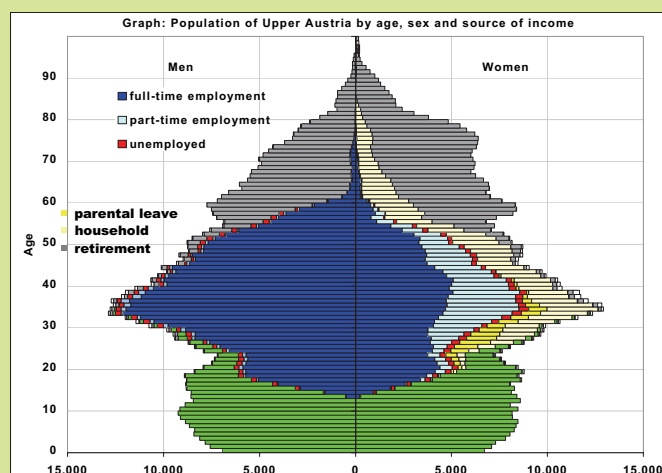


FEDERAL MINISTRY OF
HEALTH AND WOMEN



Gender Mainstreaming in Hospital Organisation

**Example of the integration of the
Gender Mainstreaming approach
into the management and quality
management systems and instruments
of a cancer center:
St Vincent's Hospital Ltd, Linz**



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and instruments of a cancer center:

St Vincent's Hospital Ltd, Linz

Imprint:

Project commissioned by:
Federal Ministry of Health and Women
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This Guideline can be obtained free of charge from the Federal Ministry of Health and Women
(Bundesministerium für Gesundheit und Frauen), Radetzkystraße 2, 1030 Vienna.

Vienna, April 2006

Foreword by the Federal Minister



Ladies and Gentlemen,

Both health policy and women's policy matters are subject to constant and profound change resulting in progressive development.

In the field of health policy, structures and planning tools have been constantly improved in order to ensure a system of high-quality health care. Specific aspects of these efforts are training and further training and the definition of career paths in medical and health care education.

As regards women's affairs, flagrant discrimination has long since given way to more subtle exclusion strategies – not least on account of the consistent introduction of legal norms at the national, European and international levels. What has not been eliminated are deep-rooted, unreflected prejudices and ingrained gender patterns which may – quite unintentionally – result in disadvantages.

In my capacity as Federal Minister of Health and Women I am deeply committed to matters of women's health. In the last few years public awareness of the importance of women's health has been greatly enhanced by the strategy of gender mainstreaming. The introduction of a perspective that does justice to gender differences is of special importance in all fields of political activity, and in particular in the field of health. Gender-specific medicine will increasingly take account of the biological differences between the male and the female body. Significant examples are the recently revised preventive medical checkups as well as gender-specific training modules forming part of medical studies at Austrian universities.

For the health professions (where the share of women is of the order of 78%), gender mainstreaming is an important method to demonstrate gender-specific imbalances, and it is of particular significance as regards the availability of and access to medical services.

With foresight and in the spirit of innovation, the Hospital of the Sisters of Mercy in Linz has for a number of years devoted itself to the socio-political and demographic aspects of the role of men and women as both health-care providers and patients. Gradually, gender mainstreaming is becoming an essential and constituent element of all activities and processes that form part of hospital routine.

In commissioning the preparation of the present Guideline on "Gender Mainstreaming in the Health-Care System", the Federal Ministry of Health and Women has chosen the initiative of the Linz Hospital of the Sisters of Mercy to serve as a highly commendable model for the general public and in particular for all those concerned with health matters.

A handwritten signature in black ink, reading "Maria Rauch-Kallat". The signature is fluid and cursive.

Maria Rauch-Kallat
Federal Minister for Health and Women

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The Vinzenz Group



The Vinzenz Group is an association of hospitals operated by religious orders. It was founded by the Sisters of Mercy of St. Vincent de Paul who bestowed on them the mission and heritage of Christian values. These values demand respect of and sensitivity for the needs of others. Gender mainstreaming aims at developing strategies to overcome the lack of equal opportunities, in particular of women, and to ensure their access to equal treatment. Gender mainstreaming may be seen as modern form of living respect and charity and is of



Sr. Josefa Michelitsch
particular importance in health care since it gives due consideration to the differences in the realities of life.

Dr. Michael Heinisch

Dr. Michael Heinisch

When it comes to hospitals we have to ask ourselves questions such as: How is work organised? Are opening hours such that hospital services are also available to employed persons as well as persons having to take care of infants and children? How can a specialist hospital in an urban area also ensure access to its specialist services for the rural population and in particular for housewives and women working on farms? What are the career opportunities of both women and men responsible for a family and children? Are there suitable further training programmes for women who want to return to gainful employment after an extended parental leave?

Very often the problem is that people simply are not aware of being at a disadvantage just because things are as they are. Gender mainstreaming as part and parcel of management and quality assurance systems and instruments enhances awareness of the needs and problems of various groups and seeks to find adequate solutions – a profoundly Christian attitude and approach.

We should like to thank the management of the Hospital of the Sisters of Mercy in Linz and the Federal Ministry of Health and Women for having accepted the challenge and entrusted Dr. Lucia Ucsnik MAS with the responsibility for the implementation of concrete projects. We hope that this will set a good example.

Sr. Josefa Michelitsch

Dr. Michael Heinisch

St Vincent's Hospital Ltd, Linz



The management of the Vinzenz Group

Until 60 years ago, the staff of the Linz Hospital of the Sisters of Mercy used to be almost exclusively female. Men were working only in a few clearly defined fields.

For a number of years our hospital has been managed on the basis of a modified Balanced Score Card. The clinical departments are constantly reviewed in the light of the need for state-of-the-art adaptations, and the results of these efforts are integrated into the hospital's objectives and management tools. In order to implement a sustainable gender mainstreaming approach, important aspects of gender mainstreaming, from the perspectives of both patients and staff, have been taken into consideration. In this way, the gender mainstreaming approach is reflected in the agreement on operational targets as well as in Quality Assurance and can be evaluated at regular intervals.

We are proud to note that gender mainstreaming has meanwhile been fully accepted by our staff, that they have acquired the necessary skills to respond to the differentiated needs of male and female patients and are highly interested in learning more about this subject.

Dr. Andreas Krauter, MBA
Manager

Summary – Results and Findings



Dr. Lucia Ucsnik, MAS

This Guideline addresses the following target groups:

- Organisations and managers in health care, in particular hospitals, sanatoria and rehabilitation centres;
- persons and institutions actively involved in gender mainstreaming;
- employers who cooperate with health institutions with the object of supporting and actively promoting the health of their convalescent employees by initiating or restructuring cooperation with hospitals in the course of treatment and health care.

This Guideline briefly outlines the basics of gender mainstreaming and the 4-R analysis as a tool for its implementation. To enable readers to make comparisons with their own organisations, we subsequently describe the original situation at the Linz Hospital of the Sisters of Mercy.

In the past, the "hotel aspect" was considered an important indicator of the quality of patient care in hospitals. In the future the competitive edge of health care institutions will also depend on the increased awareness of the different needs of male and female patients, the realities of life and work, and practical access to such institutions in terms of opening hours, public infrastructure etc.

Both health managers and the staff of health care institutions are therefore faced with the challenge of becoming increasingly aware of their own realities of life, to reflect on them and to take account of their findings in the way they provide medical and health care services.

The results of the project are relevant to ...

• ... health and gender policies

Demographic developments are leading to an increasing percentage of elderly persons in the total population. More labour will in due course be required to keep the health and social welfare systems operative.

- The changes in the age structure of the population have resulted in a need for more medical and health care staff.
- Men in full-time employment currently greatly outnumber women.
- In the future it will be even more important to create the prerequisites to ensure that both men and women in gainful employment can meet their family responsibilities in order to allow more women to take up full-time employment in the health sector. At the same time it should be noted that currently 66% of the graduates of Austrian Universities of Medicine are female. An analysis of the gender distribution at different levels of hospital training shows that in future more women will undergo specialist training so that personnel development structures will have to be adapted in time.

- Health care means providing services. These services need not only be rendered as fast and efficiently as possible but must at the same time be tailored to the needs and life realities of the population in order to meet the socio-political mandate of providing treatment, care and support.

- **... the integration of gender mainstreaming into the training and further training of management staff**

Understanding gender mainstreaming ought to become an integral part of management, planning and organisation so that this concept can be fully incorporated into decision-making and implementation processes. Management training curricula are still sadly lacking in this respect. What is needed, in particular in post-graduate professional training, is a more profound awareness of the way in which gender roles are defined by society and of the resulting individual opportunities and requirements resulting.

- **... the position of those responsible for gender mainstreaming in the organisation**

In the light of the chosen top-down approach gender mainstreaming has to be a top management function. It is only in this way that gender issues remain constantly on the agenda and can be integrated at all organisational levels.

Networking with experts in the fields of quality management, controlling and personnel management will support and promote the generation, analysis and interpretation of gender-specific data and help all players involved in health services to take account of the life realities of both staff and patients.

- **... creating greater awareness of the need for gender competence in quality management**

In the interest of both the internal experts involved and the choice of external experts, it is essential for gender mainstreaming know-how to have a firm foothold in quality management.

1 Gender Mainstreaming

1.1 Sex versus Gender & GM

„**Gender**“ refers to the roles, behaviours, activities and attributes that a given society considers appropriate for men and women

„**Sex**“ refers to the biological and physiological characteristics that define men and women.

On the basis of these definitions, society defines and lays down the rights and duties of women and men in the following spheres of life:

- personal and family relations, friendships, occupations ...
- possible life patterns and forms: small/extended family, flat-sharing, singles ...
- child care, education, parental leave (full-time, part-time, both parents, single parent)...
- Intergenerational relations: struggle for survival or cooperation between the generations ...
- possible forms of occupation and employment: full-time, part-time, contingent work, household, ...
- care for the sick and elderly in need of aid.

These rights and duties stem from value systems, religious convictions and cultural traditions, which have undergone constant development throughout human history and differ from country to country and from continent to continent.

It is on the basis of these rights and duties that the way in which humans live with, or fight against, one another is described and regulated by laws – written law, and to an even greater extent by the do’s and don’ts of a given society. These laws and rules also determine how hospitals are managed, how they are organised and how they work. Like the top-down approach, this has a bearing on possible forms of organisation and organisational structures and processes as well as on access to health, infrastructural, educational, commercial and industrial services etc.

Accordingly, society assigns or ascribes certain

- roles
- functions
- tasks and
- needs
- to men and women, jointly and/or separately, and evaluates and predetermines
- their respective spheres of influence and activities.

All these factors and aspects – and others still, such as geographical regions and features, climatic conditions, nationality etc. – will also influence the definition of such concepts as sickness and health.

1.2 Equality of opportunities versus equal opportunities

In the field of gender mainstreaming two distinct concepts are often confused:

- "the opportunity for men and women to achieve equality" and
- "equal opportunities" for men and women.

The opportunity for women to achieve equality with men will always be limited by virtue of the biological differences between men and women.

Gender mainstreaming seeks to offer men and women equal opportunities in respect of their individual and personal choices in all spheres of life. The object is to ensure that

- both sexes have equal opportunities in terms of access to services and activities but are not forced to make use of these opportunities; and that
- commonalities and differences between them are taken into account, respected and consciously furthered on a basis of equality.

In all situations gender mainstreaming accepts, as a matter of course,

- differences in living conditions and
- equal - or different - opportunities that men and women are offered in their social context, and tries to assess
- what would be the likely effects of specific measures on women and men and
- whether, and in what way, they could contribute to the objective of equal opportunities or the opportunity for women and men to achieve equality.

1.3 Gender Competence

"Gender competence" means the conscious and active awareness of

- the complexity of systems of society
- the structures that exert a decisive influence on the realities of life of men and women and their effects at the level of the individual
- promotive and inhibitory (decision) processes
- the fact that an active and competent integration of gender mainstreaming into day-by-day practice will decide on whether there will be direct or indirect discrimination of men and women.

Gender competence means

- professional handling of societal challenges – in particular on the part of management staff
- an understanding of differentiated analyses of
 - o society
 - o personal access to power
 - o the distribution of resources (time, money)
 - o the social standing of certain forms of work

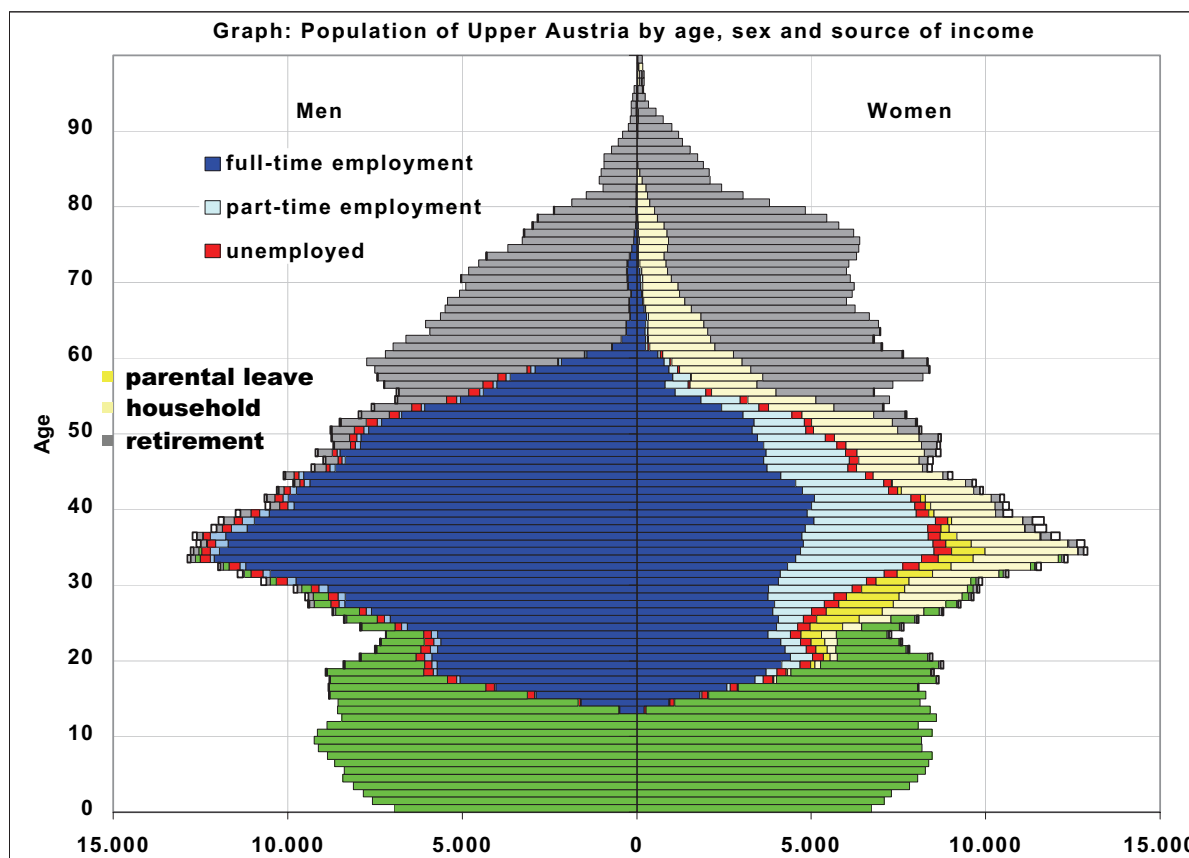
- and the capacity to tailor services accordingly and in this way to reduce and minimise unnecessary costs.

Gender competence leads to positive action aimed at eliminating or preventing discrimination of men and women and doing away with disadvantages that are first and foremost due to

- certain structural aspects,
- the failure to reflect on attitudes and values, and
- acquired forms of behaviour.

1.4 Gender Mainstreaming: pioneering gender specific medicine

In the health care sector gender mainstreaming gives rise to a large number of practical questions regarding existing and required structures, the gender-specific differences to be taken into account in the treatment of patients, and the new working environments to be created.



Inhabitants of Upper Austria as reflected in statistics

Information by the Statistical Service of the Provincial Government of Upper Austria, September 2000, Amt der Oö. Landesregierung, Abteilung Statistischer Dienst, HR Dr. Ernst Fürst, OAR Irmtraud Steidl, 4020 Linz, Kärntner Strasse

Every individual requiring health services or involved in the management of such services is affected by male/female commonalities and differences.

• Use and accessibility of health care institutions

Accessibility of health care institutions from permanent/temporary residence in:

- rural areas
- urban areas
- suburban areas

Means of transport used to reach health care institutions:

- availability and use of own car
- which family member uses the car
- public transport
- commuting: weekly, on certain days, daily

Type of occupation

- employer or employee
- self-employed/employed
- full-time, part-time, short-time work, contingent work
- sharing housework

Family status

- single
- partnership (married or unmarried)
- children

Position in family

- wife/husband
- partner
- mother/father
- grandmother/grandfather

Social and health insurance

- self-insured
- co-insured
- private insurance (by husband/by wife)

Different life realities resulting from these factors:

- diseases and their impact on individuals and their family members
- access to health care
- access to preventive medical care

• **Biological differences between men and women**

- Biological and physiological characteristics that define men and women
 - o genitalia
 - o hormone and immune systems
 - o cardiovascular system
- Psychological and gender-specific forms of behaviour
 - o acceptance and perception of and coping with disease
 - o lifestyle and health awareness
 - o communication and forms of mourning
- acquired risks: health and accident risks, lifestyle
- occurrence of symptoms: time, communication, presentation, priority attached to primary care, treatment and nursing care by self or others
- age
 - o newborn or infant
 - o childhood and youth
 - o below 45, below 65, older than 85
- social aspects

• **Different requirements of women and men in primary care, treatment and nursing care in the health care system**

Differences in the use of health care institutions may result from the following factors:

- place of residence
- mobility and local infrastructure
- gainful employment, type of employment, type of work
- continuous availability of persons or institutions taking care of children, grandchildren, persons in need of nursing etc.
- type of insurance
- readiness to accept medical or nursing care
- possibility of nursing at home or at nearby institutions
- educational background
- economic status

• **Use and accessibility of healthcare institutions**

...depends on gender, age and generation:

Access

- infrastructure and mobility: private, public
- private/public transport to and from institutions
- opening hours of outpatient departments and diagnostic units

Diagnostics

- time, duration, ability to communicate symptoms and subjective signs
- diagnostic parameters
- number of diagnostic measures
 - o onset of symptoms
 - o intensity
 - o duration
 - o localisation

Treatment (medical, nursing - treatment, nursing, care)

- medication
- surgical and other interventions,
- reasonability of intervention in light of "average" age of onset

Informed consent

- time
- duration
- information
- information given by whom?
- Coping with problems of health, disease, death, dying

Discharge, follow-up:

- hospitalisation for follow-up and nursing
- acceptance of professional care in hospital, at home, ...
- follow-up (rehabilitation etc.)

The main challenges facing the health and social sectors in fully integrating gender mainstreaming in the care-giving institutions:

- meeting patient needs
- meeting the needs of employing organisations
- meeting the needs of the staff
- allowing health care and nursing care institutions to develop professional forms of planning and action
- providing for efficient lobbying (at the socio-political and political levels, by interest groups) to ensure the highest possible quality of the health and social insurance systems:
 - o male and female networks and associations
 - o generations
 - o employers and employees
 - o training and further training
 - o research and development
 - o trade and industry

... in order to create equal opportunities for men and women and to ensure acceptance of the mounting complexity of present-day society and to react to it in a constructive way.

2 Implementation methods

2.1 The 4-R method

In the mid-90s the "3-R method" was first developed in Sweden. It comprises three sets of questions for the analysis of a given policy field or gender mainstreaming project:

- Questions on the degree of **representation** of women and men in the field under discussion,
- questions on the available **resources** and
- questions on the **realities** underlying the gender-specific degree of representation.

Meanwhile, this easily applicable method has been extended to include questions concerning **rights** and is now applied in most of the European gender mainstreaming projects. The "4-R method" is a useful tool for assessing the status quo as well as for evaluating planned measures concerning equal treatment of men and women. The "4-R method" has also been used for the project under discussion.

2.2 Questions to be asked when applying the 4-R method

2.2.1 Representation

Gender-specific data concerning decision makers, persons involved, target groups, persons affected etc.

- Composition of target groups (proportion of men and women)?
- How many men and women are involved in the area and/or the project under discussion and in which position?
- How many of the decision makers and persons involved are women?

2.2.2 Resources

in terms of money, time, influence, education, specialist knowledge, staff etc.:

- Resources available to men and women, respectively?
- How much money is spent on projects specially targeted on women and how much is spent on projects primarily involving men?
- What is known about the effects of projects on e.g. the unequal distribution of time and money amongst women and men?
- How much expertise on matters of equal treatment can be expected from the decision makers and other persons involved? How are people trained in this field?

2.2.3 Realities

in terms of social conditions, differing concerns, gender-specific "values" and norms underlying inequalities:

- What (gender-specific) values and norms are prevalent in the policy field in question?
- What are the specific needs of women and men on account of their social roles?
- What specific obstacles or disadvantages affect men or women on account of their (social) gender?
- What action is called for to ensure equal treatment?

2.2.4 Rights

provided for by laws, instructions, regulations, models, etc.:

- Do men and women enjoy equal rights?
- Are gender-specific realities accounted for by existing regulations?
- What legal prerequisites would have to be created in order to ensure equal opportunities?

Source:

http://www3.stzh.ch/internet/bfg/home/gender_mainstreaming/instrumente__methoden/4-r-methode.html

3 Situation at the Hospital of the Sisters of Mercy, Linz, at baseline

The Linz Hospital of the Sisters of Mercy is a specialist hospital focusing on:

- oncology
- interventional cardiology
- orthopaedics
- paediatrics and juvenile medicine
- diagnostic centre

Its staff of 1800 provides a broad spectrum of health care services in the interest of the health of the Austrian population. It should be noted that role stereotypes are particularly frequent in job descriptions used in the health care sector.

3.1 Favourable starting conditions

Launching of the project was facilitated by the following circumstances:

- The organisation had already been sensitised to issues of gender mainstreaming
- A number of relevant measures had already been taken in previous years:

Month/year	Impulse	Steps taken
Autumn 2002	Congress "Oncology and old age"	Analysis of oncology patients by sex, place of residence (rural,.urban) and age groups
Summer/autumn 2003	sponsored surprise schemes for staff members	<ul style="list-style-type: none"> • Rough analysis of staff members by age and sex • Detailed first analysis of all staff members by age, sex, occupation, management responsibilities
Autumn 2003	nonpartisan political seminar for women, organised by the Province of Upper Austria	Application of gender mainstreaming in hospitals. Suggestions for gender-specific health care.
Winter 2004	Congress on gender-specific medicine, Paracelsus University, Salzburg	Cooperation with socio-political networks of men and women promoting gender-specific health
Winter/spring 2004/2005	Application of gender mainstreaming at the organisational level	Queries regarding gender mainstreaming addressed to the Office of Women's Issues, Province of Upper Austria; Filing of application for gender mainstreaming project

Table. 1 Impulses and steps taken

3.2 Mission Statement and values as project basis

"In the health care institutions of the Sisters of Mercy responsible modern medicine is inseparably linked to loving care."

The management and staff of the Sisters of Mercy are committed to the following values both in treating and looking after their patients and in their relations with one another:

- mutual respect and human warmth
- social and economic responsibility
- truthfulness
- charity
- aith

3.3 Vision, strategy and 5-year targets

In the autumn of 2003 and spring of 2004 gender mainstreaming was made an integral part of the vision, strategy and 5-year targets regarding patients:

"Loving care and commitment are our prime concerns. In dealing with our patients we pay thoughtful attention to their age, sex and private and social background."

3.4 Gender mainstreaming at the hospital

• **January 2003: Distribution of the guideline on gender-sensitive language**

Sr. Josefa, manager of the Vinzenz Group, requested the distribution of the guideline on gender-sensitive language in all institutions of the Vinzenz Group.

• **May 2003: Patient analysis**

In response to the findings of a symposium on the age and sex distribution of oncology patients as well as gender and age-specific therapeutical approaches in May 2003, an analysis of hospital admission data was made in the oncology department.

In 2001 there were 53% female and 47% male patients.

As a consequence of a prostate prevention programme the distribution shifted to 52% female and 48% male patients in 2002.

The hospital management asked itself what consequences this increase in the number of male patients would have on treatment and care and what steps ought to be taken. Ever since that time departmental analyses have been carried out at least every six months, providing the heads of the departments with data on the absolute numbers and development trends in the distribution of male and female patients at yearly, five-year and 25-year intervals (Figs. 1 – 3), in order to enable them to adapt their planning measures, strategic decisions and projects to the life realities of their male and female patients.

GENDER MAINSTREAMING IN HOSPITAL ORGANISATION

Gender perspective and admissions 2004, Internal medicine II

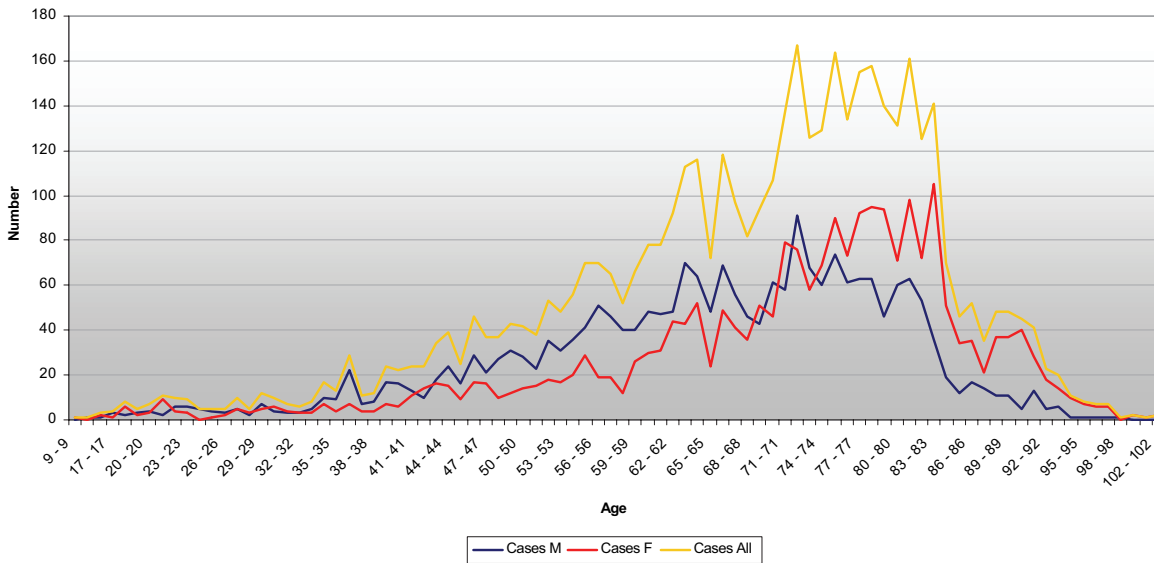


Fig.. 1 Gender perspective and admissions 2004, Internal medicine II

Gender perspective and admissions 2004, Urology

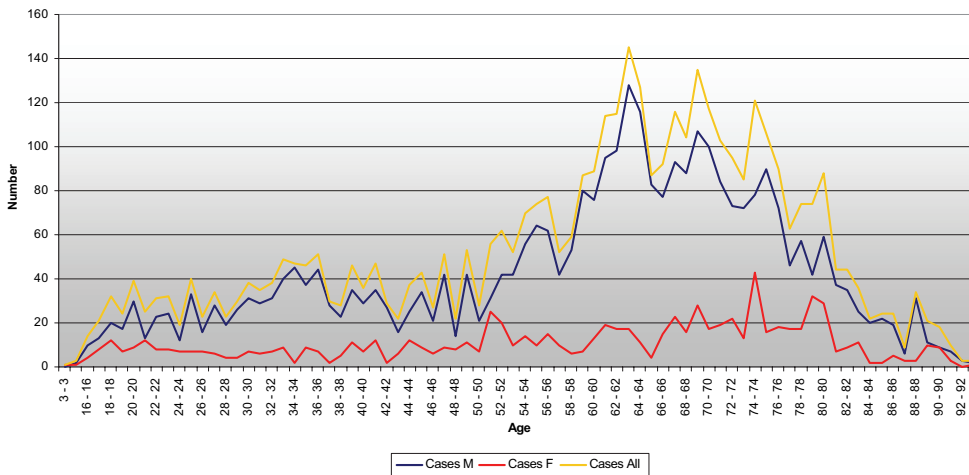


Fig. 2 Gender perspective and admissions 2004, Urology

Gender perspective and admissions 2004, gynaecology

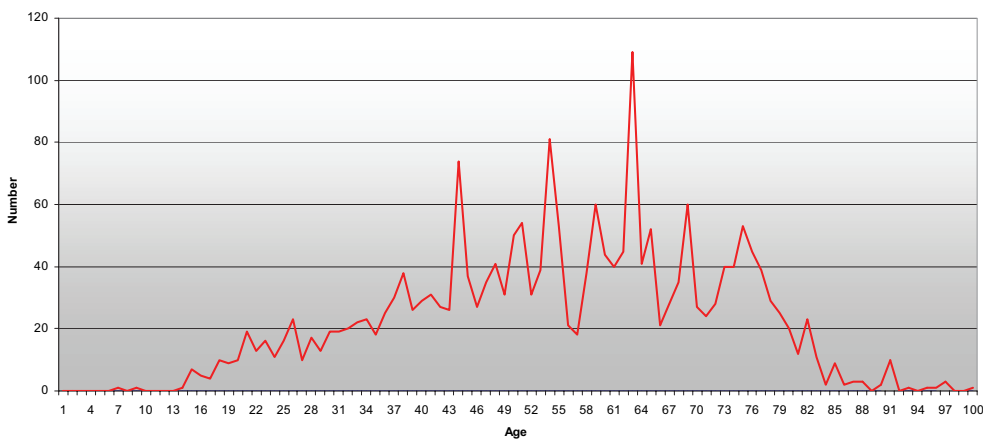


Fig.. 3 Gender perspective and admissions 2004, gynaecology

● **August 2003: Staff analysis**

In August 2003 the number of male and female staff members was determined. There were 77% women and 23% men. The mean age was 33.5 years.

● **September 2003: Analysis of the sex and age distribution in the health care professions**

The detailed analysis confirmed the existence of gender-specific role stereotypes regarding occupational groups, hierarchies and positions.

● **Responsibility for gender mainstreaming entrusted to the management assistant and the medical director**

In December 2003 the responsibility for gender mainstreaming was entrusted to the management assistant/medical director instructed to see to the integration of gender mainstreaming at all levels and to provide for the constructive further development of gender mainstreaming in accordance with the time resources available to management staff.

● **February 2004: Information of leading staff members at the managers' conference**

In the course of the managers' conference the leading members of the medical, nursing and administrative staff were informed about gender mainstreaming and provided with the relevant documentation.

● **March 2004: Article in the quarterly hospital journal**

In order to reach all staff members and provide them with the required information an article entitled "Gender mainstreaming – what on earth is that?" was published in the in-house journal.

Period	Analysis 1 Integration steps at the Linz hospital
since 1820	female
1998	mission, values
2003 August September	analysis in terms of ● patient age and sex distribution ● staff age and sex distribution
2003 December	assignment of responsibilities Integration into vision and strategy
2004 January	guideline on gender-sensitive language
2004 February	information of management staff
2004 March	article in in-house journal
2004 September	article in in-house journal

Tables. 2 and 3: Analyses 1 and 2 of gender mainstreaming implementation at the Linz Hospital of the Sisters of Mercy.

Gender analysis 2 at the Hospital of the Sisters of Mercy, Linz	
● history of the institution, cultural orientation	since 1820
● ideology, values, norms	integrated into mission and values
● cultural orientation and gender	Christian, Roman Catholic, female
● division of labour and functions	medical staff: predominantly male: nursing staff: predominantly female:
● management structures and sex distribution	strictly hierarchical, role stereotypes
● performance assessment and standards	In the course of development
● specialist departments	oncology: female > male orthopaedics: female > male ophthalmology: female > male paediatrics and juvenile medicine: male > female cardiology: female > male diagnostic centre

Three strategies can be used to introduce gender mainstreaming in an enterprise:

- Changing decision-making patterns and the structural organisation of the enterprise by:
 - o in-depth organisational reform
 - o systematic integration of the gender perspective into all analyses and projects
 - o redesigning the corporate culture
 - o introduction of strategic decision-making criteria and changing attitudes
- Adaptation of objectives:
 - o use of existing structures
 - o clear definition of objectives on the basis of the change in attitudes achieved
 - o gender mainstreaming as a management approach allowing clear-cut planning and monitoring of objectives and, as a consequence, an unbiased approach to equal-opportunity policies
- Assigning responsibilities for gender mainstreaming: Implementation of a staff position at the board or top management level.

Management tools

● **Management by Objectives –target setting**

Since 2000 the heads of departments, units and institutes have held staff meetings at regular intervals to discuss and agree on specific targets and plans. The objectives are agreed upon on the basis of the Balanced Score Card (BSC), with gender mainstreaming forming an essential element. The five areas covered by the BSC are:

- clientele
- finances
- quality
- staff
- values

In the autumn of each year decisions are taken on the projects and measures to be dealt with in accordance with the agreed objectives. The target setting, agreement and evaluation processes are presented graphically in Figs. 1 – 5.

Achievement or non-achievement of the agreed objectives was initially evaluated every six months; since 2002 these evaluations have been made in writing on the basis of evaluation forms to be filled in at the end of each quarter.

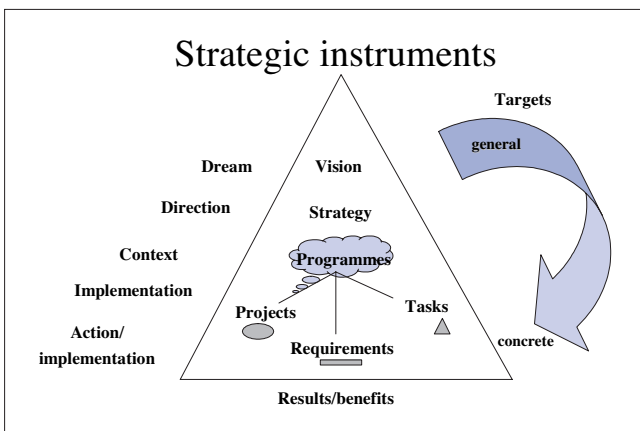


Fig. 4: Strategic instruments

MbO – target agreement and planning meetings

Field	Target/Content	Scope of Target Measuring criteria	Required resources (instruments, premises, staff, training, and further training)	Profit	Time timeframe milestones
Client perspective marketing	● patients ● privately insured p. ● PR	●	●	●	●
Financial perspective profitability	●	●	●	●	●
Quality targets process perspective	●	●	●	●	●
Employees	●	●	●	●	●

Dr. med. Lucia Ucsnik, MAS in March 2003

Fig. 5: Form for target-setting and planning meetings

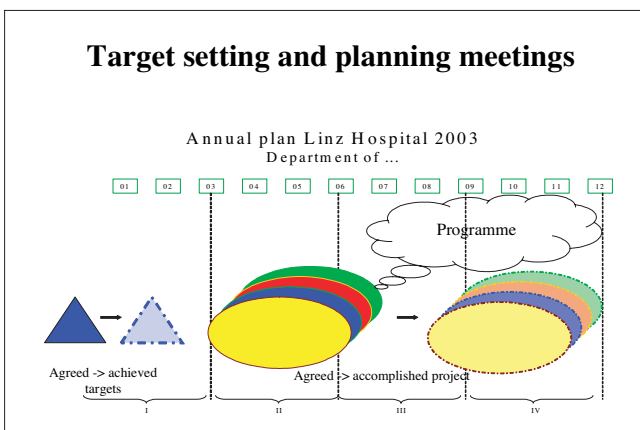


Fig. 6: Form and integration of the MbO process

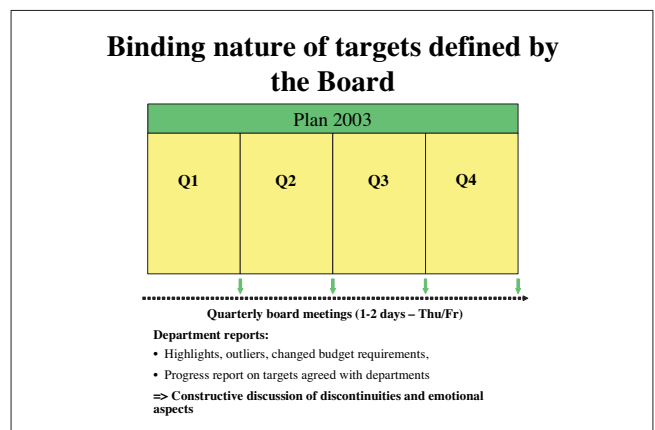


Fig. 7: Quarterly evaluation meetings

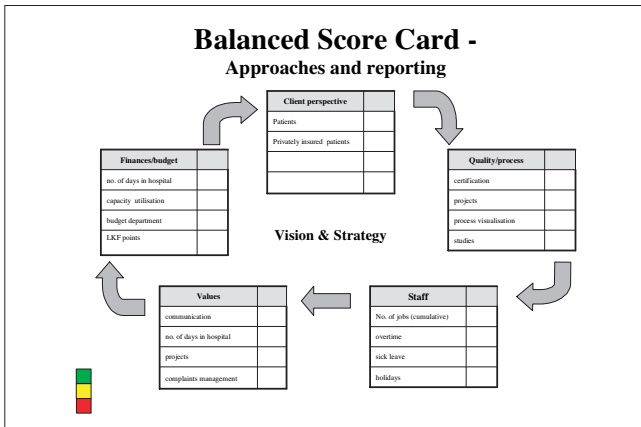


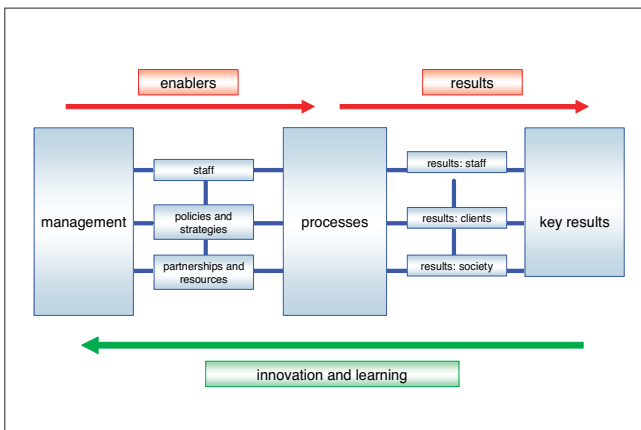
Fig. 8: Dimensions of the BSC at the Linz Hospital of the Sisters of Mercy

3.5 Quality management tools

- **Quality report**

For more than seven years the Hospital of the Sisters of Mercy, Linz, has been using a large number of quality management tools. Once a year, a quality report is prepared, which covers all projects, measures and activities in the field of quality management.

- **The EFQM in brief**



The European Foundation of Quality Management (EFQM) has developed a model for Business Excellence that seeks to promote ways and means to achieve the best possible results in key areas and to turn existing institutions into learning organisations.

Fig. 9: The EFQM Model

In addition, two further sets of criteria are used to evaluate institutions:

- 1) The first set of criteria describes what an organisation does and in what way. These criteria set targets for the future orientation and development of the enterprise and are also referred to as “enablers”.

The targets defined by the enablers are assessed on the basis of the RADAR Logic. The order in which the assessment is performed is irrelevant since their relative importance is bound to change in the course of the developments the enterprise undergoes and the direction that its development takes.

1 Results	<ul style="list-style-type: none">➤ trends➤ objectives➤ comparisons➤ causes
2 Approach	<ul style="list-style-type: none">➤ well founded➤ integrated
3 Development	<ul style="list-style-type: none">➤ introduced➤ systematic
4 Assessment	<ul style="list-style-type: none">➤ measuring
5 Review	<ul style="list-style-type: none">➤ learning➤ further development

Tab. 4: The RADAR Logic

2) The second set of criteria concerns the results achieved by means of the enablers. The targets are reviewed against the results achieved.

The process of translating visions and strategies into objectives and targets agreed with the management teams of departments and institutes is supported by the implementation of the EFQM Model in the medical departments – in-patient and out-patient units – where the service character of treatment, support and care of patients is the prime concern.

4 Project

4.1 Short Project Description

The purpose of the project is to integrate gender mainstreaming in the management tools of the hospital in the long term, as well as to ensure the continued formulation of gender mainstreaming objectives in the area of the five BSC dimensions.

The desired result is the routine application of gender mainstreaming both in rendering services as well as in personnel and organisational development.

Pilot project organisation	Krankenhaus der Barmherzigen Schwestern BetriebsGmbH (Sisters of Mercy Hospital), Linz, Austria
Target group	<ul style="list-style-type: none"> ● managers ● members of the board ● people responsible for gender mainstreaming ● quality manager
Project duration	<ul style="list-style-type: none"> ● September 2004 – July 2005
Type of project	<ul style="list-style-type: none"> ● project aimed at the development of concepts and their implementation ● organisational development
Major objectives	<ul style="list-style-type: none"> ● further development of a gender-sensitive organisational culture by integrating GM in management and quality systems as well as tools ● elaboration of a practical guide ● presentation of results
Minor objective	<ul style="list-style-type: none"> ● further development of workflow by the conscious perception of varying gender-specific needs and supply necessities
Non-objectives	<ul style="list-style-type: none"> ● creating gender awareness throughout the organisation for the entire staff and its evaluation ● implementation of gender-sensitive medicine, nursing, furnishing – follow-up projects
Project marketing	<ul style="list-style-type: none"> ● Geschäftsführungs- und Vorstandssitzung ● information provided to sisters ● monthly information provided to members of the board ● announcement, presentation at conferences and meetings of chief physicians, executive personnel, departmental heads, union representatives
Measures and activities	<ul style="list-style-type: none"> ● workshops to increase awareness ● workshops to increase awareness ● analysis of management and quality management tools

4.2 Phase Work Packages

Phase 1	
Projectmanagement	<ul style="list-style-type: none"> ● Project start ● Project controlling ● Project discontinuity management ● Project marketing ● Project conclusion
Phase 2 Expertise Workshop	<ul style="list-style-type: none"> ● Inclusion of expertise on gender-relevant aspects <ul style="list-style-type: none"> ○ Medical treatment, care, and administration in the requisite service area helped to satisfy the needs of healthy and sick people ● laboration and review of approaches aimed at integrating GM for gender-sensitive services in such areas as medical treatment, care and service (administration) ● Awareness raising of those participating in the project for a gender-sensitive service in medical treatment, care and administration in the health-care system ● Gender-specific analysis of activities <ul style="list-style-type: none"> ○ in the five BSC dimensions: clientele, quality, employees,, values and finances, by means of a workshop questionnaire
Phase 3 September, October 2004 Integration of GM in management tools (tools for target setting and planning)	<ul style="list-style-type: none"> ● Analysis of <ul style="list-style-type: none"> ○ the actual tools used in target-setting and planning: paper on target-setting and planning, evaluation sheet on target-setting and planning ○ QM tools: Catalogue of criteria, Quickscan questionnaire, target setting and evaluation sheets ○ integration of GM activities in organisational structures ● Elaboration of a GM parameter catalogue in such areas as <ul style="list-style-type: none"> ○ clientele, quality, employees, values ● Integration in <ul style="list-style-type: none"> ○ management and QM structures ● Reflection and evaluation <ul style="list-style-type: none"> ○ of merged and gendered management and QM tools
Phase 4 October – December 2004 Integration in management and QM processes	<ul style="list-style-type: none"> ● Definition of strategic gender objectives for 2005 by executive management (EM) ● GM self-evaluation by employees embracing the whole institution ● Agreement on objectives with EM, the Board, departments and institutes ● Consultation/review of tools (counter-reading, gender spectacles) ● Reflection and evaluation of merged and gendered management and QM instruments
Phase 5 March 2005 Empowerment of executives	<ul style="list-style-type: none"> ● Raising awareness workshop for all executives from the areas medical treatment, care and administration
Phase 6 January – March 2005 Evaluierung der Ziele	<ul style="list-style-type: none"> ● Evaluation of objectives <ul style="list-style-type: none"> ○ of the fourth quarter 2004 and first quarter 2005 ● Analysis of differences ● Reflection and evaluation <ul style="list-style-type: none"> ○ of gendered management and QM tools
Phase 7 April – July 2005 Summary and evaluation	<ul style="list-style-type: none"> ● Summary <ul style="list-style-type: none"> ○ of tools developed ○ of reflection of process steps and results ● Elaboration of a practical guide, including graphs and lay-out <ul style="list-style-type: none"> ○ reviewed instruments and tools ○ central milestones and process development ○ objective: It should be possible to transfer project results to other hospitals

4.3 Project Results

4.3.1 Analysis results of hospital organisation

Executive management - at the time when the assignment was given	1 female
	1 male

Executive management - at the end of the assignment	2 males
--	---------

Board - at the time the assignment was given	
2 females	head - building and value head - patient management
2 males	head - medical treatment head - finances

Project core team	
1 female	assistant to management and to head of medical treatment
1 male	quality manager

4.3.2 Workshops designed to raise gender awareness

The hospital organised two workshops in order to provide knowledge on gender issues. The first workshop focused on executive and key personnel and took place before the objectives for 2005 were formulated for the entire institution. This workshop provided the management with recommendations for the agreement on objectives for 2005.

In the second workshop the executives acquired gender competence at an interdisciplinary level, empowering them to implement gender mainstreaming.

4.3.3 Possible objectives of gender mainstreaming in a health institution on the basis of the Balanced Score Card

From a portfolio of GM objectives, the executive management selected those objectives for 2005 which fitted in with the project date and the degree of organisational maturity:

Balanced Score Card	
Clientele	<p>Strategy/Policy</p> <ul style="list-style-type: none"> ● incorporation of GM in mission statement ● visible commitment of management to GM ● appointment of employees responsible for GM ● organisation of co-operation with other employees ● co-operation and exchange of male and female equality experts of other institutions <p>Male and Female Patients</p> <ul style="list-style-type: none"> ● distribution of male/female patients per ward ● additional insurance – male/female distribution ● equipment of rooms in line with gender-specific needs: wards, out-patient departments, sanitary installations, waiting rooms <p>PR & Marketing</p> <ul style="list-style-type: none"> ● gender-sensitive signs, publications, etc. ● imparting the organisational objective “equal opportunities” to employees ● communication of the GM objective externally
Quality	<ul style="list-style-type: none"> ● integration of GM in the quality assurance systems ● systematic implementation of GM when conceiving and carrying out projects ● integration of gender criteria in analyses, interpretations, polls and evaluations
Employees	<ul style="list-style-type: none"> ● situation in the labour market – role and gender-specific supply of labour ● distribution of men and women in various occupational groups and at various executive levels ● contracts, additional agreements ● leaves for parents, working time models, working conditions, frame work conditions ● child care <ul style="list-style-type: none"> ○ creche, kindergarten ○ schools ○ when working at weekends or during the night ● horizontal labour market segmentation: <ul style="list-style-type: none"> ○ stereotype work assignments ○ over-proportional number of women or men ○ income ● vertical labour market segmentation <ul style="list-style-type: none"> ○ opportunities for further training as a result ○ opportunities for further professional or occupational development as a result ○ qualifications and corresponding work assignment ● demand- and target-group-oriented educational offers, personnel development (multi-generation models) <ul style="list-style-type: none"> ○ gender-friendly language when announcing seminars ○ gender-friendly design of content and methodology/didactics ○ gender-friendly organisation: day time, weekdays, child care ● gendered promotion and further development plans ● strategies against discrimination, sexual harassment, mobbing ● measures to further the compatibility of work and familial duties ● gender-specific further training of employees

- It was the integration of gender mainstreaming in the field of employees that made it possible to integrate gender mainstreaming in the field of "clientele", namely the rendering of services for healthy and sick men and women and thus to ensure gender-friendly medical treatment, care and psychology geared to organisational and technical facilities:
 - in outpatient clinics and institutes
 - in wards
 - in areas of intervention and operation
 - at the pharmacy
 - in the field of spiritual guidance and active mourning
 - in areas of medical and therapeutic treatment:
 - Operative: ophthalmology, surgery, gynaecology, otolaryngology, urology, plastic surgery, urology for children
 - Conservative: haemato-oncology, neurology, remobilisation, paediatrics
 - Intervention: cardiology, anaesthesia, nuclear medicine, laboratory, radiology, radiation therapy, psycho-oncology, painting therapy, music therapy, nutritional medicine
 - Expertise in the field of care: oncological expertise, stoma and sexual counselling, nutrition, diabetes mellitus, transitional care, wound management, intensive care, etc.
 - In the fields of basic and further training
 - the hospital as a training facility
 - school for health care and care of the sick

For 2005 the management and the medical divisions, institutes and administration agreed on the following objectives:

Clientele

- Semi-annual analysis of the proportion between male and female patients in all wards by the Controlling Section
- Gendered formulation of articles, papers (journal for employees, quality report, etc.)
- GM and gender-specific projects in the following wards:
 - Gynaecology: Analysis of a connection between violence and the occurrence of cervical carcinomas
 - Pharmacology: Gender-specific effect of drugs –analysis of differences in their effect on men and women, creation of a database for employees
 - Cardiology: Dilatations by cardiac catheter – analysis of possible differences in access and application in men and women
 - Surgery: Breast health centre – Analysis of the realities of life of affected women
 - Anaesthesia: Analysis of the gender-specific effect of anaesthetics
 - Clinical psychology: Different attitudes towards health and illness of men and women

Quality

- Integration of GM in the quality management approach
- Integration of GM in the target-setting and planning tools

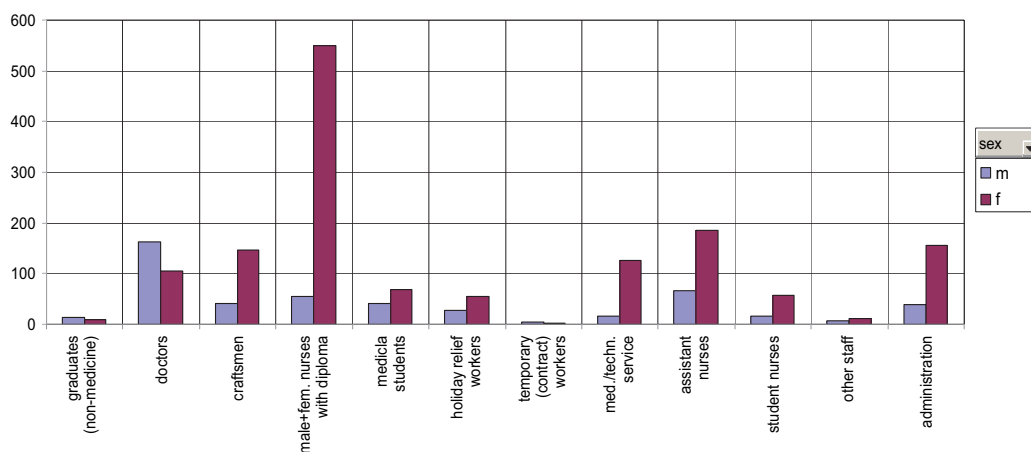
Employees

- Quarterly analysis of employees by occupational groups and hierarchical levels
- Analysis and development of working time models
- Job-sharing models for male and female doctors
- Raising the issue of paternity leave, and making it possible

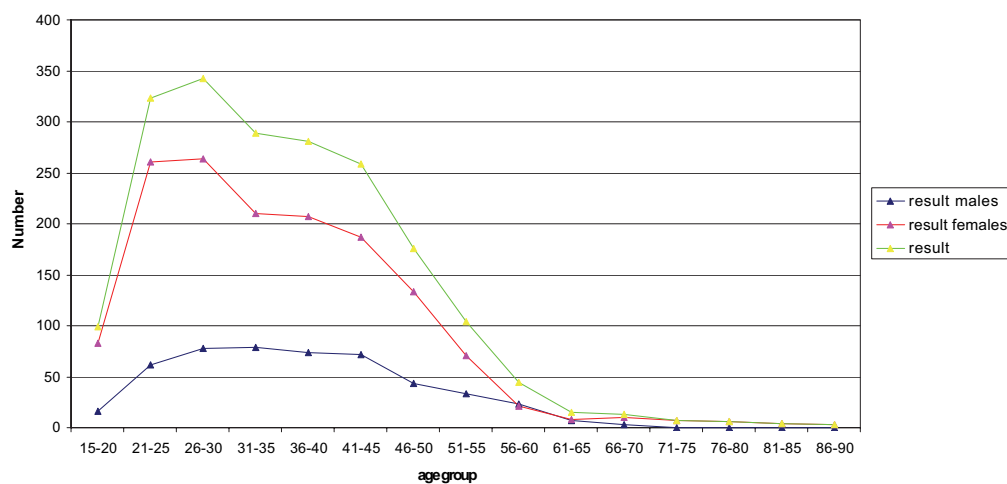
The inter-organisational analysis of employees shows a gender distribution of 78% women and 22% men at an average age of 33.5 years.

GENDER MAINSTREAMING IN HOSPITAL ORGANISATION

Distribution of personnel by gender and occupation
at Linz BHS Hospital – 3rd quarter 2005
age and gender



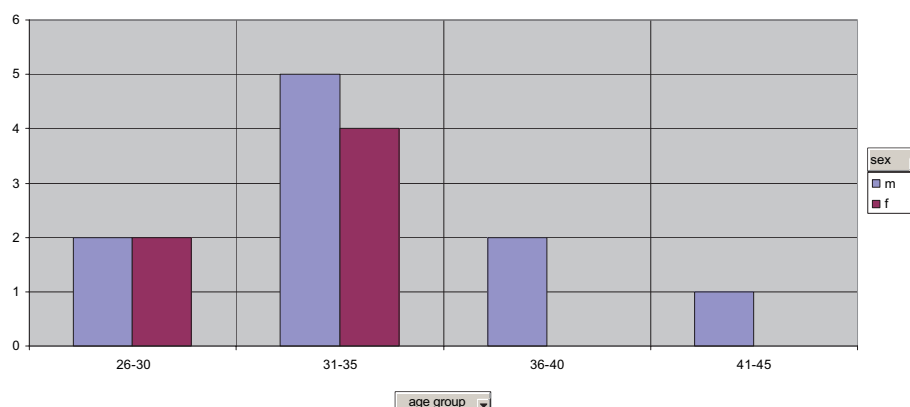
Demography of personnel at Linz BHS Hospital–
3rd quarter 2005
age and gender



In a more detailed analysis it can be seen that there are more female doctors that undertake their internship at the hospital than male ones; this is explained by the fact that 66% of all graduates from faculties of medicine are female.

However, as regards further medical training to become a specialist, the picture is quite the contrary: there is a preponderance of males.

Interns training in specialist medicine
by age and gender at Linz BHS Hospital –
3rd quarter 2005



Number of executives as of first quarter 2005		
Medical treatment	0 females	17 males
Patient management	17 females	2 males
Service	3 females	7 males
Total	20 females	26 males

The executive level reveals a typical role distribution between women and men:

- **Medical sector:** There is not one woman in an executive position. This is also explained by the fact that the current executives belong to a generation in which few women studied medicine.
- **Health care:** The wards and institutes are mostly led by women.
- **Service area:** At the executive level there are more men than women.
- **Co-operative leadership, management:** In line with the traditional picture, the health care sector is headed by a woman, while the medical and service sectors are led by men. As a result of the hospital passing from a religious order into secular hands, it is currently led by

The staff controlling analyses revealed that in future the gender ratio will be reversed in den medical area. At present, a paradigm shift is taking place. It is therefore important that the following points be kept in mind with regard to personnel development:

- Adjustment of training options and models, particularly as regards specialists and interns undergoing training, to the needs and life realities of women and men by means of
- job-sharing models
 - paternity leave
- Adjustment of working time in the medical field
 - part-time models
 - adjustment of activity profiles to flexible working time models
- Development of training programmes geared to the realities of life faced by female executives

5 Project Reflection

The project was monitored by an external expert.¹ Monitoring was carried out in the form of project coaching and evaluation talks with the project leader and/or the hospital management. The evaluation talks were held on the basis of a guide (questions relating to reflection) during the first half of project implementation (October 2004), and at the end of the project (July 2005).

The purpose of the evaluation talks was to reflect and review project progress relating to the integration of the GM approach in QM instruments: QM catalogue of criteria, Quickscan questionnaire, Target Setting and Planning Sheet and Evaluation Sheet.

5.1 Evaluation Talks

The project coach and GM expert, together with the executive/medical director, the management assistant and the person in charge of gender mainstreaming all participated in the evaluation talks.

The evaluation talks focused on the following reflection questions. They were targeted at the identification and reflection of the status of gender mainstreaming implementation in the hospital's QM system. The answers provided in the following are part of the minutes, illustrating both the course of the conversation and the result of these evaluation talks.

¹ The project was monitored by Maria Moser-Simmill, a Linz-based gender expert and business consultant

- ✓ *What steps were taken to implement gender mainstreaming?*
 - ✓ *How were the needs and interests of men and women identified, evaluated and implemented?*
 - ✓ *What activities were pursued and what measures were taken?*
 - ✓ *In what way and to what extent were gender-specific differences between the individual (QMS) criteria taken into account, including self-evaluation?*
-
- GM has been a top-down theme at management and executive levels since autumn 2003.
 - At the communicative level it was the PR & Marketing service that implemented the information and communication tools orally and in writing.
 - Since autumn 2004 when the project started the executive level proactively integrated GM in the management and quality management tools, even before target-setting and planning was agreed upon with the medical departments, institutes and the administrative section. First they organised a GM awareness workshop, which was then followed by the QM self-evaluation workshop where the adjusted quality management tools were already applied. The idea of GM was taken up by the employees who submitted their suggestions in the form of initiatives and project proposals to the executive management and/or the Board, e.g. in the breast health centre, in the urology department and anaesthesia departments.
 - In the course of the project it was especially important to push forward the process of awareness raising within the entire organisation. This was achieved by means of lectures attended by chief physicians and middle management in both medical and technical fields, a workshop on awareness raising for executives in medicine, care and administration, as well as by incorporating GM in the management tools (target-setting and planning as well as QM process).
-
- ✓ *What direct and integrated equal opportunity objectives were specifically formulated?*
- The main objective was the implementation of GM objectives in accordance with the vision and strategy conceived in autumn 2004 for 2005 onwards. The dimensions as per Balanced Score Card embraced "clientele", "quality", "employees" and "values" of the following departments/institutes: cardiology, surgery/breast health centre, gynaecology, urology, pharmacy, etc.
 - Workshops for executives as well as male and female experts supported the continuous process of raising awareness of gender issues within the organisation.
 - The analyses of data from the different special fields and the service area made it possible for the executive level to understand and become familiar with gender-specific differences.
 - Approaches for gender-specific interventions and measures were identified both for the service area as well as the medical departments and institutes.

Measures in the Special Fields and Services

- Service area controlling: Six-monthly gender-specific evaluation of statistical data of male and female patients and feedback in the form of graphical presentations to the departments and institutes
- Executive management: Feedback of analyses within the framework of the talks which focused on target-setting and planning
- Implementation of partial projects and of the ongoing process

- Within the organisation and in the field of personnel, the following specific measures were developed and agreed upon:
 - o the further development of working time models which allow females to return to work after childbirth, and which improve compatibility of work and family
 - o The question of paternity leaves was raised and an application for paternity leave was submitted and approved.

✓ *Which measures are to support compatibility between work and family?*

The following measures are envisaged

- Job-sharing model: It should be possible for specialists to share their work. In this way it will become possible for male and female doctors to work as a specialist and have time for their family.
- Approval of applications for paternity leave by the management
- Collection and evaluation of gender-specific data of employees (evaluation using different criteria, e.g. gender and education or field of activity, age, etc.)
- Feedback and discussion of results by the Board and the personnel service sections

✓ *Where - i.e. in what fields of activity - have changes become visible?*

✓ *Which tools were used in taking into account the gender perspective?
(e.g. lists of participants, reflection meetings, short documents)*

Control and Leadership Tools

- ➔ Data collection and analysis of statistical data by the controlling and personnel service sections
- ➔ Talks on target-setting and planning, including forms: information, discussions with employees
- ➔ Integration of analytical results in personnel development

Changes in the Sphere of Employees

- The use of gender-sensitive language became a matter of course.
- The change in culture made itself felt when a (male) employee asked the management and the department head as to the compatibility of work and family (application of a senior physician for paternity leave).
- Medium-term personnel planning developed specific strategies to increase the proportion of women in the specialist medical fields (male/female specialist training).
- Modified working time models were implemented to an increasing degree, while in the frame work of specialist training job-sharing models were accepted by male and female doctors.

Changes in the Clientele Area

- For example in the field of cardiology: based on management by objectives
- In the field of medical preparations: individual cases
- Breast health centre: Initiatives by male and female experts triggered by the seminars on awareness raising: change of opening hours for patients, interest in job-sharing model was expressed by male/female employees

- ✓ *What criteria were used to check whether gender objectives had been achieved, which indicators were formulated?*
- ✓ *What were the benchmarks for success? What are the factors that helped to take gender mainstreaming into account?*

Criteria/Indicators:

- Understanding the theme ("know how to explain GM, etc.")
- Progress of operative projects (was/is reviewed in the course of the talks on management by objectives)
- No ratios have been set thus far, as there is still a lack of experience with regard to implementation, thus data cannot yet be evaluated

Issues of Future Relevance

- Emphasis on best practice examples
- Reaching a "critical mass"
- Implementation through ratios and development of parameters and benchmarks

- ✓ *Which men and women were responsible for and/or involved in implementation?*
- Management and Board
- Management assistance/person in charge of gender mainstreaming
- Level of implementation: heads of departments, institutes and divisions; male and female quality management experts, experts in the field of medical care

✓ *How will the situation develop in the individual areas, if the gender aspect is no longer taken into account?*

- It would not be possible to implement various career models for women. In turn, and in the medium term, this would lead to staff bottlenecks in certain medical areas as well as in the field of medical care.
- The "high costs of education", in particular in the field of medicine, would not pay off, unless certain contract and re-entry models were developed. Otherwise women in particular would not return to work after starting a family in spite of their massive investment in education and professional experience.
- Rehabilitation and anaesthesia are strongly dominated by females – owing to flexible working time models. Such working time models are in line with the needs of women who have children. The "core working time" coincides with the time when schools and child care facilities are open so that working in shifts is not required. If flexible models are not possible, personnel bottlenecks will be the result.
- Without an overall concept, many GM-specific measures would not be integrated and thus not carried out in a sustainable manner (the theme would not be a matter of course in everyday hospital life).

Recommendation based on Project Experience

The implementation of gender mainstreaming is also to be designed as a process into the future, and should be arranged in analogy to the quality management process.

Experience reveals that it took about five years before the quality theme had become a household word at all hierarchical levels and in all occupational groups. It was only then that it became part of the everyday life in departments and institutes.

It is to be assumed that the implementation of the interdisciplinary gender mainstreaming theme will take a similarly long timeframe before it fully penetrates the entire organisation.

Sustainable process development that can be evaluated will take considerably longer than the intended project duration. During the project it was possible to take many important steps towards implementation and awareness raising, as well as to support the incorporation of the theme in the organisational structures.

5.2 Self-Evaluation

The purpose of "self-evaluation" has been to make it possible to review and reflect the degree of implementation of the GM strategy using given criteria.

This evaluation

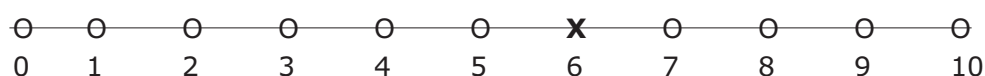
- ➔ is initially carried out at the executive level (individually).
- ➔ In a second phase the results are compared by the group which will discuss reasons for the different evaluations and draw conclusions (learning experience from the process) in writing.
- ➔ In a third phase, there will be discussion and agreement on the implications and consequences of subsequent GM implementation steps.

The following questions served as criteria for the successful implementation and realisation of the GM strategy. More detailed expressions indicating success are given in parenthesis (success indicators).

The assessment was performed by management and the person responsible for gender mainstreaming. The assessment/evaluation was entered on a scale of 0–10 points, with 10 points being the maximum number of points for achieving the target.

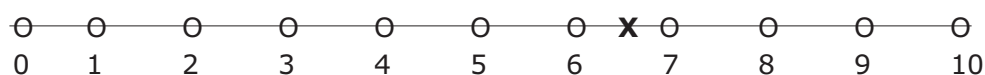
- Adjustments and/or **specifications in the course of the process** (specification of project objectives, deviations).

To what extent have the objectives been achieved? Has the implementation been successful?



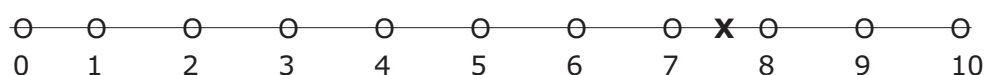
- The participation of employees in the process (integration, participation in sub-projects, implementation of measures).

To what extent has this objective been achieved? Has the implementation been successful?



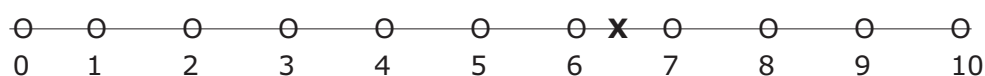
- Top-down-principle (strategic decision by management, binding nature of decisions, integration at the next level).

To what extent has this objective been achieved? Has the implementation been successful?



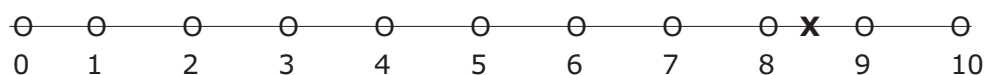
- Raising awareness of gender issues and GM methods (dealing with the theme, keeping it under discussion and in internal media, seminars/workshops on this theme)

To what extent has this objective been achieved? Has the implementation been successful?



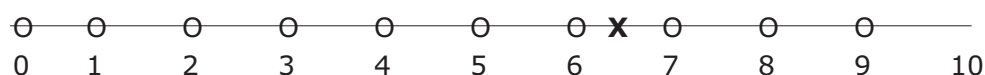
- Internal and external activities accompanying the project (including communication within the organisation and PR measures directed externally).

To what extent has this objective been achieved? Has the implementation been successful?



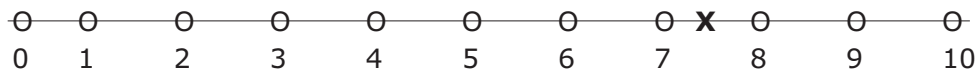
- Work on project structure: The core team (internal project team consisting of Dr. Lucia Ucsnik, MAS, and Wolfgang Neubauer, MSc. – composition, number of meetings, control, team co-operation).

To what extent has this objective been achieved? Has the implementation been successful?



- Feedback to Board: Objectives and key implementation steps are adjusted and coordinated at the (quarterly) meetings of the Board and the executive level of the hospital where reports on the internal progress of the project are submitted and reflected upon.

To what extent has this objective been achieved? Has the implementation been successful?



Summary of the Results of the Reflections by the Management and the person in charge of GM

The three most important results/experiences in connection with this project

- 1) Necessity to integrate GM in the target-setting and planning system as well as in the QM system of the organisation (incorporation of gender mainstreaming as a theme)
- 2) Priority for the implementation of individual issues (e.g. working time models, etc., themes that are accepted and that make sense to the organisation as a whole)
- 3) At the same time raising awareness of the theme ("understand and talk about GM properly") by taking internal information measures

Assessment and Conclusions by the Project Coach and GM Expert

- ⇒ Strategic steps and constant commitment to the theme are required to ensure long-term implementation.
- ⇒ Sustainability can be ensured by integrating the project or the theme in the objectives of the organisation.
- ⇒ In addition to ethical/moral and social factors it is also economic factors and/or considerations of efficiency that are instrumental in the initiation and implementation of gender-specific measures.
- ⇒ A certain degree of organisational maturity is a success criterion and necessary requirement for the implementation of GM. The organisation of Linz BHS Hospital offered optimal conditions because
 - o the strategic significance of the theme was recognised/acknowledged
 - o the theme was integrated in the hospital structure, e.g. as an assignment for management assistants
 - o awareness was raised at the executive level
 - o the executive level was committed to the theme – integration in the management by objective and quality management systems

Next Steps/Continuation of GM

- ⇒ The theme has gained momentum; work on it shall be continued and monitored.
- ⇒ As far as GM objectives at departmental level are concerned, their successful implementation has been continuously pursued in the everyday life of the hospital.
- ⇒ It is important to keep the subject of GM measures in an equilibrium, as they might not become integrated in everyday hospital life on a long-term basis if the subject is raised too often.

6 Recommendations

This project has shown the importance of integrating gender mainstreaming at the highest level in the **target-setting and planning process, parallel with the quality management process.**

The **integration and combination of management tools and quality management tools,** as well as the target-setting and quality management processes geared to them provide executives with a broader base of information to make strategic and operative decisions. This, in turn, facilitates an intensified use of organisational potentials by the conscious and selective perception of various realities of life and needs, together with the necessities of treatment and care.

Quality management experts are of special importance. They ensure the integration of gender mainstreaming on site by analysing the medical departments and institutes as well as by implementing projects. Attention shall also be paid to gender competence when selecting external consultancy firms and lecturers, else they may counteract the implementation within the organisation without being aware of it.

Regular controlling analyses pertaining to **male and female patients in the medical departments** and **employees** ensure that the life realities of both male and female employees and patients are taken into account in time on a long-term basis. Such practice gives rise to a high job satisfaction on the one hand and a high quality of treatment and care of male and female patients on the other.

The requirements for this are:

- a basic willingness on the part of the management and/or the Board, and compliance with the top-down approach
- sufficient time, and
- awareness raising, which at the end of the day leads to the routine integration of gender mainstreaming in all processes within a large hospital.

Abbreviations

Fig.	Figure
BHS	Barmherzige Schwestern (Sisters of Mercy)
BSC	Balanced Score Card
FM	Federal Ministry
approx.	approximately
GbM	gender-based medicine
GM	gender mainstreaming
M	management
H	hospital
MbO	management by objectives
QM	quality management
T	table
TSP	target-setting and planning process

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Recommended Literature

Websites: www.gem.or.at
 www.imag-gendermainstreaming.at

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Bergmann, N., Pimminger I.: "*Praxis Handbuch Gender Mainstreaming*" (Practical Manual on Gender Mainstreaming), commissioned by the FM for Economics and Labour, Vienna 2004
Legato, M.: "*Evas Rippe*" (Eve's Rib), Kiepenheuer & Witsch Publishing House, Cologne, 2002
Rieder, A.; Lohff, B.: "*Gender Medizin – geschlechtsspezifische Aspekte für die klinische Praxis*" (Gender-Based Medicine - Gender-Specific Aspects for Practical Clinical Work) Springer Publishing House, Vienna, 2004



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