

Driving Country Level Change, Kenya

Women in Health Leadership Project
Case Study Booklet



<https://wihl.strathmore.edu/>



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Our profound gratitude goes to the Strathmore University Management Board and the Management Committee of Strathmore University Business School (SBS), as well as to the faculty, staff, and students whose encouragement and support were vital throughout this journey. Special thanks to the entire Women in Health Leadership (WIHL) project team, whose commitment and diligence ensured the successful delivery of all project milestones with excellence.

We are indebted to the many organisations that engaged with this project, whether by participating in activities, contributing to the development of case studies, or offering other forms of support. We look forward to continued partnerships through the use and dissemination of these open-access case studies via this publication and the Strathmore Africa Case Centre (SACC), as well as through future opportunities to co-create case studies that enrich teaching and learning.

Our heartfelt thanks also go to the case writers, contributing authors, and their research assistants for their dedication to producing high-quality case material. We are equally grateful to the team of reviewers and the editorial staff at SACC, whose expertise was invaluable in finalising this work. Appreciation is also due to the design team, whose attention to detail greatly enhanced the final product.

Lastly, we thank all individuals, stakeholders, institutions, and partners who, in one way or another, played a role in the success of this project. We are sincerely grateful for your contributions. All glory be to God!

Abbreviations and Acronyms

WHO

World Health Organisation

NHIF

National Hospital Insurance Fund

SBS

Strathmore University Business School

KHF

Kenya Healthcare Federation

WLH

Women in Leadership in Health

EU

European Union

CVF

Competing Values Framework

CVN

Competing Values Network

CEO

Chief Executive Officer

SU

Strathmore University

NACOSTI

National Commission for Science, Technology and Innovation

USIU

United States International University

KSG

Kenya School of Government

SLDP

Senior Leadership Development Programme

SMC

Senior Management Course

HOD

Head of Department

WIL

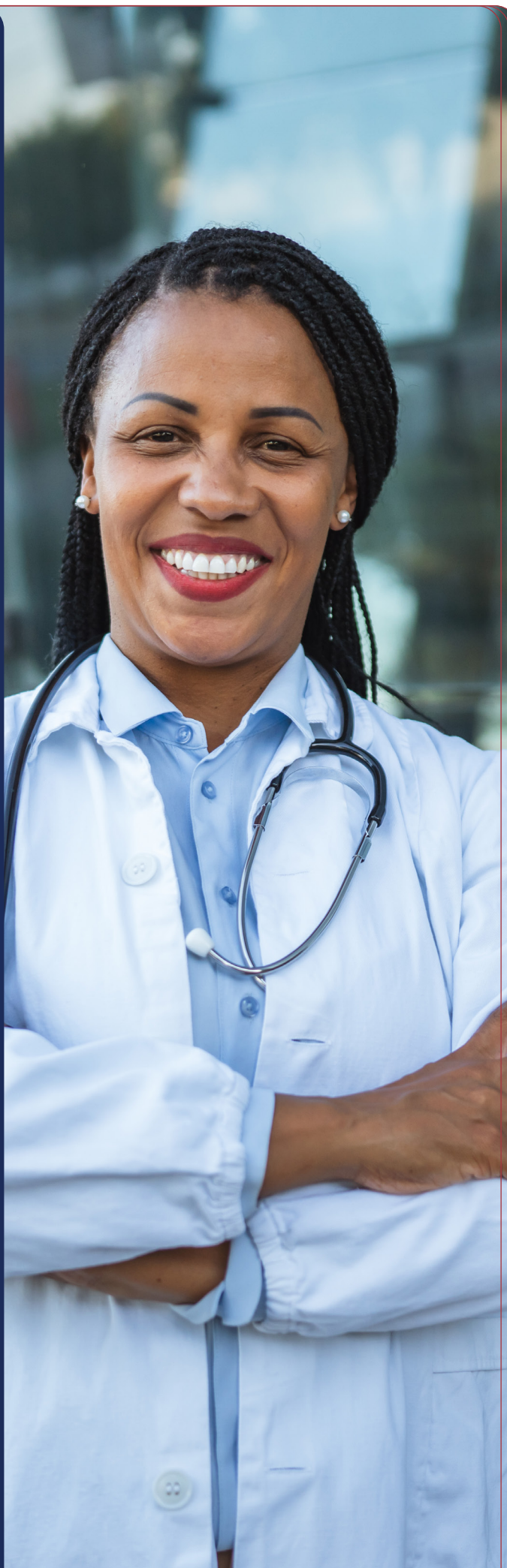
Women in Leadership

HR

Human Resources

KIIS

Key Informant Interviews



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Benson is a highly experienced development and humanitarian professional with over 17 years of expertise in gender equality, social inclusion, community and international development, food security, human rights, and mainstreaming gender across sectors such as agriculture, finance, education, and health. He has worked extensively with international and national non-governmental organisations (NGOs), government agencies, and the private sector, offering technical guidance, designing programmes, conducting research, and implementing gender-focused initiatives. He is the Postdoc Research Fellow for the WIHL Project.



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Faith Njaramba is a faculty member at Strathmore University Business School with a 10+ year track record of success facilitating all aspects of organisational behaviour. Faith holds a PhD in Organisational Behaviour in addition to a Master of Commerce degree and a Bachelor of Commerce degree (1st class Hons). Faith has published research articles in the areas of leadership, psychological inventory and personalities, fear, resilience, and GRIT in the workplace.

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Dr. Mukami is a senior lecturer at the School of Humanities and Social Sciences at Strathmore University. She holds a PhD in Educational Psychology and specialises in teacher education and curriculum reform. She possesses extensive knowledge and skills derived from her varied background, having been employed in many sectors, including banking. Dr. Mukami is committed to investigating the nexus between women's leadership and education, aiming to comprehend how the empowerment of female leaders might enhance educational results. Her study explores theoretical frameworks while emphasising practical applications to effectuate tangible change in educational institutions.



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Dr. Syallow is a researcher at Strathmore University's School of Humanities and Social Sciences, specialising in gender, migration, media, and human security. Her research focuses on the personal and community security dimensions affecting gender, with particular attention to women's experiences. She is passionate about exploring how social, political, and media environments influence gendered security challenges.



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Foreword

by the Strathmore University Team



Dr. Angela Ndunge,
PhD



Dr. Ben Ngoye



Dr. Benson Mutuku,
PhD

Having more women leaders in healthcare isn't just about fairness; it leads to better hospitals and clinics for everyone. We're working to change the workplace rules, attitudes, and systems that often stop qualified women from reaching top positions.

The WIHL Project was a dedicated, three-year initiative committed to driving tangible organisational change and fostering the advancement of women into leadership positions within Kenya's dynamic health sector.

Funded by the generous support of the Gates Foundation, the WIHL Project employed a comprehensive strategy that synergised rigorous research, evidence-based advocacy, and targeted interventions. This multi-pronged approach was designed to create lasting change not only in healthcare leadership demographics but also in the underlying organisational cultures that shape women's career pathways.

Part of the project's foundational work has been to move beyond generalised observations by meticulously documenting and analysing the lived experiences within diverse Kenyan healthcare institutions. For too long, the narrative around women's leadership in health, particularly in African contexts, has lacked the granular, organisation-specific data needed to inform effective change strategies. This booklet directly addresses that gap.

This publication presents detailed case studies expanding on Kenya's national health sector study. We examined organisations showing either strong success (positive deviance) or notable challenges (negative deviance) in advancing women's careers, including diverse healthcare settings like:

Public Medical Settings such as the Case of a Teaching and Referral Hospital, examining interventions for women's advancement and the persistence of the "leaky pipeline" at top leadership.

Private-for-Profit Hospitals like Outspan Nyeri Hospital, focusing on organisational culture, policies, structure, and leadership as influencers of career progression.

Community and Referral Hospitals, including Esibhedlela Community Hospital and Kisumu County Referral Hospital, investigating organisational culture, leadership practices, and systemic challenges impacting women's advancement.

National Teaching Hospitals, such as Mathari National Teaching and Referral Hospital, highlight the role of fair promotional criteria and equitable decision-making.

Smaller Health Facilities represented by the Umoja Health Facility, exploring leadership's role in advancing women and barriers like the "broken glass ceiling, but thorny top seat".

These case studies reveal the key factors that support or hinder women's advancement in healthcare leadership. They expose systemic challenges, ranging from unclear promotion pathways to workplace cultures that impede progress, while highlighting solutions such as mentorship programmes and policy reforms. The findings provide practical insights for healthcare leaders, policymakers, and women navigating their careers.

We share these stories to spark action. By addressing these barriers, Kenya's health sector and similar systems globally can create more equitable leadership opportunities. These case studies provide the evidence needed to drive meaningful, lasting change.



Part of the project's foundational work has been to move beyond generalised observations by meticulously documenting and analysing the lived experiences within diverse Kenyan healthcare institutions.

Foreword

by the Kenya Healthcare Federation

At the Kenya Healthcare Federation (KHF), we believe that equitable leadership is not only a moral imperative but also a strategic advantage. This publication of case studies under the Women in Health Leadership (WIHL) Project offers critical insight into how gender equity plays out in real workplaces: in policy and structure, in leadership and culture, and most importantly, in the everyday lives and careers of the women who sustain Kenya's health system.

This work is timely, necessary, and urgent.

Across all sectors, women comprise the majority of Kenya's healthcare workforce. Yet, as these case studies show, too many continue to encounter glass ceilings, opaque promotion pathways, and work cultures that undervalue their contributions. The stories presented here, drawn from a cross-section of public and private health institutions, move us beyond anecdote into actionable evidence. They give us the clarity to reflect, the tools to act, and the conviction to stay the course.

At KHF, this project has not only informed our thinking—it has reshaped our leadership by increasing the number of women who serve on the board. In addition, I made it a personal and institutional priority to reform the composition of the executive team I lead, with 70% of my employees being female, and with an impressive 50% representation in top leadership roles. We have also taken deliberate steps to increase the number of women serving on our board, enriching our governance with the diverse perspectives and leadership our sector urgently needs. This is not about optics; it is about unleashing the full talent, vision, and capability of our sector. We can no longer afford to lead with half our bench.

More broadly, KHF is committed to embedding gender equity as a standing agenda in our CEO Forum, particularly to explore and influence the leadership and cultural shifts that our sector urgently needs. We will continue to convene, challenge, and support our member organisations to build systems that advance—not stall—women's leadership.

We are deeply grateful to Strathmore Business School for the intellectual rigour and partnership throughout this project, and to the Gates Foundation for investing in structural change that is grounded in data and led by local actors.

Let these case studies serve as more than documentation. Let them be a mirror, a challenge, and a guidepost. We invite every healthcare leader to reflect deeply, act decisively, and measure progress honestly.

The future of healthcare in Kenya must be led by all its talent. This work shows us how.

Dr. Kanyenje Gakombe

Chair, Kenya Healthcare Federation

KHF is committed to embedding gender equity as a standing agenda in our CEO Forum, particularly to explore and influence the leadership and cultural shifts that our sector urgently needs.



Introduction and Background to the Case Studies

The case studies were a follow-up to a study conducted nationwide. The case studies aimed to achieve two key goals: first, to gain detailed insights into the context-specific factors — namely, culture, policies, structure, and leadership — within selected organisations that influence women's career advancement; and second, to better understand the reasons behind the specific performance or current situation of each organisation.

The organisations examined were selected from a broader pool of Kenyan health sector entities assessed during 2023 field research. The initial selection criteria focused on organisations with over five years of operation in Kenya, formal organisational structures and policies, a minimum of 50 full-time employees, and presence in one of the eight geographic regions of the country. This yielded a population of about 10,443 health sector organisations, spanning public, private-for-profit, and private-not-for-profit categories, including NGOs, health providers, regulatory bodies, and others.

To select specific organisations for in-depth case studies, researchers analysed responses relating to the four organisational dimensions and career advancement opportunities. Each dimension was assessed through Likert-scale questions, scored from 1 (least desirable) to 4 (most desirable). Cumulative scores were calculated for each organisation. The organisations were then ranked to identify extreme cases showing either very high (positive deviance) or very low (negative deviance) scores.

Final case study selections were made using a pragmatic approach to ensure diversity across sectors and regions. Some organisations scored exceptionally high or low on specific dimensions or demonstrated significant differences in career advancement opportunities for women, justifying their inclusion in the case study analysis.

The data collection and analysis approach centred on qualitative methods, specifically Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs), to deepen understanding of the findings from the earlier quantitative phase. KIIs explored dimensions such as leadership, structure, policies, and career advancement, while FGDs focused on organisational culture and career advancement. Targeted participants included individuals across six organisational levels, from board members to frontline managers. However, to avoid redundancy, individuals already interviewed during the quantitative phase, such as CEOs or HR personnel, were substituted by others at the same level during this phase.

The primary analytical approach employed was thematic content analysis. However, case writers also utilised alternative methods that best suited the dimension under study, guided by the ideal of gathering detailed, narrative-rich data that vividly illustrated how the dimension influenced the organisation's current state and outcomes.

Below is a summary of each case study.

To select specific organisations for in-depth case studies, researchers analysed responses relating to the four organisational dimensions and career advancement opportunities.



1. Outspan Hospital, Nyeri

Despite extensive global research on the barriers women face in advancing their careers and attaining leadership roles, significant gaps remain, particularly in African contexts. This case study aimed to address some of these gaps by focusing on the Kenyan health sector through an in-depth case study of Outspan Hospital. The case study was designed to generate robust, context-specific evidence on the organisational factors that enabled or hindered women's career advancement. It specifically examined four key dimensions: organisational culture, policies, structure, and leadership. These elements are widely recognised as critical influencers of career progression and are particularly important in understanding the dynamics within Outspan Hospital.

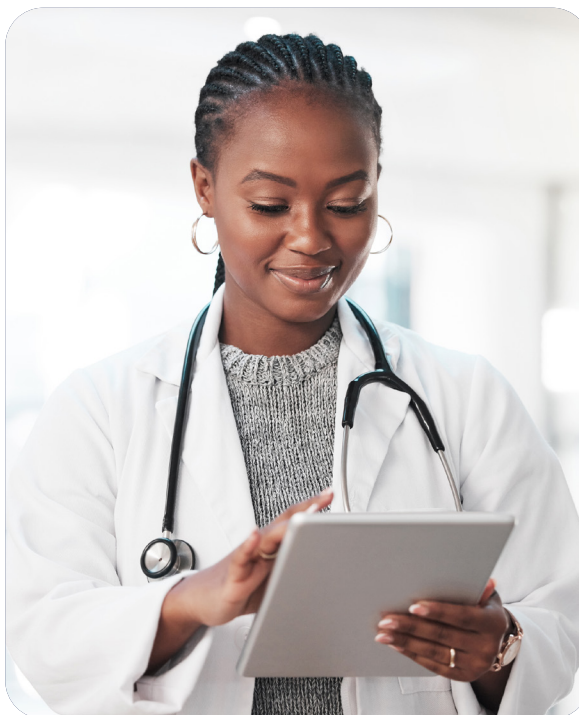


By exploring these dimensions, the study aimed to identify the underlying factors that contribute to the hospital's current performance and practices related to women's career progression. The goal was not only to identify the barriers but also to highlight enablers that could be leveraged to improve outcomes. Ultimately, the insights gained will contribute to the development of locally relevant organisational change strategies and support national advocacy efforts aimed at advancing gender equity in leadership. The findings from this case have the potential to inform broader efforts to promote and sustain women in leadership roles across the Kenyan health sector. More information is to be found in the detailed case study.

2. A Teaching and Referral Hospital

This case study aimed to identify organisational interventions, drawn from the experiences of healthcare leaders, who can support the advancement of women into leadership roles within Kenyan healthcare institutions. Conducted in an academic medical setting, the study involved in-depth interviews with a diverse group of healthcare leaders. Thematic content analysis, guided by a conceptual framework and the glass ceiling theory, was used to explore organisational enablers and barriers to gender equity in healthcare leadership. Four major themes emerged, categorised across the organisational dimensions of structure, policy, culture, and leadership. These included the continued underrepresentation of women in the most senior leadership roles, the presence of supportive HR and governmental policies, the importance of executive-level commitment and accountability, and the need to address gendered occupational segregation and entrenched medical hierarchies.

While the institution studied had progressive strategies in place to build a strong pipeline of women into mid-level leadership, the research revealed a “leaky pipeline” at the top leadership level. The glass ceiling persists, particularly at the C-suite, indicating that more gender-transformative and enforceable organisational interventions are required. These should leverage existing national policy frameworks, such as constitutional mandates for gender equity. Additionally, successful work-life integration policies should be documented and shared as best practices to guide similar healthcare institutions, particularly at the county level. The study's strengths included a gender-balanced and role-diverse participant group. Limitations involved challenges in accessing top leaders, some of whom held acting positions and may not have been fully authoritative on all issues discussed.



While the institution studied had progressive strategies in place to build a strong pipeline of women into mid-level leadership, the research revealed a “leaky pipeline” at the top leadership level.

3. Esibhedlela Community Hospital

This case study explored how organisational culture, leadership practices, and systemic challenges impact women's career progression at Esibhedlela Community Hospital in Kenya. Using a qualitative research design, the study integrated FGDs and KIIs to uncover both structural and cultural barriers to gender equity. Key challenges identified included the widespread use of short-term employment contracts, limited access to structured training programmes, and inadequate institutional support for work-life balance factors that disproportionately hinder women's advancement in the healthcare workforce.

To analyse the hospital's internal environment, the study applied the Competing Values Framework. This model helps assess organisational culture and identify opportunities for cultivating a more inclusive and equitable workplace. This framework enables a deeper understanding of how cultural norms and leadership styles either support or impede women's career development. The findings highlighted an urgent need for targeted policies and leadership development initiatives that directly address the unique challenges faced by women in this setting. The study advocates for strategic reforms that create enabling environments for women to ascend into leadership positions. Ultimately, the case study's findings aimed to inform practical, evidence-based interventions that promote gender parity in healthcare leadership, not only at Esibhedlela Community Hospital but also as a model for similar institutions across the Kenyan healthcare sector.

The case study examines the factors influencing women's progression within the hospital's hierarchy and reflects on the lessons learned while considering the study's limitations.



4. Mathari National Teaching and Referral Hospital

The case study explored how organisational structures within the healthcare sector can play a pivotal role in promoting gender equality. Specifically, it highlighted the importance of fair and transparent promotional criteria, equitable decision-making processes, performance evaluations, and resource allocation to enhance women's opportunities for career progression. The report focuses on Mathari National Teaching and Referral Hospital (MNTRH), the largest mental health facility in Kenya, as a case study.

The report provides the background of the study and the motivation for investigating women's career progression at the hospital. It also outlines the qualitative methodology used in the research and presents the theoretical framework based on Herzberg's two-factor theory. The case study examines the factors influencing women's progression within the hospital's hierarchy and reflects on the lessons learned while considering the study's limitations. The final section provides key takeaways and conclusions, emphasising the need for organisational change to foster gender equality in leadership roles.



5. Umoja Health Facility

This case study, conducted in a health facility in Western Kenya, aimed to explore the role of leadership in advancing women within the healthcare sector. Specifically, the study aimed to address two key questions: What are the barriers to women's advancement in healthcare facilities? How do organisational factors, such as leadership, contribute to or hinder women's advancement? The case study was guided by gendered organisational theory and employed a qualitative approach. Data was gathered through key informant interviews with five leaders from various positions within the facility and one focus group discussion. The data was analysed thematically, revealing four main themes: the broken glass ceiling, but thorny top seat, gendered income imbalance, preferential treatment for females, and a supportive organisational environment.

The findings suggest that while leadership support is crucial for advancing women, merely having women in positions is not enough. Furthermore, the implementation of policies related to women's advancement needs to be reconsidered to ensure they are not counterproductive. The study highlights the importance of continued leadership support for women. It underscores the need for a re-examination of policies to create a more equitable environment for women in healthcare leadership. This study is relevant to healthcare settings in Kenya and similar contexts.



6. Kisumu County Referral Hospital

This case study examined the influence of leadership practices on women's career advancement at Kisumu County and Referral Hospital (KCRH). The key questions guiding the research were: 1) What impact do leadership practices have on women's career advancement? 2) How do leadership programmes affect women's career progression? 3) How do decision-making and inclusivity impact women's career advancement? 4) What challenges and improvements exist at the hospital?

The study, grounded in the Transformational Leadership framework and the Glass Ceiling Theory, employed a qualitative approach. Data were collected through FGDs with nine employees from various departments and two KIIs with senior leaders. Thematic analysis was conducted to address the research questions.

Findings revealed a gender imbalance in top leadership committees, with a higher proportion of male representation. While leadership at KCRH does not actively hinder women's advancement, it also does not provide direct support.

No specific leadership development or mentorship programmes targeted women, though opportunities were open to all employees. Women are underrepresented in key decision-making roles, although their opinions are sometimes considered. The leadership style is merit-based, but it creates a competitive environment that is hindered by bureaucratic barriers. The study suggests implementing mentorship programmes and training workshops tailored to women, which would help overcome institutional challenges and enable more women to rise to leadership positions in the hospital.



The findings suggest that while leadership support is crucial for advancing women, merely having women in positions is not enough.

The Case of Esibhedlela Community Hospital



Case Title:

Barriers and Facilitators for Women Leaders in Healthcare: A Study of Esibhedlela Community Hospital



AUTHORED BY

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Abstract

This study examines the influence of organisational culture, leadership roles, and prevailing challenges on women's career progression at Esibhedlela Community Hospital. The study expands upon previous research conducted by Strathmore University Business School and the Kenya Healthcare Federation, focusing on the distinct gender dynamics at Esibhedlela Community Hospital. The research employs a qualitative methodology, incorporating focus group discussions and key informant interviews, to identify substantial obstacles to gender equity, including short-term contracts, insufficient organised training, and inadequate support for work-life balance. Research indicates a necessity for policies and leadership development that primarily target the distinct issues encountered by women. The Competing Values Framework is employed to examine the hospital's cultural dynamics and to provide measures for cultivating an inclusive and supportive environment. The study aims to inform specific actions that promote gender parity and facilitate women's advancement to leadership positions in the healthcare sector.

1. Introduction

The healthcare sector is currently undergoing unprecedented uncertainty and transformation (Shiozaki, 2016). New leaders in health and social organisations are required due to the diversified patient requirements and expectations that are characterised by an increasingly complex landscape. Furthermore, the new generations of leaders needed within the system should not only be capable of facilitating the success of their organisations but also serve as a catalyst for positive change throughout the entire healthcare ecosystem (Greening, 2019). According to a 2019 World Health Organisation (WHO) report, only 25% of senior leadership positions in the health sector are held by women, despite their significant contributions to health systems. The WHO's view is that 70% of health sector executives would be women if leadership roles were distributed based on merit, given that women comprise 70% of the health workforce. Restrictive gender norms and gender inequalities in the healthcare sector contribute to gender inequalities in health (Saville et al., 2023). These barriers are not unique to healthcare but can also be found in the academic and business sectors, with minor differences in significance (Kalaitzi et al., 2017). Obstacles pertaining to work-life balance, absence of familial support, cultural preconceptions, and gender prejudice confront female executives in the healthcare industry.

These factors are shaped by national sociocultural settings (Kalaitzi, 2019). Gender inequalities have been identified as essential factors that can derail the health workforce and health system sustainability. There is a gap in evidence-based research on women's perceptions of barriers to advancing to leadership positions among health care providers in Kenya. This study aims to explore the obstacles and facilitators for women in accessing leadership in a private hospital in Kenya, identifying organisational culture as the lens through which the barriers and facilitators can be identified.

In a study among medical students at a Michigan university, Thompson-Burdine et al. (2019) found that institutional regulations and unfavourable organisational cultures were among the most frequently reported reasons that participants felt obstructed in their opportunities and created barriers to career progress (Thompson-Burdine, 2019). The study concluded that to advance women into leadership positions, health care institutions must use innovative career development initiatives and organisational methods. This view is confirmed by a Berlin study that showed that even if women had been given more opportunities to serve in various positions and the present generation more readily accepted the idea of women in executive roles than previous generations, the statistics remain that men occupy 75% of senior leadership positions. In contrast, women occupy 25% (Mousa et al., 2021).

2. Background

Esibhedlela Community Hospital is a private health facility situated in Kitengela at the intersection of Mombasa Road and Namanga Road. The hospital is part of the Esibhedlela Group of Hospitals, with branches in Machakos, Kisumu, and Kajjado Town. Esibhedlela Community Hospital, established in 1984, is a pioneer in integrated healthcare in Kenya, as evidenced by its accreditation by the National Hospital Insurance Fund (NHIF). It expanded gradually, relocated, and was thereafter transformed into Dr. Onyango's Maternity &



This study aims to explore the obstacles and facilitators for women in accessing leadership in a private hospital in Kenya, identifying organisational culture as the lens through which the barriers and facilitators can be identified.

In healthcare, a culture that actively promotes gender equality—through policies like flexible work arrangements, parental leave, and equitable pay structures—can significantly encourage women to pursue leadership roles, minimising systemic hurdles (Pellegrin & Currey, 2011).

Nursing Home in 1992. In 1998, Esibhedlela Hospital in Machakos was established as a fully-fledged private hospital to offer affordable and high-quality healthcare services in the area. This expansion led to the establishment of the Athi River Esibhedlela Community Hospital, which is currently located in Athi River. Currently, the Esibhedlela Group of Hospitals comprises four hospitals and a satellite clinic. These include Esibhedlela Community Hospital in Machakos Town, which has a bed capacity of 170 beds; Esibhedlela Community Hospital in Athi River, which has a bed capacity of 250 beds; and Esibhedlela Hospital in Kisumu, which has a bed capacity of 65 beds. The hospital has five key departments: the Accident and Emergency Centre, Pharmacy, Laboratory, Radiology, and Security. Other functions of the hospital are obscure and could easily fall under the main departments.

This study is a follow-up of a broader study focused on “Women in Healthcare Leadership in Kenya” by Strathmore University Business School (SBS) in partnership with the Kenya Healthcare Federation (KHF). The previous study was a quantitative study that sought to develop an understanding of how organisational elements (structure, leadership, culture, and policies) interact to constrain or promote women’s advancement in the Kenyan health sector. In the analyses, Esibhedlela Community Hospital emerged in the middle between positive and negative performance in the dimensions as mentioned earlier; this case study therefore sought to establish how the organisational elements interact as enablers or barriers towards women’s career advancement in Kenya’s healthcare sector.

The healthcare sector in Kenya, like many other countries, is deeply gendered. According to the Global Health 5050 (GH5050) BMJ collection, women constitute the majority of the healthcare workforce globally, yet they remain underrepresented in leadership positions. The Women in Health Leadership (WIHL) country report highlights that while women make up 70% of the healthcare workforce in Kenya, they occupy less than 30% of leadership roles. This disparity is attributed to a combination of structural, cultural, and policy-related barriers that hinder women’s career progression.

3. Theoretical Framework

Research shows that women are far more likely than men to be passed over for promotions in their careers (O’Neill, De Vries, & Comiskey, 2021). This is especially apparent in the middle and upper echelons of management. Regardless of industry, many women experience persistent barriers to advancement beyond the second level of management (Berlin, 2020). This is due to the prevalent notion that female leaders lack the same level of competence as male leaders. For example, the gender distribution among healthcare workers in Kenya reveals a distinct imbalance between physicians and nurses. Nursing is primarily female-dominated, whereas the medical industry is overwhelmingly male. 62% of physicians are male, but over 70% of nurses are female in Kenya. Mitigating these gaps may necessitate specific strategies designed to promote the entry and retention of women in medical professions. The American College of Healthcare Executives Journal (2019) was of the view that women continue to be underrepresented in leadership, thus impeding diversity and gender equity.

Organisational culture, defined as the collective values, assumptions, and beliefs shared by members of an organisation, plays a crucial role in shaping workplace dynamics (D’Armiendo et al., 2019). This culture is transmitted to new members through socialisation processes, profoundly influencing interpersonal interactions and the overall work environment (Andersson et al., 2021). While legal and social advances have reduced gender gaps in European Union labour markets, for example, corporate cultures still perpetuate gender stereotypes that create barriers for women’s advancement (Gallo & Lopez, 2023). Organisational culture significantly influences gender equality. A supportive workplace culture is essential for providing equal opportunities for all. Key aspects include flexible working hours, gender quotas, and equitable parental leave policies (Maerland, 2023).

In the context of women’s career progression in the health sector, understanding organisational culture is essential. Organisational culture forms part of an organisation’s identity, providing a framework that supports the realisation of strategic visions and goals. Key components include shared values and beliefs, artefacts and symbols, leadership influence, and the presence of subcultures within the broader organisational milieu. Particularly, the role of leadership is pivotal, as leaders both shape and are shaped by the organisational culture within which they operate (Thompson-Burdine et al., 2019).

The theory of organisational culture, prominently attributed to Katz and Kahn’s influential work “The Social Psychology of Organisations” (1966), offers insights into the barriers and facilitators affecting women leaders in healthcare. This theoretical framework emphasises the shared values, beliefs, and practices that define an organisation and how these elements influence employee behaviour and attitudes. In healthcare, a culture that actively promotes gender equality—through policies like flexible work arrangements, parental leave, and equitable pay structures—can significantly encourage women to pursue leadership roles, minimising systemic hurdles (Pellegrin & Currey, 2011).

For example, flexible work schedules enable women to juggle professional duties with personal obligations, a critical consideration for those aspiring to leadership positions (Pellegrin & Currey, 2011). Transformational leadership styles, characterised by collaboration, empowerment, and support, can cultivate an environment conducive to women’s career advancement. Leaders who inspire and motivate while fostering a sense of belonging help women surmount traditional barriers, thus promoting an inclusive workplace (Magee & Penfold, 2021).

Furthermore, organisations that value diverse perspectives tend to recognise and appreciate the contributions of women across various tiers of care delivery, from clinical practice to administrative roles (Andersson, 2023). This acknowledgement not only enhances morale but also encourages women to take on more demanding positions, knowing that their efforts will be valued and rewarded. Additionally, organisational investment in training programmes specifically designed for women enhances individual competencies and signals a commitment to gender equity. Such initiatives, including mentorship programmes and leadership training workshops tailored to female professionals, underscore the organisation’s dedication to cultivating a robust pipeline of female leaders, driving sustainable change in the sector.

Competing Values Framework and Theory of Change

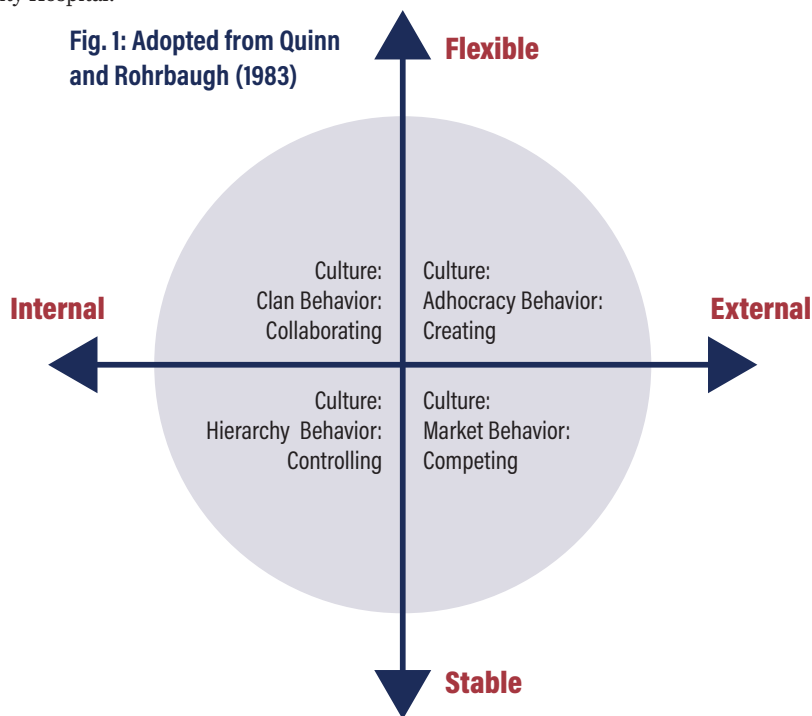
The CVF is a critical tool for understanding and analysing organisational culture, as it offers a nuanced view of the dynamic tensions that shape an organisation's structure and behaviour. The Competing Values Network (CVN) framework explains a company's organisational culture by categorising it into four types based on two dimensions that represent different approaches to values (Sanchez-Marín et al., 2015; Stock et al., 2007): the flexibility-control axis, which indicates the extent to which the organisation prioritises change or stability, and the internal-external axis, which determines whether the organisation is more focused on its internal operations or external environment and factors. Based on these two characteristics, four types of organisational culture are formed (Cameron & Quinn, 1999), which correspond to each of the four quadrants shown in Figure 1. The clan culture aligns with the organisational theory's concept of human interactions, emphasising flexibility and adaptability. It is distinguished by robust interpersonal connections, affinity, and a focus on internal organisational relationships. The adhocracy culture aligns with the open system paradigm, prioritising flexibility and an outward focus. The primary emphasis is on the expansion, procurement of resources, innovation, and adjustment to the surroundings. The market culture aligns with a logical model of aims and is externally focused, while simultaneously emphasising the need for control. The core of the approach is centred around enhancing productivity and attaining goals through well-defined objectives, while being motivated by external factors. Ultimately, a hierarchical culture aligns with internal procedures and prioritises the maintenance of stability. This culture exhibits traits such as homogeneity, synchronisation, operational effectiveness, and a predilection for protocols and guidelines. In contrast to the rational culture, it primarily focuses on internal aspects of the company.

Quinn and Cameron's four forms of organisational culture are well recognised and seem to have an impact on all variants. The four categories of organisational culture are value-neutral, yet they serve as useful frameworks for firm leadership. Borrowing from the basic framework of Quinn and Rohrbaugh (1983), this study will map out the responses from the case study to help identify areas in organisational culture that can help map out the interdependencies between different competencies and how they are shaped by underlying values and beliefs at Esibhedlela Community Hospital.

Research has confirmed that it is crucial to understand the corporate culture of an institution, as it will influence the decisions made, the processes that must be implemented, and the outcomes that teams are expected to achieve (Chandler, Keller, & Lyon, 2000; Ogbonna & Harris, 2000; Sanchez-Marín et al., 2017; Zahra et al., 2004, Qin et al (2022). It can be challenging to identify a corporate culture. This is where the CVF is employed. Not only does the CVF facilitate the identification of corporate culture for companies, but it also assists executives in making informed decisions, acknowledging and addressing the inherent contradictions within their organisation, and enhancing value and effectiveness.

The theory of organisational culture, as embodied in the CVF, provides valuable insights into how cultural values drive behaviour, decision-making, and overall organisational performance. For example, a clan culture, which emphasises collaboration, trust, and employee involvement, may foster a supportive environment that enhances employee satisfaction and loyalty. Conversely, a market culture, focused on competitiveness and goal achievement, may drive high performance and results, but could also lead to high stress and turnover if not balanced with other cultural elements. By applying the CVF, organisations can assess their current cultural state, identify areas of misalignment, and develop strategies to cultivate a culture that supports their strategic objectives.

Furthermore, the relevance of the CVF extends to its practical applications in change management and organisational development. In times of transformation, understanding the existing cultural landscape through the lens of CVF allows leaders to anticipate potential resistance, leverage cultural strengths, and address areas of weakness. The framework's holistic approach ensures that cultural change initiatives are aligned with the organisation's goals, thereby facilitating smoother transitions and more sustainable outcomes. In essence, the CVF not only provides a diagnostic tool for cultural analysis but also serves as a guide for intentional cultural evolution within organisations.



The clan culture aligns with the organisational theory's concept of human interactions, emphasising flexibility and adaptability. It is distinguished by robust interpersonal connections, affinity, and a focus on internal organisational relationships.

Theory of Change

The theory of change often emphasises the systematic transition from one organisational state to another, focusing on overcoming barriers and leveraging facilitators to achieve desired outcomes. In the healthcare sector, women leaders face numerous obstacles such as entrenched gender biases, limited access to mentorship, and inflexible work environments. Change theory provides a roadmap for dismantling these barriers by promoting strategies that encourage inclusivity and gender equity. It suggests a deliberate approach to modifying organisational structures and cultures, encouraging policies that support women's career advancement, such as flexible work schedules and equitable pay (Kotter, 1996).

The CVF, developed by Quinn and Rohrbaugh, offers a lens through which organisations can understand and manage change by balancing different organisational cultures: clan, adhocracy, market, and hierarchy. In healthcare settings, these values often compete, influencing how changes are implemented and how women advance into leadership roles. The clan culture, which emphasises collaboration and employee development, can be a significant facilitator for women by fostering supportive networks and mentorship opportunities. Conversely, a strong hierarchical culture might present barriers due to rigid structures and resistance to change, thus limiting the upward mobility of women leaders (Cameron & Quinn, 2011).

Facilitating change for women leaders in healthcare requires a nuanced application of the CVF to create a more balanced organisational culture. By promoting a blend of clan and adhocracy values, healthcare organisations can foster innovation and support systems that encourage women to pursue leadership roles. Adhocracy values, which focus on flexibility and adaptability, are particularly beneficial as they allow organisations to respond to the dynamic needs of female leaders, such as work-life balance and professional development opportunities. By strategically integrating these values, organisations can dismantle existing barriers and establish facilitators that not only support women in leadership positions but also enhance the overall effectiveness of healthcare delivery.

To address the findings, this study incorporates a theory of change framework to provide additional valuable insights into the research question. A handbook on 'Gender and Organisational Change' by Falcão and Lortie highlights the metaphor 'sticky floor' that has been found useful in this narrative. It captures the initial barriers women face at the bottom of the hierarchy, preventing them from having the same career prospects, wages, and working conditions as men. The 'sticky floor' represents the first restrictions on career advancement, unlike the 'glass ceiling' metaphor, which is the last barrier to reaching the highest ranks. The metaphor also captures the initial barriers women face at the bottom of the hierarchy, preventing them from having the same career prospects, wages, and working conditions as men. It advocates that men and women with identical qualifications should be given the same level of responsibility and visibility in their initial assignments to prepare for higher positions.

Conversely, when leadership fails to acknowledge or address these sticky floors, it inadvertently reinforces systemic biases that limit women's potential. This can manifest in various ways, such as a lack of access to high-visibility projects, inadequate support for work-life balance, or failure to challenge stereotypes about women's capabilities. Such environments can lead to disengagement and attrition among talented female employees who feel undervalued or overlooked.

Integrating a theory of change into a CVF analysis of women in healthcare leadership would yield a more comprehensive and systemic understanding of the factors driving change. It would reveal the complex web of individual, organisational, and environmental elements that interact to enable or constrain women's advancement, as explained in the sticky floor metaphor. This holistic perspective can then inform the development of more targeted, evidence-based interventions to support women leaders in the healthcare sector.

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4. Methodology

Research Setting

This study utilised a qualitative research design, employing focus group discussions and key informant interviews to investigate the obstacles and enablers of women's career advancement at Esibhedlela Community Hospital. A qualitative research design is appropriate for this goal due to its ability to facilitate a thorough investigation of participants' experiences, which are frequently intricate and meaningful. FGDs and KIIs allow the researcher to thoroughly explore the personal and professional experiences of women at Esibhedlela Community Hospital. These methods provide detailed insights into the complex interactions between numerous elements that influence career paths, which quantitative methodologies may not fully capture. The qualitative approach is especially beneficial in situations where cultural, organisational, and individual factors may impact the employment experiences of women.

Through the utilisation of focus groups and interviews, the study aims to comprehensively capture the unique setting of Esibhedlela Community Hospital and its influence on the professional journeys of women. FGDs facilitate the expression of participants' perspectives in a collaborative environment, enabling the synthesis of ideas and fostering a more comprehensive understanding of the topics at hand. KIIs offer an opportunity to get in-depth information from persons who possess specialised knowledge or distinct viewpoints, thereby facilitating a thorough investigation of the study subject.

The researcher facilitated FDGs and KIIs, guided by a semi-structured interview guide to ensure data saturation. The data was audio-recorded, transcribed verbatim, and thematically analysed to identify key themes and patterns related to the research objectives.



Data Collection

To better understand the interpretation of data and various aspects of the research topics, the study conducted face-to-face, semi-structured interviews. Using an interview protocol, questions were asked to gather data on how leadership aspects promoted or hindered women's advancement within the hospital.

Participants



Key Informant Interviews

The study conducted semi-structured KIIs with two senior leaders at Esibhedlela Community Hospital to gain in-depth insights into leadership practices and their impact on women's career progression. Participants included the Human Resources Officer and the Medical Director. The interviews were conducted online to explore the broader influence of leadership on the hospital, specific leadership initiatives, women's participation in decision-making, and factors affecting women's career advancement. Participants were encouraged to elaborate on their responses to understand the underlying reasons and context. All interviews were audio-recorded for subsequent analysis. The interviews lasted approximately 30 minutes each.



Focus Group Discussion

The focus group comprised seven volunteer participants. In collaboration with the hospital administrator, the researcher selected participants representing a mix of middle and frontline staff to ensure diverse perspectives. The group included one male and six female employees from various age groups and departments. The FGD lasted approximately one hour and six minutes and was audio-recorded.



Data Analysis

A deductive thematic analysis approach was used in this study. The technique involves analysing data using a set of predicted themes. It is informed by prior information, research, or current theories, as is the case herein, where the study arises from a broader study conducted earlier. Thematic data analysis was carried out on the KIIs and the FGD to address the four research questions. First, the audio recordings from the KIIs and the FGD were transcribed verbatim to ensure precise data capture. The researcher then reviewed the transcripts multiple times to become familiar with the content and identify the initial patterns. A coding framework was applied to label sections of the text related to each research question. The researcher further organised the information by assigning five categories of information from the study to the text. The information was used to answer research questions grouped by theme.

Each of them is exhaustively described, with illustrative quotes extracted to highlight key points. The five themes ensured comprehensive coverage and a meaningful interpretation of the data. This systematic approach enabled the drawing of detailed insights, effectively addressing each research question.

The researcher facilitated FDGs and KIIs, guided by a semi-structured interview guide to ensure data saturation. The data was audio-recorded, transcribed verbatim, and thematically analysed to identify key themes and patterns related to the research objectives.

The absence of clear career progression pathways within certain departments is a significant obstacle for both male and female employees. This lack of structured advancement opportunities creates a stagnant work environment, leading to decreased job satisfaction and increased turnover.

5. Findings

In this qualitative case study, barriers and facilitators for women leaders in health were explored. Through in-depth interviews with key informants and FGDs with hospital workers, several obstacles and enablers emerged. Firstly, it was found that a family runs the organisation; there was no observable institutional support for women's career advancement, the human resources department was found to be weak and lacked policies that addressed issues such as maternity leave. The institution was also silent on training opportunities for women nurses and other individuals seeking career advancement, and the institution has a heavy reliance on short-term contracts (locums).

Organisational Culture

Esibhedlela Community Hospital is a family-owned institution with top management from the same family. This observation was made by a focus group respondent, putting it like this:

With family members in leadership roles, there is potential for hiring/promotion decisions to be based more on other factors rather than qualifications.

Specific support mechanisms for women's career advancement within the hospital were lacking. The organisational culture appeared to be unfavourable for women's professional growth, with several factors contributing to this issue:

a. Short-term Contracts:

The prevalence of short-term contracts was identified as a significant barrier to career advancement, disproportionately affecting women. These contracts fail to provide job security and hinder long-term career planning, particularly impacting women who may face career interruptions due to childbearing and caregiving responsibilities.

b. Extended Training Periods:

Nursing staff expressed dissatisfaction with the current two-year timeline for progressing from trainee to registered nurse. They argued that this extended period hinders the development of a fully qualified nursing workforce. This prolonged training process can lead to staffing shortages, an increased workload for existing registered nurses, and potentially compromised patient care.

Organisational Policies/Lack of Policies that Promote Women's Career Progression

Findings from the FGDs reveal that women workers at Esibhedlela Community Hospital face significant challenges balancing motherhood and careers. They cite that there is no job security upon returning from a maternity break. They mentioned unfavourable maternity leave policies that predicate a precarious employment situation, hence creating a hostile environment for pregnant employees. A lack of favourable policies often puts workers in a dilemma, forcing them to choose between their careers and family life. Respondent 1 contributed to the discussion by saying:



"It's true... Unaweza oa lakini, kuchukua time off, wewe hautawahi patiwa maternity (it is true... you can get married, take time off, but you will not be given maternity leave)." (Respondent 1, FGD)

"It depends on the leader, like who is, like our head of department was, a guy, who was very strict. There was a girl who got pregnant, so I imagine, mama ameza shamba usomee (Her mother has sold land to pay for her studies). When she gave birth, there was no way for her to come back." (Respondent 4, FGD)



Such job insecurity not only undermines the rights of women but also has negative implications for healthcare institutions, as it can lead to a loss of skilled and experienced staff. To address this issue, robust maternity protection policies are essential to ensure that women can exercise their right to motherhood without fear of losing their jobs.

The absence of clear career progression pathways within certain departments is a significant obstacle for both male and female employees. This lack of structured advancement opportunities creates a stagnant work environment, leading to decreased job satisfaction and increased turnover. The security department, in particular, highlighted the absence of a hierarchical structure that would enable staff to advance in their careers. This situation not only limits individual growth potential but also hampers the department's ability to retain skilled personnel and foster a motivated workforce.



"Kuna, zile changes zimekuwa (there are changes that have taken place) this time around. You have to have at least two years. Even though there are some delays. During this experience, the time is too long. That they ask of you. "You go first again. If you had a certificate, you would need to obtain a diploma, then a higher diploma, and finally a degree. You may find that this process takes a significant amount of time. The promotion of nurses depends on the level of education as well as years of experience." (Respondent 2, FGD)

Further responses indicate that staff members have negative views on Esibhedlela Community Hospital's family business organisation culture, which they feel obstructs the integration of their proposals for women's career enhancement. Employees frequently experience disengagement as hierarchical decision-making often disregards their thoughts and opinions. Insufficient employee participation in the decision-making process can result in diminished morale, lower work satisfaction, and a deterioration in overall organisational performance. Participants in the focus group made the following comments.

"So tukiongea about Esibhedlela, tutaongea about someone's business. "You can give an idea, and then wakae, chini kama familia waone. Yaani umeambiwa ufanye kitu, and you feel like no, I should not be doing this... But because of scarcity, ya vile population, vile iko kwa clinical department lazima tu uifanye... But at the end of the day, unapata unachoka sana. You don't have a say. Mkubwa amesema fanya, let me just do it (So when we talk about Esibhedlela, we'll be talking about someone's business. You can give an idea, and then they sit down together as a family and discuss it. You've been told to do something, and you feel like, 'No, I shouldn't be doing this... However, due to scarcity—because of the population and the current state of the clinical department—you just have to do it... But at the end of the day, you end up feeling exhausted. You don't have a say. The boss has said, 'Do it, ' so you just go ahead and do it)." (Respondent 4, FGD)



"The hospital is a family business, and when ideas are given, the final say is subject to family dynamics e.g., the nurse talks to the matron, who speaks to the CEO, who has to consult the Head of Department FC." (Respondent 1, FGD)

"You are employed as a guard; there's no supervisor; there's no manager. So, you're just guarding. So hata ukikaa hapa for long, hautawahi panda. Hautawahi fika Supervisor juu hakuna hio position..." [You are employed as a guard; there's no supervisor; there's no manager. So, you're just guarding. Even if you have been here long, you will not be able to progress. You cannot get a supervisor position because there is no such a position." (Respondent 5, FGD)



Women working in male-dominated fields often find their voices marginalised and their contributions overlooked. This gender disparity in power dynamics creates a hostile work environment where women's perspectives and expertise are undervalued. Consequently, their ideas and suggestions are frequently disregarded, hindering their professional growth and preventing them from reaching their full potential. This lack of inclusivity not only impacts individual women but also limits the organisation's ability to benefit from diverse perspectives and innovative solutions.



"I think in ICT, you find that they lean more on... If there's a man, they lean more on his decision, because you find that it's male-dominated." (Respondent 5, FGD)

An interesting discovery was that the participants showed a preference for seeking guidance from the female medical director rather than their male heads of department. This suggests that female leaders are perceived as more approachable and receptive to new ideas. The research suggests a possible association between the gender of a leader and the perceived simplicity of communication and problem resolution. This disparity highlights the importance of fostering a leadership culture that is inclusive and accessible at all levels of the organisation, regardless of gender. Without established lines of authority and documented procedures, there is room for confusion, inefficiency, and power struggles. The observation, such as the one quoted herein, is indicative of direct reports being unhelpful, thus not contributing to improving the work situation.

"Utapata, Dr. X, she's the leader... Unaweza manages Kwenda and Mimi personally. I can go to Dr. X rather than my matron, who is my HoD. Sababu yeye (matron) ako above the law. Hana hio time. Ni yeye kusema (You will find, Dr. X, she's the leader... You can manage to go with me personally. I can go to Dr. X rather than my matron, who is my HoD. Because she (matron) is above the law... She doesn't have that time, and her word is final)." (Respondent 1, FGD)



The research suggests a possible association between the gender of a leader and the perceived simplicity of communication and problem resolution. This disparity highlights the importance of fostering a leadership culture that is inclusive and accessible at all levels of the organisation, regardless of gender.

Organisational Decision-Making Structures are Primarily Centralised

In addition to limiting employee participation in decision-making, Esibhedlela Community Hospital has a heavy reliance on locum or short-term contract workers. The situation has created significant barriers to career advancement for staff. The frequent turnover of temporary employees disrupts knowledge sharing, mentorship, and the development of strong professional networks—essential components for career progression. Additionally, the presence of a large contingent of short-term workers can limit opportunities for permanent staff to assume leadership roles and take on greater responsibilities. This overreliance on locums can create a culture of instability and hinder the hospital's ability to retain and develop its talent pool. This means that the decision-making structure has stayed within the family owners of the business. The nurses report a breakdown in decision communication that appears to emanate from one unknown source.



"Mimi nilikuwa tu locum kwa Ward, nikaambiwa huyu ndio atakuwa Nurse for today. (I was just a locum for Ward, and I was told that this will be the Nurse for today). The next day I was alone."

(Respondent 4, FGD)

The organisation's decision-making structure is better explained in the following extract from a conversation with a key informant.

"The hospital is a family business, and when ideas are given, the final say is subject to family dynamics, e.g., a nurse talks to the matron, who speaks to the CEO, who has to consult the head of department, FC." (Participant no. 4, July 2024).



The decision-making structure is reinforced by recruitment and retention practices. The following observations made in focus groups confirm the views.



"More staff are required. Wards are operated on locums, which brings about tricky management because of a lack of follow-through." (Respondent 3)

"One person doing Locum can work up to 60 hours because they are forced to work because funds are not paid on time, including salaries." (Respondent 7)



Discussions and narratives with participants reveal that Esibhedlela Community Hospital is facing challenges that family-run organisations face. Muthoni (2021), in an article in Strathmore Business School Issue 12 of the ePreneur Magazine, was of the view that family businesses often faced.



"...failure to incorporate non-family professionals into leadership positions. For most families, matters pertaining to finances are considered private. As such, many family business owners fear opening up to non-family members. This cripples professionalism and limits business growth in the long run."

The above observation is evident at Esibhedlela Community Hospital, where focus group participants see a lack of communication in the following observations.

"Administration should stop diminishing employees, i.e., not trusting juniors with tasks."

(Participant no. 5, July 3, 2024)



"Leaders with leadership skills are required, as there is favouritism. Leadership training is needed. The current leaders are not caring. If one fails, they don't care; they put more pressure on themselves, which increases low-quality work." (Participant no. 7, July 3, 2024)

The presence of a large contingent of short-term workers can limit opportunities for permanent staff to assume leadership roles and take on greater responsibilities. This overreliance on locums can create a culture of instability and hinder the hospital's ability to retain and develop its talent pool.

6. Discussion

The findings of this qualitative case study, conducted at Esibhedlela Community Hospital, demonstrate substantial challenges and enablers for women leaders in the health sector. These findings can be viewed through the lens of the Conflicting Values Framework, which is present in organisational cultures. The framework proposes four basic cultural types: clan, adhocracy, market, and hierarchy. Each of these cultural types has a unique set of values and implications for the behaviour of organisations and the experiences of their employees.



Clan Culture: Support and Collaboration

It is the culture of the clan to support and collaborate with one another. The lack of institutional support for women's career growth at Esibhedlela Community Hospital is a clear indication that the hospital does not have a clan culture that is supportive of its employees. It has been brought to the attention of respondents that the structure of familial ownership creates an atmosphere in which decisions regarding hiring and promotion are affected more by personal relationships than by merit. As a result, the spirit of collaboration typically associated with clan cultures, which prioritise employee participation and support, is undermined. Especially in the context of short-term contracts, the absence of mentorship and professional development possibilities for women further exacerbates feelings of isolation and reduces the opportunity for collaborative growth. This is especially true in situations where women work in the healthcare industry.



Culture of Adhocracy: Innovation and the Acceptance of Risk

A culture of adhocracy, which is defined by flexibility and innovation, is conspicuously absent from the organisational structure of Esibhedlela Community Hospital. The reliance on temporary workers and contracts with short-term terms stifles creativity and risk-taking, both of which are crucial components of an atmosphere that fosters innovation. According to the findings, prolonged training periods for nursing staff not only impede the professional development of healthcare professionals but also contribute to staffing shortages, which can compromise the quality of care provided to patients. This rigidity in training and promotion processes reflects a hierarchical attitude that hinders the spirit of adaptability and entrepreneurialism essential for the development of women in leadership roles.



The Culture of the Market: Results and Its Competitiveness

The market culture, which emphasises results and competitiveness, is hindered by the centralised decision-making structure that is observed at Esibhedlela Community Hospital. The fact that authority is concentrated within the family leads to a lack of transparency and communication, which in turn creates obstacles to the effective decision-making process. Those who participated in the discussion noted that the institution's lack of a codified structure for career growth and its reliance on temporary staff both contribute to the erosion of its competitive edge. Not only does this have an impact on the morale of workers, but it also reduces the number of opportunities available to women to advance to leadership positions. This is because women are often excluded from critical decision-making processes.



Culture Based on Hierarchies: Control and Stability

The centralised decision-making procedures and the absence of structured career tracks at Esibhedlela Community Hospital are clear indicators of the hierarchical culture that currently exists there. A hostile climate is created for female employees, particularly those attempting to balance parenthood and professional duties, according to the findings, which indicate that the absence of clear policies promoting women's career advancement fosters this environment. Having a strict hierarchical structure that does not consider the requirements of women in leadership positions can have negative consequences, as seen by the harsh regulations regarding maternity leave and the employment uncertainty that women experience upon returning to work. Not only does this rigidity violate the rights of women, but it also creates significant hazards to the retention of qualified people inside the organisation.

According to the findings, prolonged training periods for nursing staff not only impede the professional development of healthcare professionals but also contribute to staffing shortages, which can compromise the quality of care provided to patients.



Advocates for Women in Leadership Positions

Despite the difficulties that were discovered, the research revealed that there are certain facilitators for women in leadership positions. The strong sense of community that exists among female employees, as demonstrated by their eagerness to support one another and share their experiences, is indicative of an innate motivation to cultivate an environment that is more welcoming to people of all backgrounds. Furthermore, the understanding of the need for leadership training and the request for more compassionate and capable leaders are both indications that the business desires a cultural transition.

7. Conclusions and Recommendations

The study respondents provided several suggestions for improvements that could enhance career advancement opportunities for women in the hospital. They identified several key areas for improvement to further enhance career advancement opportunities at the hospital.

Firstly, the participants suggested the need for increased employee engagement through creating platforms for employees to voice their opinions and suggestions regarding career advancement. They added that provisions for employees to acquire new skills and advance their careers would enable the identification of leadership, create career security for women, and thus provide stability and growth opportunities for female employees. This action may help counter the prevailing view of research findings, as exemplified by the study of Gicheru et al. (2024) on the Kenya Medical Training College, specifically regarding 'gender representation'. They found that, despite the growing population of female medical graduates, women encounter obstacles in attaining leadership roles due to gender-based societal norms, obligations related to raising children, and prevailing views about their competence.

Whilst the senior management of Esibhedlela Community Hospital revealed that leadership at the institution prioritises merit and performance, regardless of gender, this approach may overlook the specific challenges women face in their professional journeys. Research has documented the challenges that women face on their career journeys, such as reproductive demands and sexual harassment (Shagun et al., 2023). While the hospital's policy promotes a fair and competitive environment, it could benefit from acknowledging and addressing the unique hurdles women encounter. The hospital could also benefit from leadership development



by conducting empirical research that focuses on the diverse management styles and behaviours demonstrated by men and women. This is a great way to contribute to the ongoing topic about gender discrepancies in leadership. Researchers can provide evidence-based insights into how gender influences management performance by collecting data on key leadership qualities, including decision-making processes, communication styles, emotional intelligence, and conflict resolution strategies.

The second recommendation highlights the absence of a structured training programme within the hospital. Employees aspiring to career advancement are independently seeking training opportunities without institutional support. This lack of investment in employee development significantly hampers the hospital's ability to cultivate a skilled workforce. Research by Landa (2018) underscores the positive correlation between formal training and employee performance. Therefore, the rigorous implementation of training programmes is recommended to help break

down career barriers and enhance employee satisfaction and success.

The third recommendation addresses the lack of sufficient support for achieving a work-life balance. The leaders at Esibhedlela Community Hospital believe that support for work-life balance is purely reactive

Employees aspiring to career advancement are independently seeking training opportunities without institutional support. This lack of investment in employee development significantly hampers the hospital's ability to cultivate a skilled workforce.

and may address issues related to immediate family matters rather than facilitating the proactive career advancement of women. Research reveals that workplace culture can have a substantial influence on women's pregnancy planning and delivery experiences. Gender discrimination in the workplace is linked to lower rates of pregnancy planning and childbirth (Kim et al., 2019). Mothers in academic settings, such as those studying medicine, may be expected to be silent about their parenting status to preserve productivity (Mirick & Wladkowski, 2018).

Women have also been found to encounter difficulties in being promoted if they are perceived as outspoken about their situation (Ghosh 2022). Esibhedlela Community Hospital could overcome this barrier by changing its corporate culture to assist pregnant women, implementing early screening for occupational hazards, and incorporating work-life balance (Salihi 2012). Grant and Sonnentag's (2022) research investigates the connection between work-life balance and job performance. They propose that employees with a higher degree of autonomy are more likely to engage in proactive behaviours that can positively impact job performance. Essentially, when employees feel they have control over their work and personal lives, they are more likely to take initiative and find creative solutions to work challenges. This, in turn, leads to improved job performance.

Cultural elements, such as values, symbols, leadership behaviours, and norms, play a crucial role in shaping gender dynamics. By addressing these elements and promoting values of gender equality, respect, and empowerment, organisations and societies can create a more inclusive and equitable environment for women. Challenging harmful stereotypes, fostering inclusive leadership, and implementing policies that support gender equality are essential steps in advancing women's opportunities and creating a more just society. (Guthridge, M., Kirkman, M., Penovic, T. et al.).

This research aimed to assess the impact of various barriers and facilitators on women's career progression at Esibhedlela Community Hospital. The findings suggest a strongly ingrained cultural organisation inside the hospital, which is distinguished by its family-owned corporate structure. Family-owned businesses exhibit specific cultural characteristics that influence their performance and entrepreneurial spirit. Bartosik-Purgat and Hadryś-Nowak (2014) found that these enterprises exhibit particularistic behaviour, a significant power distance, and ascribed status. The lack of explicit procedures governing career advancement for both male and female personnel highlights the difficulties encountered at Esibhedlela Community Hospital.

8. Lessons Learned

According to the findings of this study, the metaphor of a "revolving door" is an excellent way to describe the cyclical nature of career advancement for women who hold leadership positions in the health sector. There is a transient workforce that struggles to attain stability and growth due to the constraints imposed by short-term contracts, centralised decision-making, and gender dynamics. To break this pattern, Esibhedlela Community Hospital needs to promote supportive policies, inclusive environments, and mentorship opportunities that encourage women to manage their careers successfully. They will be able to turn the revolving door into a portal to lasting leadership and professional fulfilment if they take this step.

Other recommendations derived from the framework of the Theory of Change aim to enhance women's leadership roles within Esibhedlela Community Hospital. The process begins by identifying specific cultural barriers and facilitators that impact these roles. This involves conducting a comprehensive analysis of the hospital's existing organisational culture, focusing on gender biases, communication styles, decision-making processes, and the support systems available for women leaders.

As a result of this analysis, a detailed organisational chart and policy manuals will be developed, providing clarity on the different departments within the hospital. This initiative aims to foster empathy regarding women's specific workplace issues, ultimately leading to an increase in the number of women occupying leadership positions and enhancing their confidence in their abilities. The desired outcome is a higher representation of women in leadership roles and a noticeable progression of women through the organisational ranks.

To further support this initiative, the development of an observation checklist is proposed. This checklist will focus on key competencies, such as teamwork, communication skills, decision-making abilities, and technical



Cultural elements, such as values, symbols, leadership behaviours, and norms, play a crucial role in shaping gender dynamics. By addressing these elements and promoting values of gender equality, respect, and empowerment, organisations and societies can create a more inclusive and equitable environment for women.

The anticipated output from these programmes includes an increase in the number of women promoted and rewarded for their achievements, leading to more women advancing in their education and applying for top leadership positions. This, in turn, is expected to improve overall organisational performance and long-term retention rates for female employees.

skills, that healthcare professionals demonstrate. By outlining specific goals related to gender equality and fostering inclusive practices, targeted interventions can be developed to transform the organisational culture to better support women in leadership roles. This transformation is expected to yield sustained competitive advantages for women, including enhanced mentorship opportunities.

Training programmes aligned with the desired changes in organisational culture will also be implemented. These training sessions will address unconscious bias, effective communication strategies for diverse teams, and leadership skills tailored for women. The anticipated output from these programmes includes an increase in the number of women promoted and rewarded for their achievements, leading to more women advancing in their education and applying for top leadership positions. This, in turn, is expected to improve overall organisational performance and long-term retention rates for female employees.

Additionally, policy reforms are crucial to this initiative. Leaders at the hospital will actively promote these recommendations, ensuring that policy reviews accommodate changes such as flexible working hours and study leave for women. The expected outcome is improved organisational policies that reduce bureaucratic barriers for women, contributing to sustained gender equity in the workplace and enhanced organisational performance.

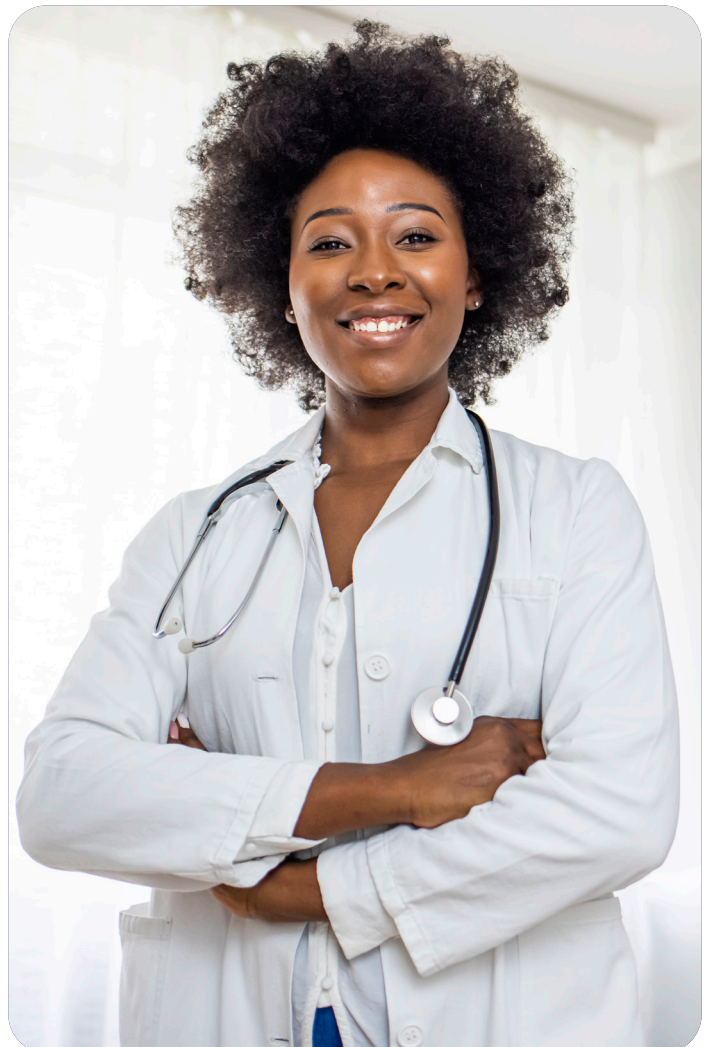
In summary, the recommendations aim to create a supportive environment for women leaders at the hospital through cultural analysis, targeted interventions, training, and policy reforms. This will ultimately lead to higher representation and success of women in leadership roles.

The family-run character of Esibhedlela Community Hospital resonates with larger themes explored in the literature. Muthoni (2021) writes in the Strathmore Business School e-Preneur Magazine that family firms often struggle to integrate non-family members into leadership roles, thereby stifling professionalism and growth. The nurses at the institution have been unable to advance their careers since they are likely to remain in the same position for the duration of their careers. This assessment is consistent with experiences at Esibhedlela Community Hospital, where there was an evident lack of communication and professional growth possibilities. Poza, Alfred, and Muheshwari discovered in 1997 that non-family managers' opinions of family businesses differ from those of family members, providing hurdles to fully utilising capabilities.

Despite the hurdles, Esibhedlela Community Hospital continues to provide critical healthcare services to a large population. This study has shed light on the talents valued in various hospital professions, raising important concerns about how these qualities interact to improve patient care, operational performance, and career development for women.

The findings of this qualitative study imply that, while the hospital promotes a meritocratic approach to career promotion, the reality is significantly more complex. The profoundly embedded cultural effect of the family-owned company model pervades decision-making processes, affecting professional advancement chances, particularly for women. Although hospital administration prioritises performance-based promotion, the lack of established regulations, along with the absence of organised training programmes and insufficient support for work-life balance, present substantial challenges for women wishing to progress their careers.


This study emphasises the need for Esibhedlela Community Hospital to transition from an ad hoc decision-making culture to one guided by open rules that promote diversity and give clear avenues for professional advancement. Investing in strong training programmes, developing mentorship opportunities, and enacting family-friendly policies are all critical steps toward building an atmosphere in which women feel appreciated, empowered, and prepared to fulfil their potential. Future studies should delve deeper into the experiences of male workers to gain a better understanding of Esibhedlela Community Hospital's organisational culture. Furthermore, investigating the views of family members participating in hospital administration may give significant insights into their decision-making processes and shed light on potential paths for fostering gender equality within the institution.



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The Case of A Teaching and Referral Hospital



Case Title:

**“If you look around, there are
capable women”.**

**Exploring Organisational Interventions for
Women’s Advancement into Healthcare
Leadership. Experiences from a Medical
Academic Setting in Kenya**



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DOCUMENTATION**

December 2024



Executive Summary

According to the WHO, women comprise the majority of the healthcare workforce, at nearly 70%. However, they continue to be underrepresented in leadership positions and are estimated to hold only around 25% of leadership roles. Several studies have been conducted that highlight barriers that women face in accessing leadership roles within the healthcare sector. Most of these studies have been done in the Global North, and few have addressed this problem within the sub-Saharan Africa setting. Most studies conducted have also tended to focus on the individual barriers that women face rather than assessing the organisational context in which they serve in healthcare.

This study's main objective was to identify organisational interventions from the experiences of healthcare leaders that can lead to the advancement of women to leadership positions at healthcare institutions. A qualitative study was conducted using in-depth interviews with selected healthcare leaders in an academic medical setting in Kenya. Thematic content analysis was used to identify themes. A conceptual framework was used to identify organisational interventions that act as enablers and barriers to achieving gender equity within this healthcare setting. The glass ceiling theory was also used to determine the extent to which women could access healthcare leadership positions within the setting and to explain the organisational interventions that were likely to increase access to healthcare leadership for women, thereby achieving gender equity.

The study identified four themes that were organised as barriers and facilitators across the four organisational domains of structure, policy, culture, and leadership as follows: persistent underrepresentation of women in senior-most leadership positions, favourable human resources and government policies and legislation, commitment and accountability from the CEO's office and lastly addressing gendered occupational segregation and medical hierarchies.

The study confirmed that this academic setting has several progressive organisational strategies and policies to increase the pipeline of women in mid-level leadership. However, we discovered a leaky pipeline for the top leadership positions, with the glass ceiling still in place at the C-suite level. We conclude that additional gender-transformative actions are needed at the organisational level and the enforcement of these actions to enable women to advance into healthcare leadership. This can be achieved by leveraging existing legislative and policy initiatives that enforce gender equality at the C-suite level, as enshrined within national instruments such as the constitution. Additionally, the favourable work-life integration policies that have been proven effective need to be shared as best practices with similar healthcare organisations at the developing countries' level, along with strategies for impact in gender transformation within healthcare organisations.

The study will explore how organisational strategies can be used to overcome the contextual barriers that hinder women's career advancement.

1. Introduction

This case study was conducted at a teaching and referral hospital, an academic medical setting in Western Kenya, as part of a second phase of a research project with the core aim of filling in the knowledge gap by providing evidence on organisational factors influencing women's access to career advancement in a healthcare setting. The study aims to identify the organisational barriers and enablers across four key domains: organisational structure, culture, leadership, and policies.

This study will help inform multiple stakeholders about gaining insight into measurably advancing women in leadership roles in the healthcare sector. Additionally, the study will explore how organisational strategies can be used to overcome the contextual barriers that hinder women's career advancement. Lastly, the study will provide recommendations to organisations and researchers seeking to shift the focus from individual women's barriers to targeting measurable change across organisational interventions that can lead to sustainable gender equity within the health sector.



2. Background

The facility is a Level 6 multispecialty international hospital located in Western Kenya. It provides healthcare services to a regional market that includes neighbouring countries such as Uganda, Tanzania, South Sudan, and the Democratic Republic of Congo (DRC). It has a bed capacity of 1,000 beds, serves as a Teaching Hospital, and trains undergraduate and graduate medical programmes. It also acts as the training centre for several medical training institutions. The hospital has a 62-bed Intensive Care Unit (ICU), a modern 80-bed Mental Health Unit, a 34-bed Haemodialysis Unit and capacity building for staff in various specialities.

The hospital was selected as part of a national case study in a research project focused on outlining organisational factors influencing women's career advancement into leadership positions within the healthcare setting. A first phase of the project was completed in 2023, which involved a quantitative analysis identifying healthcare organisations in Kenya that had been in operation for over five years and employed at least 50 full-time staff across the eight geographical regions. A sample of 403 health sector organisations, ranging from public to private (both for-profit and non-profit), was selected from a population of 10,443 health sector organisations and surveyed. In the second phase of this mixed-methods study, a follow-up qualitative study was conducted to identify the organisational strategies that act as enablers or barriers to women's career advancement and subsequent gender equity.



The hospital was selected as a positive deviant, and in-depth interviews were purposely selected using a semi-structured interview guide with healthcare leaders across the four tiers of leadership. A total of 20 managers and leaders in the academic medical setting were interviewed. These interviews were designed to elucidate organisational interventions that can support the improvement of career advancement for women, as well as gender equity in healthcare leadership. The hospital's selection was based on its performance, and the inclusion criteria in the study were designed to ensure that academic medical settings, which are increasing in number in Kenya, are represented to provide relevant contextual insights.

As a public institution, the hospital is required to report metrics on its gender mainstreaming activities annually using tools provided by the National Gender and Equality Commission. Hence, some of the findings in this study may be attributed to the hospital's compliance with its public mandate, as enforced by the respective Government department.

3. Methodology

Data Collection

The research design employed a qualitative study approach, utilising both in-depth interviews with key informants and focus group discussions with healthcare workers to investigate enablers and barriers to career advancement within the hospital. In-depth interviews were purposely selected using a semi-structured interview guide with healthcare leaders across the four tiers of leadership (See Appendix 1). Individuals who had been interviewed during the first phase of data collection were excluded from participating in the second phase.

Data Analysis

The approach to developing the coding framework was a combination of deductive and inductive. A deductive coding framework was developed based on the first quantitative survey, informed by the content of the interviews, and grounded in a review of the existing literature. This survey aimed to understand organisational facilitators and barriers nationwide across four domains: organisational structure, policies, leadership, and culture (Strathmore Business School, 2024). We also allowed for emerging themes to arise and be synthesised. The first author, an experienced qualitative researcher, independently coded the transcripts. These were then coded independently by other team members. The codes were compared, and the differences were resolved through consensus in discussions with the rest of the research team.

In the second phase of this mixed-methods study, a follow-up qualitative study was conducted to identify the organisational strategies that act as enablers or barriers to women's career advancement and subsequent gender equity.

4. Findings

Characteristics of Respondents

A total of 20 in-depth interviews were conducted with existing hospital personnel, ranging from the acting CEO to senior directors, heads of directorates, directors, and healthcare managers. The results are classified according to the four organisational domains of structure, policies, leadership, and culture. The themes are organised into organisational enablers and barriers.

(See Table 1)

Table 1 Characteristics of Respondents from the in-depth interviews

CHARACTERISTIC	NUMBER (N=20)
Sex	
Male	9
Female	11
Level of Leadership	
Chief Executive Officer/Chief of Party/ Dean	4
Senior Directors	2
Directors/Directorates	4
Managers	10
TOTAL	20

The structure also includes a middle management with heads of departments and managers who are responsible for administration, policy implementation, and operations.

Organisational Structure

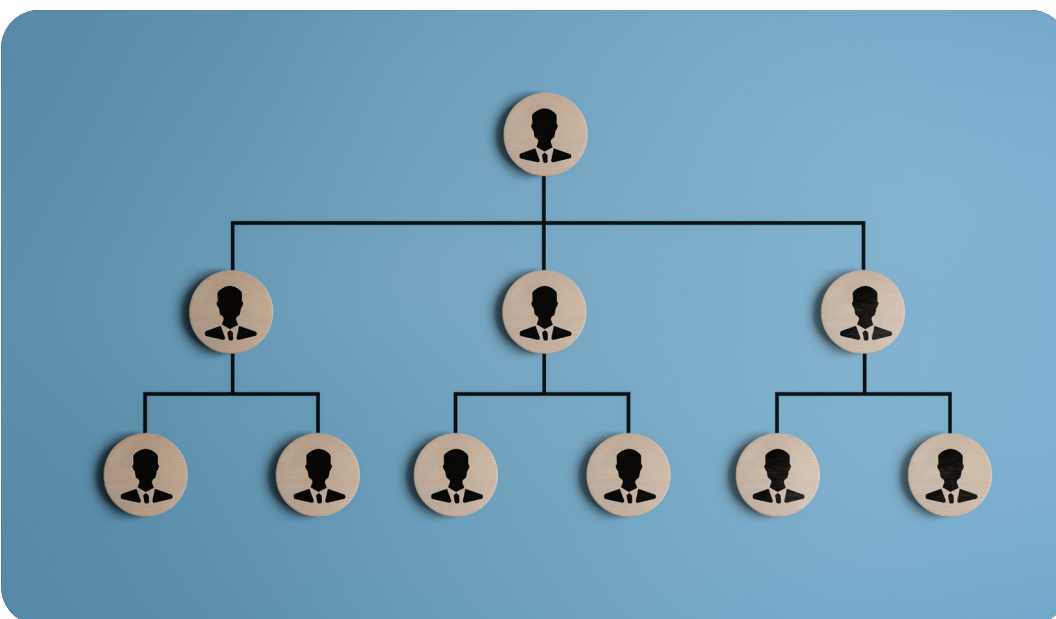
Description of the Organisation's Structure

The hospital is led by an executive with a board of management who are responsible for strategic decision-making and leadership. They oversee a leadership team composed of three directorates: the Office of the Chief Executive Officer (CEO), the Directorate of Clinical Services, and the Directorate of Finance and Administration.

The Office of the CEO, in turn, is composed of the Directorate for Legal Services and Corporate Affairs.

The Directorate of Clinical Services comprises four key directorates: the Directorate of Mental Health and Rehabilitative Services, the Directorate of Internal Medicine, the Directorate of Paediatrics and Child Health, and the Directorate of Surgical Services. The Directorate of Finance and Administration is only composed of the Directorate of Health Administration.

The structure also includes a middle management with heads of departments and managers who are responsible for administration, policy implementation, and operations. The lowest levels comprise non-managerial staff in various directorates, including clinical officers, nurses, and health aides in the clinical Directorate, finance officers in the health administration, and health support staff such as technicians and hospital cleaners.



Those interviewed described the hospital's ambitions to be a leader in multispecialty care and to implement medical interventions with excellence. A robust hospital structure committed to excellence is required to support these standards.

Representation of Gender at Different Levels

The structure of the organisation was reported to be unequal in representation at the senior leadership level, with most participants interviewed admitting that women were underrepresented. They indicated that women made up only one-third of the leadership in senior management and were sometimes fewer in the very top tier of leadership, as seen in the quote below.



"We will see that gender representation and balancing are very equitable at the lower and middle levels. But when it comes to the top, it is not, it has not been fully balanced...the CEO is male, the two deputies are male, the finance manager is male, no, the director of finance is male, the deputy finance manager is male. So, you see, at the top we are seeing male dominance." (Respondent 6, female)

This balanced structure was also found to be absent at the very senior level, in the C-suite, where decision-making is conducted according to internal surveys, as shown in the quotes below.

"I would say, I think we did a survey recently, and I think it was 20% female at the top leadership. I think we considered heads of departments. We considered managers, we considered directors, all the way up to the CEO, and it was about 20% female in those key decision-making positions." (Respondent 6, female)



The following two tiers of leadership, from the CEO within the C-suite to senior management and directorates, also appeared to lack a sufficient number of women, as explained below.

"But as I explained to her... up there it is cold. You guys said that we have talked about women leaders. For me, it is not good for the leadership part. Because we have more than 17 Directorates, but how many ladies have we interviewed?... For the leadership in the Directorate, there was just Woman 1, our dear Madam Woman 2, the two ladies, and then there is Madam X then HR, then Madam Y. There were just four out of more than 17... they are not even a quarter. For the Directorship, we only have four out of more than 17... because we now have new directorates coming in, but we only have four ladies..." (Respondent 9, female)

The respondents mentioned that the hospital's organisational structure demonstrated equal representation between men and women, particularly at the lower to middle-tier levels of management and leadership. This structure showcased gender equality and was maintained through supportive and progressive policies, as well as a commitment from the leadership to a balanced leadership structure in terms of gender, as quoted below.

"We will see that gender representation and balancing is very equitable at the middle and lower levels." (Respondent 6, female)

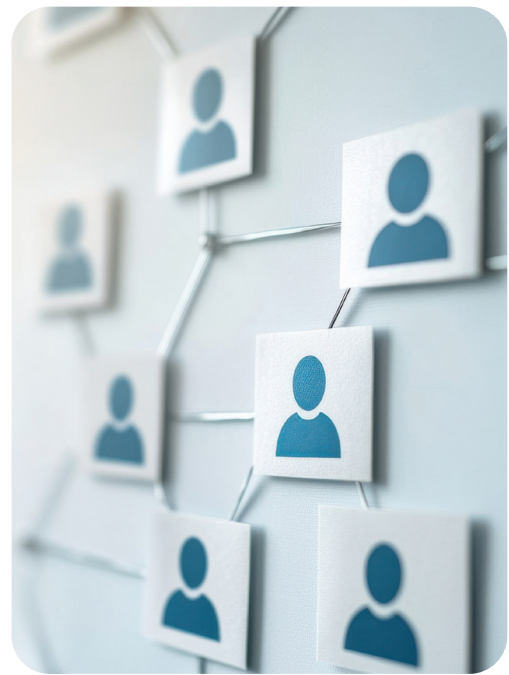


Factors that Inform the Current Structure

The hospital was established in 1917 with a bed capacity of 60, primarily to cater to the health needs of Africans. It later served as a district hospital before attaining referral status in 1998 through a government act, which was amended in 2002 and subsequently in 2021, allowing it to become a Level 6 National hospital that provides nationwide services as well as international services.

Those interviewed described the hospital's ambitions to be a leader in multispecialty care and to implement medical interventions with excellence. A robust hospital structure committed to excellence is required to support these standards. They mentioned the hospital's quality standards and achievements, noting that the hospital was the first public Hospital to successfully transition to the ISO 9001:2015 Quality Management System.

Additionally, the hospital's laboratory is accredited to ISO 15189:2012, the Medical Laboratories Standard, by the Kenya Accreditation Service (KENAS), reflecting some of the highest standards of care in the country. They also mentioned the hospital's various partnerships that have also resulted in the centres of excellence, including the Chandaria Cancer and Chronic Diseases Centre (CCCCD).



Organisational Enablers and Barriers to the Organisational Structure at the hospital

Organisational Enablers

The teaching and referral hospital has implemented policies that the government champions. One such policy is the establishment of a gender mainstreaming committee. This policy may be an enabler for the structure that has seen an increasing number of women being selected for leadership positions by Human Resources, particularly in lower and middle management. The gender mainstreaming committee was an adaptation of the government's policy of gender mainstreaming and was applied and championed by top management and leadership. There were calls by some respondents to expand its role so that it can execute its functions efficiently and increase awareness of its work within the hospital.



"So that means that it's a requirement for us to participate in activities related to gender mainstreaming, like being sensitised to gender mainstreaming issues. They are also mandated to make reports to management concerning the gender composition within the department, and that is done monthly." (Respondent 7, female)

Human resources policies that include mentoring programmes have also helped increase the number of women in middle management. Several respondents mentioned that they had been involved in mentoring programmes at the hospital. Some described peer mentoring programmes that were informal and initiated by individual departments. In contrast, others described formal mentoring programmes where individuals shadowed or worked in an acting capacity in various departments, as illustrated below.

"I mean, it's basically for every position that you have, usually you would have, as part of what we're talking about enrichment, every position in terms of management, then there will be mentorships at that level for those who are coming in or those who are managers, potential managers. On the clinical side, then it's an ongoing process in terms of mentorship based on those we train. So, we mentor them along the way as our juniors. So, we do that mentorship, both at the clinical level and management level, based on what we interact with them, like some of them that come for training will be here for three years and they end up coming and going through some of that mentorship. And then every level, whether it's the nurses, clinical officers, and others, we have mentorship at that level." (Respondent 5, female)



Organisational Barriers

Underrepresentation of Women in the C-suite at the Hospital

This study's findings indicated four plausible reasons for this underrepresentation of women within the hospital's structure, which acts as a barrier to career advancement. Three of them were related to women's personal leadership efficacy rather than organisational reasons. A female respondent explained that women lacked the requisite qualifications, as seen in the quote below.



"At the highest level, the advancement to senior, I know we started by mentioning that women were not at that level because some were not qualified." (Respondent 4, female)

Another respondent indicated that women tended to lack "aggressiveness in applying for positions" and did not apply for the available senior positions, suggesting that they just needed to be go-getters.

"But also, it is good to nurture the ladies' training, and mentorship for the ladies so that they are more able and more aggressive to go for those." (Respondent 2, male)



Thirdly, another female respondent attributed this upstream underrepresentation and its reasons to women's perceptions of their efficacy, which are closely related to their social roles as wives and mothers. This was simultaneously influenced by other critical processes that are predicated on accessing leadership positions, such as engaging in organisational politics. They also mentioned that this goes hand in hand with having to change their nature or personalities to be "more aggressive" to fit in with the normative view of those pursuing leadership positions, as is seen in the quote below.



"I would say that women tend to shy away from higher decision-making positions. Whether that's because of their perceptions about what it entails to get there, or it could even be that... yes. So, they have the qualifications that can take them there, but then staying there, I don't think many women are entirely sure about how that fits in with their roles as mothers and wives, and how it aligns with their own personalities. You see that perception that you need to be a bit more aggressive; you need to be able to handle politics, which can be brutal. So, I feel like sometimes women shy away because of the nature of some of those positions. And then I also think just barriers in their minds, like I'm not good enough, while maybe they are, so that stops them from going there." (Respondent 7, female)

Human resources policies that include mentoring programmes have also helped increase the number of women in middle management. Several respondents mentioned that they had been involved in mentoring programmes at the hospital.

Lastly, there were several subtle suggestions that the recruitment procedures for the CEO position, given its public nature, might have lacked the gender equity provisions that the hospital as an institution had. It seemed that the structure of the shortlist already had few women to begin with, and hence, there was no equal opportunity for a woman to emerge as the CEO, as seen in the two quotes below.



“In terms of gender, we only felt bad, of course, when someone raised it when you are talking about women in leadership... I wish you could meet a particular senior lady at the university... Then we remembered that only two women applied for the position of CEO. Only two women applied for us. This was... really how? ... how? In this country! Only one made it to the leadership panel (interviewer). Did she even make it? Let me just keep quiet ... (inaudibly)”
(Respondent 9, female)

However, this was offset by other suggestions that in the past, the hospital had had a female CEO who had not faced the barriers mentioned above.

Organisational Policy

Enabling Organisational Policies Supporting Gender Equity

The teaching and referral hospital has implemented several policies and practices that support gender equity. Some of these policies are adapted from existing Government policies, others are implemented through its Human Resources department, and some are a result of the international partnership AMPATH, which must comply with U.S. government regulations. This approach has led to an inclusive hospital environment that has enabled women to advance their careers within the hospital. The following are some of the enabling policies.

Government Policies

The existence of the gender mainstreaming committee was an adaptation of the Government’s policy of gender mainstreaming, which was applied and championed by top management and leadership. Some respondents called for the expansion of its role to enable efficient execution and increase awareness.



“This gender mainstreaming committee needs to be expanded. I lack a lot of information on how they are operating and what they’ve done so far. But we can institutionalise and ensure that every meeting that we have at the institution’s senior level is reported so that we are all in the picture. We can have ideas on how to ensure this thing is done properly. I’ve never participated in any gender mainstreaming meeting, for example. But if we were to expand it and ensure that it is now talked about every day, it is discussed in major functions, it can improve.” (Respondent 5, male)



Another key organisational intervention mentioned by several leaders was performance contracting—a practice adopted from the national public service and tailored to the hospital. Almost every respondent mentioned the performance role as a tool to ensure gender equity, as quoted below.



“Gender equity is addressed in the performance contract, and I would like to provide a Personal example if you go into nursing. Over 80% and 90% are female, and 10% are male. We are now key to the team. The other day, we employed 100 nurses. On the 100, we also realised that the applicants were very low. It is the opposite of what it seems. As we try to address gender issues, there are also these elements that are on the other end.” (Respondent 1, male)

They mentioned that the performance contract is reviewed annually for every employee, and there are consequences for both good and bad performance, including rewards and commendations.

“We use a performance contract. The CEO signs with the board, and then the CEO signs with us, the directors. This performance measurement is cascaded to individual staff members and is conducted before the 10th of every month. You send it to the CEO. If you fail to send it by that date, you have lost 50%. We also ensure that every year we have a defence of our performance as we sign new contracts, and in this defence, there are assumptions. If you do well, there are also rewards and commendations.” (Respondent 1, male)



The teaching and referral hospital has implemented several policies and practices that support gender equity. Some of these policies are adapted from existing Government policies, others are implemented through its Human Resources department, and some are a result of the international partnership AMPATH, which must comply with U.S. government regulations.



Human Resources Policies

Most respondents, both males and females, described the hospital's policies that support gender equity, including generous maternity and paternity leave policies, flexible working arrangements, professional development and training programmes, recruitment and retention initiatives, and mentoring programmes. The respondents at the hospital mentioned the very generous maternity and paternity policies outlined in their Human resources policies. Women were eligible for ninety days of leave and were allowed to combine this with their annual leave in certain instances. They also spoke about dedicated on-site childcare facilities, including breastfeeding rooms on the medical campus.



"Of course, when a lady is due for maternity, there is maternity leave. Maternity leave is given to women. Likewise, men are entitled to paternity leave when their spouses have children. Yes. But the duration differs, of course. Because for the lady, they go for 90 days, and then for men, they are given just a month or something." (Respondent 5, male)

Respondents also mentioned policies that support the specific needs of women, such as providing flexible working arrangements for breastfeeding women, who were allowed to go home one hour early for the first couple of months post-delivery. This policy enabled women struggling with the roles and responsibilities of motherhood.

One of the key organisational enablers of women rising to leadership positions was the practice of professional development training programmes. The hospital emphasised training for potential leaders and had compulsory requisite training for those seeking certain leadership positions, as illustrated below.

"Whenever we undertake training, we ensure that women are also included. We have a training needs analysis for the whole department or by Directorate. We always ensure a 50-50 split between men and women in every training session. We observe that those who have been trained tend to strive for higher levels. Therefore, training is crucial for changing perceptions, as change management is inherently embedded in it. We take some to the United States International University (USIU) and some to the Kenya School of Government (KSG). To be promoted, you cannot apply for the third tier before completing the Senior Leadership Development Programme (SLDP). You cannot move to Tier 5 or 6 if you have not completed the Senior Management Course (SMC). We offer in-house training, as well as conferences and workshops. We encourage them to attend. They must be active in terms of their professional careers." (Respondent 1, male)



It also seemed that there were capable women in the pipeline who could be trained to apply and compete for leadership positions, as seen in the quote below.



"I think number one, you must have the qualifications. The right qualifications. That's number one. It is key. And the experience... maybe the women lack experience, but I don't think so. Because if you look around, there are capable women. They put on advertisements. We tell them, 'Please make sure to apply.' You know, they have to ensure that they apply." (Respondent 9, female)

The recruitment and promotion practices within the human resources department are designed to be merit-based and gender-neutral. However, they also described a predominantly female health workforce, with nurses comprising the majority of healthcare workers. Efforts are underway to recruit more male nurses to achieve inclusivity and balance the gender composition of the nursing workforce through HR policies.

"So, there will be more because the nurses, out of maybe 900 nurses, maybe 755. And for the cleaners, the same. The cleaners and also for public health. But this other in between, as you go higher, there are almost the same numbers." (Female Respondent)



Respondents mentioned a workplace process that involved talent management and succession planning by lining up top-performing employees, both male and female, for equal opportunities. Those selected are talented employees who have been trained for upcoming leadership roles. This approach has greatly benefited women who would otherwise not have considered applying for these roles. The process ensures that they

One of the key organisational enablers of women rising to leadership positions was the practice of professional development training programmes. The hospital emphasised training for potential leaders and had compulsory requisite training for those seeking certain leadership positions.



are qualified and are nominated for the positions by the director of the department or the directorate. Such practices helped increase the number of women in leadership positions in specific departments, who, without these initiatives, would not have had these opportunities. This is illustrated in the quote below.



"You see, this is the records department. That tells us to staff for succession planning and talent management. So, we used to look at talent and anyone who comes there, anyone who speaks, they must have talent. So, you see, he is a gentleman now. He's the manager of records. But you see, the person being followed is a lady. Then there are Man 1 and Man 2, but Woman 1 is also present. Then there's Man 1 and Woman 2 there, you know, so there must be a lady. There must be a lady somewhere." (Respondent 9, female)

Several respondents mentioned that they had been involved in mentoring programmes at the hospital. Some were informal and initiated by individual departments, while others described formal mentoring programmes where people shadowed or worked in an acting capacity in different departments, as shown below.

"I mean, it's basically for every position that you have, usually you would have, as part of what we're talking about enrichment, every position in terms of management, then there will be mentorships at that level for those who are coming in or those who are managers, potential managers. On the clinical side, it's an ongoing process in terms of mentorship based on those we train. So, we mentor them along the way as our juniors. We offer mentorship at both the clinical and management levels, based on our interactions with them. For instance, some individuals who come for training will stay for three years and undergo this mentorship. And then every level, whether it's the nurses, clinical officers, and others, we have mentorship at that level." (Respondent 8, male)



Several respondents mentioned that they had been involved in mentoring programmes at the hospital. Some were informal and initiated by individual departments, while others described formal mentoring programmes where people shadowed or worked in an acting capacity in different departments.

U.S. Government-funded Policies

The teaching and referral hospital was subjected to organisational policies stemming from projects funded by the U.S. government. One of the directors mentioned that the U.S. government has specific legal provisions regarding gender equity that they require in their agreements and consistently track. Failure to comply with the policies would have varied consequences. Therefore, the hospital staff who serve in these projects have ensured gender equity, as illustrated in the quote below.



"Most of our funding comes from the U.S. government - child gender, discrimination and inclusivity, the U.S. pushes in our funding, but they look at this- for example, my deputy is a lady and even when they are approving in organisations. They look at the gender. I think when I look at...we have a mixture...there is a bit of gender equity because of the US government, and they track it." (Respondent 2, male)

Policies that Acted as Barriers to Career Advancement and Gender Equity

Recruitment policies for top leadership positions were seen to act as barriers for women's career advancement at the teaching and referral hospital. The lack of leverage of existing Government legislation, such as that in the constitution, was mentioned several times, especially regarding the one-third gender rule's capability in bringing equity to the shortlisting and eventual recruitment of more women into top leadership, including the glass ceiling of the CEO's office. Some Directors Have raised the persistent inequalities in senior leadership recruitment. They faulted the lack of sufficient representation of shortlisted candidates for top leadership positions, such as the CEO position. The two-thirds gender rule can partly help. Regarding the interview with our CEO, the fact that there were seven to one is not constitutional.

"During the interview for CEO, somebody raised a complaint... the complaint is still there. For those who were interviewed, eight were shortlisted one lady one last the chances of a lady winning was a tall order." (R2, male)



The lack of flexi-work and remote work options under any circumstances for clinicians also acted as a significant barrier, particularly for women. The hospital deemed itself a place of care and, due to the nature of their work, mentioned that they would not be able to provide modern-day flexible work opportunities that

allow for work-from-home arrangements. They only made adaptations during the COVID-19 pandemic by creating two shifts. For female clinicians, the options of flexibility to support women did not seem available, as seen below.



"...like even things about flexible hours for working, working from home, not being on night duty until a certain time. Those kinds of things are not there to support women." (Respondent 7, female)

Several inconsistencies were noted regarding the implementation of maternity policies, particularly those related to early leave from work, which was more pronounced for clinicians. Some clinicians interviewed reported inconsistent practices within their directorates regarding work hours and early departures, as well as the combination of maternity leave with annual leave, particularly in clinical settings. It may seem that these practices are adopted internally within directorates, as shown below.

"That you can work. Unless within directorates, people are deciding internally. But then there's no hospital policy that supports it. You know that senior management can argue and say, 'How can you work in half the day?' What supports that? There's no policy to support some of those things. So, for me, I'd be interested in seeing that document that says you work half the day. Unless people are making arrangements within their departments." (Respondent 7, female)



Organisational Leadership

Composition of the Board and Senior Management

The management board had only two women out of a total of 10. The composition of the senior leadership team at the hospital was reported to be predominantly male. The directorates were described as having only four women leaders out of a total of 17. The reasons for this gender imbalance were not clear, but it seemed that there was a glass ceiling preventing women from top leadership positions.

The overall male dominance at both the management and senior leadership levels represents a significant gap that needs to be addressed. Some reasons were given for women's lack of individual efficacy. However, more organisational initiatives that promote women's equitable representation need to be pursued by the hospital at these two levels. At the middle management level, however, there was equal representation between the genders.

Enablers for women to access leadership positions

Commitment to Gender Equity by the CEO's Office

Most respondents indicated that the CEO's office and his leadership team showcased a commitment to supporting gender equity broadly across the hospital. They did this through new policies and practices that promote gender equity at all levels of the organisation, such as promoting the work of issues-based committees, like the gender mainstreaming committee, and having gender champions. They also had practices such as mentoring women leaders, supporting a women-only leadership development programme, and ensuring all meetings had gender representation.

Respondents mentioned that a gender mainstreaming committee existed and had been established by the leadership and management in accordance with national policy. They were tasked with creating awareness and sensitisation on gender mainstreaming issues, as well as auditing and ensuring gender balance across departments and reporting to management on the gender composition of departments and processes, such as meetings.

The leadership also initiated issue-based committees, embedding a person as an ISO representative within them to address common issues affecting staff at the hospital, including gender-related topics. Embedded within these committees was a champion whose role was to follow up on collecting information within the department on the specific issue. Gender was confirmed as one of the important issues, and the champion for gender as an issue happened to be a member of the gender mainstreaming committee, as seen in the quote below.



Respondents mentioned that a gender mainstreaming committee existed and had been established by the leadership and management in accordance with national policy.



“That they appointed a gender... In every committee, they appointed one person as their gender ISO-rep champion. In these issue-based committees, we were given at least one champion to do mentorship. They are the champions in the descriptions. They would follow up...And in terms of gender equity, what have they done? They have singled out most of the issues within the department, such as transport, radiology, and other departments. They go on the ground and maybe speak to them about these departments; they are possible to work in... So, these champions go to all departments collecting information.” (Respondent 4, female)

More than one woman mentioned that the former CEO mentored them alongside other men. This mentorship involved shadowing as well as being exposed to challenging duties that stretch people, as seen below.

“For most of us, we were mentored by our former CEO. He decides I am running with this one, and he runs with you in all ways ...He checks on you, of course... he ensures that you get challenges ... given those challenging positions. ...Challenging jobs... He could even decide this time I am expanding her duties, you know, like, for Lady 1, they expanded her duties. She was a Head of Department (HOD), she was given an acting position for the Director, and she is still a doctor, and she was still doing her clinical, she is doing everything and is an acting Director.” (Respondent 9, female)



Respondents mentioned initiatives at the leadership level, such as part-time positions, as well as the founding of an internal leadership development programme. Most respondents agreed that there were part-time leadership positions, which they termed as acting positions. Whenever a senior person went on leave, they would be appointed to take up a position (mostly more senior positions) and act in their place. During the time they were “acting,” they would take full responsibility and authority for the position, including sitting in the actual office of the incumbent office holder, as seen below.



“When we are acting, we would do everything...even giving comments, commendations, and those kinds of things....” (Respondent 10, female)

Internal leadership development programmes such as the Women in Leadership (WIL) programme, initiated by a group of women in the hospital and given full support by the hospital CEO and management, were launched late last year. It was made clear that the event was exclusively for women to network and have a safe space for discussing gender-related issues. Additionally, it aimed to provide mentoring to younger, less experienced women by more skilled women, helping them compete for leadership positions, as seen in the quote below.

“It is called The Women in Leadership, and I was one of the people who reviewed the curriculum. This programme mainly wants to mentor. We are looking for mentees and mentors. And they want to mentor young ladies, aged 45 and below, on leadership skills and women’s leadership skills. And the mentors are also people who have been in leadership. Women who have been in leadership or are in leadership should share their success story with the young ones. So that they are empowered not to fear taking up roles and positions.” (Respondent 6, female)



There was also an incident where the CEO had to adjourn a meeting because the women were not there, and appointments had to be made.



“So, such are the actions where management has been proactive. Committees must have at least two-thirds of either gender. Doesn’t matter. You know, when people are told about gender, they just think about women. Sometimes men. You find that they are, in fact, in this institution, and you can go to a meeting and find that all the women are there. You find only one man...” (Respondent 4, female)

Barriers for Women’s Career Advancement and Access to Leadership Positions

Most barriers to women’s career advancement to top-level positions at the hospital were described mainly in two ways: the level of transparency in the recruitment process for top leadership at the hospital presented a glass ceiling. Despite the number of qualified women with leadership experience, the shortlisting and recruitment of top leadership positions were influenced by political considerations due to the public nature of the hospital, resulting in few women advancing into these leadership positions. The second barrier described was the individual-level barriers that women brought to the workplace, including their belief systems and perceptions of their leadership capabilities, as well as the perceptions of other leaders regarding their leadership potential related to their social roles as mothers and wives.

The selection process for top leadership was described as having political processes that were beyond the scope

Despite the number of qualified women with leadership experience, the shortlisting and recruitment of top leadership positions were influenced by political considerations due to the public nature of the hospital, resulting in few women advancing into these leadership positions.

of the human resources department due to the public nature of the organisation. One of the recommendations provided was for transparent support for gender equity in leader selection and promotion, for instance, to have a rotational aspect in positions, allowing qualified women to ascend to senior leadership positions previously held by men and vice versa.

"We should have a rotational aspect without affecting the issue of HR policy rotation of gender in key leadership positions. That is one way of ensuring that women can get into these positions." (Respondent 2, male)



Workforce engagement and promoting awareness of gender barriers and their impact, alongside organisational mitigation strategies, are crucial in advancing women in leadership. This focus on elevating gender equity issues within the strategic plan makes it one of the key strategic pillars and a priority in the plan. This was also a suggestion to have designated positions for women to overcome barriers, as seen in the quote below.



"So that we can say, in a policy, if the CEO is a man, then we are advertising this post, but we are encouraging women to apply because it will be a position ring-fenced for women applicants..." (Respondent 6, female)

The second barrier most respondents described was the individual barriers women face in accepting leadership positions. Social norms often lead women to decline leadership positions despite having the requisite qualifications, without considering their social roles, as seen in the quote below.

"Of course, there are a few of the women, especially now when you go to the departmental level. Because they have higher qualifications, now, you'd expect that such a person, since she has higher qualifications than others in the unit, will be given the preference to take the lead on some tasks. And then you find that she doesn't live up to the expectation until you put somebody again who is below her in terms of qualification." (Respondent 4, male)



Leadership positions at the hospital were described as involving long working hours, extensive travel, and being primarily political. Additionally, the saliency of leadership was described as depending on a woman's childbearing years, as seen below.



"But if you see the two that they report to me, one, she has gone beyond, I think nearly both of them, they have gone beyond the active age of having children, and that helps them in navigating leadership." (Respondent 1, male)

Organisational Culture



An organisation's culture encompasses the practices, beliefs, values, and assumptions that, by their nature, are resistant to change. The teaching and referral hospital has outlined its espoused values on their website, including a commitment to excellence and its ISO qualifications. The hospital was described by most of the leaders interviewed as a place that values excellence and professional development for all. The culture, as defined from top leadership to middle management, was characterised as inclusive, progressive, and meritocratic, with an emphasis on excellence based on expertise, and a supportive atmosphere that fostered gender equity in its pursuit of excellence. Below are some of the cultural practices that both enabled and hindered this culture.

Organisational Cultural Practices that Act as Enablers for Women's Career Advancement

The respondents described a strong, supportive workplace culture that offered opportunities for women to grow, broaden their experience, and nurture their leadership potential. They also mentioned that the organisation promoted a balance between men and women, who seemed to be comfortable working

The hospital was described by most of the leaders interviewed as a place that values excellence and professional development for all. The culture was characterised as inclusive, progressive, and meritocratic.

together. They attributed this to the existence of human resource policies as well as continuous regular sensitisation by the gender mainstreaming committee across the hospital. Practices by top leadership were described, whereby the CEO had once stopped a meeting due to a lack of gender balance, sending a signal that decision-making needed to involve both genders. They also added that workers adhered to unwritten codes of conduct. As seen below, one respondent provides an example of the lack of overt resistance to women in leadership (which is ordinary in the local external culture) within the organisation.

“Of course, sometimes with male colleagues, you can see that it’s cultural, but then it’s not overt and it’s not persistent, and I haven’t seen that there’s a culture of women not being respected in the workplace here. At least for me, I haven’t directly felt that my being a woman is getting in the way, unless it’s me internally feeling inadequate, but from the outside, not really.” (Respondent 7, female)



Organisational Culture Practices that Act as Barriers for Career Advancement

A phenomenon described as gendered occupational segregation seemed to play out in the hospital. This is a hierarchical model for medical institution leadership that tends to favour Doctors as a cadre while segregating other cadres such as nurses. The existing power disparity is based on a belief system that has hierarchical leadership structures, placing medical Doctors over other cadres, such as nurses. This hierarchical leadership structure perpetuated medical dominance in senior leadership roles, with nurses only directing nursing-related specialised departments and not rising to hospital-wide leadership.

Most participants interviewed reported that nurses comprised the majority of the hospital’s health workforce. Most nurse managers reported that medical doctors were preferentially selected for leadership positions, even when nurses had relevant qualifications and experience, due to the presumed hierarchies within the healthcare system, resulting in a glass ceiling for nurses, as seen in the quote below.



“So, generally within this institution, doctors tend to be the ones who rise to the head of department positions much more easily than their colleagues, I think, because of seniority. So, I think that has helped us, the fact that we have that qualification as doctors.” (Respondent 7, female)

Additionally, leadership pathways for nurses to senior leadership positions appeared to be lacking due to the existing glass ceiling, which overlooked nurses’ other qualifications and relegated them to a caregiver role, thereby preventing them from advancing into mainstream healthcare leadership within the hospital, as seen below.

“The prevailing belief is that nurses are responsible for caregiving, and this is a traditionally feminine occupation. Along with societal expectations of women’s subordinate position, these beliefs present substantial obstacles that limit women nurses from advancing into healthcare leadership. This could be seen to play out in clinical settings.” (Respondent 7, female)



There were attempts to recruit more male nurses to create a balance in the gender composition of the nurse departments, but this was largely unsuccessful because of social norms that prevent men, particularly those coming from this region in Kenya, from undertaking nursing courses due to its perceived nature as a women’s line of work.



Most nurse managers reported that medical doctors were preferentially selected for leadership positions, even when nurses had relevant qualifications and experience, due to the presumed hierarchies within the healthcare system, resulting in a glass ceiling for nurses.

5. Lessons Learned

The study identified four themes that were organised as barriers and facilitators across the four organisational domains of structure, policy, culture, and leadership: persistent underrepresentation of women in senior-most leadership positions, favourable human resources and government policies and legislation, commitment and accountability from the CEO's office, and lastly, addressing gendered occupational segregation and medical hierarchies. The study confirmed that this academic setting has several progressive organisational strategies and policies to increase the pipeline of women in mid-level leadership. However, we discovered a leaky pipeline for the top leadership positions, with the glass ceiling still in place at the C-suite level. This can be explained in the section below with the glass ceiling theory.

The Glass Ceiling Theory

Cotter et al. (2001) define the glass ceiling as a gender or racial disparity in career advancement that cannot be attributed to other job-relevant factors, such as qualifications or experience. It becomes more evident as individuals move up the organisational ladder at later stages of their work life. The article then outlines the four criteria that must be in place for the phenomenon to occur. The first being that the glass ceiling inequality represents a gender or racial difference that is not explained by other job-relevant characteristics of the employee. The second criterion is that the glass ceiling inequality represents a gender or racial difference that is greater at higher levels of an outcome than at lower levels. Thirdly, a glass ceiling inequality represents a gender or racial inequality in the chances of advancement into higher levels, not merely the proportions of each gender or race currently at those higher levels. Lastly, a glass ceiling represents a gender or racial inequality that persists or worsens throughout a career (Cotter et al., 2001).

Organisational Structure

The teaching and referral hospital had a clearly defined hierarchical structure with a board of management that was published on its website. This structure shows that the board of management oversees a leadership team comprising three critical directorates: the Office of the CEO, the Directorate of Clinical Services, and the Directorate of Finance and Administration, which are responsible for the day-to-day implementation of strategies and decision-making on behalf of the hospital.

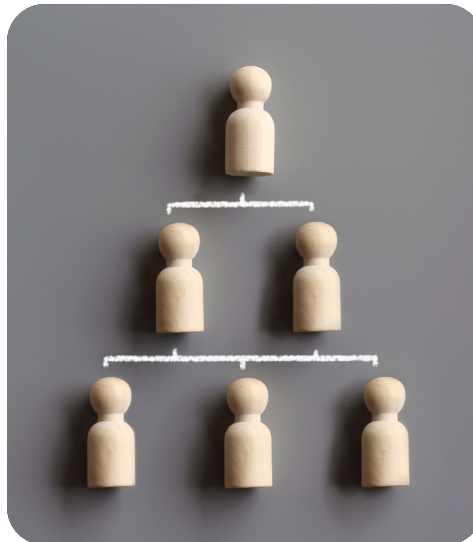
The hospital, in its public communications, declares itself a centre of excellence and provides evidence through its ISO certifications for both clinical and laboratory services, demonstrating the quality of care it offers. Underpinning this desire for excellence, several respondents mentioned that the hospital was a meritocracy that rewarded performance. This was evident in the accompanying Leadership and management structure, which operated within an adhocratic culture whereby authority and decision-making were distributed based on expertise rather than formal positions. This is also accompanied by the adoption of public policies and the allocation of human resources that promote gender equity.

The organisational structure of the facility appears to meet the criteria set out for a glass ceiling study, providing evidence that gender inequalities were present at the hospital. Several respondents mentioned that women had similar qualifications and experiences to those of contenders for the CEO's office. However, in the top leadership positions, there were opportunities for career advancement that the hospital conferred to them. Additionally, there were no other job-relevant characteristics of the employee that disadvantaged them, yet they were overlooked for the leadership positions. Reasons were provided for their failure to rise and self-nominate for these positions. However, the organisation needed to play a stronger role in identifying and advancing women who met the requisite criteria and encouraging them to compete at the highest level for top leadership positions, such as at the board of management and the CEO's office.

Organisational Policy

The teaching and referral hospital has clear and comprehensive policies that stem from three sources: government policies, human resources policy and policies related to hosting the USAID-funded consortium. The government has adopted the national gender mainstreaming policy, which has resulted in the creation of a gender mainstreaming committee responsible for ensuring gender equity practices within organisations. These range from hosting events that promote gender sensitisation across the hospital directorates and divisions to creating awareness on gender-related matters, tracking gender metrics among hospital staff, and implementing operational practices for gender representation during meetings. A shortcoming mentioned was the lack of gender integration as a strategic pillar in the organisation's strategic plan. Additionally, further efforts are needed to enhance the public processes of the recruitment for the position of the hospital's CEO.

Performance contracting was mentioned as a policy instrument that addresses gender equity concerns, such as promoting the recruitment of more males in the nursing department to balance the number of female nurses.



Underpinning this desire for excellence, several respondents mentioned that the hospital was a meritocracy that rewarded performance. This was evident in the accompanying Leadership and management structure, which operated within an adhocratic culture whereby authority and decision-making were distributed based on expertise rather than formal positions.

This can be leveraged as a tool to address other instances of gender inequities, such as the predominance of medical doctors as heads of directorates, and allow other cadres, such as nurses with the requisite qualifications and experience, to advance into leadership positions within the hospital.

The hospital showcased robust human resources policies that underpin personnel's work experience. This includes generous maternity and paternity leaves, flexible working conditions that address the needs of female employees, such as allowing breastfeeding mothers to depart one hour earlier, and on-site breastfeeding rooms within the hospital premises. Professional development opportunities are also provided in a merit-based manner, with those who are qualified identified as part of the pipeline and are promoted. However, there was a challenge with implementing these policies, particularly among clinicians who made local internal arrangements to promote work-life integration, especially when it came to shifts.

The management described a very stringent cooperative agreement with USAID grantees, which required them to strictly follow the rules and regulations of the U.S. government, including gender-transformative policies that addressed several gender equity concerns outlined in the agreement contracts. These included policies on quotas for recruitment, tracking gender metrics, as well as specific policies that addressed issues such as sexual harassment.

Amongst the policies outlined, the one-third gender rule provided for under the constitution would have the most impact and the gender mainstreaming committee that tracks metrics monthly at the hospital would be critical in analysing the not only the number of women ascending into leadership positions but assessing whether there were barriers to women's advancement and establishing criteria that would assist women at higher levels advance to the next level in this case the board or the position of the hospital CEO.



Organisational Leadership

The teaching and referral hospital was reported to have had a hospital CEO and top management that were supportive of women's leadership. The informal mentoring exemplified by this, which he (the CEO) provided, included support for women-specific leadership development programmes. Within the gender mainstreaming committee, respondents also described the identification of issue-based champions who were allowed to champion specific issues, with gender being one of the key issues. The Women in Leadership Programme helped mentor and nurture younger, inexperienced women by pairing them with older, more experienced women, leading to career advancement.

Despite these practices by the hospital, a leaky pipeline appeared to exist for advancing women to the C-suite, with few women progressing to head directorates, the board of management, and the CEO's office. The third criterion for a glass ceiling refers to the chances of advancement into higher levels, not merely the proportions of each gender or race currently. It seemed that the likelihood of ascending to top leadership was low, despite the presence of capable women across the vast teaching and referral hospital landscape.

Hence, the facility needs to do more than support leadership programmes and focus on other proactive ways of assisting women to advance their careers. These include, but are not limited to, proven approaches, such as formal coaching and quotas, that would enable balanced team representation within the board, the CEO's office, and the heads of directorates. Another strategy employed would be rotational recruitment, which would allow the respective offices to specifically recruit an underrepresented gender in turns, depending on the incumbent's gender.

Organisational Culture

An organisation's culture encompasses the practices, beliefs, values, and assumptions that, by their nature, are resistant to change. The hospital espoused values that are both listed on the hospital's website, such as commitment to excellence and the ISO qualifications, as well as those that respondents spoke about, including excellence. This was in congruence with what most of the leaders interviewed described as a meritocracy that prioritises excellence, with those who possess the correct qualifications and experience experiencing career advancement in a gender-neutral manner.

The hospital's culture can be described as an adhocracy, with leaders committed to dynamism and an entrepreneurial culture that is underpinned by innovation and creativity, pursuing bold ideas that lead to excellence. This is evident in several directorates, where leaders initiate flexible workplaces that incorporate both formal and informal arrangements. For example, the laboratory department has initiatives where men

The third criterion for a glass ceiling refers to the chances of advancement into higher levels, not merely the proportions of each gender or race currently. It seemed that the likelihood of ascending to top leadership was low, despite the presence of capable women across the vast teaching and referral hospital landscape.

are assigned to most night shifts, and jobs that require travel are also assigned to men. This initiative enables women to stay close to home, allowing them to fulfil their social responsibilities related to childbearing.

We also learnt about the development of leadership programmes specifically designed for experienced women to act as role models for other inexperienced women through leadership development. The women also established their welfare group, where they contributed money and used it for various purposes, including travel. This showcases the shared values of a supportive and inclusive environment, as well as a commitment to healthcare quality, and fosters a sense of community within the hospital. The culture of support for women was espoused throughout all levels of leadership, from top to middle leadership. There were also strong institutional mechanisms, such as performance contracting and the use of the gender mainstreaming committee, to track whether departments were applying a gender lens in various organisational practices, ranging from staff hiring to general management of core activities, including meetings.

The culture was described as progressive and meritocratic, with both men and women reporting an overarching focus on excellence. This allowed for a more supportive selection process in areas where either gender was disadvantaged in career advancement. However, this was not equitably represented at the very top.

According to the second criterion for defining a glass ceiling theory, as outlined by Cotter et al. (2001), the glass ceiling inequality represents a gender or racial difference that is greater at higher levels of an outcome than at lower levels, as manifested. The hierarchies of leadership dictated that Doctors and clinicians were favoured over other potential leaders from different disciplines, particularly nursing, for selection into top leadership positions. Nurses were often seen as caregivers and were typically limited to heading the nursing department, rather than being propelled into mainstream leadership. Additionally, the majority of the nurses were female, which created a barrier for several qualified and experienced women. This artefact of organisational culture's outcome was to develop a leadership identity synonymous with doctors who have a clear majority, thereby thwarting qualified females, such as nurses, from advancing to top leadership.

6. Recommendations

Organisational Strategies and Intervention Opportunities

Experience with Gender Equity Interventions

The teaching and referral hospital has made progress in terms of its gender equity interventions through embedding them into the policies and practices aimed at creating gender equity. This includes, but is not limited to, having an active gender mainstreaming committee that provides gender sensitisation throughout the hospital. The hospital also promotes gender equity through flexible working conditions for new mothers, including dedicated breastfeeding rooms and flexible shift arrangements, as well as generous partner and maternity leave policies, and measures to address sexual harassment. These policies have enabled several

women to advance to the middle management level and fostered an environment where gender equity is central, with most staff holding a gendered perspective.

However, some staff members mentioned that there is a need to strengthen the gender mainstreaming committee's work by allowing it to engage virtually, which would enable capturing the input of employees who work on a shift basis. Transparency in the recruitment process for the top-level CEO position, especially regarding shortlisting, was identified as a significant challenge.



Aspects with the Greatest Potential for Change

Several respondents mentioned that using the Kenyan constitution to guide gender equity would be a welcome strategy, given that the hospital is classified as a public institution. The HR policy implementation seemed to be working; however, this needs to be further directed to cadres such as clinicians who have not been able to reap the benefits of flexible working conditions. Other aspects of change include addressing a leadership pipeline that mainstreams the recognition of nurses as leaders based on their experiences and qualifications, rather than relying on the hierarchical view of medical doctors as the sole source of leadership. This would enable promotions that consider qualifications and break the glass ceiling for nurses, ensuring a more balanced representation in leadership across the medical fraternity's cadres.

Summary of recommendations with the greatest potential for change are summarised as follows:



Using the Constitutional mandate of the one-third gender rule.

The Constitution stipulates that no public office should have more than one-third of the same gender; however, the implementation of its tenets has been inconsistent in most public offices. See the quote below where a respondent mentions the Constitution.

"Bearing on how public institutions work, it seems like bringing in constitutional mandates like the third rule in career advancement at every level would work..."

Other aspects of change include addressing a leadership pipeline that mainstreams the recognition of nurses as leaders based on their experiences and qualifications, rather than relying on the hierarchical view of medical doctors as the sole source of leadership.



Enabling gender equity as a pillar within the hospital's strategic plan.

The teaching and referral hospital needs to integrate gender equity as a strategic objective and one of the pillars of the organisation's strategic plan, despite supportive government policies and human resources policies. It has been recognised that this has not been captured within the strategic plan as a pillar; integration will allow for all aspects of gender equity to be reviewed regularly within the review of the strategic plan, including the underrepresentation of women at the highest levels.



Increasing awareness around gender equity through organisational interventions.

The hospital has organisational practices that include incorporating discussion by the gender mainstreaming committee as part of the hospital-wide Health Management Team meetings. These weekly meetings, which address management issues on Mondays, include all members of the Management team. It would be beneficial to include the issue of gender equity at the leadership level as an agenda item for this meeting. Here, a report on the current gender equity metrics can be presented.

"We normally have what we call hospital-wide HMT meetings. And these HMT meetings are hospital-wide. HMT is a hospital management team. Hospital management team. And normally we meet every Monday to discuss various issues that come up and everybody gives their views on what they think needs to be improved..."

Additionally, it seemed that the teaching and referral hospital had an active website dedicated to creating awareness about gender equity-related issues, which has since become inactive. The hospital needs to work towards reinstating the website used to update staff on gender metrics and other ongoing initiatives.



Including initiatives such as coaching for women in leadership positions to assist with career advancement into the topmost leadership positions.

The teaching and referral hospital's Human Resources department described formal mentoring processes, as well as the establishment of a women-only leadership development programme dubbed "Women in Leadership", where more experienced women provide guidance to less experienced women, aiming for them to advance their careers and ascend into leadership positions. However, there is a need to do more, and an intervention with positive efficacy is coaching. The most senior leaders are provided with coaching training by their organisations. This intervention helps women overcome their barriers and provides them with skills to engage with the organisational structure, and can help them ascend into leadership. Very few opportunities for coaching were mentioned at the hospital.



Initiating policies that allow for strategies such as rotational leadership between genders and affirmative action to allow for gender balancing.

Several respondents provided suggestions for having policies that allow for rotational leadership between genders, dictating whether one gender is the leader of an influential position. The next position would then allow for the selection of a different gender, ensuring an effective rotation between the genders and providing an opportunity for career advancement that is equitable for both genders. They also mentioned that in areas where one gender was fewer than half, affirmative action should be applied to help balance the representation.



Promoting a culture that allows for equal career advancements across the cadres with a special emphasis on nurses.

More attention needs to be focused on gender equity within the nursing cadre, which forms the majority of the hospital's workforce and is typically assumed to be in clinical or caregiving roles, allowing the most talented women leaders to ascend into leadership positions.



There is a need to do more, and an intervention with positive efficacy is coaching. The most senior leaders are provided with coaching training by their organisations. This intervention helps women overcome their barriers and provides them with skills to engage with the organisational structure, and can help them ascend into leadership.

Summary of Proposed Interventions That Can Lead To Gender Equity According To The Organisational Tenets



Organisational Structure

The hierarchical structure, despite being a public institution, should allow for a more gendered approach towards inclusion of women representation in the c-suite that is the board of management, the leadership team that is constituted of the three respective Directorates of the CEO's office, the directorates of clinical services and the finance and administration.



Organisational Policies

Progressive Government policies such as the one third gender rule need to be incorporated into organisation policies to help advance more women in c-suite positions. Gender mainstreaming approaches used by the state need to be adapted for use. Human resources policies particularly for clinicians need to delineate the non-clinical portions of their work and provide flexible work options as well as including policies that provide for establishing quotas for certain leadership levels such as the board or rotational leadership.



Organisational Leadership

The CEO's office was seen to be a great supporter of women leaders by mentoring and nurturing their leadership potential, he also did this across genders by allowing acting positions where aspiring leaders are permitted to execute decision making in the absence of the leaders and lastly selecting champions who can address gender equity through initiatives such as championing a leadership development programme for women only across the hospital and the university. This should be bolstered with strategies such as coaching and sponsorship.



Organisational Culture

Career advancement to leadership should treat all medical cadres and use a gender equity lens that can appreciate the qualifications and experiences of cadres such as nurses, thus overcoming the gendered occupational segregation and allowing for talented leaders to ascend to leadership irrespective of cadre.



Career Advancement Opportunities

The hospital was reported to be committed to providing professional development opportunities with clear career paths for professional growth for leaders with a structured growth trajectory. More focus needs to be placed on gender equity within the nursing cadre, which forms the majority of the hospital's workforce and is typically assumed to be in clinical or caregiving roles, thereby allowing the most talented women leaders to ascend into leadership positions within the hospital.

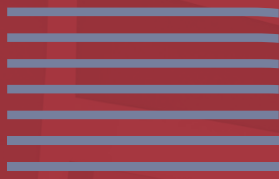


7. Conclusion

The hospital structure was represented by a hierarchical structure characterised by a clear hierarchy with multiple levels of management. This was governed by a board of management that provided strategic direction and oversaw decision-making at the hospital. While women were adequately represented in middle management at the teaching and referral hospital and regularly contributed to leadership at that level in the decision-making process, there was an underrepresentation of women in the C-suite, particularly in the board, the CEO's office, and the three key directorates that fall under it. This was attributed to several reasons for women's individual efficacy and social norms that limit women's career progression due to their roles as mothers and caregivers in the home. Key leadership team members suggested that the board and management's commitment to gender equity could be better realised through explicit formulation of gender equity as a pillar in the strategic plan to allow for more straightforward implementation and accountability for a pipeline of capable women to advance to head the directorates, as well as the CEO's office within the C-suite.

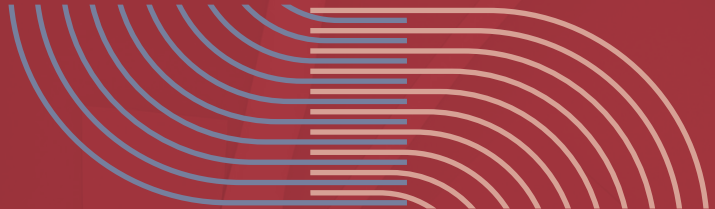
Progressive Government policies such as the one third gender rule need to be incorporated into organisation policies to help advance more women in c-suite positions. Gender mainstreaming approaches used by the state need to be adapted for use.

The Case of Outspan Hospital, Nyeri



Case Title:

Bridging The Gender Divide: Exploring Dimensions That Influence Women's Career Advancement in the Health Sector



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1. Introduction

Despite numerous studies that describe the barriers women face in their career progression and advancement into leadership roles, research and data gaps persist, particularly in African countries. This study aims to help fill these gaps by focusing on the Kenyan health sector, using Outspan Hospital as a case study.

The case study at Outspan Hospital aims to establish a robust evidence base for organisational enablers and barriers to women's career advancement.

The study will delve into the context-specific dimensions of culture, policies, structure, and leadership. These dimensions play a crucial role in influencing women's career advancement. By gaining in-depth insights into these aspects, the study aims to understand better what could have led to the organisation-specific performance or the current situation regarding women's career advancement.

Ultimately, the evidence gathered from this case study will inform locally relevant organisational change initiatives and national advocacy work required to propel and sustain women in leadership positions within the Kenyan health sector. The findings of this study have the potential to drive meaningful change and pave the way for more women to assume leadership roles in the health sector.

2. Background

Outspan Hospital, a Level 5 Teaching and Referral Hospital located in Nyeri County, Kenya, has been featured as a case study in the second phase of a research project examining organisational factors that influence women's career advancement in the health sector. With a bed capacity of 250 and accommodating up to 300 patients daily, Outspan Hospital has evolved into a comprehensive medical services provider, meeting the standards of a national referral hospital over the past 20 years. The hospital prides itself on offering affordable, world-class healthcare with compassion, significantly impacting the lives of its community members. Investments in technology, infrastructure, and human resources have been pivotal in ensuring the hospital has the necessary facilities, equipment, and skilled personnel to fulfil its mission and aim for global recognition.



The decision to select Outspan Hospital for this case study was based on a thorough quantitative analysis conducted during the first phase of the research project in 2023. The criteria for selection included health sector organisations in Kenya that had been operational for over five years, had established organisational structures and policies, employed at least 50 full-time staff, and were located in one of the eight geographic regions of Kenya. From an initial population of approximately 10,443 health sector organisations (public, private for-profit, and private not-for-profit), a sample of 403 was selected at a 95% confidence level. The study utilised a mixed-method approach, combining quantitative surveys with qualitative methods such as KIIs and focus group discussions among employees at various levels.

In this second phase, specific organisations were selected based on their extreme deviance, either positive or negative, in organisational dimensions such as leadership, culture, structure, policies, and career advancement opportunities. Researchers analysed organisation-specific responses from the baseline data, focusing on these dimensions, and computed cumulative scores using Likert-scale ratings. Organisations were then ranked based on their total scores to identify those with unusual values, and the most notable positive or negative deviants were chosen. This selection process also ensured a balanced representation across different sub-sectors and regions within Kenya, adhering to the principle of pragmatism.

Outspan Hospital was chosen as a case study due to its outstanding performance in the quantitative analysis, demonstrating either highly positive or highly negative deviance in key organisational dimensions related to women's career advancement in the health sector. The hospital's inclusion in the study also ensures that its specific sub-sector and geographic location are represented, contributing valuable insights into the factors that influence career progression for women in this crucial field.



The criteria for selection included health sector organisations in Kenya that had been operational for over five years, had established organisational structures and policies, employed at least 50 full-time staff, and were located in one of the eight geographic regions of Kenya.

3. Methodology

Data Collection Methodology

The study employed a comprehensive approach to data collection and analysis, utilising exploratory methods to gather rich, qualitative data from key stakeholders within the organisation. KIIs (KIIs) and focus group discussions (FGDs) were the primary tools used to probe specific dimensions related to women's career advancement in the health sector.

A total of nine KIIs were conducted to delve deeper into aspects such as leadership, organisational structure, policies, and career advancement opportunities. These interviews targeted senior management personnel who could provide valuable insights into the organisation's strategic direction, decision-making processes, and overall environment for women's career growth. By engaging with these key informants, the study aimed to uncover the underlying factors that contribute to or hinder women's progression within the organisation.

In addition to the KIIs, three FGDs were conducted to explore the organisational culture and its impact on career advancement opportunities for women. These discussions involved mid-level management and frontline staff, providing a platform for them to share their experiences, perceptions, and challenges related to gender dynamics and career growth within the organisation. The FGDs facilitated a more dynamic and interactive exchange of ideas, allowing participants to build upon one another's thoughts and experiences.

To ensure the integrity of the data collected, the study adhered to the rule of thumb of excluding individuals who had been interviewed during the first phase of data collection. This approach minimised potential bias and allowed for fresh perspectives to emerge

Data Analysis Method

Once the data were collected, a deductive thematic analysis approach was employed to analyse the transcripts from the KIIs and FGDs. This method involved selecting themes a priori, based on the dimensions explored in the interviews and discussions. The predetermined themes included leadership, structure, culture, support structures, and policies for the KIIs, as well as organisational culture and career advancement opportunities for the FGDs.

The analysis process involved carefully examining the transcripts and extracting patterns of data that aligned with each theme. This systematic categorisation of information

allowed for a comprehensive understanding of the key factors influencing women's career advancement within the organisation. The research team then synthesised the organised data, crafting insightful statements and coherent paragraphs that formed the basis of the report.

By employing this rigorous approach to data collection and analysis, the study aimed to provide a nuanced and evidence-based understanding of the enablers and barriers to women's career advancement in the health sector. The combination of KIIs, FGDs, and deductive thematic analysis enabled a thorough exploration of the complex interplay between organisational dimensions and gender dynamics, ultimately informing recommendations for positive change.



To ensure the integrity of the data collected, the study adhered to the rule of thumb of excluding individuals who had been interviewed during the first phase of data collection.

This approach minimised potential bias and allowed for fresh perspectives to emerge.

4. Findings

Organisational Structure

Description of the Organisation's Structure

Outspan Hospital's organisational structure is a carefully designed, hierarchical system that ensures efficient management and delivery of high-quality healthcare services. At the top of the hierarchy sits the executive division, led by the board of directors, which is responsible for setting the overall strategic direction and ensuring that all departments align with the hospital's mission and goals.

The executive team is supported by the administrative division, headed by the Chief Administrative Officer for Health. This division oversees non-clinical functions, including human resources, security, marketing, communications, customer service, and quality control. The administrative division plays a crucial role in ensuring the smooth operation of the hospital's day-to-day activities.

The clinical division, the largest and most complex, encompasses all medical and patient care departments. This division is further divided into specialised areas, such as mental health and social work. The clinical division is led by various department heads (HODs) and supervisors who oversee specific areas, including nursing, laboratory technology, pharmacy, and clinical services. The HODs and supervisors are responsible for ensuring that each department operates efficiently and that there is clear communication and accountability from the top down to the operational staff.

The organisational structure also includes middle management, which comprises unit heads and department

managers. These individuals are responsible for implementing policies and overseeing daily operations. The lowest level of the hierarchy consists of non-managerial staff, including nurses, healthcare support staff, and administrative personnel. These employees are the backbone of the hospital, handling the day-to-day clinical and operational tasks.

Outspan Hospital's organisational structure is designed to support the institution's mission of providing holistic, affordable healthcare solutions integrated with quality standards. The precise delineation of responsibilities and the hierarchical nature of the structure ensure that each division and department can focus on its core functions, leading to enhanced efficiency and effectiveness across the entire organisation.



"Our clinical division is the largest, with specialised areas and clear hierarchical management to ensure efficient operations and quality healthcare." (Leadership)

Factors Informing the Current Structure

Outspan Hospital's current organisational structure is shaped by several critical factors that ensure its efficiency, effectiveness, and ability to deliver high-quality healthcare services. The need for specialised expertise and clear delineation of responsibilities has led to a division-based structure, allowing each department to focus on its core functions. This approach enhances operational efficiency, ensuring that experts in their respective fields handle both clinical and administrative tasks.

The hospital's commitment to providing comprehensive healthcare services, encompassing both clinical and non-clinical aspects, has shaped the broad scope of the administrative division. This division plays a crucial role in managing various support functions, including human resources, finance, and logistics, thereby enabling the clinical staff to focus on patient care.

Outspan Hospital's vision to evolve into a university hospital within the next two years has also significantly impacted its organisational structure. This goal necessitates a framework that can accommodate academic and research activities alongside patient care. Consequently, the hospital has incorporated educational and research roles into its structure, ensuring a smooth transition towards becoming a university hospital.

The healthcare industry's inherent requirements, such as the need for specialised skills, regulatory compliance, and continuous improvement, have shaped Outspan Hospital's organisational structure. The hierarchical arrangement ensures clear lines of authority and accountability, facilitating effective decision-making and communication. The structure also supports the hospital's focus on training and development, with dedicated roles and responsibilities for education and continuous learning.

The composition of the hospital's workforce, influenced by societal norms and educational trends, has played a role in shaping the organisational structure. The merit-based approach to promotions and job roles ensures that the most qualified individuals lead various departments, fostering a culture of excellence and driving organisational success.

Gender Consideration Informing the Structure

Gender considerations have played a significant role in shaping the organisational structure at Outspan Hospital, although the approach appears to be more implicit than explicit.

Historically, the healthcare sector, particularly nursing and caregiving roles, has been predominantly occupied by women. This trend is reflected in the gender distribution at the non-managerial level of Outspan Hospital, where a significant proportion of employees are women. The natural inclination towards female-dominated roles is evident in departments such as nursing, obstetrics, and gynaecology, where women are the majority.

However, at the executive and middle management levels, the hospital has made conscious efforts to promote gender equity. Despite the board being entirely male due to its composition of founders, women hold significant positions in middle management and the executive team. This inclusion is driven by a recognition of the value that diverse perspectives bring to leadership and decision-making processes.

The hospital's policies and practices aim to support gender equity, although not always through explicit means. Recruitment and promotion practices are designed to ensure fair representation of both genders across all levels of the organisation. The hospital also implements policies that support work-life balance, such as flexible working hours and maternity leave, to accommodate the specific needs of female employees and encourage their participation and advancement within the organisation.

"While gender considerations have shaped our structure, it's often been implicit. We strive to ensure fair representation across all levels and have policies in place to help women balance their work and personal lives. But we acknowledge that we need to prioritise gender equity more explicitly, particularly at the board level!" (Leadership)



Although there are no formal gender-specific hiring policies, the hospital prioritises providing equal opportunities based on qualifications and skills. The emphasis is on a gender-neutral approach, focusing on the candidates' abilities and qualifications. However, the hospital recognises the need for gender representation in decision-making bodies. It attempts to maintain a balance, such as ensuring that at least one-third of committee members are of a different gender to promote inclusivity.

The hospital also implements policies that support work-life balance, such as flexible working hours and maternity leave, to accommodate the specific needs of female employees and encourage their participation and advancement within the organisation.

The hospital actively monitors gender metrics and considers them in management and board meetings. Moreover, during recruitment and promotions, the hospital aims for gender parity, although the actual proportion may vary depending on the specific department and the available pool of candidates.

Proportion of Men and Women at Each Level of the Structure

Outspan Hospital's gender distribution varies significantly across different levels of the organisational structure, with women constituting the majority of the workforce at 61% compared to 39% men. However, this distribution is not uniform across all departments and hierarchical levels.

At the lower levels, particularly in nursing and housekeeping roles, women are the predominant gender. This is primarily attributed to the traditional association of caregiving roles with women. For instance, the nursing department comprises about 90% women, and 98% of health support assistants are female. On the other hand, men are more prevalent in technical and manual labour roles, such as in the radiology department, which is entirely male-dominated.



"We actively monitor gender metrics and aim for parity in recruitment and promotions. Women constitute 61% of our overall workforce, with strong representation in middle management. However, we acknowledge the gaps at the executive level and are committed to addressing them." (Leadership)

As one moves up the organisational hierarchy, the gender distribution becomes more balanced. In middle management, women are increasingly taking on leadership roles, holding a significant number of department head positions. This trend reflects the hospital's efforts to promote gender equity in leadership.

However, at the top executive level, men still hold a slight majority, especially in technical and executive positions. The board, in particular, is predominantly male, comprising the institution's founders. Despite this, women are making significant strides in leadership, with approximately five out of fourteen top management roles being occupied by women.

Outspan Hospital recognises the importance of gender diversity and strives to ensure equal opportunities for all employees, regardless of gender. The hospital actively monitors gender metrics and considers them in management and board meetings. Moreover, during recruitment and promotions, the hospital aims for gender parity, although the actual proportion may vary depending on the specific department and the available pool of candidates.



Enablers and Obstacles To Women's Career Advancement

Drivers (Enablers)

Outspan Hospital has implemented various policies and initiatives that serve as enablers for women's career advancement. The hospital offers supportive HR policies, mentorship programmes, and training opportunities designed to foster professional growth regardless of gender. These initiatives, along with the personal support provided by the welfare committee and chaplaincy, create a conducive environment for women to balance their professional and personal responsibilities while pursuing career advancement.



"We've implemented various enablers, such as leadership training, performance-based promotions, and policies supporting work-life balance." (Leadership)

Education and professional development are primary enablers, with many women pursuing further studies to qualify for higher positions. The hospital's supportive policies, such as maternity leave and flexible work arrangements, further facilitate women's career progression. Moreover, empowerment initiatives and confidence-building activities play a crucial role in encouraging women to aspire for leadership roles.

The hospital's management and board demonstrate open-mindedness towards promoting capable individuals, irrespective of gender, which facilitates women's career progression. The hospital also offers continuous training and capacity-building programmes in leadership, governance, and management, empowering women to assume higher responsibilities. Additionally, supportive government policies that promote women's participation in the workforce, combined with the hospital's culture of promoting from within, serve as enablers for women's career advancement.

Barriers (Obstacles)

Despite the presence of favourable policies and initiatives, several obstacles hinder women's career advancement at Outspan Hospital. One significant barrier is the limited interest among clinical staff members in pursuing management roles, as many prefer to focus on patient care. The perception of increased responsibilities and sacrifices associated with higher management positions can also deter women from pursuing these roles.



"One major barrier is that many of us in clinical roles prefer to focus on patient care rather than management. The increased responsibilities and sacrifices that come with higher management positions often deter women from pursuing these roles."
(Leadership)

Societal and cultural norms pose significant challenges, with some women forgoing further education and training due to family responsibilities. Cultural attitudes that view leadership as a male domain and the inferiority complex experienced by some women can further hinder their advancement. The dual burden of professional and domestic responsibilities, as well as societal expectations, also acts as a barrier to women's career progression.

The lack of explicit policies promoting gender equity and the male-dominated board composition are additional obstacles. Women often face challenges in balancing work and family life, which can slow their career advancement compared to their male counterparts. The absence of targeted mentorship programmes for women and formal policies addressing gender-specific challenges can further impede their progress.

Other barriers include self-esteem issues and a lack of confidence among some women, limited funding for further education and training, and the scarcity of frequent vacancies at higher levels, which can hinder career growth. Societal stereotypes questioning women's capability in making significant decisions and handling complex projects, along with assumptions about their availability due to family responsibilities, also hinder their progression to senior management roles.

Policy

Policy-related Decisions Supporting Gender Equity

Outspan Hospital has implemented various policies and practices that support gender equity within the organisation, although many of these initiatives are not explicitly labelled as such. Instead, the hospital's approach to gender equity is often embedded within its broader organisational policies and practices, creating an environment where fairness and equal opportunities are natural outcomes.

One significant policy decision that supports gender equity is the hospital's adherence to the one-third gender rule, which ensures that no gender is underrepresented in decision-making processes. This longstanding policy has been recently revisited to ensure continued compliance, reflecting the hospital's commitment to maintaining a balanced representation of genders in key decision-making roles.



"I appreciate that the hospital adheres to the one-third gender rule in decision-making roles. It shows a commitment to fair representation, even if it's not always explicitly labelled as a gender equity policy." (Leadership)

The hospital's recruitment and promotion practices are also designed to be merit-based and gender-neutral, focusing on the abilities and qualifications of candidates rather than their gender. This approach ensures that both men and women have equal opportunities for career advancement within the organisation. Additionally, the hospital's practice of promoting internal candidates before considering external hires further supports gender equity by providing equal growth opportunities for existing employees.

The hospital also implements policies that support the specific needs of female employees, particularly in balancing their professional and personal responsibilities. For instance, the hospital offers flexible work arrangements for new mothers, enabling them to balance their work duties with family obligations. The hospital also adheres to the national policy on maternity leave, offering three months of paid leave followed by six months of shorter shifts to accommodate breastfeeding needs. Furthermore, the provision of facilities like breastfeeding rooms demonstrates the hospital's commitment to creating a supportive work environment for women.

Although the hospital does not have a formal policy document that directly addresses gender equity, it practices an informal form of equity by ensuring that men and women receive the same salaries for equivalent positions and that all staff members are treated equally during meetings. The hospital also mandates that all meetings include a minimum representation of both genders, typically with three women and four men, ensuring that women's voices are represented in decision-making processes.

The hospital's practice of promoting internal candidates before considering external hires further supports gender equity by providing equal growth opportunities for existing employees.

The impending transition to a university hospital status has further influenced policy reviews, ensuring that they meet the standards required for academic and research institutions.

Existing Policies and Their Effect on Women's Roles and Responsibilities

Outspan Hospital's existing policies have a significant and positive impact on the roles and responsibilities of women within the organisation. Although these policies are not explicitly designed with gender equity in mind, they foster a supportive and inclusive environment that enables women to balance their professional and personal responsibilities effectively.

The hospital's HR policies are designed to be gender-neutral, applying equally to men and women. This approach ensures that all employees have access to equal opportunities for training, professional development, and career advancement. The merit-based approach to recruitment and promotion further reinforces this equality, allowing women to advance in their careers based on their qualifications and performance.

One of the most significant policies that positively impacts women is the support for flexible work arrangements, particularly for new mothers. The hospital allows new mothers to leave work early for the first six months to attend to their infants and provides facilities such as breastfeeding rooms. This policy enables women to balance their professional roles with their family responsibilities, promoting a conducive work environment. The hospital also follows the maternity leave policy, granting three months of paid leave followed by six months of shorter shifts to accommodate breastfeeding needs.

The hospital's commitment to non-discrimination during and after maternity leave ensures that women do not face career setbacks due to their family obligations. Additionally, the hospital sponsors courses that enhance the qualifications and skills of female employees, further supporting their career growth.

"The maternity leave policy and flexibility for new mothers have been game-changers for me. I feel supported in balancing my professional role with my family responsibilities, without compromising my career growth." (Employee)



These policies have enabled women to take on more significant roles within the hospital, particularly in departments such as nursing and administration, where women are predominantly represented. The inclusive approach ensures that women can thrive in both clinical and administrative roles, thereby contributing to a more balanced representation of genders within the workforce.

However, there are areas where the hospital could improve to ensure full gender equity. For instance, the lack of formal policies on paternity leave and comprehensive support for career advancement indicates that there is still room for growth in creating a truly equitable work environment.

Genesis/Origin of Current Policies

The current policies at Outspan Hospital have evolved in response to a combination of internal needs and external regulatory requirements. The hospital's commitment to maintaining a fair and inclusive workplace has driven the development of policies that support gender equality. These policies are informed by the institution's long-term vision of transitioning into a university hospital, which necessitates a comprehensive approach to employee welfare and gender inclusivity.



"We are committed to maintaining a fair and inclusive workplace, which has driven us to develop policies supporting gender equity. These policies align with our long-term vision of becoming a university hospital, requiring a comprehensive approach to employee welfare and gender inclusivity." (Leadership)

The adherence to the one-third gender rule, for example, reflects compliance with broader labour laws and gender equity mandates. This proactive approach in observing and responding to both internal dynamics and external environmental changes has shaped the hospital's policy framework. The impending transition to a university hospital status has further influenced policy reviews, ensuring that they meet the standards required for academic and research institutions.

Internally, policies such as flexible work schedules for nursing mothers have likely evolved from recognising the specific challenges female healthcare providers face. These policies reflect the hospital's commitment to creating an inclusive and supportive work environment, although there is room for more proactive and comprehensive policy development.

"I've noticed that many of our gender-supportive policies have evolved organically, responding to the needs of female staff over time. It's encouraging to see this responsiveness, even if the policies aren't always formally articulated." (Employee)



The hospital's policies are also influenced by broader societal norms and government regulations that promote gender equity. Government policies, such as women's funds and affirmative action, have opened up more opportunities for women, allowing them to take on leadership roles within the organisation.

The genesis of current gender-related policies at Outspan Hospital can often be traced back to broader organisational goals of inclusivity and equity. Both internal assessments of staff needs and external regulatory or accreditation requirements typically influence these policies. The historical context, including the hospital's founding principles and the evolution of societal norms, also plays a significant role in shaping these policies.

The leadership emphasised that the hospital's policies are designed to ensure fairness and inclusivity, focusing

on the capabilities and qualifications of individuals rather than their gender, religion, or other personal characteristics. This continuous evolution shows a commitment to maintaining relevant and effective policies that support gender equity.

Gender Considerations During Policy Formation

Outspan Hospital implicitly integrates gender considerations into its policy formation process, ensuring that gender equity is naturally embedded in its operational framework. Although there are no policies explicitly labelled as gender equity measures, the hospital's inclusive culture and management's recognition of gender-specific needs foster an environment where fairness and support for all employees are prioritised.

The hospital's approach to policy formation involves addressing gender-specific requirements, such as providing flexible work hours for new mothers and ensuring gender representation across various departments. This thoughtful consideration of gender diversity helps maintain an equitable workforce and creates a supportive environment for both male and female staff.



"We naturally embed gender equity in our policies and practices, even without explicit gender equity measures." (Leadership)

Recruitment practices at Outspan Hospital are designed to balance gender representation, with discussions during hiring processes focusing on maintaining gender diversity. The hospital also emphasises a gender-neutral approach in its promotion and operational practices, ensuring that opportunities for career advancement are based on merit and qualifications rather than gender.

Furthermore, the hospital strives to maintain a gender balance in decision-making bodies and committees, ensuring that at least one-third of the members are of a different gender. This practice promotes inclusivity, ensuring that diverse perspectives are taken into account in policy and decision-making processes.

However, it is essential to note that historically, gender considerations have not been a primary focus during policy formation at Outspan Hospital. There is an acknowledgement that as the hospital transitions into a university hospital, it will need to adopt standards that explicitly include gender equity considerations. This future-oriented perspective suggests that gender considerations will play a more significant role in policy formation moving forward.

Tracking Gender Parity

Outspan Hospital utilises various mechanisms to track gender parity within the organisation, including formal systems and informal practices. The hospital uses a Health Management Information System (HMIS) that enables comprehensive data collection and analysis of gender-related metrics. Quarterly HR reports, which include gender statistics, are compared against global standards, such as those from the World Health Organisation, to assess the hospital's performance in maintaining gender equity.

Moreover, Outspan Hospital conducts regular reporting and analysis of gender distribution metrics during management and board meetings. These reports enable the hospital to monitor and assess the balance between male and female employees across different levels and departments. By comparing these metrics with external standards, the hospital ensures alignment with broader legal and societal expectations regarding gender equity.

"While we track gender parity through various reports and systems, some leaders feel we lack formal mechanisms for systematic monitoring." (Leadership)



However, some members of the leadership team indicate that the hospital lacks formal mechanisms for tracking gender parity. While the institution provides equal facilities and opportunities for both men and women, there is no systematic approach to monitor gender balance across different levels of the organisation. The absence of explicit tracking mechanisms could hinder the hospital's ability to address and rectify gender imbalances effectively.

Informal practices also play a role in promoting gender parity at Outspan Hospital. During recruitment, the HR department ensures a balanced shortlist of male and female candidates, thereby helping to maintain a gender balance among new hires. The hospital also monitors gender representation in meetings and decision-making bodies. The presence of women in leadership roles, such as the female principal of the nursing college, suggests a positive trend towards gender parity.

Despite these efforts, there is room for improvement in the hospital's tracking of gender parity. The lack of a formalised system for tracking gender parity across all levels of the organisation indicates a need for more structured approaches to evaluating and improving gender balance. Implementing regular evaluations and generating comprehensive reports on gender representation can help the hospital make data-driven decisions to enhance gender equity.

There is an acknowledgement that as the hospital transitions into a university hospital, it will need to adopt standards that explicitly include gender equity considerations. This future-oriented perspective suggests that gender considerations will play a more significant role in policy formation moving forward.

Challenges to Women's Career Advancement from a Policy Standpoint

From a policy standpoint, there are minimal barriers to women's career advancement at Outspan Hospital. The institution's policies are designed to be inclusive and supportive, providing equal opportunities for all employees based on their capacity and qualifications. The hospital offers equal access to training and professional development, and there are no explicit policies that hinder women's progress.

Despite the supportive policies in place, several challenges to women's career advancement remain. One significant obstacle is the limited availability of higher-level positions, which can stagnate career growth for women in mid-level roles. This lack of opportunities can be particularly frustrating for women who have invested in their education and training but find themselves unable to advance due to the scarcity of senior positions.

Societal norms and personal biases can sometimes impede women's advancement. Cultural attitudes that view leadership as a male domain and the perception that women are less capable of handling significant decisions and complex projects can create barriers to their career progression. Women may also face challenges in balancing their professional and personal lives, particularly if they have family responsibilities that the institution does not adequately support.



"Despite our supportive policies, women still face challenges in career advancement due to limited opportunities for higher-level positions, societal norms, and the need to balance professional and personal lives." (Leadership)

The absence of formal mentorship programmes and targeted training for women can further hinder their advancement to senior roles. Without these support systems in place, women may struggle to navigate the complexities of career progression and may lack the confidence to pursue higher-level positions.



Approach To Dealing With Sexual Harassment

Outspan Hospital has a clear and structured approach to dealing with sexual harassment, as outlined in its HR policies and disciplinary procedures. The hospital recognises the seriousness of sexual harassment and categorises it as gross misconduct, warranting stringent disciplinary action.

The process for addressing sexual harassment complaints is well-defined and communicated to all employees during their onboarding and through regular meetings. Employees can report incidents through various channels, including directly to their immediate supervisors, the HR department, or the director's office. The hospital also provides an anonymous email option and suggestion boxes for reporting harassment, ensuring confidentiality and encouraging more people to come forward.

Once a complaint is received, the hospital initiates a thorough investigation. The disciplinary committee, which includes staff welfare members, reviews the complaint to ensure an objective and fair process. The investigation is conducted discreetly to protect the privacy of those involved.

"We ensure a thorough, fair, and discreet investigation of any sexual harassment complaints, taking appropriate action and supporting legal measures if needed!" (Leadership)



If the investigation confirms the occurrence of sexual harassment, the hospital takes appropriate disciplinary action based on the severity of the misconduct. The HR manual provides detailed guidelines for handling such cases, ensuring a fair and transparent process.

In addition to the internal disciplinary process, the hospital also addresses sexual harassment from a criminal perspective, ensuring that employees have the right to pursue legal measures if necessary. This approach underscores the hospital's commitment to maintaining a safe and respectful work environment for all employees.

The hospital's open-door policy and approachable management further contribute to creating an environment where employees feel confident in reporting any inappropriate behaviour. Regular feedback is gathered from employees to gauge workplace satisfaction and address any issues proactively.

To date, there have been no reported incidents of sexual harassment at Outspan Hospital, indicating the effectiveness of these measures in creating a safe work environment. The hospital's robust framework reflects its dedication to upholding professionalism and protecting the rights and dignity of its staff.

The hospital's open-door policy and approachable management further contribute to creating an environment where employees feel confident in reporting any inappropriate behaviour. Regular feedback is gathered from employees to gauge workplace satisfaction and address any issues proactively.

Organisational Leadership

Composition of the Board and Roles of Women Board Members

The composition of the board at Outspan Hospital is currently 100% male, comprising the founders who play a pivotal role in the hospital's decision-making processes. This male-dominated board reflects historical and cultural norms rather than a deliberate exclusion of women. The board members are primarily stakeholders and founders, who are mostly men, and their primary roles include strategic oversight and endorsing the hospital's strategic direction.

Despite the absence of female board members, women play significant roles in the executive and middle management levels. These female leaders are involved in critical functions, including human resources, marketing, communications, and clinical services. Women in executive roles contribute to decision-making processes and bring diverse perspectives to the table, enriching the overall discussion. They are responsible for understanding the organisation's operations and providing suggestions to the board for approval.



"Although our board lacks female members, women hold crucial roles in executive and middle management, ensuring their perspectives influence our operations and strategic planning."
(Leadership)

The presence of women in these positions ensures that female perspectives are integrated into the hospital's operations and strategic planning, even if indirectly at the board level. For example, a female head of department was given the autonomy to redesign and improve the maternity unit, demonstrating the impact women can have even if they are not directly on the board.

However, the overall male dominance at the board level highlights a significant gap in gender representation that needs to be addressed. The limited representation of women on the board, with only a few women involved in specific roles such as the principal of the nursing college, is a point of concern regarding gender equity at the highest level of organisational leadership.

Board's Commitment to Gender Equity

The board of directors at Outspan Hospital has demonstrated a commitment to gender equity through its support of policies and practices that promote inclusivity and fairness, despite the board's current male-only composition. The board actively supports the advancement of women within executive and middle management levels, ensuring that women hold a significant proportion of top management positions.

The board's commitment to gender equity is reflected in its adherence to the one-third gender rule, which ensures fair representation in decision-making roles. The board conducts regular reviews of gender-related metrics, comparing them with global standards such as those set by the World Health Organisation, to assess the effectiveness of existing policies and make necessary adjustments.

"Our board is committed to gender equity by supporting policies that promote inclusivity, even though it is currently male-only." (Leadership)



Furthermore, the board supports policies that accommodate the needs of female employees, such as flexible work hours and breastfeeding facilities, underscoring their dedication to creating an inclusive work environment. The board also demonstrates trust in the executive team's decisions regarding recruitment and promotions, particularly when it comes to hiring women for specific positions.

However, there is room for improvement in formalising the board's commitment to gender equity. While the board supports gender equity in practice, there is a need for more explicit policies and strategies to ensure a sustained commitment and progress in this area. The board's role in monitoring and evaluating the progress of gender equity is also limited, indicating a potential area for improvement in its oversight functions.



"I work at Outspan Hospital, and while our board supports gender equity, we need more explicit policies and regular monitoring to ensure sustained progress." (Employee)

Despite the absence of women on the board itself, the board members' experience in promoting gender equity in their respective industries translates into their roles at the hospital. The board requires regular reports on employee ratios, gender composition, and other metrics to monitor progress in gender equity, demonstrating its commitment to creating an equitable work environment and considering gender balance in strategic decisions and oversight functions.

Women in executive roles contribute to decision-making processes and bring diverse perspectives to the table, enriching the overall discussion. They are responsible for understanding the organisation's operations and providing suggestions to the board for approval.

Organisational Culture

Organisation's Purpose and Values

Outspan Hospital's organisational culture is deeply rooted in its commitment to providing high-quality healthcare services while fostering a supportive and inclusive environment for both patients and staff. The hospital's primary purpose is to deliver comprehensive medical care with a compassionate approach, ensuring the well-being of all patients.

This mission is complemented by core values such as excellence, integrity, professionalism, and continuous improvement. The hospital emphasises business efficiency and adherence to professional standards, consistently reinforcing these values through ongoing training and compliance with guidelines from regulatory bodies, including the Ministry of Health and the WHO.

Outspan Hospital strives to create an environment where employees, regardless of their gender, feel valued and empowered to contribute to the organisation's success. The hospital's open-door policy and approachable management reflect a value system that prioritises transparency, support, and inclusiveness. This inclusive culture aligns with the hospital's strategic vision to transition into a university hospital, aiming to enhance its academic and research capabilities while maintaining its core commitment to excellent patient care.

As a training facility, Outspan Hospital places significant importance on educational excellence. The hospital serves as a training ground for nursing and other healthcare students, ensuring they meet their objectives and are well-prepared for their roles. The organisation values continuous quality improvement, as evidenced by the regular monitoring and analysis of customer feedback, which informs senior management and drives further enhancements in service delivery and patient care.



Gender representation is maintained in decision-making bodies, with a mandatory presence of women in meetings and committees. This practice helps ensure diverse perspectives in decision-making processes, promoting an inclusive culture where gender-related issues are considered and addressed.

"We prioritise educational excellence for our nursing and healthcare students, continuously improve based on customer feedback, and integrate a strong spiritual component through prayer meetings and religious values, which creates a supportive environment that enhances patient care." (Leadership)



Furthermore, Outspan Hospital integrates a strong spiritual component into its operations, with regular prayer meetings and a culture that incorporates religious values into daily activities. This spiritual framework aims to create a supportive and cohesive work environment, fostering a sense of unity and motivation among staff, which in turn enhances patient care and overall organisational effectiveness.

Integration of Gender into the Organisation's Culture

Gender considerations are integrated into the organisational culture at Outspan Hospital, both implicitly and explicitly. Although the hospital does not have specific gender-focused policies, its inclusive ethos ensures that gender equity is naturally integrated into its operations.

Infrastructural decisions, such as establishing breastfeeding rooms and providing flexible work hours for new mothers, demonstrate a thoughtful approach to addressing gender-specific needs. These policies reflect an understanding of the unique challenges faced by female staff and help create a supportive environment where women can balance their professional and personal responsibilities without being disadvantaged.

The hospital's recruitment and promotion practices are designed to ensure equal opportunities for both men and women, based on their qualifications and abilities. Gender representation is maintained in decision-making bodies, with a mandatory presence of women in meetings and committees. This practice helps ensure diverse perspectives in decision-making processes, promoting an inclusive culture where gender-related issues are considered and addressed.



"The hospital has made progress in gender integration, but there are still areas, such as addressing cultural biases about women's capabilities in technical roles, that need improvement. The open-door policy enables all employees to express their concerns and promotes an inclusive environment for addressing gender-related issues." (Leadership)

However, there are areas where the integration of gender considerations could be further improved. Cultural assumptions about women's availability and capabilities, particularly in technical roles such as IT and healthcare, indicate that gender biases still exist. These biases can manifest in the perception that men are better suited for specific roles, highlighting the need for more comprehensive gender sensitivity training and policy reforms.

Despite these challenges, Outspan Hospital's open-door policy enables all employees to voice their concerns and suggestions, fostering an inclusive environment where gender-related issues can be addressed. The hospital's training programmes, although not specifically gender-focused, are often conducted by female staff, indicating a level of gender integration in capacity building and professional development.

Employees' Perspectives on Gender Equity

Employees at Outspan Hospital generally perceive the organisation as supportive of gender equity. The hospital's policies and practices, which promote inclusivity and equal opportunities, reinforce this positive perception. From the recruitment process to the provision of facilities and support systems, the institution demonstrates a commitment to creating a balanced and inclusive work environment.

"I feel that while we have a balanced workforce with equal opportunities for all genders, perspectives on gender equity can vary based on personal experiences, with some feeling more could be done to support women's unique challenges and others believing current measures effectively promote fairness." (Leadership)



The workforce composition at Outspan Hospital is seen as balanced, with both genders well-represented across various levels of the organisation. Employees appreciate the equal opportunities provided for professional development and career advancement, regardless of gender. The presence of women in leadership roles, such as departmental heads, is viewed as a positive indicator of gender equity.

However, employee perspectives on gender equity can vary based on personal experiences and societal influences. Some employees feel that more could be done to address the unique challenges faced by

women, particularly in balancing work and family responsibilities. Others believe that the current measures in place are adequate and effective in promoting a fair and equitable work environment.

Despite these differing opinions, the overall sentiment among employees is that Outspan Hospital is committed to achieving gender equality. The open-door policy and suggestion box enable employees to communicate any concerns they may have; however, gender equity has not yet emerged as a prominent issue. This suggests that the existing policies and practices are mainly effective in fostering a balanced and inclusive workplace culture.

Nevertheless, there is recognition among employees that broader societal challenges and external factors can influence gender dynamics within the organisation. Some employees express a desire for more structured support for women, particularly in terms of career advancement and balancing work and life.



Variance in Perspective Between Male and Female Employees, and Junior and Management Cadres

Based on the information provided, there are notable variances in perspectives on gender equity among employees at Outspan Hospital, influenced by factors such as gender, role, and organisational level.

Female employees, particularly those in junior roles, may have a more direct experience of the impact of gender-specific policies, such as maternity leave and flexible work hours. These policies, while designed to support women, might be perceived by some male employees as favouring women, although most acknowledge their importance in creating a balanced work environment.



"I feel that while gender-specific policies like maternity leave and flexible hours are important for creating a balanced work environment, they can sometimes be seen as favouring women, and those of us in higher management positions often face challenges balancing work and personal life, which shapes our views on gender equity." (Employee)

At the management level, there is a general recognition of the need for gender equity and the benefits it brings to the organisation. However, women in higher management positions often face unique challenges in balancing their increased responsibilities with personal life, which can shape their perspectives on gender equity.

The variance in perspective is also evident when considering the subtle biases and challenges women face in their career progression. Female employees, especially in junior positions, may feel the need to prove their competence more rigorously than their male counterparts. They might also face biases in task allocation, with men being perceived as stronger and more confident in technical roles.

Furthermore, there is a perceived gap in communication and understanding between different organisational levels regarding the ground-level challenges faced by women. While management may be supportive of gender equity, they might not always be fully aware of the subtle biases and obstacles experienced by female staff in their daily work lives.

Despite these variances, there is a consensus among employees that Outspan Hospital promotes a merit-based approach to career advancement, focusing on performance and qualifications rather than gender. This approach is perceived positively by both male and female employees across different levels.

Female employees, especially in junior positions, may feel the need to prove their competence more rigorously than their male counterparts. They might also face biases in task allocation, with men being perceived as stronger and more confident in technical roles.

Organisational Support Structures

Formal Mentoring and Coaching Programmes

Outspan Hospital has established a combination of formal and informal mentoring and coaching programmes aimed at fostering professional growth and development among its staff.

"We have formal mentoring programmes with technical and management tracks, where senior staff guide new employees through hands-on training, shadowing, and feedback, and informal mentoring happens during ward rounds and bedside teachings, which all contribute to our learning and growth." (Leadership)



The success of these programmes is evident in the career progression of several staff members, who have advanced through the ranks by benefiting from structured mentorship and coaching.

Formal mentoring programmes are divided into technical and management tracks, each catering to the specific needs and career aspirations of the employees. For the technical track, new doctors and clinical staff are paired with senior medical officers who guide them through a preceptor programme. This programme involves hands-on training, shadowing, and continuous feedback to ensure that new staff members acquire the necessary skills and confidence to perform their roles effectively. The management track focuses on identifying potential leaders within the organisation. Once a promising candidate is identified, usually by a Head of Department (HOD) or division head, they are paired with a senior manager for mentorship. This coaching focuses on developing leadership skills, management responsibilities, and strategic thinking, preparing the mentee for future leadership roles.

In addition to the formal programmes, Outspan Hospital also encourages informal mentoring and coaching practices. Experienced staff members, such as senior nurses, provide guidance to new employees to help them understand their roles and responsibilities. Informal mentoring also occurs during ward rounds and bedside teachings, where senior doctors guide junior doctors in patient care and professional conduct. These interactions, although not formally structured, play a crucial role in on-the-job learning and capacity building.

The hospital also offers formal training programmes, including bi-monthly sessions on medical topics and service delivery, which are open to all staff. These sessions provide a platform for both learning and feedback, enabling staff to

enhance their skills and improve service quality. The hospital's appraisal system, which includes feedback on performance and areas for improvement, serves as another form of structured guidance and support.

Furthermore, Outspan Hospital supports staff education and training by providing sponsorship for courses that align with the organisation's needs. This structured approach to mentoring and coaching helps build a skilled and motivated workforce, contributing to overall organisational effectiveness.

The success of these programmes is evident in the career progression of several staff members, who have advanced through the ranks by benefiting from structured mentorship and coaching. However, there is still room for improvement, particularly in developing more targeted mentorship programmes to support the career advancement of women.



Peer Support Networks

Outspan Hospital has a combination of formal and informal peer support networks that foster a sense of community and mutual aid among employees. While there are no formal networks specifically designed to address professional growth or gender equity issues, the existing support systems play a vital role in creating a supportive and cohesive work environment.



"At our hospital, the welfare committee and chaplaincy department organise pastoral visits and provide emotional support to staff during personal crises, while also coordinating financial assistance for significant life events, and informal peer networks like WhatsApp groups and team activities help us connect and support each other." (Employee)

The welfare committee and chaplaincy department are the primary facilitators of peer support at Outspan Hospital. These groups organise activities such as pastoral visits, where staff members accompany the chaplain to provide emotional and spiritual support to colleagues in need. This support is particularly crucial during personal crises, such as illness or bereavement. The welfare committee also coordinates financial assistance for significant life events, including weddings, births, and medical emergencies.

Informal peer support networks, such as WhatsApp groups and team-building activities, provide additional platforms for employees to connect and support one another. These activities, which include sports days and staff luncheons, help build camaraderie and a sense of belonging among staff members. The open-door policy and regular meetings also encourage peer support by allowing employees to share their experiences and challenges.

The hospital's social welfare programmes, such as home visits for staff who have had a baby, further contribute to the supportive community culture. The welfare organisation within the hospital offers financial assistance, emotional support, and prayer to staff members during both good and challenging times.

However, the diversity in age and professional backgrounds among staff members can sometimes pose challenges to forming cohesive peer support networks. Additionally, there is no mention of specific support networks for women or other marginalised groups, indicating an area for potential development.

Despite the lack of formal networks targeting professional development or gender equity, the existing peer support systems at Outspan Hospital play a crucial role in maintaining a supportive and cohesive work environment. These networks ensure that employees feel valued and cared for, which in turn contributes to overall job satisfaction and retention. As the hospital continues to grow, it may benefit from establishing more structured support networks that cater to the specific needs of different employee groups, including those with gender-specific needs.

Men's Support for Women's Advancement

Men at Outspan Hospital actively support women's advancement within the organisation, particularly at the top management level. Despite the board of directors being entirely male, there is a strong commitment to gender equity, with a significant proportion of top management positions occupied by women. Male leaders provide mentorship, training opportunities, and continuous performance feedback, helping female employees navigate their career paths and equipping them with the skills and confidence needed to assume higher responsibilities.

"Men at Outspan Hospital, especially in top management, actively support women's advancement by providing mentorship, training, and performance feedback, helping us gain the skills and confidence needed for higher responsibilities." (Leadership)



This support is evident in the personal experiences of female staff, such as the Chief Nursing Officer, who highlights the active investment by male leaders in their professional growth. The director, a male, is described as a strong advocate for training and promoting female staff, particularly in specialised units like the Renal and ICU units.

However, while male mentors are proactive in guiding and encouraging career advancement, there is a lack of formal structures to ensure consistent support for women. The emphasis on mentorship from male leaders highlights the need for more female mentors who can provide balanced perspectives, considering both professional and personal aspects.

The collaborative work environment at Outspan Hospital further demonstrates men's support for women's advancement. Departments headed by women often enjoy strong support from male colleagues, contributing to a harmonious and productive work environment. The hospital's recruitment and promotion practices also reflect this support, with men in decision-making positions endorsing and facilitating the advancement of qualified female employees.

Core Beliefs, Values, and Practices Shaping Employee Behaviour and Interactions

Outspan Hospital's organisational culture is built upon a strong foundation of core values that significantly influence employee behaviour and interactions. These values include integrity, innovation, hard work, discipline, teamwork, and a deep sense of spirituality, with an emphasis on being God-fearing.

Integrity is a cornerstone value, particularly critical in the medical field for maintaining patient confidentiality and privacy. Employees are expected to embody this value in their daily tasks, ensuring that their conduct aligns with the ethical standards and moral compass set by the institution. This commitment to integrity and honesty ensures transparency and trustworthiness in all transactions and interactions.



"At Outspan Hospital, we work together across departments like nursing, oncology, and mental health to provide holistic care, with a strong sense of equality and moral responsibility guided by our religious beliefs." (Employee)

The culture at Outspan Hospital fosters a collaborative environment where employees from various departments, including nursing, oncology, renal care, and mental health, work together cohesively to deliver comprehensive healthcare services. Teamwork is vital, as the interdependence among departments ensures that patient care is holistic and efficient. Employees are expected to respect one another, regardless of their titles, fostering a strong sense of equality within the workforce.

The hospital also prioritises religious beliefs, with over 95% of the workforce identifying as Christians. This religious foundation leads to the belief that all actions should be performed as if under God's guidance, instilling a sense of moral responsibility and ethical behaviour among employees.

The diversity in age and professional backgrounds among staff members can sometimes pose challenges to forming cohesive peer support networks. Additionally, there is no mention of specific support networks for women or other marginalised groups, indicating an area for potential development.

Service to humanity is another cornerstone of Outspan Hospital's organisational culture. Employees go out of their way to assist clients, even if it means stepping outside their official roles. The hospital's philosophy of "doing the right thing first time always" encapsulates its commitment to excellence and righteousness in all endeavours.

Mechanisms to Ensure Adherence to Values and Practices

The adherence to core values and practices at the hospital is maintained through a combination of strong leadership, structured mechanisms, and continuous reinforcement. The executive director and senior leaders play a crucial role in championing these values, acting as role models, and constantly reminding staff of the importance of integrity, teamwork, and discipline.

The hospital utilises various tools to ensure that employees understand and adhere to the core values. Regular training sessions, workshops, and mentorship programmes are conducted to educate employees about the values and how to integrate them into their daily tasks. Performance evaluations and feedback mechanisms help ensure that employees stay aligned with the organisational values. Team meetings and departmental briefings provide platforms for reinforcing these values, addressing any deviations, and celebrating adherence and achievements.

"New employees get orientation and training to understand our values, and the hospital offers courses and encourages open communication to keep a supportive and consistent culture."
(Leadership)



New employees undergo orientation and training sessions to ensure they understand and integrate the organisational values into their work from the start. The hospital also offers internal courses and theological education to staff, fostering continuous learning and alignment with the institution's values. The management emphasises localised communication, encouraging open interaction among all staff levels to maintain a cohesive and supportive environment.

Policies that promote a culture of transparency and accountability are in place, making it easier for employees to adhere to established practices. This structured approach helps maintain a consistent organisational culture across all levels of the institution, ensuring that core values and practices remain at the heart of the hospital's operations.

Factors Shaping the Organisational Culture

A combination of internal and external factors shapes the organisational culture at Outspan Hospital. Leadership plays a pivotal role, with the executive director and other leaders setting the tone for the values and practices that the institution upholds. They lead by example, embodying the values they promote and guiding the hospital's cultural evolution.



"Our policies on conduct, patient care, and professional development shape our culture and support career growth, while our diverse workforce brings fresh perspectives, and the hospital addresses challenges like societal norms and addiction proactively." (Leadership)

Policies related to employee conduct, patient care, professional development, and interdepartmental collaboration provide clear guidelines and expectations, further shaping the culture. These policies support career growth and ensure a consistent approach to operations across the hospital.

The composition of the workforce, which includes a diverse mix of experienced professionals and young graduates from various backgrounds, brings together different perspectives and expertise. The balanced representation of both genders across departments also contributes to the hospital's cultural dynamics.

External factors, such as societal norms and health system constraints, present challenges that influence the hospital's operations and culture. However, the institution proactively addresses these issues through measures like accommodating employees' educational pursuits and addressing addiction problems.

Critical events, such as the hospital's recent ISO certification, impending transition to university status, infrastructural expansions, and collaborations with government bodies, also contribute to shaping the evolving culture of the hospital. These events drive the institution to adapt its practices to meet both internal and external expectations, ensuring continuous growth and development of its organisational culture.



The hospital also offers internal courses and theological education to staff, fostering continuous learning and alignment with the institution's values. The management emphasises localised communication, encouraging open interaction among all staff levels to maintain a cohesive and supportive environment.

Integration of Gender Issues into the Organisational Culture

Outspan Hospital is gradually integrating gender issues into its organisational culture through various initiatives and practices. The institution recognises the importance of supporting young mothers by providing breastfeeding rooms and helping them balance work and family life. This reflects a growing awareness and responsiveness to gender-specific needs within the workforce.

“Outspan Hospital supports gender equity by providing breastfeeding rooms for young mothers, ensuring balanced gender representation, and offering equal opportunities for professional development and health awareness.” (Employee)



The hospital promotes gender equity by ensuring a balanced representation of both genders across all departments, including traditionally male-dominated areas such as reception and maintenance. It provides equal opportunities for professional development and career advancement, actively encouraging and supporting women in pursuing further education and training.

Outspan Hospital also addresses gender-specific health issues through dedicated awareness months, offering discounts and free medical camps focused on men's and women's health. These initiatives demonstrate the hospital's commitment to promoting gender equity in both employment and healthcare services.

Although progress has been made, such as the appointment of the first female chair of the Hospital Welfare Association in recent years, the institution recognises that more needs to be done. Outspan Hospital is optimistic about increasing female representation in leadership roles. It is working towards creating a more inclusive environment that supports gender equity and ensures that gender biases do not hinder career advancement.

Impact of Organisational Culture on Women's Career Advancement

The organisational culture at Outspan Hospital has a significant impact on women's career advancement. The supportive environment, characterised by a commitment to integrity, teamwork, and ethical behaviour, creates opportunities for women to grow professionally. The hospital provides equal access to programmes for further education and professional development, encouraging women to advance their careers.

However, societal norms and expectations regarding women's roles in family and childcare can pose challenges. These cultural expectations may hinder women's ability to take advantage of career advancement opportunities, particularly if they require extended periods away from home.

“Societal norms like women being responsible for children and taking care of family make career advancement tough, but Outspan Hospital's flexible work arrangements and strong mentorship programmes help us balance professional and personal responsibilities.” (Leadership)



Despite these barriers, Outspan Hospital's inclusive culture and support system help mitigate some of the challenges women face. The institution offers flexible work arrangements and fosters a supportive community, enabling women to balance their professional and personal responsibilities.

The hospital's robust mentorship and training programmes offer women the necessary resources and guidance to pursue leadership roles and achieve professional growth. By cultivating an environment that values equal treatment and opportunities, Outspan Hospital creates a strong foundation for women to advance their careers and make significant contributions to the institution.

Employees' Perspectives on Gender Equity

Employees at Outspan Hospital generally perceive the organisation as supportive of gender equity. The hospital's policies and practices, which promote inclusivity and equal opportunities, reinforce this perception. From the recruitment process to the provision of facilities and support systems, the institution demonstrates a commitment to gender equity.



“Our workforce is balanced with both genders well-represented, and many women in leadership roles, but some of us feel more support is needed for balancing work and family responsibilities.” (Employee)

The workforce composition is balanced, with both genders represented across various levels of the organisation. Employees appreciate the equal opportunities for professional development and career advancement provided by the hospital. The presence of women in leadership roles, such as the majority of departmental heads being female, is seen as a positive indicator of gender equity.

However, employee perspectives on gender equity can vary based on personal experiences and societal influences. Some employees believe that more structured support is necessary for women, particularly in balancing work and family responsibilities. There is also recognition of broader societal challenges that impact gender dynamics, such as the neglect of the boy child in the region and external factors like alcoholism.

Employees appreciate the equal opportunities for professional development and career advancement provided by the hospital. The presence of women in leadership roles, such as the majority of departmental heads being female, is seen as a positive indicator of gender equity.

Despite these differing opinions, the overall sentiment among employees is that Outspan Hospital is committed to achieving gender equality. The open-door policy and suggestion box allow employees to communicate any concerns; however, gender equity has not yet emerged as a major issue. This suggests that the existing policies and practices are largely effective in promoting a balanced and equitable work environment, although continuous improvement and awareness remain necessary.

Differences in Perspective Based on Gender and Seniority

Perspectives on gender equity at Outspan Hospital vary based on gender and seniority. Male employees generally view the increasing number of women in leadership positively and do not perceive significant issues related to gender equity. However, they may not fully grasp the unique challenges faced by their female colleagues.

“As a junior female employee, I often feel the impact of societal expectations, which affects my career progression, and we need continuous dialogue and support to create a more inclusive environment.” (Employee)



Female employees, particularly those in junior positions, often feel the impact of societal expectations more acutely, which can affect their career progression. They may encounter barriers related to balancing work and family responsibilities or face biases that hinder their advancement.

Senior female leaders tend to focus on the structural and policy changes needed to support gender equity. They advocate for initiatives that address the specific challenges faced by women in the workplace and promote a more inclusive environment.

The disparity in perspectives highlights the need for ongoing dialogue and education on gender issues within the organisation. By fostering open communication and providing targeted support, Outspan Hospital can strive to create a more inclusive and supportive environment for all employees, regardless of gender or seniority.

Comparison of Organisational Culture with other Health Facilities

Outspan Hospital's organisational culture stands out among other healthcare facilities due to its strong emphasis on core values and a cohesive, interdisciplinary approach to patient care. The hospital's commitment to integrity, teamwork, and innovation fosters a supportive environment for both staff and patients, distinguishing it from other institutions.

However, like many healthcare facilities, Outspan Hospital faces challenges related to gender equity and societal norms. Despite these obstacles, the hospital has taken proactive steps to address these issues, demonstrating a progressive approach that could serve as a model for other organisations.

Some of the initiatives implemented by Outspan Hospital include providing breastfeeding rooms for young mothers, dedicating months to gender-specific health awareness, and supporting female leadership. These measures not only create a more inclusive and supportive work environment but also promote gender equity in healthcare services.

By prioritising core values, fostering a cohesive work culture, and actively addressing gender equity challenges, Outspan Hospital has established itself as a leader in the healthcare industry. Its progressive approach and commitment to creating a supportive environment for both staff and patients serve as an exemplary model for other healthcare facilities to follow.

Recommended Changes to Support Women's Career Advancement

To better support women's career advancement, Outspan Hospital should implement several key changes. Firstly, introducing more flexible work schedules and providing additional support for young mothers, such as on-site childcare facilities, would help women balance their professional and personal responsibilities more effectively. This would enable them to continue pursuing their careers while managing family obligations.



“Enhancing mentorship programmes for women and offering more leadership training would help us gain the skills and confidence to advance, and ensuring equal representation in training is crucial for a fair environment.” (Employee)

Enhancing mentorship programmes specifically targeted at women and offering more leadership training opportunities would be highly beneficial. These initiatives would provide women with the necessary guidance, skills, and confidence to advance in their careers and take on leadership roles within the organisation.

Implementing policies that actively promote gender equity, such as ensuring equal representation in training and advancement opportunities, is crucial. By creating a level playing field, Outspan Hospital can foster an environment where women have the same chances as their male counterparts to grow and succeed professionally.

Celebrating women's successes and providing platforms for them to share their experiences and challenges can further foster a supportive and inclusive environment. This would not only boost morale but also inspire other women to pursue their career goals and contribute to the hospital's success.

By prioritising core values, fostering a cohesive work culture, and actively addressing gender equity challenges, Outspan Hospital has established itself as a leader in the healthcare industry.

Stakeholders Responsible for Championing Cultural Changes

The responsibility for championing cultural changes to support women's career advancement at Outspan Hospital falls on multiple stakeholders. Senior leaders, including the executive director and departmental heads, play a crucial role in setting the tone and leading by example. They must actively promote gender equity and ensure that policies and practices align with this goal.

The Human Resources department plays a pivotal role in implementing and monitoring policies that promote gender equity. They should develop and enforce guidelines that ensure equal opportunities for women in recruitment, training, and promotion processes.

External stakeholders, such as professional associations, regulatory bodies, and NGOs, can provide valuable support to Outspan Hospital in their efforts to promote women's career advancement. These organisations can offer funding for gender equity initiatives, provide training programmes to develop female leadership skills, and advocate for policies that support women in the workplace.

Female employees themselves play a significant role in driving change. They should actively participate in mentorship programmes, both as mentors and mentees, to foster a supportive network within the organisation. Women must also advocate for their needs and concerns, ensuring that those in positions of decision-making hear their voices. By serving as role models and demonstrating leadership, female employees can inspire and empower their peers to pursue their career goals.



Organisational Strategies and Intervention Opportunities

Experience with Gender Equity Interventions

Outspan Hospital's experience with gender equity interventions has been largely positive, although somewhat informal and organic. The institution has implemented several policies and practices aimed at promoting gender equity, including flexible work hours for new mothers, the provision of breastfeeding rooms, and a commitment to the one-third gender rule in decision-making roles, such as the ethics review committee.

"Our gender equity efforts have been positive, with flexible hours for new mothers and breastfeeding rooms, but mostly informal and organic, focusing on merit and qualifications rather than gender." (Employee)



The hospital's overarching policies are designed to provide equal opportunities based on individual capacity and qualifications, rather than gender. This inclusive approach has naturally fostered an environment where gender equity is a byproduct of broader institutional policies. The hospital operates on a merit-based, gender-neutral approach in its recruitment and promotion practices, ensuring that all candidates are evaluated based on their qualifications and abilities.

However, the lack of formal interventions means that the hospital may not be fully addressing the specific challenges and barriers that women face in the workplace. While there have been actionable steps taken to address issues like sexual harassment, gender equity is not always a frequent topic of discussion in organisational meetings, suggesting that interventions may not be deeply integrated into the organisation's everyday strategic priorities.

Despite this, the hospital has made strides in empowering its female workforce, with women increasingly advancing into leadership roles within the organisation. This shift has been facilitated by educational opportunities and an organisational culture that encourages women to develop their professional skills.

Women must also advocate for their needs and concerns, ensuring that those in positions of decision-making hear their voices. By serving as role models and demonstrating leadership, female employees can inspire and empower their peers to pursue their career goals.

Aspects with the Greatest Potential for Change

Several aspects within Outspan Hospital have significant potential to drive change and enhance gender equity. One critical area is the continuous review and enhancement of HR policies to align with global standards and the evolving needs of the workforce. As the hospital transitions into a university hospital, it has the opportunity to benchmark against more progressive academic and research institutions, which often have advanced gender policies.



“To drive change and enhance gender equity, we need to update our HR policies to global standards, address stereotypes about women’s roles, and provide targeted training as we transition into a university hospital.” (Leadership)

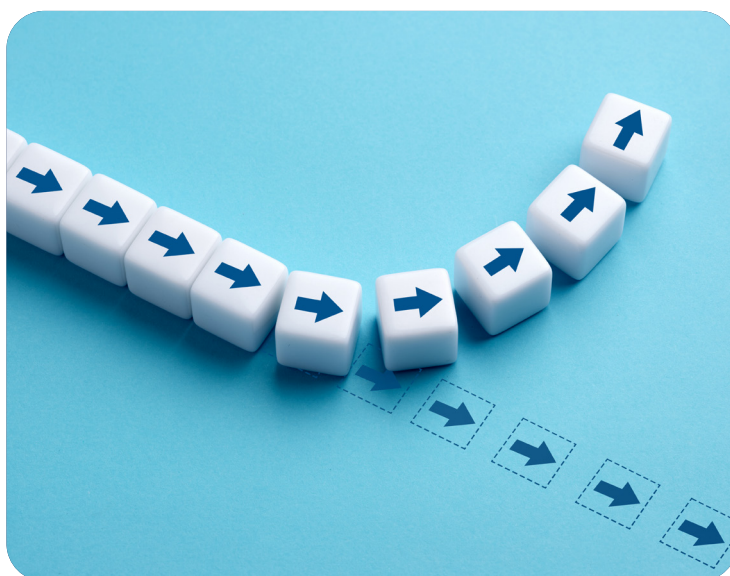
Another aspect with great potential is addressing stereotypes and assumptions about women’s roles and capabilities. Societal norms and personal biases sometimes impede women’s career advancement, and targeted training and awareness programmes could help shift the organisational mindset, promoting a more inclusive culture.

Creating explicit policies that support gender equity in promotions and project assignments could also drive meaningful change. Implementing mechanisms for tracking gender parity and ensuring balanced representation across different organisational levels can lead to more significant and measurable improvements in gender equity.

The hospital’s open-door policy and suggestion box system present opportunities to gather direct feedback

from employees on gender-related issues, which can then be addressed systematically. Additionally, providing more robust educational and training opportunities can help bridge the gap in qualifications that often limits women’s career advancement.

Incorporating gender equity more explicitly into the hospital’s strategic priorities and ensuring that policies are transparent and well-communicated could significantly enhance gender equity. By focusing on these key areas, Outspan Hospital can foster a more inclusive and equitable environment for all its employees.



Incorporating gender equity more explicitly into the hospital’s strategic priorities and ensuring that policies are transparent and well-communicated could significantly enhance gender equity

Enabling Gender Equity as a Strategic Priority

To enable gender equity to become a strategic priority, Outspan Hospital needs to embed gender considerations into all aspects of its operations and decision-making processes. This involves not only revising policies but also ensuring their effective implementation through robust control mechanisms.

Establishing a dedicated gender equity task force to oversee and drive gender-related initiatives would be a significant step forward. This task force can integrate gender equity into strategic planning, recruitment, promotions, and performance evaluations. Regular training and sensitisation programmes for all staff on gender equity issues will help in changing attitudes and fostering a more inclusive culture.

Speaking out about gender equity issues during management meetings and ensuring that women’s voices are heard could be a crucial first step. This approach would require senior management to prioritise gender equity in their discussions and decision-making processes. Updating the hospital’s policies to explicitly include gender equity considerations and ensuring strict adherence to these policies could help institutionalise this priority.

“Creating a dedicated gender equity task force and updating policies to prioritise gender equity would be a big step forward, especially as we transition into a university hospital.” (Employee)



The hospital’s transition into a university hospital presents an opportunity to embed gender equity standards into its strategic framework. Establishing clear policies, setting measurable targets, and regularly monitoring progress are essential steps to ensure that gender equity becomes a central focus of the hospital’s mission.

Fostering a culture that values diversity and inclusivity and providing regular training programmes that highlight the importance of gender equity and offer practical steps to achieving it across all levels of the organisation can further solidify gender equity as a strategic priority at Outspan Hospital.

Description of a Successful Organisation In Relation To Gender Equity

A successful organisation in relation to gender equity is one that actively creates an inclusive environment where both men and women have equal opportunities to grow and succeed. Such an organisation has clear, transparent policies that support gender equity, including those addressing harassment, flexible work options, and fair representation in decision-making bodies.

Facilities and support systems that address gender-specific needs, such as maternity leave, flexible work hours, and childcare options, are provided. The organisation actively tracks and reports on gender equity metrics, using this data to inform policy decisions and address any disparities.



“Success at Outspan Hospital means equal career opportunities for everyone, addressing the unique challenges faced by women, and ensuring promotions are based on skills and performance, not gender.” (Leadership)

In the context of a healthcare facility like Outspan Hospital, success would involve providing equal opportunities for career advancement and professional development, accommodating the unique challenges faced by women, such as balancing family responsibilities with career growth. A successful organisation would have formal mechanisms for addressing and rectifying gender disparities, ensuring equal representation at all levels of the organisation.

Employment and promotions would be based strictly on qualifications, skills, and performance rather than gender. The organisation would actively encourage career advancement for all employees, providing equal opportunities for both men and women, and offer formal mentoring and coaching programmes to support the career advancement of women and other underrepresented groups.

Fostering a culture where all employees feel valued and supported, and where gender does not impede professional growth or opportunities, is crucial. Positive feedback from employees, visible growth in gender balance, and an overall improvement in organisational performance and culture would be indicators of success in achieving gender equity.

Proposed Interventions for a More Gender-Responsive Organisation

To become a more gender-responsive organisation, Outspan Hospital could implement several key interventions. Firstly, establishing a formal gender equity task force to oversee and drive gender-related initiatives would ensure a sustained focus on this issue. This task force could be responsible for developing comprehensive gender equity policies and ensuring they are well communicated to all employees.

Enhancing mentorship and coaching programmes to include more structured and targeted support for women aspiring to leadership roles would help address current gaps in leadership development. Pairing junior female staff with senior mentors who can provide guidance and support could be a valuable strategy. Additionally, establishing forums to educate women on career advancement and the importance of professional growth could further support their development.

“To become more gender-responsive, we need a formal gender equity task force, better mentorship for women, and regular workshops to address biases and promote inclusion.”
(Employee)



Conducting regular gender sensitisation workshops and training for all staff, especially senior management, would help address biases, promote a culture of inclusion, and foster a more supportive and respectful work environment. Implementing workshops and mentorship programmes to encourage both men and women to support gender equity could further embed this principle into the organisational culture.

Introducing flexible career pathways that allow for lateral movement and skill development without necessarily requiring a transition into management roles could cater to the diverse interests of female employees. Updating policies to ensure gender equity in hiring, promotions, and project assignments, as well as creating more opportunities for women to participate in decision-making processes, such as inviting middle management female leaders to board meetings, could also contribute to a more gender-responsive organisation.

Ensuring that all policies are regularly reviewed and updated to reflect best practices in gender equity, setting specific targets for gender representation at different organisational levels, and implementing mechanisms to monitor and report on gender parity within the organisation regularly would help maintain a supportive and inclusive work environment. By implementing these interventions, Outspan Hospital can strengthen its commitment to gender equity and foster a more balanced and inclusive work environment.



Positive feedback from employees, visible growth in gender balance, and an overall improvement in organisational performance and culture would be indicators of success in achieving gender equity.

Career Advancement Opportunities

Typical Career Path for Women Within The Facility

At Outspan Hospital, women typically begin their careers in entry-level positions, such as nursing, medical officer, and support staff roles. As they gain experience and further their education, they can progress to more specialised roles and leadership positions. For example, a nurse may start in general care and eventually transition into specialised units, such as oncology, renal care, mental health, dermatology, or the nutrition department. Career progression often includes roles such as department heads, nurse managers, unit supervisors, and senior medical officers.

The hospital offers various opportunities for professional development, including higher diploma courses, certifications, and specialised training programmes. These initiatives enable women to acquire the necessary skills and knowledge to advance their careers and take on leadership roles within the organisation.



"At Outspan Hospital, women start in entry-level roles like nurses and support staff, but with experience, training, and mentorship, they can advance to specialised roles and leadership positions." (Employee)

Engaging in training and mentorship programmes is also crucial for advancing women's careers at Outspan Hospital. These programmes provide guidance, support, and networking opportunities that help women navigate their career paths and reach their professional goals.

By providing a supportive environment and growth opportunities, Outspan Hospital encourages women to pursue their career aspirations and take on leadership positions within the healthcare sector.

Roles and Positions Frequently Occupied by Women

Women at Outspan Hospital occupy a wide range of roles, from nursing and medical specialities to administrative positions. They are well-represented in various departments, including the Renal Unit, Oncology, Mental Health, Dermatology, Internal Medicine, Pharmacy, and the Intensive Care Unit (ICU).

Women hold various roles in departments like Renal, Oncology, Mental Health, and ICU, and many are in leadership positions, thanks to supportive policies and a strong presence of female graduates." (Leadership)



The prevalence of women in leadership positions, such as department heads and nurse managers, reflects the institution's supportive policies towards female employees. This is partly due to the high number of female graduates entering the healthcare field, resulting in a strong female presence in both clinical and administrative roles.

In addition to their clinical roles, women at Outspan Hospital play a significant part in mentoring and training junior staff, including interns. This involvement in the professional development of others further underscores the integral role women play within the organisation.

The hospital's commitment to fostering an inclusive environment and providing growth opportunities has enabled women to thrive in their chosen careers and take on leadership positions across various departments and specialities.

Formal and Informal Processes for Promotion or Career Advancement

Career advancement at Outspan Hospital is facilitated through a combination of formal processes and informal support systems. The hospital has established structured programmes for employee development, including training initiatives, performance evaluations, and clear promotional criteria. Employees are actively encouraged to further their education, with the hospital often sponsoring advanced degrees and specialised training to support their growth.



"At Outspan Hospital, career advancement is supported by formal training programmes and mentorship from senior staff, which helps us grow and navigate our career paths." (Employee)

Informally, mentorship plays a vital role in career progression at Outspan Hospital. Senior staff members take an active interest in guiding and supporting junior employees, providing valuable insights and advice to help them navigate their career paths effectively.

Regular departmental meetings and feedback sessions serve as additional platforms for employees to discuss their career aspirations and receive targeted guidance on achieving their goals. These interactions foster an environment of open communication and continuous learning, enabling employees to identify and pursue opportunities for growth within the organisation.

By offering a comprehensive range of formal development programmes and cultivating a supportive culture through mentorship and regular feedback, Outspan Hospital demonstrates its commitment to helping employees advance their careers and reach their full potential.

Regular departmental meetings and feedback sessions serve as additional platforms for employees to discuss their career aspirations and receive targeted guidance on achieving their goals. These interactions foster an environment of open communication and continuous learning, enabling employees to identify and pursue opportunities for growth within the organisation.

Factors Contributing To The Current State of Career Advancement Opportunities

A combination of historical, legal, financial, and sociocultural factors shapes the current state of career advancement opportunities at Outspan Hospital. The healthcare field has historically seen a significant influx of female professionals, primarily driven by societal norms and educational trends that have encouraged women to pursue careers in this sector.

Legal and policy frameworks within the hospital, such as those promoting gender equity and supporting further education, have played a crucial role in shaping career advancement opportunities. These policies aim to create an inclusive environment that enables all employees, regardless of gender, to access the resources and support necessary for professional growth and development.

“Our career advancement opportunities are shaped by many factors, and while our policies support gender equity and education, budget constraints and societal norms still pose challenges, especially for women aiming for leadership roles.” (Employee)



However, budget constraints occasionally pose challenges to the extent of support available for advanced training and development programmes. The hospital actively seeks to mitigate these limitations by fostering partnerships and securing external funding sources, ensuring that employees have access to the necessary resources for career advancement and growth.

Despite these efforts, gender norms continue to influence the dynamics of career advancement, both within the organisation and in the broader society. Women often face additional challenges and barriers when pursuing leadership roles or advanced positions, highlighting the ongoing need for targeted initiatives to address these disparities.

By acknowledging and addressing these multifaceted factors, Outspan Hospital demonstrates its commitment to creating an environment that supports the professional growth and advancement of all its employees while actively working to overcome the historical, financial, and sociocultural barriers that may hinder progress toward achieving accurate gender equity in career opportunities.

Perceived Barriers and Challenges Faced by Women in Career Advancement

Women at Outspan Hospital face numerous barriers and challenges in their career advancement. Societal expectations regarding childcare and family responsibilities often conflict with their professional aspirations, making it difficult for women to pursue advanced education or leadership roles. These expectations can place a significant burden on women, who often find themselves juggling multiple responsibilities at home and work.

Financial constraints within families can also limit women's ability to invest in further education, hindering their career advancement. This lack of access to resources and support can perpetuate existing inequalities, making it more difficult for women to overcome barriers to career progression.

Moreover, women often feel the need to prove their competency more than their male counterparts, which can be mentally and physically taxing. This added pressure to demonstrate their capabilities can lead to increased stress and burnout, further impeding their career growth.



“Financial constraints and the need to prove competency more than men can hinder women's career progression, causing stress and burnout, while persistent gender biases limit their opportunities in certain medical fields.” (Leadership)

Despite gradual changes in attitudes, the perception that specific medical fields are more suitable for men persists. This gender bias can limit opportunities for women and discourage them from pursuing certain specialities, ultimately restricting their career options.

Addressing these multifaceted barriers requires a concerted effort from both individuals and institutions. By providing targeted support, resources, and policies that promote gender equity, Outspan Hospital can create an environment that enables women to overcome these challenges and achieve their full potential in their chosen careers.



Significant Events or Decisions Impacting Career Advancement Opportunities for Women

Significant events at Outspan Hospital have positively impacted career advancement opportunities for women. The hospital's ISO certification and its transition into a university hospital have led to increased training opportunities and a broader scope for specialisation. These milestones demonstrate the institution's commitment to professional development and have created a more supportive environment for women's career growth.

"Our ISO certification and transition to a university hospital have increased training opportunities and specialisation, showing our commitment to professional development and creating a supportive environment for women's career growth." (Leadership)



Infrastructural changes and collaborations with government bodies have also played a role in enhancing career prospects for women. The hospital's commitment to gender equity is evident in its support for ongoing education and professional development, as well as the appointment of women to senior leadership roles. The provision of study leaves for advanced education is another notable decision that has positively influenced women's career trajectories.

The appointment of the first female chair of the Hospital Welfare Association in recent years marks a significant step towards gender inclusivity. This decision, along with the other supportive measures implemented by the hospital, indicates the institution's commitment to creating an environment that encourages and facilitates women's career advancement.

These events collectively demonstrate Outspan Hospital's ongoing efforts to foster a culture of professional development and gender equity, ultimately leading to improved career opportunities for women within the organisation.

Implications of current career advancement opportunities on women's career growth and job satisfaction

The current career advancement opportunities at Outspan Hospital have a significant impact on women's career growth and job satisfaction. Women who successfully advance in their careers tend to exhibit high levels of job satisfaction and demonstrate strong loyalty to the institution. This positive impact can be attributed to the availability of training and mentorship programmes, which allow women to develop professionally and assume leadership roles.

As women advance in their careers, they experience increased self-esteem and professional fulfilment, which in turn contributes to their overall job satisfaction. The supportive environment and opportunities for growth provided by the hospital play a crucial role in positively impacting women's careers.



"As we advance in our careers, our self-esteem and job satisfaction improve, thanks to the hospital's supportive environment and growth opportunities, but societal norms and financial constraints still pose challenges that need continuous support and policy improvements." (Employee)

Despite these beneficial effects, women still face barriers related to societal norms and financial constraints, which can sometimes mitigate the positive impact of career advancement opportunities. These challenges underscore the need for ongoing support and policy improvements to ensure that women can fully benefit from available opportunities and overcome the obstacles that hinder their career growth.

By recognising the significant impact of career advancement opportunities on women's job satisfaction and addressing the existing barriers, Outspan Hospital can create a more inclusive and supportive environment that enables women to thrive in their professional lives.

Comparison of Career Advancement Opportunities With Other Health Facilities

In comparison to other health facilities, Outspan Hospital stands out as a progressive institution in its support for women's career advancement. The hospital's strong emphasis on mentorship, training, and gender equity distinguishes it from many of its peers. By actively providing opportunities for professional development and fostering a supportive environment, Outspan Hospital demonstrates its commitment to enabling women's career growth.

"Compared to other health facilities, Outspan Hospital stands out because it actively supports women's career growth through mentorship, training, and gender equity." (Employee)



Although challenges related to gender equity persist, Outspan Hospital takes a proactive approach in addressing these issues. The institution recognises the importance of creating a level playing field for women and implements strategies to promote their advancement. This progressive stance contrasts with the situation in some other health facilities, where gender equity may not receive the same level of attention, and opportunities for women's career advancement may be more limited.

As women advance in their careers, they experience increased self-esteem and professional fulfilment, which in turn contributes to their overall job satisfaction.



While there is still room for improvement, Outspan Hospital's dedication to supporting women's professional growth sets a positive example for other health facilities. By prioritising gender equity and investing in the development of its female workforce, the hospital is creating a more inclusive and empowering environment that enables women to thrive in their chosen careers.

Recommended Changes To Provide Equitable and Impactful Career Advancement Opportunities for Women

To provide more equitable and impactful career advancement opportunities for women, Outspan Hospital should implement several key changes. Firstly, introducing more flexible work schedules and on-site childcare facilities would be a significant step in helping women balance their professional and personal responsibilities more effectively. This support would enable them to pursue their career goals while managing family obligations.

Enhancing mentorship and leadership training programmes specifically designed for women can foster a stronger pipeline of female leaders within the organisation. These initiatives would equip women with the necessary skills, guidance, and support to advance in their careers and assume leadership roles.

Implementing policies that ensure equal representation in training and advancement opportunities is crucial for creating a level playing field. By mandating fair access to these resources, Outspan Hospital can address potential biases and barriers that may hinder women's career progression.



"We can create a fair environment that helps women advance in their careers by enhancing mentorship and leadership training programmes for women and ensuring equal representation in training opportunities." (Leadership)

Celebrating women's successes and creating platforms for them to share their experiences can further cultivate a supportive and inclusive environment. Recognising and highlighting the achievements of female employees not only boosts morale but also inspires other women to pursue their career aspirations.

Stakeholders Involved in Implementing Changes

Implementing the proposed changes to enhance career advancement opportunities for women at Outspan Hospital will require the involvement and collaboration of multiple stakeholders. Senior leaders, including the executive director and department heads, play a crucial role in championing these initiatives and setting an example for others to follow. Their support and commitment are essential for driving the necessary changes and creating a culture that values gender equity.

The Human Resources department is another key stakeholder, as they are responsible for implementing and monitoring policies related to career advancement and gender equity. They will need to work closely with senior leadership to develop and enforce these policies, ensuring that they are effective and aligned with the organisation's goals.

"External partners like professional associations and NGOs can help us with funding and expertise for training, while we, as female employees, need to actively join mentorship programmes and advocate for our needs." (Employee)



External stakeholders, such as professional associations, regulatory bodies, and NGOs, can provide valuable support in implementing these changes. They can offer funding for training and development programmes, share best practices and expertise, and advocate for gender equity in the healthcare sector.

Female employees themselves are critical stakeholders in driving change. By actively participating in mentorship programmes, advocating for their needs, and sharing their experiences, they can contribute to creating a more inclusive and supportive workplace culture.

Successful implementation of these changes will require the collaboration and commitment of all stakeholders. By working together towards a common goal of promoting gender equity and equal opportunities for career advancement, Outspan Hospital can create a more inclusive and empowering environment for its female employees.

By actively participating in mentorship programmes, advocating for their needs, and sharing their experiences, women can contribute to creating a more inclusive and supportive workplace culture.

External Partnerships, Collaborations, or Support Needed To Enhance Career Advancement Opportunities for Women

External partnerships and collaborations play a crucial role in enhancing career advancement opportunities for women at Outspan Hospital. By partnering with universities and training institutions, women can gain access to specialised education and training programmes, acquiring the necessary skills and knowledge to progress in their careers.

Collaborating with NGOs and professional associations can bring in additional funding and resources, which can be used to support mentorship programmes, leadership development initiatives, and other activities that promote women's career growth.

Sharing best practices with other health facilities through networks and conferences is another valuable approach. By learning from the experiences and strategies of different organisations, Outspan Hospital can gain new insights and ideas for supporting women's career advancement.

Engaging cultural change experts and community influencers is also essential for addressing societal norms and creating a more supportive environment for women's career growth. These partnerships can help challenge traditional gender roles and expectations, fostering a culture that values and encourages women's professional growth and development.

"Partnering with cultural change experts and community influencers helps us challenge traditional gender roles and create a supportive environment for women's career growth."
(Leadership)



By leveraging these external partnerships and collaborations, Outspan Hospital can access a wide range of resources, expertise, and support to enhance career advancement opportunities for women within the organisation.

Engaging cultural change experts and community influencers is also essential for addressing societal norms and creating a more supportive environment for women's career growth. These partnerships can help challenge traditional gender roles and expectations, fostering a culture that values and encourages women's professional growth and development.

5. Lessons Learned



Organisational Structure

Outspan Hospital's clearly defined hierarchical structure provides a vital learning point on the importance of organisational clarity. By assigning clear responsibilities across all levels, the hospital ensures smoother operations and reduces role confusion, leading to faster and more informed decision-making. This structured approach serves as a model for other institutions looking to streamline their processes and enhance efficiency. Additionally, Outspan's merit-based promotion system highlights the benefit of fostering a culture of excellence. By rewarding merit, the hospital motivates employees to perform at their best, ensuring that the most qualified individuals are promoted to the most suitable positions. This, in turn, can lead to higher overall performance and job satisfaction.



Policy

The hospital's policy requiring a minimum gender representation in meetings, coupled with their practice of benchmarking gender metrics against global standards like those set by the World Health Organisation (WHO), serves as a key learning point on how organisations can actively promote diverse representation and track their progress towards gender equity. This approach ensures that diverse voices are heard and that the organisation remains accountable to international standards. Another significant learning comes from the hospital's commitment to providing equal salaries for men and women in equivalent positions. This commitment, along with specific policies that address the needs of female employees—such as maternity leave, flexible working hours, and breastfeeding facilities—demonstrates how organisations can create a more equitable and supportive workplace for women.



Organisational Leadership

Outspan's inclusion of women in executive and middle management roles, where they actively participate in decision-making processes, provides a key learning on the benefits of empowering women in leadership positions. This inclusive approach leads to more well-rounded and comprehensive decision-making, leveraging diverse perspectives to drive the organisation forward. Additionally, the board's demonstrated support for the advancement of women, as evidenced by their trust in female leaders to make key decisions, such as the redesign of the maternity unit, underscores the importance of visible support and trust from top leadership in fostering gender equity. Such actions not only motivate and inspire women within the organisation but also set a precedent for gender-inclusive practices.



Organisational Culture

The hospital's strong shared values, such as a focus on teamwork and service, along with practical measures like providing breastfeeding rooms, offer a key learning on the importance of integrating organisational values with tangible support. This combination fosters a more inclusive and supportive environment for all employees. Additionally, the hospital's open-door policy, paired with the increasing number of women in leadership roles, provides significant insight into how transparency and positive role modelling can encourage employees to voice their concerns and drive cultural shifts toward gender equity. By normalising open communication and showcasing female leaders, Outspan demonstrates how these practices can contribute to a more gender-inclusive workplace.



Organisational Support Structures

The hospital's multi-faceted mentoring approach, which combines formal programmes with informal guidance and hands-on training, provides key insights into the effectiveness of diverse mentoring methods. This approach caters to various learning styles and career stages, ensuring that all staff members receive the support they need to grow professionally. Additionally, the hospital's commitment to staff development, demonstrated by its appraisal system, sponsorship for education, and the positive impact of mentoring on career progression, highlights the importance of investing in employee growth. Such investments foster a culture of continuous improvement and help create a pipeline of skilled professionals ready to take on leadership roles.



Organisational Strategies and Intervention Opportunities

Outspan's openness to policy reviews, particularly as it transitions to university status, combined with the increasing number of women advancing to leadership roles, highlights a key learning on the importance of adaptability and a demonstrated commitment to progress. This flexibility in policy and practice creates a foundation for positive change, enabling the organisation to evolve and effectively meet emerging challenges. Additionally, the hospital's merit-based, gender-neutral practices in recruitment and promotions, along with its commitment to equal opportunities and facilities, provide a key learning on how establishing a baseline of fairness can pave the way for more targeted gender equity initiatives. By promoting fairness from the outset, Outspan sets the stage for more focused efforts to address gender imbalances.



Career Advancement Opportunities

The hospital's clearly defined career path, combined with diverse professional development opportunities, provides key insights into the effectiveness of structured growth trajectories. By investing in employee development, the hospital fosters career advancement and creates a skilled workforce ready for future challenges. Additionally, the supportive environment at Outspan, which encourages leadership aspirations and offers both formal and informal support mechanisms, highlights the importance of a culture of encouragement. This inclusive atmosphere empowers employees to pursue leadership roles, making them feel valued and motivated.



The hospital's open-door policy, paired with the increasing number of women in leadership roles, provides significant insight into how transparency and positive role modelling can encourage employees to voice their concerns and drive cultural shifts toward gender equity.



6. Conclusions

Outspan Hospital's experience with gender equity and career advancement offers valuable insights into the broader conversation on these critical issues in the healthcare sector. The hospital's organisational structure, policies, leadership, and culture demonstrate a commitment to supporting women's career growth, albeit with some areas for improvement.

The hospital's hierarchical structure incorporates merit-based promotions and women's representation in middle management and executive roles. However, the all-male board composition and underrepresentation of women at the highest levels highlight the need for more explicit gender considerations in structuring the organisation.

Outspan Hospital's policies implicitly support gender equity through the one-third gender rule in decision-making, merit-based recruitment, and accommodations for the specific needs of female employees. However, the lack of formal gender equity policies and tracking mechanisms suggests room for more systematic approaches.

While women contribute significantly to the hospital's leadership and decision-making processes, the board's commitment to gender equity could be further formalised through explicit strategies and accountability measures. The board's lack of women remains a notable gap.

The hospital's organisational culture values integrity, teamwork, and inclusivity, with policies addressing gender-specific needs. However, lingering stereotypes and the influence of societal norms indicate areas where gender equity could be more deeply embedded into the cultural fabric.

Outspan Hospital's formal mentoring programmes, peer support networks, and male leaders' advocacy for women's advancement contribute positively to women's career growth. Nonetheless, targeted mentoring for women's leadership development, along with more structured support networks, could further enhance these opportunities.

The hospital's experiences also highlight the multifaceted barriers women face in career advancement, ranging from societal expectations surrounding family roles to financial constraints and confidence gaps. Addressing these challenges requires a holistic approach that extends beyond workplace initiatives to tackle broader sociocultural norms.

Outspan Hospital's journey illustrates the importance of intentionally integrating gender considerations into all aspects of organisational functioning, from strategy and policy to culture and support structures. Regularly reviewing progress, engaging employees across levels, and collaborating with external partners are key to driving sustainable change.

As the hospital continues to evolve, prioritising gender equity as an explicit strategic objective, backed by formal policies, targets, and accountability mechanisms, will be crucial. Investing in targeted interventions to support women's advancement, challenging limiting stereotypes, and fostering an inclusive culture will enable Outspan Hospital to set a strong example in promoting gender equity within the healthcare sector.

By openly sharing its experiences, challenges, and progress, Outspan Hospital can make a meaningful contribution to the broader discourse on gender and career advancement. Its insights can inspire other organisations to reflect on their practices critically and drive the systemic changes necessary to create truly equitable workplaces where all employees can thrive.

The hospital's organisational culture values integrity, teamwork, and inclusivity, with policies addressing gender-specific needs. However, lingering stereotypes and the influence of societal norms indicate areas where gender equity could be more deeply embedded into the cultural fabric.

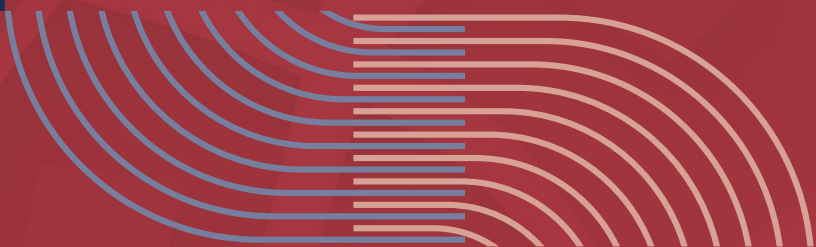


The Case of Mathari National Teaching Hospital



Case Title:

Motivators vs. Demotivators: How the Organisational Structure of Mathari National Teaching and Referral Hospital Affects Women's Career Advancement



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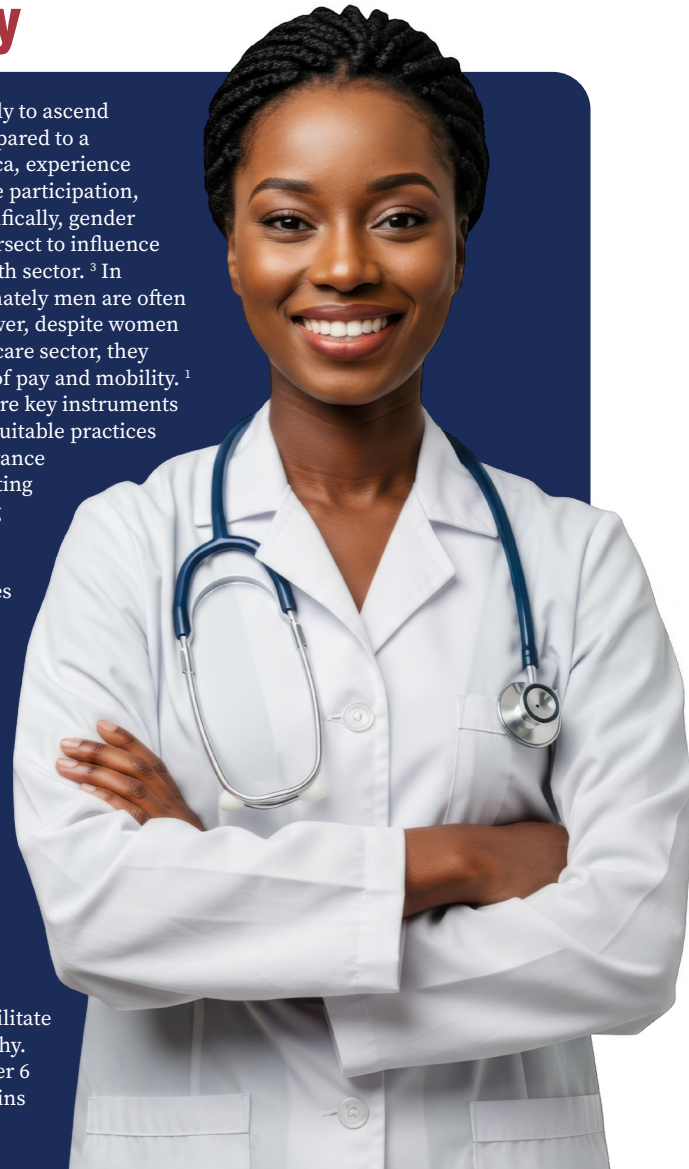
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Executive Summary

On average, globally, a woman is 25% less likely to ascend to a leadership position in the workplace compared to a man.¹ Women, especially in sub-Saharan Africa, experience discrimination that inhibits equal labour force participation, including in the health sector.² In Kenya specifically, gender and professional career choices similarly intersect to influence women's access to leadership roles in the health sector.³ In Kenya, medical doctors who are disproportionately men are often appointed to top leadership positions.² Moreover, despite women having fewer chances of leading in the healthcare sector, they are also often discriminated against in terms of pay and mobility.¹ Specific workplace organisational structures are key instruments that can foster gender equality by ensuring equitable practices across all systems that allow employees to advance within the hierarchy. This includes implementing just promotional criteria and decision-making processes, conducting fair performance evaluations, administering equitable rewards and penalties, and allocating specific resources to enhance women's participation in the workforce. The present report highlights the crucial role of organisational structures in promoting gender equality in the workplace, specifically at the largest mental health facility in Kenya, Mathari National Teaching and Referral Hospital. Chapter 1 provides the background of the study, including the motivation for examining women's career progression at Mathari National Teaching and Referral Hospital. Chapter 2 explains the qualitative methodology used to probe the issues under study. Chapter 3 describes the theoretical framework of the study, which is Herzberg's two-factor theory. Chapter 4 presents the findings on the elements that facilitate progression to the top of the hospital's hierarchy. Chapter 5 explains the lessons learned. Chapter 6 describes the limitations, and Chapter 7 explains key takeaways as a conclusion.



The phenomenon of fewer women reaching top leadership levels compared to their male colleagues has been observed in the Kenyan healthcare sector, where medical doctors, who are disproportionately men, are preferentially appointed to top leadership positions in hospitals.

1. Background of the Study

Despite decades of reforms aimed at promoting workplace equality in many countries, women continue to face career inequities. They are less likely to reach top leadership positions compared to men, including in the health sector.² Women's leadership in the health sector is crucial because it has a measurable impact on promoting equity in health outcomes.⁴ A sample of 200 global health organisations in a past report, however, showed that 33% of these organisations have not had a woman board chair or chief executive officer in the past 5 years.⁵ It is therefore key to understand barriers that keep women from being able to advance and lead in global health. The present study examines how elements of the structure of the largest mental health facility in Kenya enable or hinder women's career progression to the apex of the organisational hierarchy. The phenomenon of fewer women reaching top leadership levels compared to their male colleagues has been observed in the Kenyan healthcare sector, where medical doctors, who are disproportionately men, are preferentially appointed to top leadership positions in hospitals.² The present case study aims to understand elements in the organisational structure of Mathari National Teaching and Referral Hospital (MNTRH) that hinder women's career progression to the top management level.

MNTRH is a public national Level 6 psychiatric hospital in Kenya (see classification in Appendix 1). The mandate of the hospital according to the Mental Health Act CAP 248 is that the hospital should (a) receive psychiatric patients on referral basis from other hospitals within or outside Kenya for specialised care, (b) receive mentally ill law offenders from prisons and police departments who need assessment and forensic healthcare, and (c) provide training and research facilities in mental health.⁶ The specific services offered at MNTRH within this mandate include the provision of specialised psychiatric services, forensic services, drug addicts' rehabilitation services, training in psychiatry for doctors and other paramedics from both public and private institutions and offering other general medical services for outpatients.^{6,7} Currently, MNTRH operates under the Curative and Rehabilitative Health department under the Ministry of Health (see reporting structure in appendix 3) despite its establishment as a state corporation established by Legal Notice No. 165 of 21st August 2020 under the State Corporations Act.⁸

MNTRH is a very important facility given the high burden of mental health diseases in Kenya. Mental health disorders in Kenya account for 16% of the burden of disease, more than the human immunodeficiency virus

(HIV), which accounts for about 15%.⁹ MNTRH serves over 330,000 inpatients annually despite having a 768-bed capacity. Hence, there is always a bed occupancy rate of over 100% at any given time.⁸ The hospital also has unfavourable medical worker-to-patient ratios (see the ratios of MNTRH drawn from Kenya's auditor general report in Appendix 2). MNTRH also faces a shortage of key diagnostic and treatment equipment, including computed tomography (CT) scanners and Magnetic Resonance Imaging (MRI) machines, among others.⁸

MNTRH is led by a board of directors headed by a chair.¹⁰ Other members of the board include the chief executive officer (CEO) and heads of various standing committees within the board, such as the head of the finance committee and the head of the human resources and technical committee.¹⁰ Below the board of directors is the top management team (TMT) led by the CEO, the medical superintendent, the deputy medical superintendent and the hospital administrator (See organisational structure in appendix 4). Below the TMT are the various department heads, supported by their deputies. The history of gender representation at the TMT of MNTRH at the medical superintendent level, which was the highest management position at the hospital for the longest time before the introduction of the CEO position in 2020, was such that a majority (90%) of the medical superintendents have been of the male gender (see Appendix 5). Deputy medical superintendents, on the other hand, have predominantly been female (67%). When the position of CEO at MNTRH was introduced in 2020, the first acting CEO was female. The confirmed CEO when the position was filled was male, and the position has predominantly been occupied by male CEOs (see Appendix 5).

Mathari National Teaching and Referral Hospital was selected for analysis as a case study in the “Driving Country Level Change Project” because it indicated significant negative deviance on the domain of career advancement opportunities for women to rise to the board and TMT positions from a baseline survey conducted by our quantitative research done between October and November 2023. The key research question developed from the baseline survey for follow-up was:

RQ: How does the organisational structure constrain or promote women's career advancement in Mathari National Teaching and Referral Hospital?

Organisational structure is an essential element of an organisation that determines, organises, and coordinates all other organisational activities.¹¹ Such an organisational structure plays a pivotal role in the overall attainment of results in many aspects of the organisation's efforts. Organisational structures, in this sense, include job ladders, hierarchical levels, divisions, and departments.¹² This structuring of organisations is linked to arrangements such as promotion rules, transfer districts, rewards and punishment design, performance appraisal rules and the degree of professionalism.¹² Based on the definition of the organisational structure and the structuring arrangements that link its various facets, specific research questions were developed for this present case study as explained in the methodology section below.

2. Methodology

A qualitative methodology was employed to explore the research question in the present case study. Specifically, KIIs and FGDs were conducted to probe each dimension of the organisational structure as it pertains to how it constrains women's career enhancement in MNTRH.

We sought the requisite ethical approvals at both institutional (Strathmore University Scientific Ethics Review Committee) and national levels (National Commission for Science, Technology and Innovation). The research was also presented to Mathari's Institutional Scientific and Research Ethics Committee (ISREC), and a go-ahead was granted on August 19, 2024.

Instrument Development Description

Specific research questions were developed in collaboration with subject matter experts, addressing issues such as hierarchical levels, promotional structures, performance appraisals, reward and punishment structures, and the presence of specific organisational resources. The research questions were presented to MNTRH's ISERC on July 31, 2024, and they assessed the relevance and ethicality of the questions before deployment to respondents at MNTRH. There were no changes in the framing of the questions. Both the key informants and the focus group responded to the research questions based on their experiences across various departments and seniority levels.

The specific research questions and follow-up prompts that were used included:

1. Which gender dominates top leadership positions in the organisational structure of MNTRH?
2. How are promotional decisions made? What do you need to do? Who makes the final decision? Are promotions vacancy-driven or merit-driven (moving up job grades despite there not being vacancies)?
3. Do organisational decision makers in MNTRH differ in their expectations, performance appraisals, and treatment of men and women? If so, how? Do men and women receive equal rewards at work in MNTRH after performance appraisal?
4. What is the level of provision of resources such as lactation rooms, crèches, working hours variations/reduction, especially post maternity, to enhance the working environment for women employees? Do your women employees need these resources to support their childcare roles at work?
5. What are the strengths and weaknesses of the current organisational structure in MNTRH in promoting women's career advancement, in your opinion? Is the structure helpful? Based on your experience, is the hierarchy of authority in MNTRH the most effective way to promote the career development of women?
6. What would you recommend being improved to allow more women in MNTRH to progress in their careers?

MNTRH was selected for analysis as a case study in the “Driving Country Level Change Project” because it indicated significant negative deviance on the domain of career advancement opportunities for women to rise to the board and TMT positions from a baseline survey conducted by our quantitative research done between October and November 2023.

Sampling

The present case study utilised a mix of genders, seniority, specialisations and years of experience as evidenced by the respondent's profile. The request for these respondents was facilitated through the Continuing Medical Education Department (CMED) at the hospital. The meetings with the KIIs participants were arranged directly with the contacts that were recommended. We interviewed three key informants (two female and one male) who were part of the senior management team, each for an average of 30 minutes, between August 19, 2024, and August 27, 2024. The CMED department organised a focus group discussion in one of the hospital's boardrooms, and a total of 18 participants from across departments, ages, and seniority levels participated on August 21, 2024. There were nine female and nine male participants in the focus group discussion, which lasted approximately two hours. The respondents' names were coded, and their profile is shown in Table 1 below

Table 1: Respondents by years of experience, position

RESPONDENT'S CODES	YEARS OF EXPERIENCE IN CURRENT ROLE	SENIORITY
KII1	3	Top management team
KII2	5	Top management team
KII3	29	Top management team
FGD1	26	Middle management
FGD2	32	Middle management
FGD3	19	Middle management
FGD4	5 months	Entry level
FGD5	1 year 2 months	Entry level
FGD6	12	Middle management
FGD7	1	Entry level
FGD8	2 years 5 months	Entry level
FGD9	21	Middle management
FGD10	25	Middle management
FGD11	27	Middle management
FGD12	5	Entry level
FGD13	20	Middle management
FGD14	25	Middle management
FGD15	15	Middle management
FGD16	6	Entry level
FGD17	8	Entry level
FGD18	10	Entry level

The average years of experience of the respondents is 14, which shows that they were well-versed in hospital structures, having worked for a relatively long period.

Data Analysis

Coding and transcriptions for the qualitative data were performed using the Otter software. The data were analysed using thematic analysis, whereby patterns were identified and categorised.13 Thematic analysis was conducted using Marvin software, a powerful tool for qualitative data analysis.



The CMED department organised a focus group discussion in one of the hospital's boardrooms, and a total of 18 participants from across departments, ages, and seniority levels participated on August 21, 2024.

3. Theoretical Framework

The present study applied Herzberg's motivation-hygiene theory to identify factors perceived as satisfiers or dissatisfiers in the organisational structure of MNTRH, which enable or hinder women's career progression. In this study, satisfiers are factors such as hierarchical levels, promotional structures, performance appraisals, reward and punishment structures, and the presence of specific organisational resources that were deemed to enable women's career progression. Dissatisfiers are aspects of the same factors that hinder women's career progression.

Herzberg's Motivation-Hygiene Theory

Herzberg's motivation-hygiene theory, also known as the two-factor theory, distinguishes between two distinct sets of factors that affect motivation in the workplace.²

Hygiene factors are the minimum on-the-job elements required to prevent dissatisfaction.¹⁴ Previous studies have focused on hygiene factors, including working conditions, company policies on appraisal, rewards, standards of professionalism, health and safety and workload.^{14,15} The absence of hygiene factors can cause dissatisfaction, but their presence alone does not lead to high satisfaction.¹⁶ The present study applied Herzberg's motivation-hygiene theory to assess how hygiene factors, including promotional structures, appraisals, rewards, punishments and specific organisational resources influence women's career advancement to the top leadership level in MNTRH.

Motivating factors, on the other hand, are intrinsic elements that lead to higher job satisfaction and motivation.¹⁴ Examples include achievement, recognition, responsibility, relationships with co-workers, relationships with leaders, and professional development.^{14,15} The present study applied Herzberg's theory by viewing personal characteristics as an intrinsic factor that needs to be present beyond the structure to propel women's careers. These factors include assertiveness and the ability to network, and they serve as motivating factors for women's career progression.¹⁶

In essence, Herzberg's theory suggests that to improve motivation at work, organisations should ensure that extrinsic hygiene factors are adequately addressed to prevent dissatisfaction and that intrinsic motivating factors are enhanced. In the present case study, since the organisational structure elements are extrinsic factors, there is a heavy focus on hygiene factors that have been deployed at different levels in MNTRH. Conclusively, Herzberg's theory has been widely applied in research, particularly in hospital contexts.^{15,17}

4. Findings

Gender Diversity at the Top of the Hierarchy of Mathari

In MNTRH, although we had already established that more men have served as board chairs, medical superintendents, and CEOs (see Appendix 5), the respondents reported that women at the departmental level led them more often. This was the case mentioned for the counselling psychology, nutrition, nursing, occupational therapy, and dental departments. The FDGs yielded insights such as:



"It's ladies that head psychology.... And we have about 22 ladies and five men in the psychology department in MNTRH." (Participant FGD2 - male, individual contributor)

Employees highly regard the departmental bosses in the women's division. The FGD revealed a unique point regarding employees' preference for women heads of department, with positive experiences working with women bosses being expressed.

"There's a time I said my cousin died, and got no response from my male boss. But with a lady boss, even saying that I feel bad today, is a concern for them. I feel like working with women, especially in leadership, has been positive." (Participant FGD2, male, individual contributor)



In an interesting turn, departments that were predominantly staffed with women expressed reservations about working with fellow women.



"All the dentists here are female; there is only one man. And we don't like it. We conflict a lot" (Participant FGD3, female, individual contributor)

Other departments, such as biomedical engineering, were predominantly staffed and led by men. The women in this department felt that they had to prove themselves to be just as capable as men constantly.

² Frederick Herzberg, 'Motivation-Hygiene Theory', in Organisational Behaviour, ¹ (Routledge, 2005), ³ Herzberg, 'Motivation-Hygiene Theory'.

The present study applied Herzberg's motivation-hygiene theory to assess how hygiene factors, including promotional structures, appraisals, rewards, punishments and specific organisational resources influence women's career advancement to the top leadership level in MNTRH.

"I think for ladies, like for my department, mostly think biomedical engineering is for men. When we were employed, we could be given the hardest job by the men, so that they would show us that we had chosen the wrong career. So, we had to work hard to prove to them that we were capable. So, ladies in our department, we do it to demonstrate our capabilities. I'm capable of doing what men can do. So, we study hard and work hard to reach that level of men.... In our department, the top boss is a man, and the deputy is a lady. There is no gender discrimination, though, because I think the gentleman is more qualified than the lady."
(Participant FGD 4, female, managerial level)



While the above sentiments were expressed especially with a focus on departmental heads, they are essential since these are the pipeline for top management positions. Upon further inquiry about why there were not as many women at the top of the organisation's hierarchy, despite many of them heading departments, three factors emerged: age, family, and cultural dynamics. The respondents' perception was that women need to strive to reach the top at favourable times in their work life, before age, family dynamics, and cultural issues hinder their ascent to the top. An important quote on this was expressed as follows:



"When you check the first ten years through to twenty years of service, that is the time when women should be given affirmative action. By the time they are forty or forty-five, certain cultural and gender-based dynamics have taken hold. They get more interferences, like, sorry to say, like family conflict, a marriage that's not functional, children that are not functional, cultural issues and many issues that affect women more than men. So, you realise that if a lady does not make an effort and the environment created is not favourable for them to progress, they might not reach the top level. On family, you realise women at the top differ more often with their husbands because they might not have wanted them to go up that far." (Participant FGD5, male, individual contributor)

Women are also hindered in promotions by unique cultural challenges in balancing career and family responsibilities.

"It ends up being that men do not have as much responsibility in a sense. And also, being a caregiver in your household and a caregiver in the job usually brings some burnout that hinders career progression for women." (Participant FGD6, female, individual contributor)



It was widely held that men have an easier time rising because they carry fewer responsibilities at home.



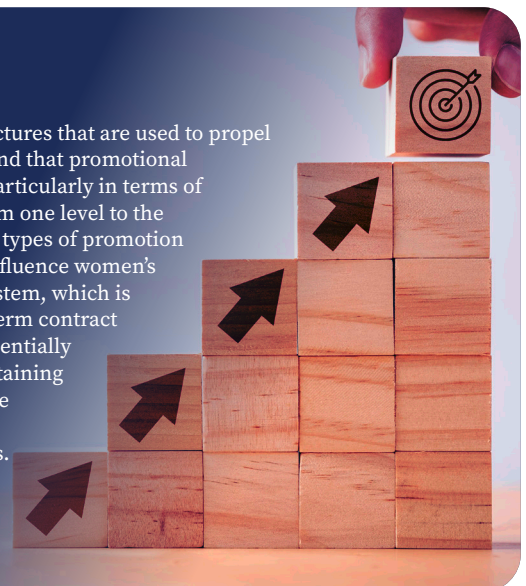
"So it happens that they (men) are in a better position to take more responsibility in leadership. I think that's my opinion. "Men have been carried all the way there to the top by society."
(Participant FGD6, female individual contributor)

In summary, while more women were leading at departmental level, and hence a promising leadership pipeline of women, in the respondents view, issues like age (easier when younger), task dynamics (being set up to fail/given more complex jobs to prove they belong, having to prove you belong constantly), organisational team make up (women leaders hostile to/unsupportive of other women), family dynamics and cultural hinderances (men having fewer responsibilities at home, women having to balance career and family responsibilities) were identified as issues that hinder women career progression to the top of the pyramid in this hospital.

Upon further inquiry about why there were not as many women at the top of the organisation's hierarchy, despite many of them heading departments, three factors emerged: age, family, and cultural dynamics.

Promotional Structures

The next issue we explored was the promotional structures that are used to propel employees to the top of the leadership ladder. We found that promotional structures can impact women's career progression, particularly in terms of the job risks that employees must take to advance from one level to the next. The present research found that there were two types of promotion structures in MNTRH with different risk levels that influence women's career progression. The first is the vacancy-driven system, which is riskier because it often involves applying for a fixed-term contract job. The second is the merit-driven regime, which essentially consists of waiting for job group promotions while retaining permanent and pensionable terms. The Public Service Commission and the Ministry of Health manage both the vacancy- and merit-driven promotional structures. The promotional structures mentioned are experienced as follows in MNTRH.



Vacancy-driven System

In this system, for a promotion to occur, there must be a job opening at a higher organisational level, and people are required to resign from other positions that they may hold to apply for fixed-term contract jobs. In Kenya, the limit for the span of direct supervisory oversight/control for the CEO and all other supervisory levels at state corporations such as MNTRH is not more than eight (8), except in unique circumstances where approval shall be provided by section 5 (3) of the State Corporations Act, Cap 446.¹⁸ In MNTRH, the vacancy-driven system is mainly used for promotions for the position of CEO. This was expressed as captured below.



“Occasionally, you see advertisements for specific fixed-term jobs, such as an advertisement for a chief executive officer.” (Participant KII1 - male, managerial level)



Vacancy-based positions in MNTRH are contract-based, and these positions mostly attract people who are willing to resign from their current positions, then become “unemployed” at the end of the contract. This can hinder those who are risk-averse.

Specifically, an employee in her early forties specified that she had met the qualifications to be the CEO. Still, she was not motivated to apply because she prefers to keep her current job for longer, since she would not want to be out of work in her forties if she were to take up a fixed-term CEO contract.



“I would apply for the CEO position. But you see, it’s a contract. Here, it’s a three-year renewable contract, so that means I would work for about another six years, and then I would be out of a job. Yeah? I mean, I think it’s good for people who are nearing retirement, not us who are still not very old and not very young in the service.” (Participant KII2 - female, managerial level)

Vacancy-driven positions that operate higher in the hierarchy of MNTRH have limited long-term job security and therefore require applicants who can take greater risks, such as being ‘jobless’ after that role. This vacancy-driven system, by not offering long-term job security, thus presents a blockage for women’s career advancement, especially if younger (not nearing retirement), qualified women, who may be risk-averse, are not willing to risk being out of a job after their tenure.

Merit-driven System

The second promotional structure used in MNTRH is the merit-driven promotion regime. Within this regime, a grade-level hierarchy exists, onto which all occupational job groups are mapped for public servants in Kenya. With this, everyone is periodically promoted up the job groups. The last mass promotion at MNTRH, conducted by the Ministry of Health, took place in 2021. The merit-driven promotional structure ensures that it does not discriminate based on gender, and everyone who has held a particular job group is promoted to the next level, as outlined below.

“There was mass promotion in 2021. For instance, everybody who was in Job Group N was pushed to Job Group M. So, you see, there was no individual effort... We didn’t restrict anybody even in terms of gender.” (Participant KII1, male, managerial level)



Additionally, it was noted that this kind of promotion was very common in MNTRH.



“Previously, it was automatic to get a promotion every three years.” (Participant FGD11, female, individual contributor)

Notably, while promotions are largely formal and defined as mentioned in the vacancy above, and merit-driven regimes, the focus group discussion revealed a unique aspect of informal processes involved in promotions, such as networking and personal connections. While many people may write letters to the ministry requesting a promotion, this opportunity may only be available to those who are well-known and well-connected within the organisation. This emphasises the need for women to be more assertive in their careers and to network to achieve promotions. The informal aspects of the promotional structures are outlined below.

This vacancy-driven system, by not offering long-term job security, thus presents a blockage for women’s career advancement, especially if younger (not nearing retirement), qualified women, who may be risk-averse, are not willing to risk being out of a job after their tenure.

"Apart from the formal process of promotion, there is another informal one that requires a lot of follow-up, involving connections to those who know you. Additionally, the issue is making an extra effort to see and meet the top person who has the final say on what you want to achieve. Aside from the formal process that is well-documented, there is another that is not. There is a dark world, I'm sorry to say, with underground connections that can lead you to believe you are very qualified, and you have all the requisite papers and everything else. But you come to realise later that so and so has been promoted, and they were slightly weaker than you. So, there is that. I do know that it's not only at Mathari alone, but the whole country." (Participant FGD5, male, individual contributor)



Similarly, the quote below contributes to the issue of people networking to advance their careers.



"And then people make their way... somebody known to a politician perhaps... Other than forwarding the application, they will make that follow-up. And then you find that the procedure has not been followed as expected." (Participant FGD7, male, individual contributor)

In summary, the merit-driven structure may not contribute to advancing women to top positions, especially if such positions require informal networking; hence, those who are more assertive and well-connected tend to reach the top.

Performance Appraisals, Rewards & Punishment Systems

Performance Appraisals

The manner in which performance appraisals are conducted, and whether this serves as a ladder for women's career progression, is an important issue addressed in the present study. For instance, if women perform well in their jobs and this is reflected in their appraisals, it could impact whether they reach the top of the pyramid. At MNTRH, performance appraisals are conducted by department heads, who typically evaluate performance and set performance targets for the next appraisal period. Different departments carry out performance appraisals at varying intervals, with the nursing department having the most frequent intervals at MNTRH (quarterly). Other departments conduct their performance appraisals on a semi-annual or annual basis. Performance appraisals appear to be of limited use in helping individuals advance at MNTRH. The experiences of performance appraisal in MNTRH are expressed below.



At MNTRH, performance appraisals are conducted by department heads, who typically evaluate performance and set performance targets for the next appraisal period.

"Performance appraisal is there, but it is department-based. So, it is your departmental head who will evaluate you. In terms of management, we will provide an overview of how the evaluation was conducted. We have a designated space where we comment as the final head of a department, division, directorate, or similar entity, such as the hospital director. Overall, it is done annually, but there are quarterly reviews." (Participant KII2, female, managerial level)



The nursing department expressed that they do quarterly performance appraisals.



"For the nursing department, we do quarterly evaluations and share them with the ministry if the HR department requests them." (Participant KII3, female, managerial level)

There was a gap in the performance appraisal practices at MNTRH, and the hospital hopes to adopt a 360-degree peer-to-peer assessment in the future, as informed by a key informant.

"I know there's a 360-degree peer-to-peer assessment, which we have not implemented. We haven't started yet, but it's something we've been thinking about. There was a letter. I saw a letter from the Ministry. I saw it last week. Yeah, something like that should be implemented." (Participant KIII - Male, managerial level)



Performance appraisal is therefore not instrumental for women's career progression at MNTRH. It is expressed as an aspiration for the majority of the hospital regarding what should happen, and if the results of the practice are forwarded to the Ministry of Health.

Rewards and Punishments

Rewards and punishments could influence women's career progression at MNTRH if employees are recognised for good or bad behaviour, respectively. We sought to understand the perceptions of who is often rewarded and punished from a gendered perspective. In terms of rewards, the employees of MNTRH noted that the most visible platform where people are recognised for their good work is the annual Christmas staff party. During this party, the best department and workers are recognised and rewarded based on a random assessment conducted by the event committee. While the staff appreciate these rewards, the general feeling is that there is no transparency or fairness in this random assessment, which is done in anticipation of the Christmas staff party; hence, this reward is not effective in recognising top performers of any gender, as expressed below.



"But job progression is also about rewards in the structure. I've never seen a perfect structure in MNTRH to reward good performance. The rewards are not well aligned." (Participant FGD5, male, individual contributor)

Generally, the MNTRH recognitions/rewards do not guarantee upward movement on the career ladder. The feeling expressed was that good performance comes with the 'reward' of increased workload.

"They kind of identify the people who deliver, and then they give them more work." (Participant FGD6, female - individual contributor)



In terms of punishments, employees who err in MNTRH can often be demoted in terms of seniority but not in terms of pay. The general feeling was that there was a decreased possibility of gender discrimination in punishments since the same is carried out by the Ministry of Health, which is located far away from the hospital.



"Public servants do not lose their benefits, but can be transferred elsewhere for a lesser role. I haven't seen any biases in the Ministry. We are one ministry that has more women than men." (Participant KI12, female - managerial level)

Generally, MNTRH was not doing much regarding the use of performance appraisals, rewards & punishments to identify and promote top talent of any gender. There is no clear link between this and the Ministry of Health, which is the ultimate decision-maker for employees' progression.

Organisational Resources To Ensure Support of Women in Their Childcare Roles at Work

The presence of organisational resources, such as creches, daycare, lactation rooms, and flexible working hours, was probed because these indicate a deliberate increase in access to childcare within an organisation's structure, which is a key hygiene factor in promoting women to the top of the organisational pyramid. Supporting organisational resources for childcare is important because women worldwide provide over two-thirds of the total childcare work for families, compared to men, which ties up their time and significantly affects their career progression.¹⁹ To enable more women in the workplace, there needs to be a deliberate provision of childcare resources to support women in the workplace, and MNTRH is acutely lacking in these. An example of a lack of these resources to facilitate the work environment of women in MNTRH is:

"My friend had to bring her child but keep her in the car as she worked because she had no help after the end of the maternity leave, and she needed to balance work and childcare." (Participant FGD9, female - individual contributor)



Senior management, however, identified this as a demotivator in the hospital and was in the process of implementing some of these necessities.



"There is a need for lactation rooms and childcare facilities, which are being planned as new buildings are constructed." (Participant KI11, male - managerial level)

In summary, there needs to be a deliberate provision of resources to enable women to thrive in the workplace, as female employees currently struggle to balance their childcare roles with work at MNTRH.

To enable more women in the workplace, there needs to be a deliberate provision of childcare resources to support women in the workplace, and MNTRH is acutely lacking in these.

Strengths and Weaknesses of the Organisational Structure of MNTRH in Promoting Women's Career Progression

The participants were asked to highlight any strengths and weaknesses of the current organisational structure of MNTRH in promoting women's career progression. One main strength identified in MNTRH is the presence of highly formal structures.

"We have what are called SOPs, standard operating procedures and structures, so you're able to excel and use the structures to make the best decision." (Participant KIII, male, managerial level)



This, however, does not guarantee fairness or the identification of more women for potential career progression decisions, because people can circumvent the system through informal practices, as evidenced in the employee's experience with the promotional regimes.

From the conversation on weaknesses, two key issues emerged, including a lack of a deliberate succession management and talent management structure in this context to propel women to the top. These issues are discussed below.

Succession Management

The weakness identified in the structure of MNTRH is that it lacks deliberate succession management. Currently, MNTRH has many employees nearing retirement. Therefore, succession management needs to be implemented to upskill the junior staff, particularly women, if more are to rise at MNTRH.



"You see, in Mathari, one of the weaknesses that we can see is in succession management, we have a bigger group that is aged above 50 and another noticeably young group. You see, that will offer a challenge in the near future, because how long can you, as an institution, sustain yourself if most of your experienced staff are exiting? So, there is an issue of succession management. So, I would also suggest perhaps we try to develop policies to upskill the young ones to take over higher positions for purposes of succession management." (FGD Participant 7, Male - individual contributor)

Notably, the weakness of succession management can be mitigated by a policy shift from the government. As stated:

"I advocate for a policy shift in terms of the government opening up recruitment to allow for succession to tap into women to take over positions. Succession management for me would be key." (FDG Participant 7, Male - individual contributor)



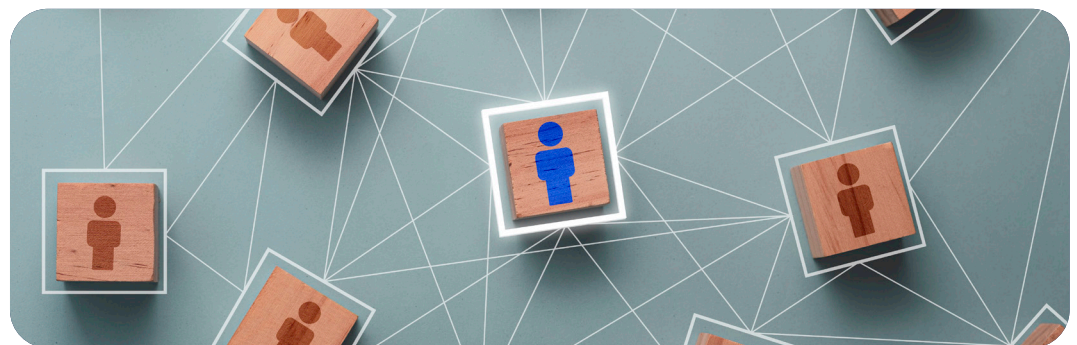
Talent management

A lack of talent management was also identified as a weakness in women's career progression at MNTRH, where the hospital does not make a deliberate effort to expose employees to different skill sets that can enable them to become all-around leaders. This point was explained as follows.



"On talent management as a weakness of the structure. When you look at the police service, you can see them having top athletes who also double up as better leaders. We don't have the same for MNTRH. We have not been able to identify all-around talent as an institution. And those are gaps that I think." (FDG Participant 7, Male - individual contributor)

In summary, the hospital had a highly formal structure, but women's career progression could be enhanced through succession planning and talent management, which were identified as weak areas at MNTRH.



A lack of talent management was also identified as a weakness in women's career progression at MNTRH, where the hospital does not make a deliberate effort to expose employees to different skill sets that can enable them to become all-around leaders.

5. Lessons Learned

The present study aimed to unearth how the organisational structure of MNTRH constrained or promoted women's career development. We specifically focused on how four factors of the organisational structure promoted or hindered women's career development at MNTRH. These factors included four perceived hygiene factors: gender diversity, promotional structures, performance appraisals, reward and punishment structures, and organisational resources that support women in their childcare roles at MNTRH. We also found perceived motivational factors such as assertiveness and ability to network, which could make a difference in women's career progression up the ladder of MNTRH.

Hygiene Factors

Gender diversity at the top of the hierarchy of MNTRH is a signal for other women to rise.

In the present study, we probed the respondents on which gender dominates top leadership positions in the structure of MNTRH. We recognise a history of more men than women at the top of the MNTRH structure (see Appendix 5). We also recognise that no women were serving as board chairs at MNTRH. The gender composition of the medical superintendent position in MNTRH also appears to be skewed towards men, with women typically taking on the deputising role. The CEO position is predominantly held by men, with women occupying it mostly in an acting capacity. There were, however, many women heads of departments that the respondents mentioned, and they enjoyed working under their leadership. Similar to existing literature, women continue to be significantly underrepresented in executive roles at the top management level, despite the increasing number of women in the healthcare sector globally.²⁰ This is an issue that needs to be addressed because, in a globalised and complicated economy, we need top management teams comprised of both men and women to contribute to the diversity of ideas and perspectives in management.²¹

Promotional Structures

In the present study, we found a vacancy-driven promotion system, particularly for specific top management positions at MNTRH. While this presented an opportunity for deserving women to rise, risk aversion was a significant issue that deterred them from applying for these positions. Vacancy-driven systems are standard in public service, especially for the top management position²², and women need to leave the comfort of 'permanent and pensionable' tenures and compete for these positions. As for the merit-driven system, it remains important in public organisations to track the promotion grid for junior employees²². However, they are not effective for the more critical/top positions. Additionally, we identified an aspect of informality in promotional structures that might hinder women's career progression. Past research suggests that a networking trap may exist, complicating the dynamics for women to secure senior positions.²³ Women in the psychiatry space globally have been found to harbour negative attitudes about self-promotion and networking.²⁴ Women in MNTRH, therefore, need to figure out how to network to secure top management positions despite the identified odds.

Performance Appraisals

In the present study, we investigated how promotions are made for employees and found that performance appraisals were ineffective in identifying and promoting women to TMT positions at MNTRH. Top performers seem to receive more work, but not necessarily a promotion, hence women do not expect to rise the ladder through appraisals. Performance appraisal does not appear to be well aligned with the Ministry of Health, which is the decision-maker. This is a unique finding as compared to the expressed growing significance of performance appraisal in propelling women to the top management.^{25,26}

Organisational Resources to Ensure the Support Of Women in Their Childcare Roles at Work

In this study, we examined the availability of resources to support women in their childcare roles. We found that there were no resources, such as creches, lactation rooms, or daycares, to help women at work. This is contrary to common practice in other hospitals, where employees typically receive basic resources, such as childcare support, at work.²⁷

Despite being the leading providers of healthcare services at various levels within hospitals, women experience heightened occupational stress due to heavy workloads, long hours, and time constraints that interfere with their responsibilities as caregivers for their children.²⁸

The key informants, however, noted that childcare support was being considered for implementation in the upcoming buildings at MNTRH. The deliberate provision of these gender-specific resources will enable women to thrive at work when they are supported in balancing their childcare responsibilities with their work commitments.²⁷

We identified an aspect of informality in promotional structures that might hinder women's career progression. Past research suggests that a networking trap may exist, complicating the dynamics for women to secure senior positions.

Strengths and weaknesses of the organisational structure of MNTRH in promoting women's career progression

We probed into the perceptions of the strengths and weaknesses of the organisational structure of MNTRH in promoting women's career advancement. We found that, despite having a highly formal structure, the hospital needs to be more intentional in succession and talent management, as this has also been identified by previous literature as key to women's career progression.²⁹ Therefore, identifying and grooming women within the institution will help overcome institutional barriers that have allowed gender biases to persist.

Motivating Factors

In the present study, intrinsic motivating factors within employees were identified as key issues that could help propel women to the upper echelons of leadership. Women can move up the ladder by not only sending requests for promotions but also by networking and being assertive to ensure they receive those promotions. This was identified in the present study as a largely informal route that effectively helps people secure the positions they desire. The aspect of self-promotion has been identified in previous literature as key to advancing in organisational ladders, alongside other methods such as promotion by others; however, this aspect has not been extensively analysed in public hospital settings.

There was a disconnect between the decision-makers, who are the Ministry of Health, and the departmental managers, who conduct performance appraisals. There could be many women who perform well, but they are not recognised.

6. Limitations

We recognise that the present study was primarily carried out while observing best practices for qualitative studies. However, some limitations of the study were identified. First, it was challenging to locate respondents from certain departments at MNTRH due to a staffing shortage in those departments, which prevented them from sending representatives to participate in this study. The available employees from other departments also had a specific availability time slot in the morning to participate in this study, which is why we had only one focus group discussion and three key informants participating in this study.

The present study did not include a follow-up discussion to determine whether the identified issues persisted over time. A future study could address this limitation by probing the research questions across a longer time period.

7. Recommendations

The present study unearthed several organisational structure issues that affect women's career progression at Mathari National Teaching and Referral Hospital. On issues surrounding gender diversity at the top of the hospital's hierarchy, we recommend that women explore ways to advance beyond departmental leaders to overall leadership positions through effective networking and assertiveness. This can also be achieved by the hospital itself choosing to sponsor women to the top through tools such as leadership training, so that effective women leaders can rise to TMT roles.

Second, MNTRH can further explore promotional structures to ensure women take the risk of leadership, especially in vacancy-driven, contractual TMT positions. Women, due to the roles they hold within their families, may be hesitant to take the risk of resigning from their permanent positions to apply for contractual positions. Encouraging women to overcome this fear could help them seek top positions.

Third, to enable MNTRH to identify top performers, the appraisal, reward, and punishment systems should be consistent and well-linked to the Ministry of Health. There was a disconnect between the decision-makers, who are the Ministry of Health, and the departmental managers, who conduct performance appraisals. There could be many women who perform well, but they are not recognised.

Fourth, there is a need to provide resources that enable women to thrive at MNTRH. These include creches, lactation rooms, daycare facilities, and flexible working hours after maternity leave, which can help women balance their childcare roles and work.

Lastly, based on the identified weaknesses of the MNTRH structure, succession and talent management can be utilised as tools to increase the number of women in top management positions. Women are known to be nurturing, attentive to details, team players, and good communicators, and these qualities can be harnessed through talent management and effectively implemented through succession management to enable more women to take on top management roles.

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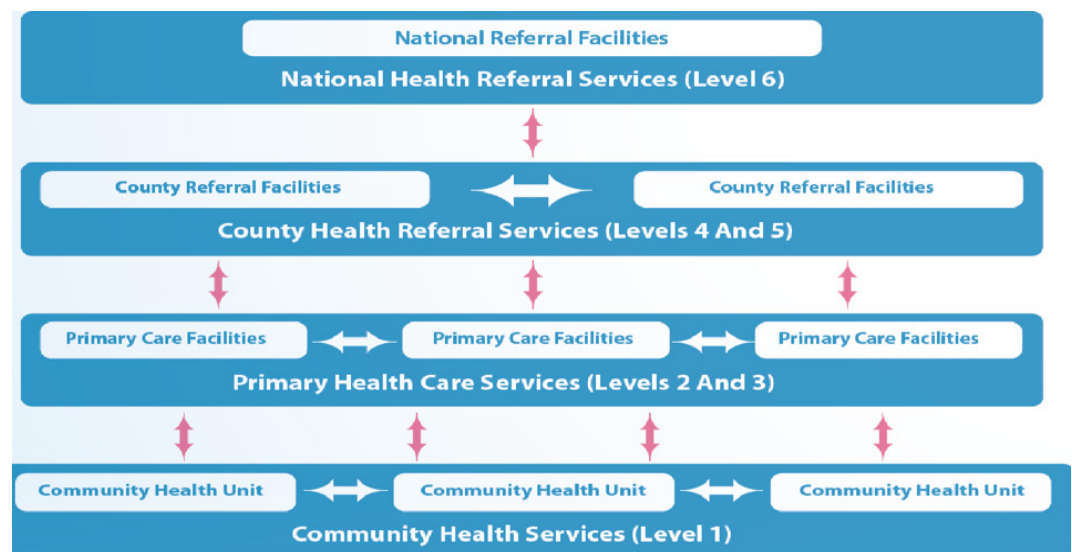
9. Appendices

Appendix 1: Classification of Hospitals in Kenya


The Kenya Health Sector Referral Strategy 2014–2018 indicates that the health system in Kenya is organised around six levels of care based on the scope and complexity of services offered.

1. Level 1 comprises community units (CUs) that are a collection of households staffed by volunteer community health workers. Activities at the community unit level primarily focus on promoting health through health education, treating minor ailments, and identifying cases for referral to health facilities.
2. Levels 2 (dispensaries) and 3 (health centres) offer primary health care services and form the interface between the community and the higher-level facilities. These facilities provide basic outpatient care, minor surgical services, basic laboratory services, maternity care, and limited inpatient facilities. They also coordinate the community units under their jurisdiction.
3. Levels 4 and 5 are the secondary referral facilities that form the county referral facilities and offer a broad spectrum of curative services, and some are also health training centres.
4. Level 6 constitutes the tertiary referral facilities that offer specialised care and specialised training to health workers. The national government manages these facilities, but they are semi-autonomous organisations in operation.

This classification is depicted below.



The Case of Umoja Health Facility



Case Title:

Glass Cliff and Women's Advancement to Leadership in a Health Facility in Western Kenya



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DOCUMENTATION**

March 2025

Abstract

Despite women's advancement being an important contributor to organisational success, it still faces challenges in the health sector. Statistics show that the majority of the workforce within the health sector globally is women, yet few of them hold leadership positions. Even for those at the helm, the leadership terrain is filled with challenges. This case study, conducted in a selected health facility in Western Kenya, aimed to explore the role of leadership in advancing women's status within the health sector. Specifically, the study aimed to address two key research questions: What are the barriers to women's advancement in healthcare facilities? How do organisational factors, such as leadership, contribute to or deter women's advancement to leadership in health facilities? The study was grounded in gendered organisational theory and employed a qualitative approach. Data for the study were gathered through KIIs with five leaders in different positions within the health facility, and one focus group discussion. The resultant data were analysed thematically, and four themes emerged: a broken glass ceiling, but a thorny top seat; gendered income imbalance; preferential treatment for females; and a supportive organisational environment. These findings imply the need for organisational leadership to continue supporting women's advancement, as having positions is not sufficient. Furthermore, the implementation of laws regarding women's advancement needs to be re-examined to ensure they are not counterproductive in the long run. This study is relevant to healthcare settings in Kenya and other related contexts.



Keywords: leadership; women advancement; gendered organisational theory; healthcare; Kenya

Introduction

Although as many as 70-75% of staff in the health sector globally are women, they are vastly underrepresented in top positions, as their advancement faces numerous hurdles (Moyer et al., 2018; World Health Organisation, 2019). The health sector, like other organisations, tends to be gendered, with men occupying top and important positions. Despite the gains that organisations stand to score by including women's advancement as an important agenda, many barriers still hinder women from advancing in firms and even occupying top positions (Casaca & Lortie, 2017; Soare et al., 2022). As organisational leadership is a crucial element that can support or derail women's advancement in organisations, there is a need for greater attention to the relationship between managerial leadership and women's advancement, particularly in the health space, which is vital for human survival.

Women's advancement has been associated with change and progress at the organisational, societal, and even national levels (Casaca & Lortie, 2017). In contexts where women are empowered and have opportunities for growth, there are tangible, positive effects. In Rwanda, for example, the advancement of women has been credited with the reconstruction of the post-genocide era (Brown, 2016). Rwanda has long been the only country in the world with the highest number of women parliamentarians, at 61.3% (Parliament of Rwanda, 2024). Women's advancement is similarly important for organisations, with firms having more women on their corporate boards scoring higher on corporate social responsibility, risk-taking, and other aspects that can enhance firm performance (Fan et al., 2019). Some studies have similarly shown that when the presence of women on the board is at least 20%, they are likely to influence a firm's Return on Assets and, consequently, its financial performance. Having women at the top echelons of power in the health space is therefore progressive and positively related to increased performance and should be encouraged.

Despite the positive contributions that women at the top make to the health sector, their advancement faces numerous hurdles. What compounds this dilemma (of the discussion of women's advancement in healthcare) is the lack of empirical research and data, more so in low and middle-income countries where such studies are most needed (World Health Organisation, 2019). Consequently, and in line with Sustainable Development Goal 5, which seeks to achieve gender equality and empower all women and girls (UN Women, 2023), this qualitative case study aims to fill this gap by examining the contribution of organisational leadership to women's advancement in a middle-income country, Kenya. The study is a follow-up from a quantitative one carried out a year earlier in the same organisation on gender equity in organisations. Results from that study showed that further in-depth studies were needed to understand organisational dynamics through case studies. To this end, the following research questions guided the present study.

- i. What are the barriers to women's advancement in health facilities?
- ii. How do organisational factors such as leadership contribute to or deter women's advancement to leadership in health facilities?

Women's advancement is similarly important for organisations, with firms having more women on their corporate boards scoring higher on corporate social responsibility, risk-taking, and other aspects that can enhance firm performance (Fan et al., 2019).

1. Background: Umoja Health Facility

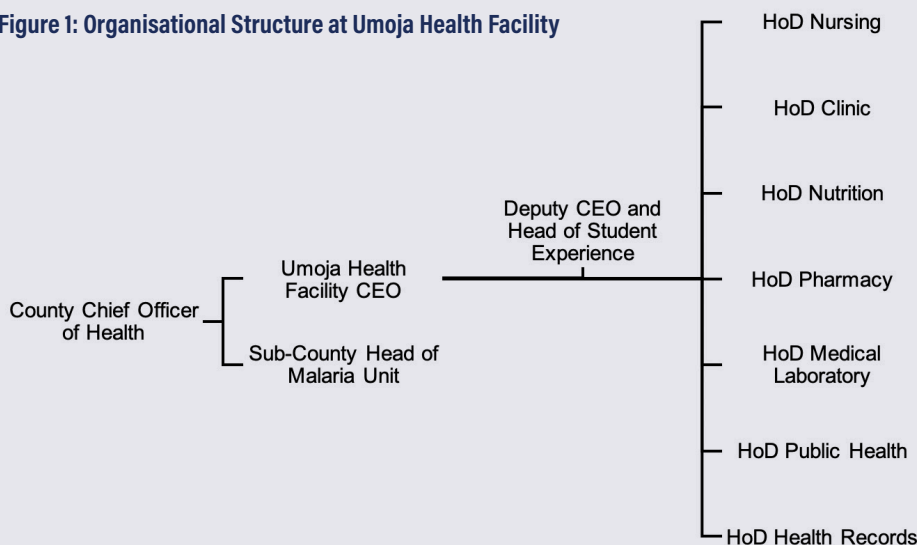
Umoja Health Facility (UHF) is one of the initial eight centres initiated by the Kenyan Government (in 1976) to provide rural experience to students undertaking medical-related courses from colleges and universities. Specifically, since most of these students would be posted to local (rural) facilities that may be handicapped in one way or another, the training at UHF aims to help prepare them to function in such settings, providing a 'community-based' experience of sorts. For example, students are trained to handle emergencies and acute cases temporarily before referral to more specialised facilities, or in areas where no such facilities or help may be available. The trainees are trained to handle diseases and conditions such as hypertension, diabetes, leukaemia, coughs, diarrhoea, ear infections, eye infections, urinary tract infections (UTIs), and asthma. These diseases are often the common ones and can be handled, at least initially, at local facilities like dispensaries.

UHF is located in Western Kenya and receives trainees from colleges and campuses in neighbouring and farther counties such as Nandi (Mosoriot KMTC), Nakuru (Kabarak University), Kabarnet, Chuka, Garissa, Kwale, Mombasa, among others. The training is undertaken for 12 weeks. At the time of the study, there were approximately 120 trainees from various parts of the country; the facility typically accommodated up to 150 trainees at a given time.

As a Level 3 medical facility, UHF also provides outpatient and inpatient services to patients from the surrounding catchment area. The medical services at UHF are free, which is a characteristic of public medical facilities in Kenya. The facility is headed by one CEO (female), has a Deputy CEO (in charge of Students Rural Experience) and has seven departments: clinical department, nursing department, laboratory department, the pharmacy department, nutrition department, health records department, and public health department. Five of the seven departments are headed by women, and two by men. UHF also has 32 full-time staff members and other casual staff members. Most of the staff in the facility are female, which is consistent with medical facilities in Kenya and globally, where the majority of the workforce is female (World Health Organisation, 2019).

The organisational structure at Umoja Health facility (Figure 1) is composed of the County Chief Officer of Health, who is responsible for all health facilities and health-related matters. Their CEO (often referred to as the Facility-in-Charge) is appointed the County Chief Officer of Health. The Deputy CEO is handpicked by the CEO and, at UHF, was also responsible for Student Experience. Thereafter, there were all the departmental heads (seven in total). The Head of the Malaria Unit was equivalent to the CEO at UHF. Still, it was solely responsible for malaria-related matters for UHF and other facilities within the Sub-County under study. This team also comprised the executive structure of UHF and held weekly meetings.

Figure 1: Organisational Structure at Umoja Health Facility



Most of the staff in the facility are female, which is consistent with medical facilities in Kenya and globally, where the majority of the workforce is female (World Health Organisation, 2019).

2. Gendered Organisational Theory

Gender is a necessary construct which affects the social, political, technological and even economic aspects of an organisation. This gives rise to Gendered Organisation Theory (GOT), associated with Joan Acker, which examines how organisations produce and reproduce gender-related dynamics, such as the gender order within firms (Rodriguez & Guenther, 2022). According to Alobaid et al. (2020, p.179), 'GOT posits that organisations and workplace interactions contain normative gendered expectations that privilege men and oppress women', suggesting that this theory examines how organisational structures and processes overtly and covertly suppress women.'

Within the GOT framework are four elements (initially five, but reduced to four) that characterise organisations (Acker, 2012; Alobaid et al., 2020). The first is organisational processes, which focus on aspects such as job entry, job descriptions, wages and salaries, etc. Often, women's entry-level positions are lower than those of men, and job descriptions are more general compared to those of men, who tend to have more specific job descriptions. A second element in GOT is the organisational culture, which focuses on the values and beliefs about gender and its differences within organisations. The third element is interactions in the workplace,

where the aspect of including or excluding women at different levels within the organisation is addressed. The final element is on gendered identities, which discusses the identities in relation to gender and how these are perceived within organisations. This may relate, for example, to strict or ‘motherly’ women in the workplace and how they are perceived in relation to power dynamics.

Within the health sector, women are generally under-represented, especially at the leadership level (Alobaid et al., 2020; Moyer et al., 2018). Additionally, Kabat-Farr and Crumley (2019) observed that sometimes victims of sexual harassment may not even recognise the gestures, words or even actions that would be classified as sexual harassment, arguing that many women could be victims without awareness. Further, the foregoing authors argued that men, being predominant in the healthcare space, may use sexual harassment towards women to preserve their status; this consequently disadvantages women in such settings. This theory is therefore relevant in this study as it focuses on leadership in relation to women’s advancement in the healthcare space.

Table 1: Gendered Organisational Theory Elements

No	ELEMENT	EXAMPLES
1	Organisational processes	This concerns aspects such as job entry, job descriptions, wages, and salaries, among others.
2	Organisational culture	Focuses on the values and beliefs about gender and their differences within organisations
3	Interactions in the workplace	Includes the aspect of inclusion or exclusion of women at the different levels within the organisation, which is attended to
4	Gendered identities	Discusses the identities of gender and how these are perceived within organisations

3. Methodology

Study Respondents

There were eight study respondents, five of whom were interviewed, and three who participated in a single focus group discussion. Sally was the Facility-in-Charge at UHF. She was a clinical officer by profession, holding a Bachelor’s degree in Clinical Medicine and Surgery as her highest qualification. Although she was relatively new at the facility at the time of the study (about five months old), she had 14 years of experience in the medical profession. She previously served as a deputy in another Sub-County within the same county before being promoted to head UHF. Her roles leaned more towards management (80% of her work), yet she also taught the student trainees, as well as attended to patients (but on fewer occasions). The interview with Sally was the longest, lasting approximately one hour and twenty-one minutes.

Tim was the deputy CEO at the facility in charge of the students’ rural experience. He was appointed by the current CEO when she arrived at the institution, although he had been working at the facility for five years at the time of the study. Tim also taught on a part-time basis in a college in the neighbouring County. Tim was interviewed for about 40 minutes. Another respondent was Val, the nursing manager at UHF, who had been at the facility for five months at the time of the study, essentially serving as the CEO. Before joining UHF, Val had served as a deputy in another smaller facility and was subsequently promoted to head the nursing department at UHF. Although she noted that she did essentially the same work at UHF, the scope of the work had expanded. The interview with Val took about 40 minutes.

Willy was another respondent who headed the pharmacy department. Willy had five years’ experience at Umoja Health Facility, although this was his second place of work after graduating from college. The main difference between Umoja and Willy’s previous facility was the presence of student trainees at Umoja. The final interview respondent was Jane, who headed the medical laboratory section. Jane had a BSc in Medical Laboratory Technology and had worked in the health space for 14 years, five of them at Umoja, where the interview took place.

Three participants took part in the FGD. They were Dave, who coordinated malaria activities at UHF (where he was based) and in other facilities within the Sub-County. Dave had been at UHF for three years, held a bachelor’s degree, and was currently pursuing his Master’s degree. The following respondent was Walter, a social worker who had been at the facility for three years, and this was his first station after college. He had a diploma in social work. The final FGD respondent was Jael, a health records and information officer. Jael was the newest at the facility, having been there for four months, immediately after completing her college training.



Kabat-Farr and Crumley (2019) observed that sometimes victims of sexual harassment may not even recognise the gestures, words or even actions that would be classified as sexual harassment, arguing that many women could be victims without awareness.



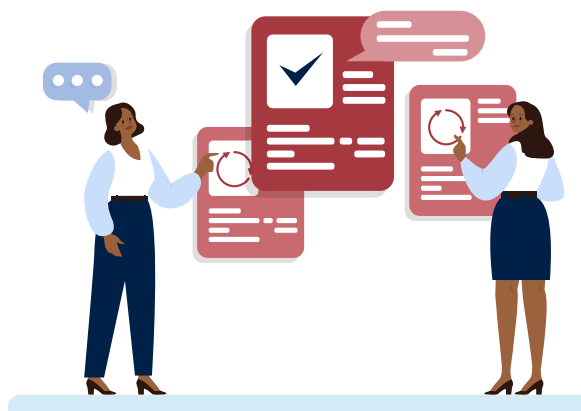
Research Design

This is a qualitative case study, whose aim was to unearth more insight into the nexus between organisational leadership and women's advancement in health facilities. According to Baxter and Jack (2008), qualitative case studies facilitate the study and evaluation of programs and, consequently, the development of interventions in the health sciences. Yin (2017), a key proponent of the case study design, observed that 'how' questions are ideal for case studies. As a key question in this study is how organisational leadership supports or fails to support women's advancement, a qualitative case study approach was ideal. The use of a qualitative case study, therefore, helps to delve into organisational nuances that contribute to the relationship between leadership and women's advancement at UHF, and thereby guide future interventions in this area.

Data Collection

Data for the study were collected via interviews and focus group discussions (FGD). Specifically, five interviews were carried out with three women and two men holding different positions at the facility, and one FGD was carried out with three members of staff (two male, one female). Notably, all interviews and the FGD took place at the CEO's office as it was spacious and conducive for such an engagement. Furthermore, the CEO seemed to have an open-door policy, where any member of staff could drop in at any time, and this was evident by the interruptions that characterised the interviews. This, therefore, made the setting conducive for the study. McGrath et al. (2019) suggested that qualitative data collection, for example, using interviews, should be carried out in settings that are conducive and where the study respondents are comfortable. As the respondents were relaxed in the CEO's office, the study was carried out there.

Before data collection, ethical approval and necessary licenses were obtained from the relevant bodies and institutions, and ethical approval was granted – institutional Review Board number SU-ISERC 1815/23, and research license number NACOSTI/P/23/29171. All other ethical requirements were adhered to, for example, anonymising the study respondents and the institution under study, observing confidentiality, and seeking informed consent both to carry out the research and record it (which was done in writing). Before the data collection commenced, a pre-visit to the study context was conducted, during which a formal request was made, and dates were agreed upon.



Data Analysis

Data from the study were analysed thematically, following Clarke and Braun's (2017) six stages: researcher collecting data, generating initial codes, searching for new themes, reviewing themes, defining and naming themes, and finally, writing the qualitative report. These stages were followed in an iterative process, which ultimately resulted in the themes reported in the findings. Three peer reviewers contributed to enhancing the trustworthiness of this qualitative study through their constructive feedback on various sections of the survey. Further, triangulation of data collection methods (i.e. using KIIs and one FGD) as well as the use of thick description (in the findings) enhanced the overall trustworthiness of the study (Adler, 2022).

4. Findings

Broken Glass Ceiling, But Thorny Top Seat

The first theme that emerged from this study was that the glass ceiling had indeed been broken, thus allowing women to advance to leadership positions; however, their leadership was still influenced by gender-related challenges. Respondents noted that women leaders experienced difficulties and threats to their leadership, especially from their male colleagues. For example, Sally, the CEO at UHF, noted that one of the challenges she faced in her leadership role was having unsupportive male colleagues. She observed:



"Another challenge that I receive...like now the male figure, when they come, like there was a time, someone said, 'I will do it my way; you see, in our society, we domineer. There's no way a woman can tell me anything'. You know, I smiled. So, I later called the staff. Nikamwambia Daktari [I told him, Doctor], 'I appreciate. But even in our own houses, it is not a one-man show. We sit, deliberate, and then come up with a way forward. If you do it, it is okay. If you won't do it, then it is okay.'"

Sally, in the above excerpt, revealed that she had 'smiled' and even given the male colleague the freedom to obey or disobey her instructions, which seemed to portray the male colleague as domineering and her as the leader as being weak. Later, she even had to apologise to her colleague, implying that even as the head of the facility, her position was thorny and challenging for her as a female. She noted that:

Respondents noted that women leaders experienced difficulties and threats to their leadership, especially from their male colleagues.

“You are ordering me? A woman?” So, that is the challenge at times we get. Someone feels like a lady cannot tell me anything. But now, that is when we say, ‘How is your emotional intelligence?’ You see me, I smiled. I just told him, ‘No, it’s okay.’ But I just called him, peke yake nikwamwambia (alone, and told him), “You see now, this is a hospital. Like, even in your own house. Is it your way every day? I told him. There are those times even when your kids say, “We want to go, or we want this,” if you don’t have money, will you go and steal? Si (‘Don’t you’), you just call them, you tell them, we don’t have money. Next time, when we get money, I will do this. So, kindly, Doc, if I offended you by telling you it is a must-do, then I am sorry. But please, don’t go and let the others follow that direction. Let it be you. He told me, ‘No, I will do it, that I will forgive you.’” (Sally, CEO, Interview)



The fact that the head of the facility had to not only apologise but also request her ‘oppressor’ not to tell others of the incident suggests that female leadership was quite tricky and thorny owing to male oppression.

Relatedly, the perception of women leaders also appeared to be a challenge for the men, who noted that although many women were at the top, their presence resulted in ‘petty’ issues, such as gossip and infighting, among other issues that affected the organisation’s progress.



“Now, our HMT [Health Management Team] is made up of close to 90% women. So, because they are key to decision-making...However, in every organisation, I don’t know whether this one is different, but when you again put very many women in positions, like I am telling you 90% are women in this place. Chances of infighting, gossip, can derail the agenda of that facility ... Unlike men, wakikua pamoja (when they are together), men, I don’t think kuna hio maneno ya (there are issues of) gossip, whatever, they concentrate on whatever they have.” (Willy, Head of Pharmacy, Interview)

The observation by Willy suggests that having more women at the top is a recipe for infighting and gossip rather than organisational progress, which seems to advance cultural stereotypes and perceptions of women. Such a perception appears to suggest that women are unfit for leadership.

Gendered Income Imbalance

While men and women at UHF received the same remuneration for their work, men were advantaged because they could perform extra work that earned them additional income compared to women. For instance, although both men and women clinicians were trained and could undertake circumcision, culture and organisational context advantaged men who were preferred for such tasks, as noted:

“Naturally, ladies, if you’re a clinical officer, you must know how to circumcise...But now, in the Luhya setup, more so like me, where I come from, I am a Bukusu, you cannot be circumcised by a woman. You understand? So, maybe, and so, you know, when you circumcise, you pick someone, one or two tokens, elfu moja (Ksh 1,000), it keeps you going. So, maybe, they feel like, perhaps if I were a man, I could be circumcised...” (Tim, Deputy CEO, Interview)



Ironically, Sally noted that to be a good example as the CEO, she needed to know how to do all the operations and medical procedures, including circumcision, implying female staff not doing so was an organisational excuse hidden under the banner of culture. She explained:



“I should lead by example. Not that I don’t know how to do a simple procedure. Like let me say now, like stitching a wound, I should lead by example. Those are the simplest procedures. To do a circumcision, I should be sharp. So that others can emulate me.” (Sally, CEO, Interview)

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Thus, while men had the opportunity for extra income, women were denied this opportunity, with culture used to justify this missed chance.

The extra income imbalance was further supported by cases where women were wholly devoted to their work and family duties. At the same time, men could take on additional work outside the facility and earn extra

The perception of women leaders also appeared to be a challenge for the men, who noted that although many women were at the top, their presence resulted in ‘petty’ issues, such as gossip and infighting, among other issues that affected the organisation’s progress.

income. For instance, the CEO noted that her work and role were more demanding than those of others. She observed that:



"At times, okay, you can come to work by 7 am; I have to leave here at 6.30 pm. Unlike others, they'll come even at 8:00 am or 8:30 am, and they leave by 5:00 pm. You see, that's already the challenge: any minimal time is spent with family. You cannot just absent yourself without permission. But you see, others will come and tell you, 'Oh, doc, I'm away'. They can go, but you see me, I cannot go anywhere." (Sally, CEO, Interview)

On the contrary, her deputy, a male, had extra time to even teach at another facility and thus get additional income.

"So, I work in this facility as the deputy clinic officer-in-charge. I also lecture at ABC College. It's a part-time thing..." (Tim, Deputy CEO, Interview)



Notably, as the CEO, Sally, being a female, faced harsher judgment and had to exert more effort and energy to prove herself; in contrast, men could work as they wished and often took on extra work within and outside the facility. Eventually, women faced financial challenges.

In cases where the UHF had to hire extra staff (on a locum basis), most of the applicants were women. One of the reasons was that men refused the jobs owing to the low income or could even ask for higher pay for the same, but women did not object, as reported by the Head of Nursing below:



"You know, mothers, I don't know how to put it, but women, mostly, they don't choose the work. You know, on locum nurses, they are paid not that much, a man can even argue on that payment, say, maybe you are paying her peanuts, but ladies, we've incorporated the majority, they just accept." (Val, Head of Nursing, Interview)

Preferential Treatment of Females

Although it appeared more women were at the helm at UHF, there were feelings, especially from the male respondents, that they were favoured at the expense of men. To this end, gender equity, affirmative action, and other similar initiatives were cited as providing women with an advantage over their male colleagues. Willy, on this point, noted that:

"But you remember, there is what we call the women empowerment, whereby now a lot of efforts, emphasis were placed on a female child, right from the start. Because you see, if you guys are going to score the same grade, ye atakuwa na (she will have) an upper hand. Now, it has come to the point where you find out that now women are now becoming more in any organisation... However, even if you call all county workers, you will find that women are now more prevalent. Therefore, because of what I've been telling you, we don't base our decisions on merit. Tunaenda na kitu kama (we seem to focus on) sympathy. And by so doing, we are flooding women into, whether it is an organisation, whether it is a training centre, whether it is... wanakuwa wengi (they become more) because they have an advantage over men." (Willy, Head of Pharmacy, Interview)



Willy's sentiments were also echoed by another respondent in the FGD, who noted that women's empowerment had been fuelled by patriarchal tendencies, yet this needed to be kept in check so that it would not be oppressive to men. He noted:

"Yes, there's also a problem whereby the women's empowerment movement has focused too much on the girl child, and you can't blame anyone for that. It is because of the nature of our patriarchal society, how we've been brought up, and our culture that adores men or puts men on a pedestal above women. So, the way the world is evolving, we find out that there is a gap whereby women, however much they are educated, we've put a ceiling on them due to our culture. However, as the culture evolves, we find that there is an urge to put women in a position where they can be elevated in some way, if I may say so. And by doing so, legislations have been enacted, movements have been initiated, and the issue has been extensively discussed, including in our current constitution, which explicitly states that seats have been set aside for women. So, in one way or another, you can say that women's gender is being favoured." (Dave, HoD Malaria, FGD)



In one case of sexual harassment involving two married colleagues (who had, apparently, had an affair that ended bitterly), the head of the facility mentioned that she had warned the man to be careful since the woman was 'domineering'. Additionally, the law would be on the woman's side and ultimately disadvantage the man. This supports the foregoing argument that gender-related laws were perceived to be supportive of females at the expense of males. She observed:

In cases where the UHF had to hire extra staff (on a locum basis), most of the applicants were women. One of the reasons was that men refused the jobs owing to the low income or could even ask for higher pay for the same, but women did not object.

“So, I just decided to call the man ata kabla ye mwenyewe hajasema nikamwambia (even before he reported, and I told him), “You see you are my brother. I love both of you. You and the lady. Wee uko na familia (you have a family), this lady is married. Maneno ya sexual harassment hapana, hii inaelekea hapo (issues of sexual harassment is a no-go-zone, and this heading there). And wewe mwanaume ndo utafinyiliwa. But nikiangalia ata wewe the man wewe ni mpole, we huna stori mingi (And you the man will be oppressed, yet you look innocent). This lady is domineering, atakushinda na maneno and watu watahurumia the lady (she will win as she is talkative, and people will pity her). So, keep off.” (Sally, CEO, Interview)



Men were therefore perceived to be victims as far as women’s advancement and leadership matters in organisations were concerned.

In the FGD, one respondent similarly argued that men had to involve women in leadership, as not doing so might result in women suing them, and the government would likely be on their side against the men. He noted:

“Actually, in, maybe in health, let us say, in the health department, we find that they are learned, they have papers, they are qualified. So, you cannot underrate them. They will tell them that we have the same qualifications as you. So, why am I not given, this chance? Then you find that they can even sue you. And you know, when a woman sues you, in the court, eh, the probability of you getting arrested is high, because women are over-empowered nowadays, according to the Constitution. And you find, even winning a case against a woman is nowadays in Kenya becoming a dream.” (Walter, Social Worker, FGD)



Supportive Organisational Environment

It was also evident that the organisational environment at UHF was supportive of women’s advancement, as reflected in the work context, with flexible time being offered, among other benefits. Partly, since the CEO was a woman, it was easy to identify with the challenges that women faced. On this, the CEO noted:

“Most of us are women. We have babies, they will fall sick. We have house girls; they will run away. Me mine, so long as the department runs. I don’t want to know even if you are on duty, you will be away for... Even if you are four ladies in a department, I don’t want to know. A year has twelve months. What I want is quality work. If you know you can even work three months, three months, three months, and the year ends as you disappear. As long as I need full representation. Investigations zifanywe vizuri (should be well done). Patient waiting time should be minimal. And I set you free because all of us are ladies. Mtu anaenza kuwa na changamoto hapa na pale (A person may have challenges from time to time). Let us help one another.” (Sally, CEO, Interview)



Cognizant of the challenges women faced at work while balancing home issues, the CEO had given them leeway to work flexibly and in shifts, thereby enhancing the quality of their work while attending to their personal needs.

The supportive environment for women in the organisation, provided by leadership, is also echoed by the Deputy CEO, who noted that since the CEO is female, it was easy to advocate for female advancement and progress within the facility. He noted that:

“The in-charge here was a man. After him came a man. Then, when I joined in 2019, the person in charge was still a man. Around 2022, I think, they brought in a lady. And I was like, ah, at least we have a woman here. You know, they were like, you know, that already speaks out like, at some point, the feeling. Like, this seat is meant just for men. And then when she left again, the one who was coming now, the current in-charge, is still one of them. And you can also see that even the nursing officer is in charge. Previously, the one who left some six months ago was a man. Now, as we have this lady here. I see the ladies take up gender roles faster. I see them feel advocated for.” (Tim, Deputy CEO, Interview)



Women were also mentored on the job by their leaders (i.e., heads of department), which helped them improve their work. One respondent noted:

“Like we had a female nurse who had issues with insertions on the implants... so the moment she inserts, we find that there is a, there is a conflict on the client: it’s either a method pops out, or the patient will come with a history of infection. So, we mentored the female nurse; we talked to her. And we realised she was inserting it on the wrong route; instead of going intradermal, she was now inserting it deeply. That’s what was bringing the issue, yeah, but we mentored her, and she changed positively. Currently, she’s doing great, and she’s also happy.” (Val, Head of Nursing, Interview)



The nurse in question had thus been mentored on how to handle the family planning procedure correctly, resulting in better outcomes, a happy client, and a fulfilled staff. Women were also encouraged to pursue

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further studies, and the facility in charge spearheaded this support. Such motivation allowed women to further their studies if they wanted to, as one interview respondent noted.



"I think UHF as a facility is giving us enough space so that if you want to go to school, you'll just make a local arrangement with the facility-in-charge, you make your application, then take it to the county offices. Once it is approved, you are allowed to go for studies. So, they are supporting us. It is not that you're just limited to be there; you are told, 'Don't go for further studies, no.' If that opportunity arises, follow the right procedure, and you can go and pursue it." (Jane, Head of Medical Lab, Interview)

Similarly, Jane further observed that male and female staff were given equal chances for short training.

"I would say what is helping women to advance in UHF and our County as a whole is that we are given equal opportunities with our male counterparts to go for training. Supposing there is a five-day training, perhaps in management or laboratory commodities. I think it will cut across. If they say it is heads of laboratories within the County, be it a woman or a man, you are given a chance to go for that." (Jane, Head of Medical Lab, Interview)



5. Discussion

This study aimed to explore the relationship between leadership and women's advancement in healthcare organisations, with a specific focus on UHF. The study aimed to investigate the barriers to women's advancement at UHF and the role of leadership in promoting women's advancement within the organisation. The findings from this study revealed four themes, which are discussed in this section in relation to the study's aim.

Broken Glass Ceiling, But Thorny Top Seat

Notably, the study revealed that more women occupied leadership positions, suggesting that the glass ceiling had indeed been broken at UHF. This is encouraging, as studies have shown that although the majority of the workforce in the health sector is female, few occupy leadership positions (Moyer et al., 2018; World Health Organisation, 2019). However, findings from this study showed that being at the helm was not at all rosy, as the women experienced diverse challenges such as oppression and dominance from men, and in many cases, women had to work harder to prove themselves. Notably, scholars have argued that organisations are gendered, an observation supported by gendered organisation theory, which shows that organisations tend to favour men over women (Alobaid et al., 2020). Casaca and Lortie (2017) described the term 'glass cliff', which denotes the difficult circumstances that women have to operate under as leaders. In agreement, the Obino (2023) study in Kenya revealed that women had to work twice as hard to prove their leadership in the health space, which mirrors the findings of this study.

Furthermore, women at the helm of leadership at UHF were perceived as incompetent, often associated with 'petty' issues such as infighting and gossip, among others. In GOT, men are privileged while women are dismissed and relegated to basic roles and duties, suggesting that they are perceived as incapable (Alobaid et al., 2020; Soare et al., 2022). This agrees with the findings in this study, where women were dismissed as being unqualified for the positions they occupied by their gender. The survey by Kalaitzi et al. (2019) in the Greek context revealed that one of the greatest challenges to women's advancement to leadership in health spaces was the reinforcement of stereotypes about them. This implies that where particular beliefs exist about women (for example, about them being 'weak' or even prone to 'gossip' and 'infighting'), then this tends to cripple their advancement as proponents of such views would use such to block them.

Extra Income Imbalance

Another theme that emerged from this study was the imbalance in extra income between men and women at UHF. It was apparent that while men and women received similar pay for the same roles, men would often take on additional tasks that were both monetarily rewarding and within and outside the facility. Partly, the domestic and work-related roles that women played made it difficult for them to take up extra roles for pay. One of the reasons was that women had to work extra hard, perhaps harder than men would have, to justify the positions they occupied, as was the case with the facility CEO. This agrees with Obino's (2023) study, where women found it hard to prove themselves, hence worked extra hard on their roles and duties. Furthermore, despite the existence of work-life balance and support, women's



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focus on home duties hindered them from taking on other roles beyond the facility, compared to their male colleagues. According to studies, unless organisations are intentional in their structures and policies regarding women's remuneration, this will be difficult to attain (Acker, 2012).

Another finding from this study related to how women were willing to accept even lower pay for locum duties, whereas their male counterparts were unwilling. Casaca and Lortie (2017) discussed the sticky floor metaphor, where entry points in organisations for men and women contribute to the creation of gendered organisations. This implies that women tend to be employed at a lower entry point, which stifles their progress as compared to their male colleagues. A US study by Thompson-Burdine et al. (2019) further supports this line of argument, with findings from their research showing that organisational policies and structures hinder women's advancement. Specifically, their study revealed that female surgeons earned lower salaries than their male colleagues, despite having the same qualifications. Shung-King et al. (2018) similarly established in their study that women's entry to health organisations was at a lower level compared to their male colleagues. Owing to cultural inclinations, women have traditionally been socialised to accept situations that men would not tolerate (for example, low income) as a sign of modesty, yet this stifles their organisational advancement (Frankel, 2014).

Similarly, traditional culture was used to lock women out of extra income opportunities; this was evident in cases where circumcision was considered a male affair that women shouldn't get involved in. Women clinician training, however, included how to circumcise boys, yet in their facilities, men reserved this assignment to themselves since it was financially rewarding. As Frankel (2014) argued, women tend to accept and not question the status quo, and will even excuse financial opportunities that men discuss without offering any challenge to them. Studies such as that by Vong et al. (2019) concluded that unfavourable policies in organisations, whether formal or informal, hinder women from advancing, as was the case for the informal circumcision policy at UHF. Notably, patriarchal cultural tendencies are often used in such cases to justify the exclusion of women from financially rewarding opportunities.

Favoured Females

An interesting finding from this study was the perception by respondents (mostly men) that women appeared to be favoured and given priority at the expense of men. It seemed that women had been given an upper hand both legislatively and with respect to organisations, and this could have contributed to denied opportunities or a dim focus on men's issues. Notably, as one respondent noted, African cultures have tended towards patriarchy, and for long, denied women opportunities for advancement. Adisa et al. (2019) argued that patriarchy affected organisational processes such as women's work-life balance. Where women have been empowered, there have been tangible effects on families and even larger societies, as seen in Rwanda's reconstruction (Brown, 2016). The general rebuilding of Rwandan society has been credited with increasing the number of women leaders as legislators and at various levels of government. Thus, having more women in leadership is indeed a plus for society.

However, the promotion and advancement of women should not be equated with the suppression of men; the aim should rather be on gender equity. Notably, owing to patriarchal cultures in Africa and organisations within it, measures have been put forth by individuals, organisations and even nations to counter patriarchal tendencies, and this could end up suppressing men instead of contributing to gender equity. In the Kenyan context, there have been arguments to suggest that girl-child empowerment efforts have unintentionally stifled the focus on the boy child. For example, Moraa (2018) observed that as a result of the spirited campaigns for the girl-child empowerment, while more girls are now enrolled in schools, boys, on the other hand, have dropped out, have low self-esteem, and engage in vices like drug abuse and criminal activities. Pike's (2020) study, on the other hand, calls for a balanced approach to the boy-child neglect in the Kenyan context, so that it is not tilted towards one side but in a way that supports gender equity discussions.

Relatedly, a notable observation was that the law was firmly in support of the women, even in cases where they were found to be wrong. Suggestions were given to effect that men needed to avoid or keep off getting into legal tussles with women, as the law would most likely side with them. A study by Berry et al. (2021) argued that the quota system introduced in Kenya following the promulgation of the 2010 Constitution allocated more political slots to women in governance. Consequently, while the number of women was included through nomination, they were placed in positions that lacked access to resources, unlike their elected counterparts. As a result, women ended up being portrayed as weak leaders, and advancement efforts, unintentionally, also created backlash against women, which sometimes was characterised by physical and even verbal violence. This has been supported by Pike (2020), who noted that efforts to empower girls and women in general have resulted in backlash from men who feel they are losing grip of their patriarchy.



Supportive Organisational Environment

The final theme from this study is that of a supportive organisational environment, where women were generally supported towards advancement at UHF. Although there were cases of challenges and backlash to their progress and positions, notable support structures and examples also contributed to their advancement. For example, the CEO and other departmental leaders supported flextime and covering up for one another in case a woman had emergencies to attend to. Partly, as the CEO was female, it was easy to relate to the challenges her fellow women faced, such as caring for sick children and not having a housekeeper, among others. The grounded study by Mousa et al. (2023) established that organisational leadership is an important element that promotes women's advancement in organisations, which relates to the findings in this study. Similarly, Al Mutair et al. (2023) found in their study that having supportive colleagues, for example, when one has a crisis to attend to, is pivotal to women's advancement in organisations, which also mirrors the findings in this study.

Mentorship was also identified as crucial to the advancement of women at UHF. Both male and female leaders highlighted how they coached and supported younger and less experienced women, both formally and informally, to foster their professional growth. For example, Carbajal's (2018) grounded study highlighted that the lack of mentors was perceived as a deterrent to leadership ascension by women in the study. A review by Farkas et al. (2019) on mentorship in academic medicine argued that it was crucial for advancing women's leadership, despite many women not having mentors. The study recommended the need for institutionalised mentorship programmes. In our research, mentorship was present through formalised programmes as well as through other informal ones

6. Conclusion and Implications

In response to the call by the WHO (2019), this case study contributes to addressing the lack of empirical data from the Kenyan context and the broader Sub-Saharan region on the role of leadership in advancing women. Furthermore, as Sustainable Development Goal 5 focuses on achieving gender equality and empowering all women and girls (UN Women, 2023), this study makes a significant contribution in this regard.

From this study, it is evident that women are indeed making progress and advancement towards leadership, although their presence at the helm is still fraught with challenges. There is a need to prepare women in organisations, not just to focus on reaching the top, but also on strategies for staying there. With backlash from men resulting from their advancement, women must be continually equipped and prepared with leadership approaches that can mitigate such challenges. At the same time, it is needful to intentionally include men in the women's advancement agenda so that they can not only understand but also support this cause. It was apparent that there was a feeling of women being 'sympathised with' or even privileged in positions they did not deserve. This can be addressed by allowing men to participate in women's empowerment programmes, as this will enhance ownership and support.

Having organisational support from leadership, even through mentorship, was highlighted as being crucial to women's advancement. This suggests the need to encourage and even streamline the support women receive in organisations. However, perhaps even better is creating an organisational climate that is supportive and conducive to women's advancement.

Future studies could enrich this case study by replicating it across different health facilities within Kenya and the broader Sub-Saharan context, as the current study is limited to a single facility with a staff population of 32 full-time staff.

7. Recommendations

From the perspective of the theory of change (United Nations Development Group, 2017), the following recommendations (Table 2) are made for UHF based on the findings from this study.

Table 2: Gendered Organisational Theory and Theory of Change for UHF

No	ELEMENT	FINDINGS FROM UHF	EXAMPLES
1	Organisational processes	<ul style="list-style-type: none"> Extra income for males Workload for women and work-life balance hinders extra income 	UHF should create conducive environment for both males and females to earn extra income
2	Organisational culture	<ul style="list-style-type: none"> Bossy male colleagues 	UHF should engender a culture of respect and support for women in leadership
3	Interactions in the workplace	<ul style="list-style-type: none"> Women perceived to be engaging in petty issues 	Respect for women should begin with dropping stereotypical views about them and respecting them as professionals and colleagues.
4	Gendered identities	<ul style="list-style-type: none"> Higher expectations for women leaders Perception of women as subordinates 	There should be equal standards for both men and women in leadership; women should not be unfairly judged.


A review by Farkas et al. (2019) on mentorship in academic medicine argued that it was crucial for advancing women's leadership, despite many women not having mentors.

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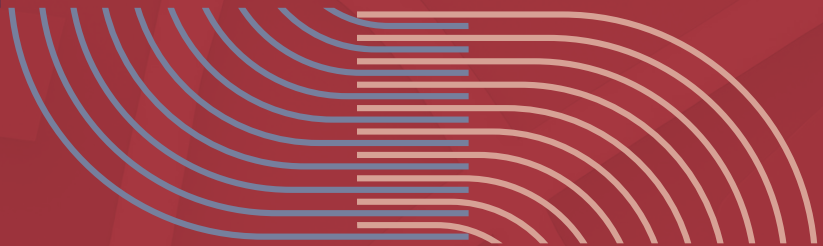
The Case of Kisumu County Referral Hospital



Case Title:

Breaking Barriers:

Women's Leadership Journey at Kisumu County Referral Hospital



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1. Introduction

Despite global efforts to promote gender equity in top management positions in hospitals, the presence of women in these roles remains a challenge, particularly in developing countries. This study explored the influence of leadership practices on women's career advancement at the Kisumu County Referral Hospital (KCRH), by asking the following key questions:

- 1) What is the impact of leadership practices on women's career advancement?
- 2) How do leadership programmes affect the career advancement of women?
- 3) How do decision-making and inclusivity affect the career advancement of women?
- 4) What challenges and potential improvements are present in the advancement of women at the hospital?

The Transformational Leadership Framework and the Glass Ceiling Theory guided the development of the Theory of Change. These two theories were combined to form a comprehensive roadmap that would guide the achievement of the final desired outcome. This was a qualitative study, and data were collected through focus group discussions comprising nine employees from different departments and two KIIs from two senior leaders at the hospital. Thematic analysis was conducted on the KIIs and on the focus group discussion to address the four research questions.

The findings indicated a lack of gender balance in the top leadership committees, with a higher proportion of male representatives. In addition, leadership at the hospital does not directly hinder or support women's career advancement; however, it encourages individual efforts. There were no specific leadership development or mentorship programmes directed towards women's career advancement, but opportunities were openly advertised for all. Leaders are required to encourage women to actively apply for top leadership positions and help them build their confidence through a rewards system. It was also noteworthy that Women are not involved in key decision-making at the hospital, although their opinions are considered occasionally. While the top management leadership approach at the hospital is gender-neutral and emphasises the importance of merit-based promotion, the work environment is quite competitive and has numerous bureaucratic constraints.

These findings suggest that mentorship programmes as well as training workshops tailored specifically for women should be initiated to aid in navigating the institutional barriers that hinder them from rising to top leadership positions.

2. Background

The KCRH is a Level 5 hospital situated in the Western part of Kenya, in the city of Kisumu. The healthcare facility receives referrals from the whole region. The hospital offers inpatient and outpatient care, maternal and child health services, laboratory services, paediatrics and surgical services, among others. The hospital is staffed with 20 qualified medical doctors and approximately 150 nurses. It is managed by a medical superintendent who the county government of Kisumu supervises. Effective leadership in hospitals is crucial, as hospital operations require high standards of performance to ensure that processes run smoothly and efficiently. Studies indicate that when top management in hospitals is gender-diverse, the tendency to perform well both operationally and financially is high. It is further stated that women in top management contribute to strategic thinking and innovative approaches to hospital activities (Ely et al., 2011; Carter & Silva, 2018). This study examined the impact of leadership practices on women's career advancement at the KCRH, aiming to understand how and why leaders facilitate women's career progress.

Healthcare is a critical part of societal well-being in the current civilisation. A study conducted by Women in Global Health (WGH) revealed that, although women comprise the majority of the workforce (70%) in healthcare and social care systems worldwide, only 25% of them hold positions on top leadership boards and committees that manage these hospitals. This disparity limits the chances for diverse perspectives in hospitals and perpetuates systemic biases that contribute to inequalities (WGH-Policy Report-2023, WGH analysis of information from the GAP agency, 2023). A study by the European Institute for Gender Equality further indicates that women consistently face gender discrimination due to a lack



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of work-life balance, mentorship opportunities, and career growth opportunities, which limit their career advancement (European Institute for Gender Equality (EIGE), 2020). These studies emphasise the need for gender balance as a lack of it may affect certain decisions that are crucial in hospital management, hence affecting patient care overall.

A research study conducted by Strathmore University Business School in partnership with the Kenya Healthcare Federation, which focused on “Women in Healthcare Leadership in Kenya”, sought to advance an understanding of how organisational elements such as structure, leadership, culture, and policies interact to either promote or constrain the career advancement of women in Kenyan healthcare sector organisations. The research findings indicated that the majority of respondents agreed that policies offered equitable remuneration for similar roles and skill levels; however, there were differences in employee perceptions across various organisations on whether the policies did so (SBS Report, 2024).

This study also found differences between organisations in whether promotions were based on individual employee performance or other factors, as well as in whether promotion criteria were clear and transparent (SBS Report 2024). This initial study, therefore, necessitated further investigation into particular healthcare organisations that exhibited deviant characteristics in relation to the four organisational elements being studied (structure, culture, policies, and leadership), as well as career advancement opportunities for women. From this selection criteria, KCRH emerged as one of the public hospitals in Kenya with the highest positive deviation in terms of fast career advancement of women.

From the initial quantitative study, findings from this hospital indicated that 89% of respondents agreed that the leaders (CEO and Senior Managers) take responsibility for promoting gender equality at the hospital as a leadership priority, while only 11% felt that this was done to a small extent (SBS Report, 2024). It is also worth noting that 67% of the respondents were male, while 33% were female. Therefore, the main objective of this case study was to gain a deeper understanding of how healthcare leaders at KCRH promoted women's career advancement. The case study also aimed to obtain in-depth information on how healthcare leaders in this hospital influence workplace gender equity.

3. Methodology

Data Collection Method

This qualitative study aimed to gain in-depth insights into how leaders in the KCRH influence women's career advancement. Primary data was collected using KIIs and focus group discussions. The nine participants for the focus group discussion were selected through random sampling to ensure a diverse representation of employees from all levels of the hospital. The KIIs were conducted with two senior leaders at the hospital, and a focus group discussion was done with nine employees. According to Rubin & Rubin (2012), Creswell and Poth (2018), and Patton (2015), a sample size of between five and 30 participants is recommended for qualitative research, contingent on the goals and complexity of data saturation.

Four key questions were used to guide the interviews for both the focus group discussion and the KIIs. How do leadership practices impact the career advancement of women at the institution? How do leadership development and mentorship programmes affect the career advancement of women at the hospital? How does inclusive decision-making affect the career advancement of women at the hospital? What are the institutional factors, barriers and potential improvements for the career advancement of women at the KCRH?

KIIs

The KIIs conducted with two senior leaders at the hospital lasted an average of 37 minutes each, and all took place on the hospital premises. The researcher explained to the informants that the information being sought was solely for research purposes, and it would be kept confidential. After the informed consent was obtained, the researcher asked questions that touched on; understanding the general influence of leaders in the hospital towards advancement of women in their careers, the leadership practices and programmes that support women advancement in their careers, inclusion of women in decision making and any successes or challenges that affect women in career advancement at the hospital. The researcher probed the informants on the how and why of these questions. After obtaining written consent from the informants, all responses were recorded using a tape recorder.

Focus Group Discussion

The discussion consisted of nine participants, all of whom participated on a purely voluntary basis. The head of research at the hospital assisted in the random selection of participants for the FGD to ensure that the sample included a range of middle-level and frontline employees at the hospital. The sample included both male and female employees from various age groups and different departments at the hospital, to capture diverse perspectives. The discussion lasted for approximately an hour and six minutes. After obtaining consent, responses were recorded using a tape recorder.



It is also worth noting that 67% of the respondents were male, while 33% were female. Therefore, the main objective of this case study was to gain a deeper understanding of how healthcare leaders at KCRH promoted women's career advancement.

Data Analysis

Thematic analysis was conducted on the KIIs and the focus group discussion to address the four key questions. First, the audio recordings from the KIIs and the focus group discussion were transcribed verbatim to ensure that the data were captured precisely. The researcher then reviewed the transcripts multiple times to familiarise themselves with the content and identify the initial patterns. A coding framework was then applied to label sections of the text related to each research question. The researcher assigned four categories of information to the text, further assisting in the organisation of the information. Analysis of the transcripts yielded 138 applications, categorised into 14 codes and two subcodes. Each of them is exhaustively described with illustrative quotes extracted to highlight key points. The four themes ensured comprehensive coverage and a meaningful interpretation of the data. This systematic approach enabled the drawing of detailed insights, effectively addressing each research question.

4. Findings

Leadership Structure of the Hospital

The KCRH is managed by three key committees: the Board of Directors, which has seven members (five male, two female); the Co-Administration, with three members (two male, one female); and the Executive Expenditure Committee, which has seven members (five male and two female).

This data shows that the hospital has more male than female employees in the top leadership positions. This finding contradicts a study conducted earlier by the Strathmore Business School, which found that the KCRH supported the career advancement of women to a greater extent (SBS Report, 2024). However, examining the demographics of the respondents revealed that 67% were male, while 33% were female. This explains the contradiction between the initial findings and the current findings. Four key themes emerged:

- 1) Individual effort is rewarded for women's advancement.
- 2) Limited leadership development and mentorship opportunities for women.
- 3) Limited decision-making roles for women.
- 4) Barriers to women's career advancement.

Leadership Practices That Impact Career Advancement Of Women

Findings indicated that, at the KCRH, women are encouraged to work at the same level as men. Opportunities are advertised openly, and all employees are required to apply for them with the same rules across the board. One of the key informants indicated:



"There is no specific leadership style or criteria that guide the preference for ladies, but we have a general policy for civil servants that everybody subscribes to, which considers qualifications, ability to perform, and other factors. And therefore, those who have demonstrated the ability to perform and those who qualify are in those positions. In the health sector, it's the ability to perform and have someone to do the work. There are no proper criteria that we give ladies this." (Key informant 1, June 5th 2024)

These sentiments were echoed by other employee participants during the focus group discussion. They stated that there is a clear path of progression that does not take into consideration gender, as it is open to all and competitive.

"I think maybe just to take that in terms of career progression, especially in women in this hospital, I think it is something that is going on, and it is individual-based. An individual feels like they want to be a nurse. So, they take the lead. We have a continuous medical education committee in place at the hospital. So, I think we are allowed to start our career progression after three years of working." (FDG Participant 2, June 6th 2024)



Participants were also asked about specific actions or initiatives taken by leaders that have significantly supported women's career advancement at the hospital. The responses received clearly brought out theme 1. There was no direct support or suppression of the career advancement of women. The first key informant indicated that, in the health sector, where the hospital falls, career advancement is largely determined by workplace performance. It does not matter whether you are male or female, and there is no preference given to women. These sentiments were supported by several other employees who also added the following:

The first key informant indicated that, in the health sector, where the hospital falls, career advancement is largely determined by workplace performance.



“Career progression in this hospital is kind of dependent on the opportunities available. And the systems that guide this. So far, just as my colleague has said, we want to echo sentiments that the career progression is open.” (FDG Participant, June 6th, 2024)

From the discussions, it also emerged that there were leaders who were open enough to share opportunities available (such as scholarships, training, and competitions for awards) with their colleagues (not only female) and encouraged them to apply and pursue them. Some said that they did not see any specific action from their leaders that significantly supported women’s career advancement, other than opportunities being shared across the hospital. A participant shared the following:

“What I have seen is, like the top leadership, when they get scholarships that are being advertised, they always encourage people to go for them so that they can move up their career.... The leadership we have, they’re always open, and they give people opportunities to grow in case such opportunities arise.... they give everyone the chance.” (FDG Participant, June 6th 2024)



Regarding the question of whether hospital leaders have specific actions or initiatives to support women, other participants felt that experiences mattered more than support from leaders. When a female employee had more experience working at the institution, the chances of progression were higher, and hence, hospital leadership would encourage them to apply for available opportunities. However, some participants in the FDG did not fully agree with these sentiments. They felt that there were some exceptions and that dishonest leaders would want to bypass established procedures and hire employees with no proper work experience. Their sentiments were similar to those of others mentioned earlier, who expressed concerns about some hospital leaders requiring favours from their subordinates before facilitating their career advancement. They detailed this by saying:



“I think it is also based on the experience. I remember how, when we were doing management courses, we were told there was succession planning. So, in succession planning, the seniors are supposed to lead the young team so that they can reach the level where they are, right? But of late, I’m sorry to say that things are not running the way we expect them. Like I can give an example. You will find a junior staff member who just qualified the other day is given a leadership position. And she’s going to lead a very senior person with a lot of experience. It is demotivating. I’m sorry to say that.” (FDG Participant, June 6th 2024)

“Also, being a county government, I’m not sorry to say, is that you find that people get to those positions because they know somebody.” (Key informant 1, 5th June 2024)



“There are positions that you don’t just get, there is what we call the scheme of service. So, through this scheme of service, it specifies who qualifies for the position of the director of nursing. The academic qualifications are specified, as well as the years of experience or work. And then maybe in which positions you must also act. That is one way to determine it. You will not just come in with the ceiling.” (Key informant 2, 5th June 2024)

When participants were asked if there were leaders at the hospital who served as role models and how this influenced their career advancement as women, some responded affirmatively. They indicated that there are women who are leaders now and who were very deliberate in pushing for women’s advancement through different committees, such as the Education Committee. This assisted some women in obtaining scholarships to advance their training and secure opportunities for career progression.

Other participants also indicated that the role models existed; however, the chances were quite limited, hence, cutthroat competitions were witnessed. The quotes below illustrate the participants’ views.

“...Maybe if you’ve done a certificate level, you want to move to another level, so through this education committee, we do an application. And then we can move on. You are allowed to go to school. We also have scholarships that are sometimes available through the county. That at times, we are given chances. Some of our colleagues are given chances so that they can progress career-wise.” (FDG Participant, 6th June 2024)



“So far, just as my colleague has said, we want to echo sentiments that the career progression is open. But it is limited. One, there are always limited opportunities available for promotion. Yes, as an individual, you can be given opportunities to attend school, acquire an advanced certificate, or a qualification. But it’s not automatic that it will be considered for elevation. So, there you can find. It’s dependent and somewhat determined by bureaucratic systems. It doesn’t want to be open. The bureaucratic systems in the public governance systems.” (FDG Participant, June 6th, 2024)

Some said that they did not see any specific action from their leaders that significantly supported women’s career advancement, other than opportunities being shared across the hospital.



Limited Leadership Development and Mentorship Opportunities for Women

Responses from the interviews indicated that there are no specific development or mentorship practices in place for the career advancement of women at the hospital; however, opportunities are advertised, and particular leaders opt to encourage women as needed.

“There is no specific leadership style or mentorship programme that guides us to prefer ladies, but we have a general policy for civil servants that everybody is subscribed to, that is, whether it is the qualification, or the ability to perform. And therefore, those who have demonstrated the ability to perform, and those who have qualifications, are in those positions.” (Key Informant 1, 5th June 2024)



One participant expressed dismay at the concept of mentorship and asked: “Mentorship? Specifically for women? We don’t have. Nobody mentored me. It is only that sometimes you, with that kind of aggressiveness that you put in place, then people start seeing you and they think you should vie for that position.” (FDG Participant, 6th June 2024)

Similarly, another participant indicated that when she joined the hospital, she was assigned a female colleague who helped her understand how to manage her subordinates in the nursing wards. However, this was by absolute luck.

To summarise the session, the researcher asked all participants in the FGD to affirm whether there truly was an absolute absence of mentorship programmes at the hospital, and the answer was a resounding “No, we do not have”.

When asked if there are any professional/training development programmes or opportunities specifically designed to help women advance in their careers, it was confirmed that none existed. All the interviewees mentioned that what was present were the usual programmes from the county government that required an individual to go through an application process before they qualify. One participant specified:

“There are trainings which are approved, and people are encouraged to apply individually, and then you can be sponsored in those trainings. Like you can be taken to the Government School of Management. You do two weeks or six months of Strategic Management. And the other internal training, maybe you are being called a medical superintendent in a different facility.” (FDG participant, 6th June 2024)



Another key informant shared a similar opinion, indicating that there were no specific training or professional development programmes targeting women. What was present were open programmes for all individuals, both male and female. She specifically said:



“We do not have specific development programmes for women but just an open programme.” (Key informant 2, 5th June 2024)

Although the professional or training programmes were not specific to women, at least these programmes existed for all to attend. They were advertised openly, and those interested in attending were given a chance. Two participants also mentioned some particular training programmes that were key for employees and had witnessed many female employees applying for them. One such training was a mental health training known as Kamili, and that of paediatrics training, as seen in the quote below:

“Over the years, there have been, like in the last three years or so, I’ve seen some staff getting opportunities to work further or specialise in mental health and psychiatry. It is a programme which has attracted some sponsorship from the National Women’s Kamili.” (FDG Participant, 6th June 2024)



All the interviewees mentioned that what was present were the usual programmes from the county government that required an individual to go through an application process before they qualify.

Limited Decision-Making Roles for Women

To advance progressively in their careers, effective decision-making and inclusion are quite crucial for women. This ensures diverse perspectives are heard, which in turn fosters innovative solutions and impartial opportunities. Such practices foster a supportive environment, where talent is recognised and fully nurtured (Kang & Kaplan, 2019). At the Kisumu County hospital, the practice of including women at the decision-making table has not been fully embraced. Participants were asked a question regarding how decision-making and inclusion practices affect the career advancement of women at the hospital. Most of them indicated that they fully participate in decision-making at the lower levels only. They dubbed the decisions they were privy to as “baseline decisions”. They went on to explain that before their leader attends meetings at the top-level management, their opinions are sought, and the leader will then present them at the top-level management decision-making settings. However, they were unsure if their sentiments were tabled verbatim or not. That was beyond them. One participant indicated:



“You know, every decision that is reached above, there must have been a baseline, so that we are informed of the decision made up there. So, to me, most of the decisions after the baseline are made because of this baseline, sometimes we are involved in, or maybe we know, or we might not know. So, depending on the findings of the baseline, it informs the decision after that. So, in decision-making as up there we are not involved, but there is a senior representative from the department.” (FDG participant, 6th June 2024)

However, the participants also indicated that their baseline opinion was sometimes not guaranteed, as their leader would ask for their opinion at times or not, depending on the leader in place. Another participant shared similar sentiments.

“Depending on what is to be discussed, some leaders always ask, yeah. Like I’m going to attend the Health Management Team (HMT) meeting, this is the agenda for the meeting. What information do I need to change? So, at some point, we are involved. But there are some which is done within the higher office.” (FDG participant, June 6th 2024)



When asked if there are mechanisms in place for women to voice their career advancement needs and concerns to leadership and how responsive the leaders have been to this feedback, most participants felt that the opportunities are available. Still, they do not specifically address career advancement for women. The participants indicated that forums for discussion are present, but by saying:



“Yes, we have forums. Like the nurses in this hospital, we have our own room, where we air our views concerning the services and the decisions made when they are communicated to us. So, we have a forum.”

The researcher asked if it involves career advancement, and Participant 4 replied:

“Most of the time, no. No, it’s not career advancement. It is just issues to do with health.”



Barriers

Limited Gender-Specific Work-Life Balance Initiatives

When participants were asked about how leaders at the hospital address work-life balance issues that might affect women’s career progression and if they had any successful initiatives, most of them struggled to think of any. However, one participant mentioned that the human resources department works closely with all employees to ensure they receive opportunities for career growth. The respondent clarified that this was not specific to women but was open to all employees, both male and female.

He went on to indicate that, at the hospital, the leadership works closely with the county government to ensure that policies are followed to the letter. This is a clear indication that the hospital lacked provisions for women to progress in their careers. Nonetheless, if an employee (male or female) airs their concern regarding a problem at home, the department would be quick to listen to them. The participant speaks to this in the quote below.



"In our decision-making process, as in my health administration, if something arises that, for example, might warrant my attention, the first thing we do is to check the family background. And then, based on the individual family background, we see how to support somebody to continue the work.

The government has already implemented a policy. For example, if somebody has given birth, you give them 90 days' leave, and they go for that leave. And men are given 10 days to stay with their families, so you support them. Then you get somebody who has difficulty with family issues, coming to work and all those things. So, you try to support them. Like right now we have one of our staff members who was struggling with alcohol. And we have to invite family, sit down, because this is like a disease, and we ask for help for this person. We invite family and agree on what to do. Yeah. We support them where we can on family issues. And we encourage you to protect and give your family the best, but at the same time, you have work to do. Yeah. So, you also see how you balance your work." (Key informant 1, June 5th 2024)



When asked about women employees in the hospital who require specific assistance with work-life balance to advance in their careers, the senior participant stated that he had not observed such practices at his workplace. He explained that he was helping women get support for rest after work. He mentioned:



"The difficulty comes in the health sector, where you have a husband who is a medic and the wife is also a medic. Sometimes they work in different health facilities. Maybe in one week, all of them are doing night duty, and you know this facility and the other facility, they have different arrangements. So, we cannot balance them. This is what we are doing: we ask them to go and talk with their specific supervisors so that their week can alternate. We try to understand. We understand and try to help them." (Key informant 1, 5th June 2024)

Personal Support Over Career Advancement

Some participants also mentioned that there was some support from hospital leaders for work-life balance. However, from their explanation, the support is not for career advancement but to deal with matters that arise in their daily life activities, such as caring for ailing children who might need the parents' attention. Other issues include the permission to attend school meetings for their children. The hospital leadership has shown support by decentralising control to the station managers, who listen to their peers and decide when to permit them to be away. They described this in more detail below:

"I want to appreciate the leadership of Kisumu County Referral Hospital as well. This is because the leadership has been decentralised to departmental levels. That is one of the supports, because if the staff has a problem, instead of coming to the office, the department leadership sorts it out. So that is one of the supports we have. And of course, if a child is sick, I will tell the leader within our department, and then we will see how to sort it within the department. So, this is true decentralisation." (FDG Participant, 6th June 2024)



Another participant added:



"Apart from decentralisation, at times you might find that you are overwhelmed as a department, this or that is beyond you. Now, we take it to the level of management, and there have always been some solutions that provide us with a way out. So, we just discuss at the departmental level, and we also have to communicate, maybe inform the office..." (FDG Participant 6, 6th June 2024)

However, one key informant had a different opinion from the one aforementioned. She indicated that at the health facility, leaders usually encourage women to be brave enough and apply for opportunities or scholarships that are advertised. She went on to mention that women do not take up the opportunities due to family duties. For those who were initially hesitant, they succeeded and came back to thank their leaders for encouraging them. Her sentiments are captured below:

"Just about the work balance, most of the time, and especially in our case, at our facility level, we have always had women. We encourage them to speak out so that we can be able to understand..." Perhaps I wish you would consider this job, and somebody would just tell you that, with the kind of family I have, I couldn't do it because I still have to see my children go to school. I have to take care of my family. I have to do this. Yeah. With that continuous encouragement, some of them have taken it and pursued such training. Or maybe, they apply for certain jobs. Yeah. And some of them have come back and said I took your advice, and I have been sorted. I'm very happy!" (Key informant 2, 5th June 2024)



The quotes above clearly indicate that some level of individual support is provided to employees in cases of care. There is also an indication that women have shown to take up opportunities afforded to them. work-life balance is about giving them a chance to apply for a scholarship, or have some rest when needed, or permission to attend to a family issue. The employees themselves view work-life balance as primarily attending to family matters. They have not seen any openings in terms of time allocated to them to further their training and advance in their careers, and more specifically, none are targeted at women.

The hospital leadership has shown support by decentralising control to the station managers, who listen to their peers and decide when to permit them to be away.

Lack of a Structured Reward System for Women's Career Advancement

The participants were asked about how leaders at the KCRH recognise and reward achievements from women as a way of encouraging them to progress in their careers. The findings illustrated that the hospital lacked a clear rewards system. The existing system was not well managed. One respondent indicated that there is no such system in place. Research from various scholars suggests that receiving rewards for achievements can increase women's motivation to pursue career goals and take on challenging projects. Women who feel their efforts are recognised and valued are more likely to be engaged and committed to their work and the organisation (Sabharwal & Gifford, 2018; Gloor, Li, & Lim, 2018). The sentiments were varied across all respondents. Some participants were positive that there is a reward system that recognises employees when they do well. However, there was no specific one for women. One participant indicated:



"In my 15-year career, we have done that several times. We have recognised diligent work. We recognise those who have been doing well. And we do this every year. Every year, that's what we're doing." (Key participant 1, 5th June 2024)

Employees from other departments indicated that a reward system exists, but it is allocated to departments rather than to specific individuals, let alone to women. Other respondents felt that, when the hospital was under the national government, the reward system was better managed compared to its current status, when it is under the county government. Hence, this suggests that the recognition of achievements, especially for women, in encouraging them to progress in their careers is not entirely clear. One participant commented on the reward system below:

"Recently, our department got a trophy. We have a trophy as an award for our department, and this really motivates us, as it shows that at least someone recognises us, and so, it gives us a reason to serve better." (FDG Participant, 6th June 2024)



Another participant concurred with the comment above and provided further context.



"I know the intentions are there, and we have initiatives like "The best nurse of the year." In the past, it was there, and we still feel the impact of the national and county government system; I think it has somehow slowed down. They used to give money commissions through the Nurse of the Year, and now they don't. Through such, they would do it well even in declaring a nurse and allow the committee to progress and then remuneration in terms of position and maybe through the department." (FDG Participant, 6th June 2024)

Institutional Obstacles

The participants were asked questions to elicit specific challenges faced within the context of their hospital. Their responses varied and fell into the aforementioned themes discussed above, such as a lack of reward systems, inadequate work-life balance, and insufficient programmes and practices for women to advance their careers. The following are salient and varied quotes from several participants in the FGDs.

"Women employees face numerous challenges, particularly when they are on duty, as they are often expected to act as leaders. When they return home, they are mothers and wives, facing numerous challenges. Financially, they also face numerous challenges. So, through our partnership with you, you can offload some of the burden, and hence we can spend quality time advancing our careers." (FDG Participant 3, 6th June 2024)



From the above sentiments, it is evident that there is a lack of time and financial support for career progression. The participant provided some recommendations that could help improve career progression. These views align with themes 1 and 2, highlighting the competitive nature of positions at the KCRH. The leadership at the hospital appears not to be deliberate in supporting women's advancement in their careers. Instead, men excel in obtaining these positions, with one participant referring to them as "grabbers". One participant said:



"I would also urge the county governments through the Council of Governors, through you, if they consider the issues like: if a man is a leader, then the woman becomes the deputy. So, through that, the women will be elevated to those leadership positions because you realise that most of the men in this society are grabbers. They want to seize all the available opportunities. So, through you people, if these things are put in place, then we can bring so many ladies on board in terms of leadership." (FDG Participant 3, 6th June 2024)

Women who feel their efforts are recognised and valued are more likely to be engaged and committed to their work and the organisation (Sabharwal & Gifford, 2018; Gloor, Li, & Lim, 2018).

Nepotism and Favour-based promotions

The above sentiments are from a participant who indicated that the opportunities exist; however, they are pretty limited. Hence, women do not have the same level of muscle development as men. Therefore, men who have the chance to advance their studies are more likely to be given the “few” available opportunities. They indicated:

“There are always limited opportunities available in terms of promotion. Yes, as an individual, you can take the initiative, go to school, and acquire advanced certificates or qualifications. But it’s not automatic that it will be considered for promotion. So, there you can find that it’s dependent and somewhat determined by bureaucratic systems. It doesn’t want to be open. The bureaucratic systems in the public governance systems are a hindrance for women.” (FDG Participant, 6th June 2024).



Another participant in the FGD also supported this by indicating that, sometimes, these bureaucratic systems are not followed. Hence, it affects the slim chance a woman would have to advance. A senior participant also mentioned that there is a possibility of corrupt leaders who would ask for sexual favours or money to allow women to progress.



“I’m sorry to say that things are not running as we expect them to. Like, I can give an example. You will find a junior staff member who just qualified the other day is given a leadership position. And she’s going to lead a very senior person with a lot of experience. It is demotivating. I’m sorry to say that.” (FDG Participant, 6th June 2024)

The same participant also described instances of nepotism and favouritism in the consideration of career advancement.

“I’m not sorry to say that you find that people get to those positions because they know somebody. Therefore, you can find that a director may be a relative of someone at the top. It’s not because they merit to be in those positions, but when it comes to ladies, again, you find that ladies are also disadvantaged in the sense that... you have to know somebody... to be in that top position. It means to get that position, there are a number of things that you have to undergo as a woman.”



She provided a detailed illustration of what this favouritism entailed, especially for women.



“I just want to give an example... of one time. When some of the people felt that, you see, they used to call me ‘mshemiwa’ and I was like, I don’t know. They feel that you should even vie for that position, but at the end of the day, some of them also give you a warning that you see so and so who is in that position.....if you want to be a “mshemiwa” then you, it seems that, or it means that you will also have to agree to be used. And when you look at that, it means that some of the people who do not want to go that way, some who do not want, maybe, to be used sexually. Then they would shy away from getting those positions. So, some of... some of the ladies are just shy. Yeah. Because of that. And especially if you respect your marriage, then you do not want to get to that kind of activity. Yeah. So that you secure those kinds of positions. ... you have to know somebody. Yes. And if you don’t know somebody.... Then I think you just have to comply in certain ways. You can comply in the sense that you have to give money to be given that kind of position. This is what is happening, and if you cannot give money. Then you have to get into some acts.” (Key informant 2, 5th June 2024)

Proposed Suggestions To Empower Women’s Career Growth in the Hospital

From their feedback, it was noticeable that the strength of women at the hospital was evident and that women should be allowed to lead at the top level. The participants indicated that women at their hospital were diligent in their work, and when assigned tasks, they would fulfil them dutifully. They also emphasised that women should be confident in their abilities and apply for the opportunities available through both the county and national governments. Additionally, extensive training and sensitisation were required to help women understand the benefits of seizing opportunities, as seen in the quote below.



It was noticeable that the strength of women at the hospital was evident and that women should be allowed to lead at the top level.

“Women are very good at executing orders...and women are also very good planners. So many women are also not corrupt. I’m not saying that all...But the majority of the women...They are not corrupt. Therefore, women would want to see things done the right way. And at the same time, they don’t go around messing with programme funds.”

She added: “My advice to ladies working at this hospital would be, when a woman employee sees an opportunity to advance...Just tell me that I love doing this. This is the programme. I love doing things like family planning, and I put you under that category and shine with it. If you are good at the emergency and I realise that you are good at the emergency, I support you so that you can be able to shine and most of them they, have they have done so, we have won awards because of just giving others a chance to show what they can do.” (Key informant 1, 5th June 2024)



Similar sentiments were shared by another senior manager who indicated:



“Everybody needs to be confident in themselves. If somebody sees something that is good in you and they tell you, “Major on that,” then believe in yourself and do it. So even ladies, when you get such an opportunity, have that self-confidence and major on your best.” (Key informant 2, 5th June 2024)

Other participants also provided suggestions on how they wanted to be supported by the hospital’s leaders. They indicated that women desire to progress in their careers, and a lot of encouragement in terms of training and mentorship would help them to advance. The following quote illustrates this.

“Maybe we need to be supported, especially the middle-level women, who have not gone for the senior management course, so that we are supported to attain that course, so that we can get experience, advance in our careers and add value to our junior staff.” (FDG participant, 6th June 2024)



“The leadership should give us the information about opportunities that are available, and avail the necessary support like finances.” (FDG Participant, 6th June 2024)

“Not very far from what my colleagues have said, just mentoring and appreciating nurses, staffs, we don’t have appraisals, like we have this nurse with some outstanding performances, maybe they have some needs in career progression and they have identified a specialty where they feel that they belong there and they want to pursue, maybe they honour such requests so that they can go up the ladder.” (FDG Participant, 6th June 2024)



“What I can say is that maybe we need a mentorship programme, so that we are able to mentor the young nurses who are just joining the association, so that they may be able to grow and reach the top management level.” (FDG Participant, 6th June 2024)

Participants also spoke on the importance of succession planning as a way of facilitating women’s career advancement, as shown below:

“They need to improve on succession planning, especially in the lower-level cadres. In succession planning, there are various clauses that we need to identify. For instance, in a department, we have a space where you can identify specific skills in someone, thereby preparing that person for a leadership position. You identify the skill, then you appreciate it. How do you appreciate the skill? The skill is appreciated, even when trying this skill in leadership, maybe by giving a lower-level leadership role. So, successive planning can help us realign even the job upwards.” (FDG Participant, 6th June 2024)



Participant 6 had several suggestions for the hospital leaders and emphasised the importance of supporting women.



“So, mine is just to add that the management or the hospital leadership should be taken seriously. If someone requests support for a particular cause, that is what they should do. Resources should be mobilised to ensure the person receives support, and once they are trained, they become committed to serving. This can motivate others.

They went on to explain that more staff need training, as seen below.

“Then I am also imagining that the magnitude can also be to the most affected, and the problems that they are now facing are the shortage of staff. So, if our hospital implements that more seriously in staffing, more staff need training so that we improve staffing levels, then it will help more women to advance in their careers and ease the burden.”



They indicated that women desire to progress in their careers, and a lot of encouragement in terms of training and mentorship would help them to advance.

They finally suggested rewards that are attached to career progression.



“Then lastly, I want to suggest that they should reward rewards which are attached to career progression to motivate people further. A staff member in a department should also be rewarded there for undertaking a course by being given a promotion.” (FDG Participant, 6th June 2024)

Other participants also recommended that women employees should be financially supported to take courses that enable them to advance in their careers. They indicated that, apart from helping them advance in their courses, it will also open their minds to other matters, such as leadership. They also recommended support in terms of work-life balance, as they are unable to manage their duties at work, their families at home, and find time for further studies. So, if leaders at the hospital could afford them some study leave, then this would assist them to advance. One participant in the FGD mentioned:

“We would appreciate it if leaders at the hospital would assist us in doing the management courses, which are good for some of us, and I would like to give an example. Recently, the county, in partnership with a non-governmental organisation, offered courses that greatly benefited some of us, opening our minds and voices. This has helped us get promotions as the courses really added a lot of weight to our knowledge. Also, the rewards motivate. After one gets the rewards, what’s next? It should help in the form of career progression. So, I think it will help us here.” (FDG Participant, 6th June 2024)



5. Lessons Learned

In this study, we aimed to understand how leadership practices or norms within the KCRH have impacted the career progression of women. This study assessed women’s career advancement opportunities and the Institutional barriers that hinder them, using In-depth interviews with two senior managers, as well as a focus group discussion with a diverse group of healthcare workers at a county referral hospital. The study revealed significant lessons.

Equality Rather Than Gender Equity

There is an emphasis on workplace equality rather than gender equity at the hospital. The participants implied that their leaders emphasised merit and performance from individual employees, regardless of their gender. This equality approach assumes equal ability and potential, encouraging all employees to apply for advertised opportunities, which they perceive as leading to a “fair” and competitive atmosphere. Additionally, some of the participants interviewed suggested that the hospital leadership promotes an environment where the individual’s ability to perform is what counts, discounting the institutional barriers faced by women and other minority groups. These views of the participants regarding the hospital’s approach to leadership and career advancement may overlook the unique institutional challenges that women face on a daily basis in the workplace. Participants mentioned a lack of support, including financial support, as well as difficulties in balancing work and life. They also spoke about favouritism in promotion decisions.



According to the Harvard Business Review, organisations need to devise targeted policies and support for women that take into consideration their career progression (Ely et al., 2011). Accordingly, the glass ceiling theory posits that there is an invisible institutional barrier that prevents women and other members of minority groups from rising to senior-level positions within their organisations (Martínez & Lechuga, 2021). The findings highlighted the interpersonal and structural barriers that predisposed women to personal obstacles, leading to a lack of progress in achieving top leadership positions. The transformational leadership theory provided a lens through which to view the lack of support from hospital leaders, which reinforced the assumptions of the glass ceiling theory, leading women to remain at lower levels.

Limited Leadership Development and Mentorship Opportunities for Women

Secondly, participants identified a lack of leadership development and mentorship programmes at the Hospital. Those that are available are not structured. They went on to describe significant gaps in specific leadership practices that support and advance women’s careers. Some mentioned informal support that occurs purely by chance; the approach is not systematic, hence it is not tailored for women’s development. According to a study conducted by Sealy and Singh (2021) on the importance of mentoring and sponsorship programmes in women’s career advancement, there is a positive impact of formal mentorship on women’s career progression.

Participants mentioned a lack of support, including financial support, as well as difficulties in balancing work and life. They also spoke about favouritism in promotion decisions.

The study highlighted that a structured programme offers critical networking opportunities as well as support that helps women to advance through their careers. Structured mentoring programmes are closely linked to higher job satisfaction and enhanced career advancement for women. According to transformational leadership theory, individual consideration is the degree to which a leader attends to each follower's personal needs. Transformational leadership encourages members by focusing on the way each person affects the overall goal. Leaders at the hospital need to consider each woman's needs and determine how to support them in advancing their careers.

Lack of Targeted Training Programmes for Women's Career Advancement

Thirdly, we learn that training opportunities at the hospital are open and non-specific. The hospital leaders offer some general training and professional programmes in partnership with the national government; however, there are no targeted opportunities for women's career progression, given their unique challenges and needs. More often than not, general training opportunities are beneficial to employees, although they may not be as effective as they could be if they do not take into account gender equity. Specific and dedicated programmes that prioritise women's participation can help bridge the gender representation gap in leadership positions. Additionally, while general training programmes are offered and made available to all, studies show that women



benefit more from targeted programmes on leadership development that address the particular challenges they face in the workplace (Ely et al., 2011; Carter & Silva, 2018). O'Neil, Hopkins, and Bilimoria (2018) revealed that personalised leadership development programmes for women can aid in overcoming gender-specific difficulties while promoting more equitable career advancement.

Limited Decision-Making Roles for Women

Fourth, inclusion in high-level decision-making roles at the hospital is limited. In contrast, women are allowed to contribute to the baseline decision-making processes, but their participation in high-level decision-making remains inadequate. Their opinions might be factored in by departmental representatives at the top-level meeting, although there is doubt about whether these opinions are considered accurately. This limited consideration may hinder women's career progression, as their viewpoints may not be fully integrated into strategic decisions. A study conducted by Ibarra, Ely, and Kolb (2018) found that women's exclusion from top-level decision-making processes may significantly limit their influence and visibility within the organisation. Therefore, this may result in women being excluded from crucial strategic decisions that can help them advance in their careers. According to the glass ceiling theory, there is an invisible institutional barrier that prevents women and other people from minority groups from rising to senior-level positions within their organisations. The limited decision-making roles could resonate with the second assumption of the theory, which indicates that structural barriers, such as stringent organisational hierarchies and policies, disadvantage women's progress.

Inadequate Support Systems

Fifth, there is a lack of sufficient and varied support. They described the need for financial support to attend training sessions, support for strategies that promote work-life balance, and emotional support to encourage them through their work, among other things.



The leaders' support for work-life balance is reactive, mainly addressing issues related to immediate family matters rather than facilitating the proactive career advancement of women. There is no structured support available to help women balance career advancement with family responsibilities. However, some decentralisation of decision-making to departmental leaders has helped tackle the day-to-day challenges that women face. According to studies conducted by Bain & Company (2021) and the European Institute for Gender Equality (EIGE, 2020), it has been established that organisations with comprehensive work-life balance policies attract higher levels of employee engagement and retention among women. Pre-emptive measures to support work-life balance are

While general training programmes are offered and made available to all, studies show that women benefit more from targeted programmes on leadership development that address the particular challenges they face in the workplace (Ely et al., 2011; Carter & Silva, 2018)

crucial for promoting women's career advancement and overall organisational health. Such measures also help avoid burnout and disengagement among women, enabling them to advance in their careers towards top leadership. Work-life balance initiatives also develop women's interest in applying for top leadership positions. Therefore, with all these lessons, there is a clear implication that the hospital needs to work on mechanisms that support women's career progression. Through the transformational leadership theory, it emerges that leaders exemplified intellectual stimulation without necessarily providing the other three I's. There was no idealised influence or inspirational motivation that helped women advance in their careers. At the KCRH, there was limited indication of leaders exemplifying these transformational leadership styles that could influence organisational policies or culture to be more equitable or inclusive. Instead, the findings suggest a competitive and bureaucratic system that intimidates women.

The need to adopt a more comprehensive and practical system that enhances women's career advancement is key. It is essential that leaders at the hospital prioritise tailored training programmes for women, as well as mentorship programmes specifically directed towards them. Being intentional about women's inclusion in decision-making processes is vital, as it helps incorporate different perspectives and encourages equitable opportunities. Furthermore, collaborating with national and county governments to initiate policies such as flexible working arrangements for both women and men at various stages of their lives can proactively address work-life balance. Addressing the way practices in recruitment and rewards are issued is also critical to building trust and ensuring a more reassuring environment for women's progression in their careers. Leaders at the hospital should drive sustained progress towards fostering a more equitable workplace policy for women's career advancement.

6. Conclusions

The study findings indicate that the hospital is a competitive space where both males and females must work their careers up the ladder. There was no direct support or hindrance to the career advancement of women. Opportunities were open and advertised for all. These results clearly indicate that the KCRH has a significant influence on the career advancement of women through its policy of providing open, competitive opportunities. It shows that leaders at this hospital have espoused an approach that treats all employees alike, irrespective of their gender.

The senior managers of the hospital administration who were interviewed appear to suggest that performance and qualifications are the primary criteria for attaining a promotion. This is reflected in the open advertisements and opportunities provided to employees, who are encouraged to apply under equal rules and regulations. Additionally, the general sentiment among employees is that career progression in the hospital typically depends on an individual's effort rather than their gender. They note that the hospital provides such opportunities through its continuous medical education committees. The narratives of the participants reveal some challenges within the hospital's system of human resource management, especially regarding gender equity.

While participants noted that open opportunities for career advancement are available to all, being gender-neutral, study participants indicated concerns about varying forms of favouritism and Nepotism. Furthermore, although leaders have been praised for openly sharing opportunities for promotion, scholarships, and training programmes with all, the bureaucratic systems are very tight and act as a barrier for women. Additionally, these opportunities are minimal. Therefore, this creates stiff competition among employees to the extent that women feel left out due to their other social roles, challenges with work-life balance, and a lack of support. The presence of role models within the hospital has influenced some women to advance in their careers; however, limited opportunities remain a substantial barrier to this progress.

Proposed recommendations according to the Theory of Change and the theoretical frameworks (transformational leadership and Glass Ceiling Theory).



Training and sensitisation programmes:

Leadership at the KCRH should invest in regular training and sensitisation programmes, which can help women understand the benefits of career progression opportunities. The programmes should primarily focus on leadership training, skill development, and overcoming the bureaucratic systems that often hinder their advancement.



Building confidence and encouragement:

Leaders at the hospital should actively inspire women to believe in their abilities and apply for top leadership positions. Confidence in their capabilities is crucial in helping them capitalise on available opportunities.



Acknowledgement of women's strengths through reward systems

At the hospital, women have been recognised for their transparency and ability to execute their duties diligently and effectively. Therefore, this should be leveraged to promote more leadership opportunities for women. A reward system could also be an avenue to motivate women to pursue their education further and encourage them to apply for leadership positions.

Although leaders have been praised for openly sharing opportunities for promotion, scholarships, and training programmes with all, the bureaucratic systems are very tight and act as a barrier for women.



Mentorship and Support:

Leadership at the hospital should invest in mentorship programmes that can provide women with assistance from knowledgeable professionals who will guide them through their career paths. The mentors will guide women and offer them support that will help them overcome the challenges they face as they advance through the ranks.



Support for Work-Life Balance:

This support is crucial as it helps women navigate their professional and family duties. Some suggested forms of support include offering women flexible working hours and study leave. Such systems enable them to manage their personal and professional lives, thereby encouraging women to apply for top positions or at least compete for them.

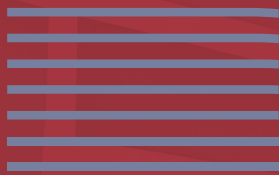
Leadership at the hospital should invest in mentorship programmes that can provide women with assistance from knowledgeable professionals who will guide them through their career paths.

INPUT	PROCESS	OUTPUT	DESIRED OUTCOME	IMPACT
Staff Training and Sensitisation	Tailored leadership workshops for women, regular training and sensitisation programmes.	Number of workshops, training and sensitisation meetings held per month directed towards women's empowerment.	<p>Increased knowledge of women staff on how to advance in their careers.</p> <p>More women are applying for top leadership positions.</p> <p>More women are confident about their abilities.</p>	<p>Higher representation of women in top leadership positions.</p> <p>More women are progressing through the ranks.</p>
Mentorship programmes	Invest in mentorship programmes that provide women with assistance from knowledgeable professionals and create a supportive network for female healthcare professionals.	Launch of coaching, mentorship and networking programmes for women.	More women in top leadership positions, such as hospital board and committees.	<p>Higher representation of women in leadership positions and more women getting mentors.</p> <p>Sustained competitive advantage for women.</p>
Reward system	Acknowledgement of women's strengths through reward systems.	Number of women promoted and rewarded for pursuing further education and/ job well done.	More women are advancing in their education and applying for top leadership positions.	<p>Improved organisational performance.</p> <p>Long-term retention rates for women employees.</p>
Policy reforms	<p>Leaders at KCRH actively promote these initiatives.</p> <p>Policy reviews to ensure equity.</p>	Policy revision to accommodate changes in working hours for women as well as inclusion of study leave.	Improved organisational policies with less bureaucracies for women (flexible working hours, study leave etc.).	<p>Sustained gender equity in the workplace.</p> <p>Improved organisational performance.</p>

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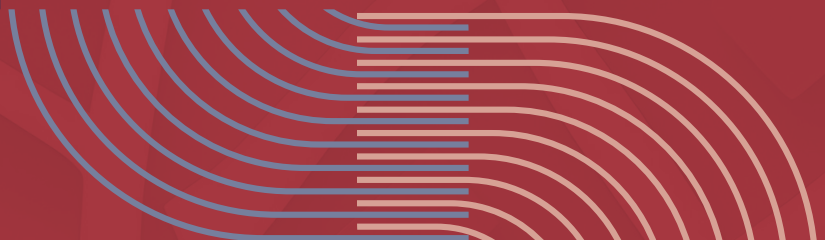
Concluding Remarks



These six case studies uncover the key factors that support or hinder women's advancement in healthcare leadership. They reveal systemic challenges, ranging from unclear promotion pathways to workplace cultures that impede progress, while highlighting solutions such as mentorship programmes and policy reforms.

These themes are no different from what has been found elsewhere in the world, meaning therefore that what is happening "out there" is seemingly being replicated "in here", and consequently that lessons learned "out there" could be applicable "in here", But there are also nuanced differences – from a geographical as well as a sectoral perspective.

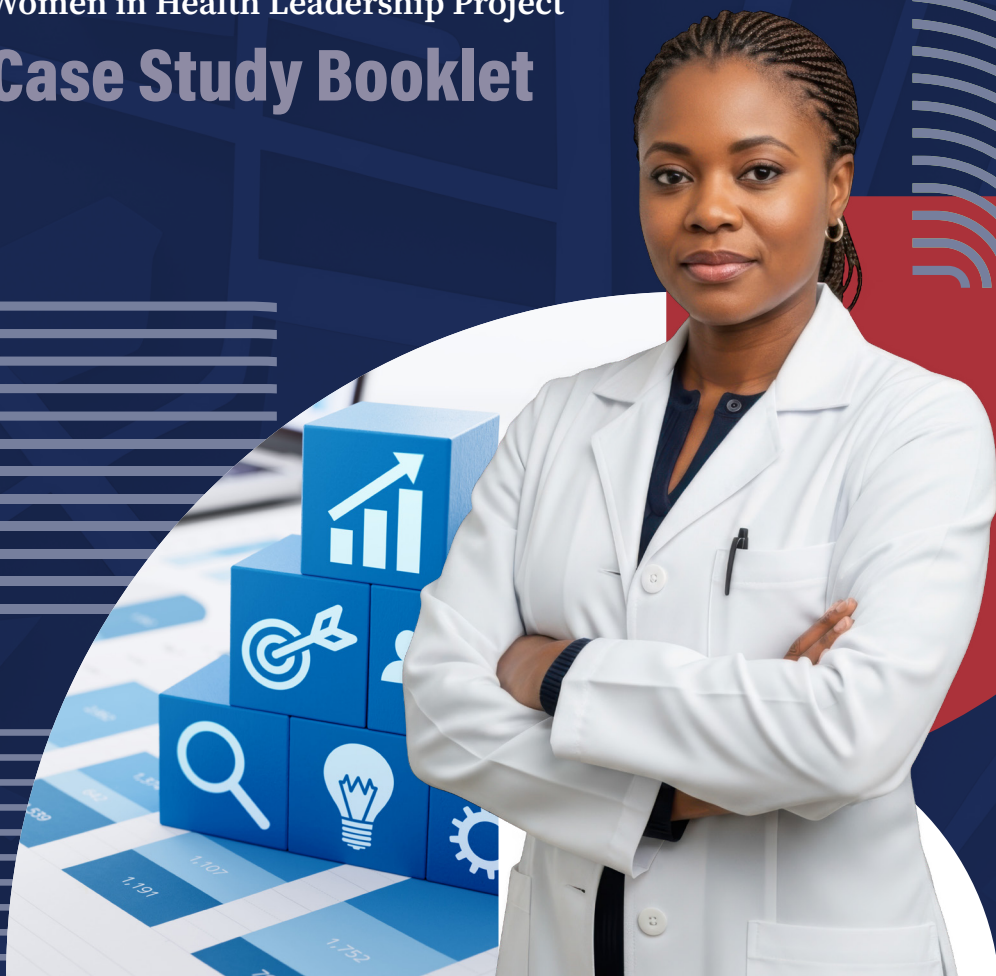
Finally, each of these case studies has provided clear recommendations for action. We hope that, as you have reviewed the cases, you have found valuable nuggets for your own application, and that for the researchers, you have found hints for provocative follow-up studies.





Driving Country Level Change, Kenya

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