



Exploring the Need for More Women in Leadership Roles in Public Health and Emergency Response Logistics

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ABSTRACT

Situations like Coronavirus (COVID-19), severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) coronaviruses, and the damage caused by Hurricane Maria in September 2017 in Puerto Rico create complex health public health management logistics problems. Disasters and pandemics often demand logistics planning to involve large-scale transportation of medical aid in the form of personnel and supplies, specialized equipment, and personnel for search and rescue, food, shelter, and other commodities used in massive relief operations. The research suggests improvements in organizational culture, modernization of recruitment strategies, and enhancement of leadership and professional development as approaches to improve gender diversity in leadership roles in emergency public health supply chain and logistics management. This paper provides emergency and disaster public health supply chain and logistics management practitioners and scholars insight into the dynamics of gender disparity in leadership roles in public health supply chain management.

KEYWORDS

Coronavirus, COVID-19, Emergency Response Logistics, Emergency Response Planning, Logistics Leadership, Public Health Logistics, Women in Logistics

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INTRODUCTION

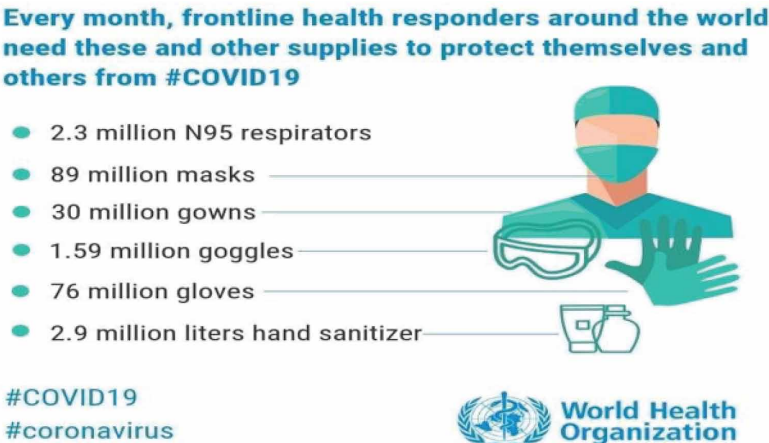
Catastrophes often mandate logistics planning and workforce expertise that can effectively execute the large-scale transportation of medical aid in the form of personnel and supplies, specialized equipment and personnel for search and rescue, food, shelter, and other commodities used in massive relief operations (Strakos, 2013; Kirac, 2016).

As a result, unpredictable, complex emergencies and disasters create problem scenarios that create overbearing supply and resource demands (Aly, 2016; De La Torre, 2015). In situations that create public health risks, the inability to respond appropriately can lead to injury and a loss of life (Peluse, 2015). Public health logistics and supply chain experts are required to assume a high level of preparedness for and detection, response, and recovery from disaster events (Bader et al., 2008). Threats of pandemics such as the SARS emergency and threats of avian influenza reminded health care providers of the need to be watchful for alterations in community health patterns (Agca, 2013). As the public health severity and impact Coronavirus (COVID-19) intensifies, preemptive forecasting, in which leaders foresee threats and structure the use and delivery of those resources in effort to minimize all potential health hazards and risks (Hick et al., 2020).

One of the vulnerabilities in the public health emergency and disaster response includes depleted volunteer numbers and a lack of adequate career staffing levels (Peluse, 2015). The current staffing shortages in emergency response public health, humanitarian disaster relief, and logistics management have taxed our response system, increased response times, and left patients without adequate levels of care (Peluse, 2015). As a result of the complexity and often unpredictable nature of the required response, there is a need to develop more professionals in all areas of logistics and supply chain management, especially women and women in managerial roles. According to Larson (2017), there are benefits to having diversity, which includes women, in teams, in leadership, and decision making. Larson (2017) stresses how diverse teams make better decisions 87% of the time, and decisions made by diverse teams deliver on average 60% better results.

Grant and Rock (2016) outline that greater diversity in organizations and teams positively influences the way the entire team digest critical information required to make difficult decisions. Diverse teams are more likely to continually reassess details in decision-making scenarios because the team is made of participants that look at variables from a variety of perspectives, and they tend to be more innovative (Grant & Rock, 2016). When it comes to public health disaster management

Figure 1.



(World Health Organization, 2020)

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