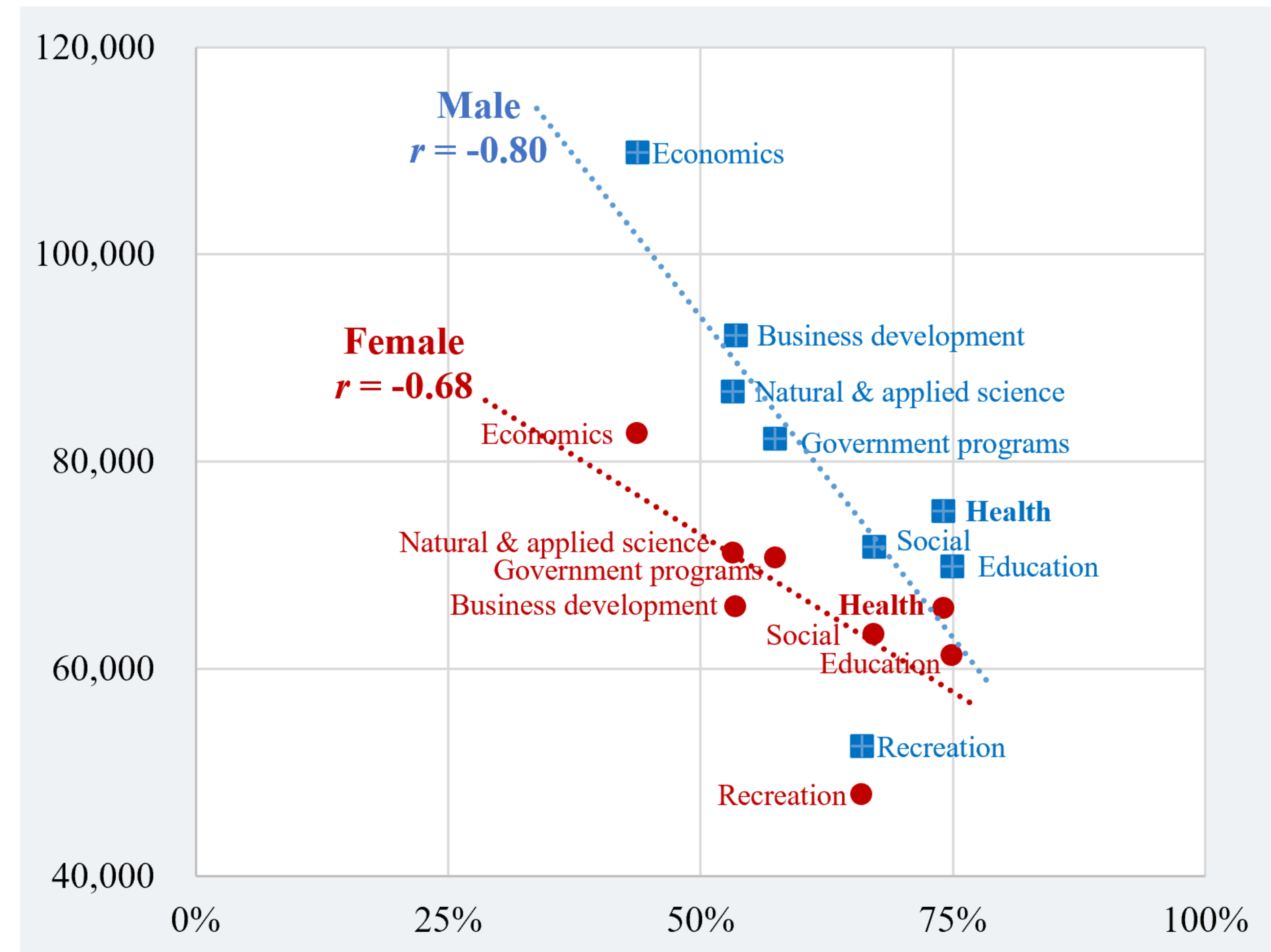
DEVALUATION

- Higher earnings among women & men in male-dominated fields

→ e.g., policy researchers in **economics** *versus* **health**, despite similar job duties & qualifications

- Wages drop faster among men with increasing occupational feminization

→ wage depreciation undermines competitiveness of the health sector to attract and retain talent



Mean annual wage by % female among health & non-health policy researchers

Source: 2016 Canadian population census (authors' calculations)

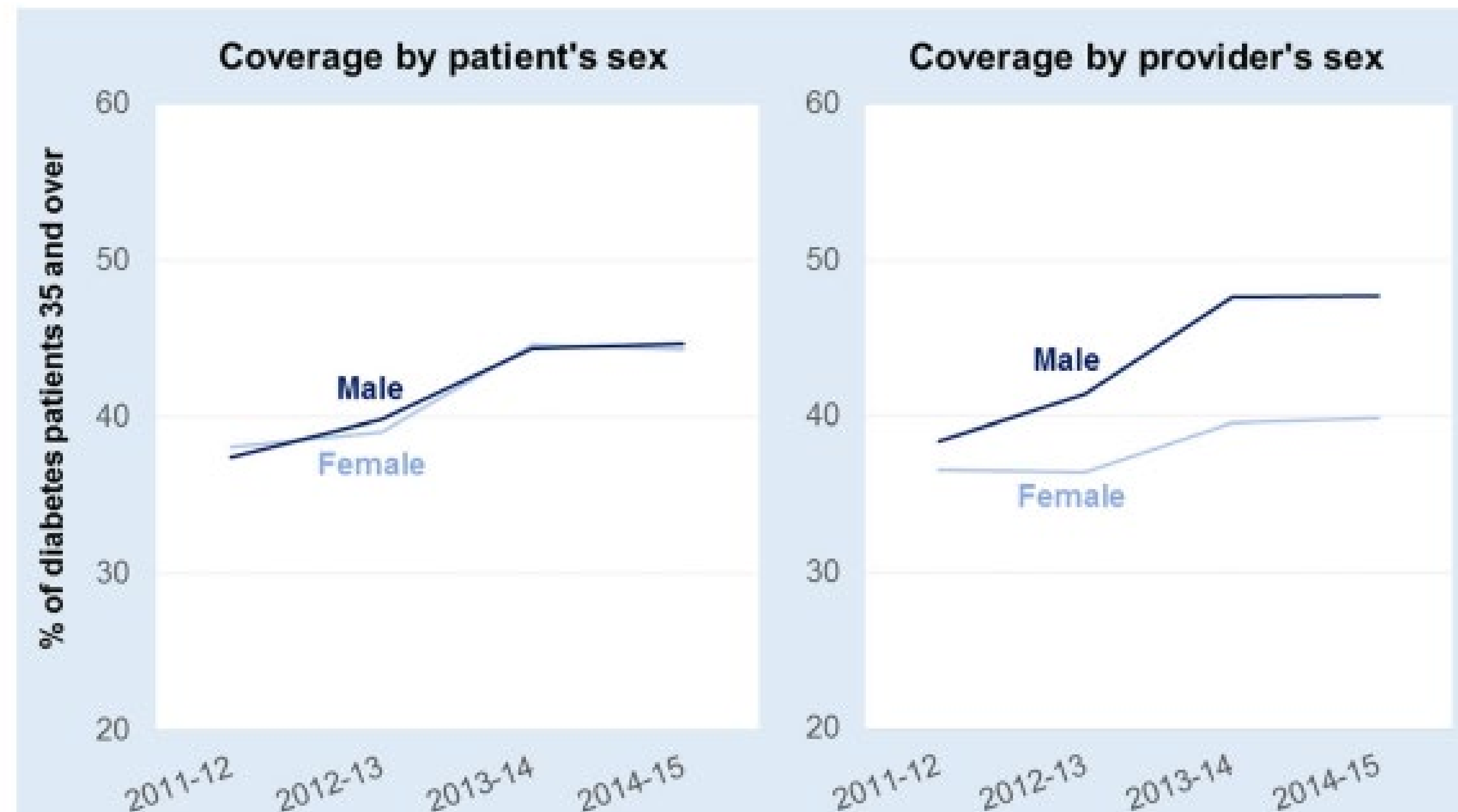
KNOWLEDGE GAPS

FINANCIAL INCENTIVES FOR GUIDELINES-BASED CARE

- New Brunswick: women providers under-represented in billing claims for diabetes care incentive

→ half (**51%**) of family physicians of adult diabetes patients but **36%** of claims

- Mirrors overall tendency for women physicians to submit less in FFS claims



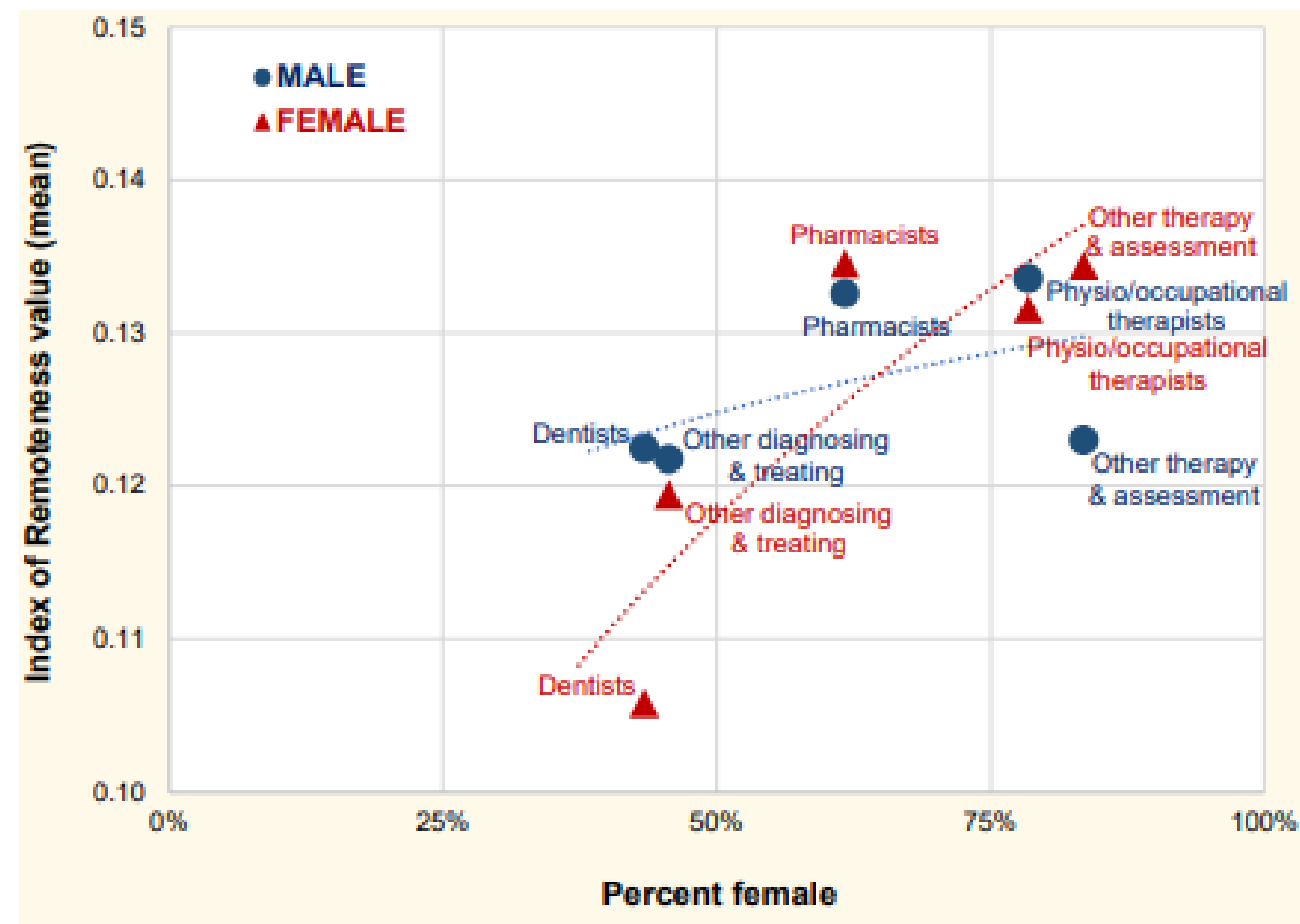
Coverage trends in financial incentives for diabetes care by sex of patients & of providers, New Brunswick

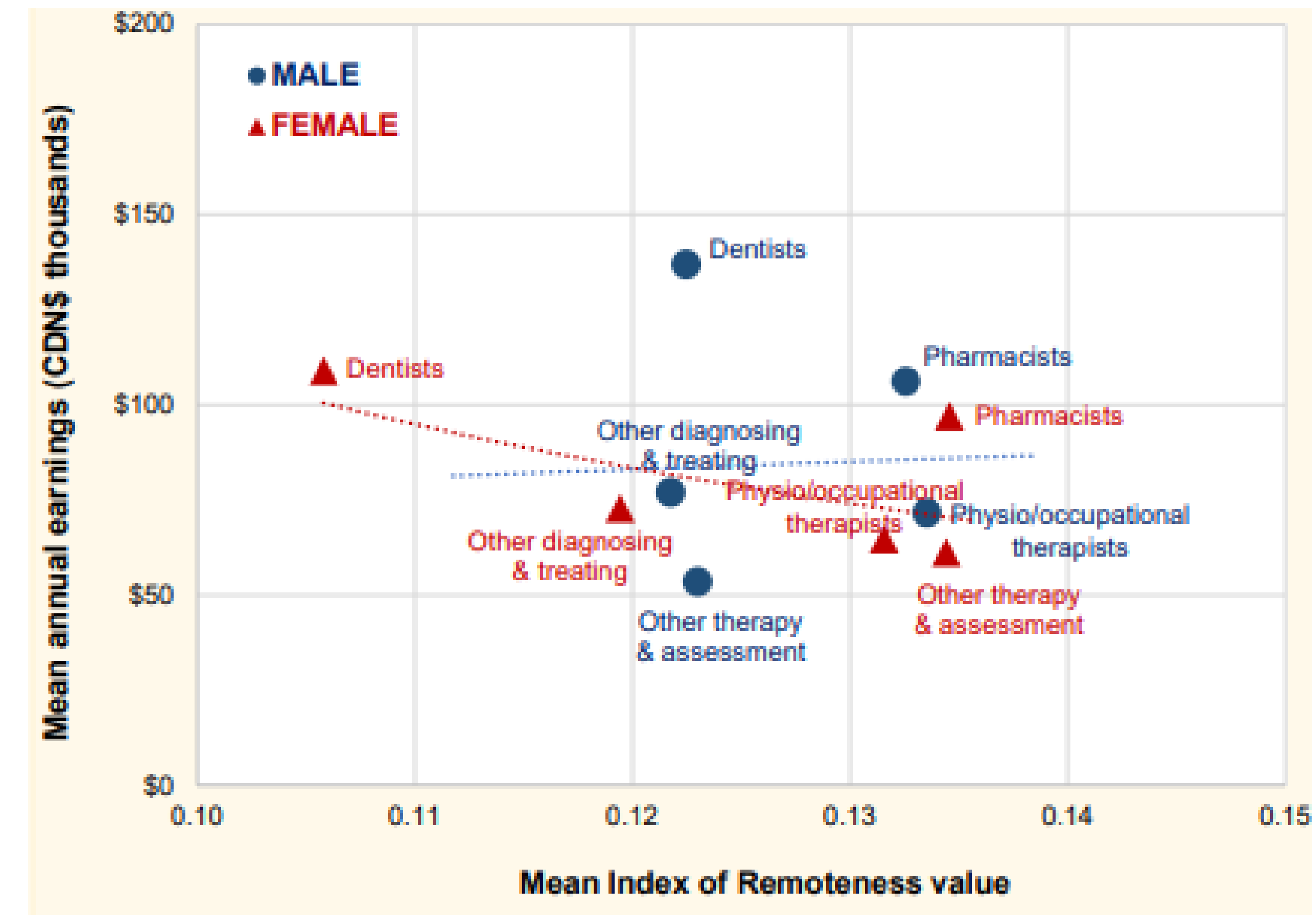
Source: Gupta, Lavallee & Ayles 2019, using linked provincial health administrative databases

KNOWLEDGE GAPS

FINANCIAL INCENTIVES FOR WORKING IN RURAL & REMOTE AREAS

- Geographic dispersion of HRH highly correlated with occupational feminization
- Weak association between relative remoteness & professional earnings, especially among men





Relative remoteness by % female and by earnings

Source: 2016 Canadian population census (authors' calculations)

Three key policy considerations

Knowledge gaps

- Intersections of gender, rurality & other characteristics of HRH with financial incentives

- Impacts of COVID-19 → widening of gender & social inequalities?

Potential unintended consequences

- Wage depreciation in the health sector affects both women & men

Relying on the status quo will not yield better performance

- Pay equity policy is not enough → shifting emphasis from "equal pay for equal work" to pay audits & transparency tools

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