

**An Exploration of Leadership Experiences and Challenges of Junior Female Managers  
in a Rural Hospital Environment, Vhembe District, Limpopo Province, South Africa**

By

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## DECLARATION

I, Machevele Kulani Precious, hereby declare that the dissertation for the masters degree in Gender Studies at the University of Venda, hereby submitted by me, has not been submitted previously for a degree at this or any other University, and that it is my own work in design and execution, and that all reference material contained herein has been duly acknowledged.

Signature.....

Date.....

## **DEDICATION**

This dissertation is dedicated to my loving parents, siblings, and my late grandmother. Their presence and their role in my life have been the motivation behind the completion of this study.

## **ACKNOWLEDGEMENTS**

To God be the glory for His infinite wisdom and grace, and for bringing me this far in my academic endeavour.

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## ABSTRACT

In spite of the golden age of women which was ushered in by the Berlin Conference of 1995, women continue to be disadvantaged when it comes to public participation, both in the public and private sectors of the society. On a global scale even when they are well-qualified and in spite of the mainstreaming of more women into public life, women remain discriminated against in terms of accessing leadership positions. Despite their positive contribution, women continue to be significantly underrepresented in leadership positions. The aim of this study was to explore on the experiences and challenges of junior female managers at Tshilidzini Hospital in Vhembe District in Limpopo Province, South Africa. Qualitative method was used because it enabled the researcher to gain in-depth information about the challenges and experiences of junior female managers at Tshilidzini Hospital. This study is exploratory in nature. The population of this study consisted of junior female managers. Non-probability purposive sampling technique was used to select the research participants for this study. Ethical principles were considered, to ensure maximum protection of the research participants in this study. Face to face interviews were used to solicit information on the experiences and challenges of junior female managers at Tshilidzini Hospital. Thematic data analysis method was used in this study. The study found that gender discrimination is still widespread in South Africa, despite of the availability of many gender equality policies. The study recommends that policy makers, various government departments and law enforcement agencies makers should strengthen the gender machinery, to ensure that women are not denied an opportunity to take up leadership positions.

**Key words:** *Gender, Gender differences, Gender stereotype, Gender discrimination, Gender roles, Leadership, Rural Hospital.*

## ABBREVIATIONS AND ACRONYMS

ANC	:	African National Congress
UNDP	:	United Nations Development Programme
ICPD	:	International Conference on Population and Development
UN	:	United Nations
UNW	:	United Nations Women
SADC	:	Southern African Development Community
EEA	:	Employment Equity Act
AA	:	Affirmative Action
ILO	:	International Labour Organization
IPA	:	Interpretive Phenomenological Approach
UK	:	United-Kingdom
US	:	United States
CEO	:	Chief Executive Officer
SA	:	South Africa
CEDAW against women	:	Convention on the Elimination of all forms of Discrimination
EEA	:	Employment Equity Act
OSW	:	Office of the Statement of Women
CODESA	:	The Convention for Democratic South Africa
GETNET	:	Gender, Education and Training Network
CSW	:	Commission on the Status of Women

CGE : Commission on Gender Equality  
NGOs : Non-Governmental Organizations  
MDGs : Millennium Development Goals

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## **CHAPTER ONE**

### **INTRODUCTION AND BACKGROUND OF THE STUDY**

#### **1.1 INTRODUCTION**

The Constitution of the Republic of South Africa of 1996, under the Bill of Rights, recognises that the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth (The Constitution of the Republic of South Africa, 1996). Since the adoption of the South African Constitution in 1996, more has been done to advance the empowerment of women by encouraging them into leadership positions. It is almost 22 years since the South African democratic government came into power. However, women are still experiencing challenges as they prepare to attain leadership positions in the work place emanating from societal gender stereotypes. As more women move into leadership positions than before, they often encounter practical obstacles due to traditional norms, and society labels. The study explores on experiences and leadership challenges of junior female managers in preparation for top positions in a rural hospital environment.

#### **1.2 BACKGROUND OF THE STUDY**

The contemporary position of women in South Africa cannot be fully appreciated without an understanding of the ways in which colonialism, capitalism and apartheid have organised social and fractured society along racial, class and gender lines (Baden, Hasim & Meintjies, 1998; Akala, 2016). British colonialism was accompanied by a disruption of pre-existing social relations and a distortion of indigenous ideologies of gender (Walker, 1990 cited in Baden, et al., 1998; Anderson, 2016). In addition, the emergence of customary law locked African women into positions of formal inferiority to men (Robison, 1996 cited in Baden, et al., 1998). According to Baden et al., (1998; Wall, 2016), white women were not part of this legal system, but were governed by the ‘western’ legal system, except for Muslim women, who were informally regulated by the operation of Muslim personal law and through Muslim marriage.

The range of employment opportunities for white women increased during the War, while the majority of African women were employed as domestic workers in the cities, which, although

highly exploited, offered women some food and shelter in urban areas. Baden et al., 1998: Economy, 2013) further assert that legal restriction on the movement of women into the cities, and the exclusion of Africans from a range of jobs, resulted in a high proportion of women being located in the informal sector in activities such as hawking and beer brewing; or, in rural areas, as casual workers in farms.

According to the consciousness Admin article (2014) that during the 1940s and the 1950s, the apartheid government began to regulate more systematically the movement of African people, and especially African women in order to restrict the development of a large urbanised African population. The political struggles of women against apartheid, as well as for the inclusion of women and women's concerns in liberation movements have had a major impact. Through these struggles, a strong leadership emerged, which was able to articulate the demand of women during the multi-party Convention for a Democratic South Africa (CODESA) negotiations process.

Gender inequality is recognised as an issue in mainstream debates among the country's senior leadership, hence the African National Congress (ANC), as the ruling party, has explicitly committed itself to gender equality on a 50-50 basis representation.

Women's struggles to transform unequal and exploitative gender relations are also enhanced by the overall ethos of human rights established by the Bill of Rights, the Constitution of the Republic of South Africa of 1996, and by the ANC government's commitment to a strong transformation agenda. This includes recognition that gender, as well as race inequality, form the basis for affirmation action. Furthermore, the framing of socio-economic rights as justifiable in the Constitution opens spaces for women to make specific claims on redistribution and poverty reduction policies' (Baden et al., 1998).

Since 1994, there has been a shift towards examining strategies for transforming the state to be more responsive to women's demands and more representative of women in all spheres of the South African society. The transformation of the society and gender issues affecting women has been reiterated on several occasions by the ANC government. Former President Nelson Mandela at the opening of Parliament on 25 May 1994 singled out the importance of women:

*Freedom cannot be achieved unless women have been emancipated from all forms of oppression. All of us must take this on board, that the objectives of the Reconstruction and Development Plan (RDP) will not have been achieved*

*unless we see in visible and practical terms that the condition of the women of our country has radically changed for the better, and that they have been empowered to intervene in all life as equals with any other members of society (Baden, et al., 1998).*

Piterman (2008) and Black, Henty, Sutton (2017) point out that there is undisputed evidence not just of women's talent and capability to lead, but that their contribution is now widely recognised and welcomed in political arenas and societies. However, despite all that have been gained towards the promotion and empowerment of women, there are huge disparities and inequalities which remain to be addressed. Mutele and Musehane (2012) are of the view that the dawn of democracy in South Africa has brought many challenges for women in accessing leadership positions.

In South Africa, women still find it extremely difficult to get leadership positions even in the new political dispensation. It is therefore not surprising to find that women constitute only 24% in economic decision-making positions in both public and private sectors (SADC Gender Protocol, 2010). Indeed, the last 17 years of democracy in South Africa also came with challenges for women empowerment in terms of mainstreaming women into key or top leadership/management positions in the public sectors. In spite of efforts at transforming both the country and the public service, to embrace national priorities of development and economic growth, challenges persist for women in public sectors. For example, while women have the potential and ability to be leaders, they often lack opportunities, resources and support for realizing their potential (UN Women, 2013).

Researchers are increasingly showing curiosity in women in management worldwide, they are also reporting on the demographic variations in top management positions, by debating the status and circumstances of professional women (UN Women, 2016). The biggest involvement all this has made is surely in creating awareness of women's academic and professional contributions. Nevertheless, many women worldwide are still holding secondary positions, and are still underused in the labour market, and are still a wasted resource.

In the United States (US) the Civil Rights Act of 1964 increased the proportion of women in non-traditional male dominated occupations, thus lifting the overall number of women managers. Yet women's advancement into top-level positions has been relatively slow since then (Nelson & Michie, 2006) and International Conference on Population and Development (ICPD), 2014). Among the Fortune 1500 companies 95-96% of the vice-president level jobs

and 93% of all line officer jobs are still held by men. Catalyst, (2011) in Soares, R, (2011,) stated that within the Fortune 500 companies, only one in eight corporate officers are women and very few occupy positions of CEO or president, showing that while women's representation on corporate boards of directors is slowly increasing in the US, barriers to women's advancement still linger.

In the UK the growth of women's employment has been only in part-time jobs, predominantly in the service industry (Pew, 2014). According to Wilson (2005) and Monaghan (2016), women in the UK face inequality in the labour force and still lag behind men in income. Although they form 75% of employees in the personal and protective services and sales, women only hold 24% of all management positions, and only 9% of directorships.

Similarly, in China equality remains elusive and women still face significant challenges in climbing up the managerial hierarchy (China Census, 2010). Despite the fact that women find the right track to a management career in China, they still fail to be promoted as quickly or as frequently as men. This could be due to current laws and policies empathizing with women through a feudal traditional social value system which tries to defend women by preventing them from setting foot into certain domains of the men's world (Fincher, 2013). These laws and policies may be well-intended, but they exclude women from significant areas of modern life (UNFPA, 2016).

### **1.3 STATEMENT OF THE PROBLEM**

Instead of seeing progress towards empowering women in the health sector in South Africa since the dawn of democracy in 1994, women remain marginalized in many ways as their representation in key decision-making positions in critical areas of public sectors remains low. Women represent an overwhelming majority of the healthcare workforce, yet they are significantly underrepresented in leadership positions. The future of women in the healthcare sector looks gloomy as they continue to be ignored when it comes to leadership positions. Women are also failing to obtain leadership positions because they are facing glass ceilings, competing priorities, and lack of access to support and guidance. Women make up 78% of healthcare workforce (Kirchheimer, 2007; Chhina, 2016). However, the overwhelming majority of the executive positions are occupied by males. Despite impressive strides towards appointing more women into leadership positions through the Employment Equity Act and Affirmative Action (2014), women continue to experience some challenges. It is because of

this reason that this study sought to explore whether women in rural hospitals are experiencing challenges and leadership experiences. This study is necessary because of the lack of studies that focus specifically on the leadership experiences of female junior managers in rural hospitals.

#### **1.4 AIM OF THE STUDY**

The study aimed to explore the experiences and leadership challenges of junior female managers at a rural hospital environment.

#### **1.5 OBJECTIVES OF THE STUDY**

In order to explore solutions for the challenges faced by junior female managers at a rural hospital environment, the following objectives were used to guide this study:

- To identify the challenges faced by junior female managers in a rural hospital.
- To explore on leadership experiences of junior female managers in a rural hospital environment.
- To investigate on South African government policies and efforts to bridge the gap of women not attaining high positions.

##### **1.5.1 RESEARCH QUESTIONS**

This study attempted to answer the following questions:

- What are challenges faced by junior female managers in leadership positions in a rural hospital?
- What are the leadership experiences of junior female managers in a rural hospital?
- What are policies saying concerning women gaining top leadership positions?

#### **1.6 SIGNIFICANCE OF THE STUDY**

The study adds to the existing body of knowledge on the experiences and leadership challenges of women both in public and private sectors. The findings of the study provide insights for

policy makers and researchers on the experiences and leadership challenges of junior female managers at a rural hospital environment.

## 1.7 DELIMITATIONS OF THE STUDY

The study was conducted in a rural hospital environment, where most of the information was not fully accessible due to confidentiality issues. Due to time and resource constraints, the researcher interviewed 9 females and 1 male in a rural hospital. As asserted by de Vos, Strydom, Fouche and Delport (2010), a complete coverage of the total population is seldom possible, as all members cannot be reached. However, the researcher was of the opinion that the sampled size would provide sufficient in-depth information through the use of interviews.

## 1.8 DEFINITION OF CONCEPTS

**Gender:** It refers to socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to being woman or man on a differential basis (DoE, 2009). In the context of this study, the society says women cannot lead, and the study says females are in managerial positions; the study explored and identified leadership experiences.

**Gender differences:** Are societal expectations. These are assigned characteristics for a person due to their biological frame. In the context of this study, women only hold leadership positions in the operational manager's rank, and the high ranks are only led by male.

**Gender stereotypes:** According to Pam (2012:20) gender stereotype is the relatively fixed and over generalized attitudes and behaviours that are considered normal and appropriate for a person in a particular culture based on his or her biological sex. According to the study, their experiences will be identified.

**Gender discrimination:** Gender discrimination refers to the practice of granting or denying rights or privileges to a person based on their gender (Cassie, 2016). In the context of this study, the researcher will explore on the experiences of women leaders, and identify their challenges, to find out whether gender mainstreaming occurs in the study.

**Gender roles:** These are different tasks and responsibilities and expectations that society has defined and allocated to men, women, girls and boys (Smulders, 1998; Mifflin, 2016). In the context of this study the researcher will explore the leadership experiences of female managers in a rural hospital. As women are only expected to be submissive and not to lead, the study seeks to explore on the experiences that they encounter as women leaders in their leadership positions. Women's role according to the society is to have the traits of a woman, to be soft, to do the household work, however in this case women are leading in rural hospitals.

**Leadership:** According to Ajayi (1998:5) and Zeitchik (2012), leadership is the ability to persuade others to seek defined objectives enthusiastically. It is the human factor that binds a group together and motives group member's towards set goals. Leadership is the ability of management to induce subordinate to work towards group goals with confidence and keenness (Kruse, 2013). In the study leaders are females who are encountering leadership experiences in their positions.

**Rural Hospital:** A rural hospital is a critical, vulnerable, part of our national healthcare delivery system. It provides emergency department services, inpatient care, and care coordination services.

**Junior:** a person with a lower rank or status compared with others.

## CHAPTER TWO

### 2. LITERATURE REVIEW

#### 2.1 INTRODUCTION

Literature review is an account of what has been done on a given phenomenon by scholars. It is a process of consulting relevant materials related to a research problem (Iwara, 2014). The essence of reviewing related literatures in a research work is to provide a study with background information and basic arguments about the phenomena under study from the in-depth point of view (Welman et al., 2007; Kumar, 2013; Iwara, 2014). This chapter reviewed the works of other researchers related to the experiences and leadership challenges faced by junior female managers in the workplace.

The Berlin Conference of 1995 heralded a new dispensation for women across the globe, as it called for radical transformation of the situation of women. Nevertheless women continue to be disregarded, marginalised and exploited. They are not given enough opportunity to participate both in public and private spheres of the society. Despite their qualifications and multitudes of gender policies, women continue to be discriminated against when it comes to leadership positions. This is evidenced by the continued under-representation of women in leadership positions despite their positive contribution in society.

The current situation of women in South Africa cannot be fully appreciated without an understanding of the ways in which colonialism, capitalism and apartheid have organised social and fractured society along racial, class and gender lines (Baden, Hasim & Meintjies: 1998; Akala, 2016) Colonialism led to the disruption of pre-existing social relations and a distortion of indigenous ideologies of gender (Walker, 1990 cited in Baden, et al., 1998; Federica et al., 2016). Customary law also locks African women into positions of inferiority to men (Robison, 1996 as cited in Baden, et al., 1998). According to Baden et al., (1998) and Wall (2016), white women were not part of this legal system, but were governed by the ‘western’ legal system, except for Muslim women, who were informally regulated by the operation of Muslim personal law and through Muslim marriage. The preceding statements highlight the plight of women worldwide as a result of the ideology of patriarchy which continues to influence all spheres of life even today.

## 2.2 THE CONCEPT OF LEADERSHIP

According to Northouse (2015), since 1930s the definition of leadership has been a topic of scholarly and popular debate, yet a generally agreed-on definition has yet to emerge. Warren Bennis and Burton, (1985) identified 850 different definitions of leadership in *Leaders: The Strategies for Taking Charge*. The concept 'leadership' defies simple categorization. Leadership can take place among friends, families, colleagues, organizations and communities; in formal hierarchies and informal groups; within or outside organizations; and with or without management responsibilities. Leadership can emerge in an instant, such as in an emergency, or it can be exercised over a long period of time. Leadership can arise in a broad range of situations, and it can be responsive to change and adapt over time (Keohane, 2012).

Similarly, there are many different types of leaders. A leader may be defined by the position occupied, by personality or charisma, by moral authority, by the power held, or by intellectual contributions. Leadership can be exercised by individuals at any level of an organizational hierarchy, by people without formal authority, as well as by CEOs or presidents. The power of a leader arises from the willingness of a group of people to follow. Leadership can be used wisely or foolishly; it is not inherently good.

Historically, leadership has carried the idea of masculinity and the belief that men make better leaders than women and it is still common even today. According to Hojgaard (2002) and Ward, (2017), the societal conventions regarding gender and leadership traditionally exclude women, and top leadership is viewed as a masculine domain. The same author further argues that the cultural construction of leadership in itself prompts difference and this is only now being transformed or contested as women gain access to leadership positions. In African societies, it is believed that men lead and women follow (Ngcongco, 1993, in Grant, 2005).

It is common in rural villages in Africa to find the man literally walking ahead of the woman. Different reasons may be advanced for this but ultimately it illustrates the deeply-held notion of leadership as masculine. There was a time when it was believed that leaders were born with certain leadership traits. Nevertheless, current thinking on leadership perpetuates that leadership can be taught and learned; hence there are many leadership-training programs (de la Rey, 2005). De la Rey (2005) further lists the traits commonly associated with leadership as effective communication skills, task completion, responsibility, problem-solving, originality, decision making, action taking, vision, self-awareness, confidence, experience and power.

While it is possible to develop these traits in any individual, regardless of gender, in male-dominated societies (as is often the case in African societies), male leadership and leadership styles outweigh and are regarded as the more acceptable forms of leadership. Grove and Montgomery (2000) in Stoner (2016) defined leaders as people who deliver the vision and the meaning of the institution and embody the ideals toward which the organization strives. From that perspective, leaders are the same and genderless. However there is still scepticism when women lead and in many situations, gender, more than age, experience or competence determines the role (position) one is assigned.

Grove and Montgomery (2000) in Stoner (2016), in studies on school administration, have found that schools with female administrators are better managed (the quality of pupil learning and professional performance of teachers is higher), and on average perform better than those managed by men. Similar findings have been reported by Aladejana (2005) in her study regarding female representation in leadership positions in education administration in South West. The difference may be in the leadership styles of women versus those of men. There seems to be enough evidence to suggest that women lead differently from men (Eagly and Johnson, 1990, as cited in de la Rey, 2005). For instance, women portray a more participatory approach, are more democratic, allow for power and information sharing, are more sensitive, more nurturing than men, focus on relationships and enable others to make contributions through delegation (de la Rey, 2005; Grove & Montgomery, 2000; Tedrow, 1999). Tedrow (1999), in Gamelearn (2016) also noted characteristics such as building coalitions and advancing individual and community development are constructs that women display in their relational styles.

Women are also better at conflict management, they have better listening skills and show more tolerance and empathy. While men and women do have different leadership styles, that should not mean that one is dominant over the other. It has been observed that the differences we see in leadership styles are partly due to the way men view leadership as leading, while women see leadership as facilitating (Grove & Montgomery, 2000. Stoner, 2016). In contrast to the characteristics of women given above, men lead from the front and attempt to have all the answers while stressing task accomplishment, the achieving of goals, the hoarding of information and winning (Grove & Montgomery, 2000; Stoner, 2016).

Contemporary work environments could definitely benefit from leaders who portray more of the traits associated with women. Sadly, in a situation where accepting women as leaders is

problematic, it is possible to overlook their positive leadership traits and view them as weaknesses. In fact, stereotypes of how women lead have made it difficult for women to access or even stay in leadership positions. Tedrow (1999) and Gamelearn (2016) argue that women who display more relational styles of leading are likely to be marginalized within their organizations and viewed as ‘outsiders’.

Even more disconcerting is the fact that women who seem to ‘make it’ as leaders often end up conforming to the strong male culture in the work-place, and adopt male leadership styles. As indicated by Grove & Montgomery (2000) and Stoner, (2016), since female leaders see gender as a hindrance, they are compelled to lead the way men do as it is considered the norm. In their view, utilizing men’s methods of leadership is not only the easiest way for a woman to be hired for any position of leadership, but is the most successful method of attracting promotion and recognition.

### **2.3. WOMEN LEADERS ACROSS TIME**

Women have been leaders throughout history. From the pharaohs of Egypt to the queens of England, women rulers are found in nearly every culture and time period. Yet, in almost all circumstances, male leaders greatly outnumber female leaders. Furthermore, customs and laws against female leadership can be found throughout history, most notably in every major religion (Christ, 2014).

Women have served as leaders in social movements; for example, prominent women such as Sojourner Truth and Harriet Tubman campaigned fearlessly for the liberation of African Americans (Ngunjiri et al., 2012). In the early 1900s, Native American women led their own women’s clubs to teach subjects that they had been denied access to because of their gender and ethnicity (Tetzloff, 2007). More recently, women have led efforts to improve sanitation and health care, develop public education, establish public libraries, and create a social welfare system. They have led social change in such diverse settings as the peace movement, consumer unions, education reform (Keohane, 2012), and the civil rights movement (Barnett, 1993). Although often invisible, participation of women in the society and in leadership positions is limited.

### **2.4. WOMEN IN HEALTHCARE LEADERSHIP**

According to Fontenot (2015), women represent an overwhelming majority of the healthcare workforce, yet they are significantly underrepresented in leadership positions, particularly at the executive and board levels. Nonetheless, women are uniquely positioned to leverage traits such as compassion, transparency, and the ability to foster teamwork to lead organizations into the next phase of contemporary healthcare delivery (Knowles, 2012).

Though the percentage of women in healthcare leadership positions does not mirror the makeup of the workforce, hospitals in particular have a long history of women in leadership positions. The earliest hospitals were sponsored and run by Catholic orders whose nuns performed management, clinical, and support functions. These women were purists singular in purpose and willing to sacrifice their personal lives to improve the lives of others. They paved the way for future female healthcare leaders and helped make healthcare a comparatively female-friendly field (Catalyst, 2011).

According to Ely et al., (2012) the landscape of women's leadership has been steadily shifting since the 1970s. As women's educational achievements increased, so did their job opportunities. In 2009, women in the US accounted for 51% of all those employed in management and professional occupations (Prew, 2016).

But, most women still do occupy top executive leadership positions despite having moved into managerial positions. Women still do not earn salaries equal to men for the same jobs (Charndler, 2011). This implies that no significant progress has been made for women to obtain high positions as men in the work-place. Charndler (2011) further argues that global, social, and cultural forces such as globalization, business, changing markets, technology proliferation, and the need for teamwork, alliances, and partnerships have created room for women's leadership emergence. Women have capitalized on these opportunities through the unique characteristics and styles in which they lead (Charndler, 2011; ICPD, 2014).

## **2.5. LEADERSHIP IMBALANCE BETWEEN MEN AND WOMEN**

Although women make up 78 percent of the healthcare workforce (Kirchheimer, 2007; William, Cross, Kenig, Pruyzers, 2015) with thousands seeking clinical management and administrative positions each year, the overwhelming majority of executive positions are occupied by males. (Lantz, 2008; Terese, 2014). Given this disparity, it is no surprise that many people think of healthcare leadership as a male dominated field.

Though the number of women in leadership roles is increasing, women remain underrepresented in the top ranks (Lantz, 2008; Martinsson, 2014). Women held 25 percent of hospital and health system CEO titles in 2011 up from 20 percent in 2005 (AHA, 2012). Women executives are scarcely found, they are mostly placed in low, and middle management positions. Executive roles are held by males (Lantz, 2008; Terese, 2014).

## **2.6. GENDER ASSOCIATIONS OF LEADERSHIP**

Socialization and culture influence perceptions of women's leadership qualification and effectiveness (Charndler, 2011; Kruse, 2013). The two researchers have argued that the mental associations of leaders are based on gender, noting that gender prejudice brings into line social constructions of masculine and feminine, based on cultural perceptions and influences. Women are often associated with communal qualities of compassion, affection, and gentleness and men are associated with argentic qualities of assertion, self-confidence, and dominance (Prew, 2016). According to (Charndler, 2011; Kay Fuller, 2017) prejudices may result when mismatches or role incongruity between stereotyped attributes of women traverse the leadership roles they fill. Thus, favouritism towards male over female leaders may develop.

Women may be accused of being too pushy or too soft. According to leadership research, a woman who leads with behaviours traditionally perceived as masculine may find herself at a disadvantage. Women who are feminine perceived to be less competent, causing a "double bind" of mutual exclusivity between the two, creating a delicate balancing act. For example, Hillary Clinton, who was often dismissed as being too masculine in her leadership behaviour, has also been criticized for showing emotion, such as during the 2008 election campaigns when she broke into tears during a question and answer session. Cultural expectations also contribute to the notion that women should be polite in every situation. Moreover, when inappropriateness exists between gender role and leadership role, prejudice often results, which may account for

why it is more difficult for women to become leaders and achieve better success than their male colleagues (Charndler, 2011).

## **2.7. LACK OF SUPPORT AND CHALLENGES TO LEADERSHIP**

According to the advocates of the token and role incongruity theories (UN Women, 2013), women's under-representation in corporate leadership positions is attributed to the lack of trust in women's fitness for leadership. Unfortunately, this perception leads to a lack of support for women.. They considered two potential challenges to women's authority: a lack of support and resources available or subtle resistance to their authority from subordinates and peers. These challenges are expected to limit women's ability to influence organizational outcomes and place downward pressure on women's tenure as top leaders (UN Women, 2013).

Women's token status combined with biases concerning their ability to lead effectively may limit the resources available to female corporate leaders and contribute to an overall lack of support for their leadership. A great deal of evidence suggests that women in male-dominated jobs experience less peer and work-related support than their male peers (McGuire, 2002; Taylor, 2010). Even women who attain leadership positions are less likely to enjoy social and professional network ties to organizational elites, a resource known to increase one's influence over the organization. Prominently, when women perceive a lack of workplace support, their overall performance is weakened (Ely et al., 2012).

The word “glass ceiling” refers to an intangible barrier within a hierarchy that restrains qualified women or minorities from obtaining higher level positions at their work place. Society has consciously maintained the tradition: “a woman's place is at home (Jacob,1999; Moore,1995; Jadesimi, 2016). The society still believes that women's duties are only restricted to household works and looking after their children. Our society is compelling women not to think beyond that. But with the introduction and advancement of education and changing mindset women are compelled to think differently maintaining social values and ethics.

Besides, globalization and changes in economic and social condition act as positive catalyst for changing of the role and self-perception (Stedham & Yamamura, 2004; Clinton, 2016). Currently, women are trying to participate in the public domain and progressing towards managerial ranks or higher level of management of their participating organization. But the

career path does not welcome women with red carpet. In spite of these positive changes, women still have to face intangible barriers in climbing up the corporate ladder. Along with “glass ceiling”, women, in managerial position, may have to face the metaphors like “glass elevators” and “glass cliffs” which refer to greater scrutiny and criticism (Ryan & Haslam, 2005; McCartney, 2016). Eagly & Carly (2007) and Wang (2016) have suggested another metaphor of the “labyrinth” which suggests that a woman goes through many obstacles for her career progression. This leads to the issue of glass ceiling which is an invisible but powerful barrier that hinders women from rising to the top corporate positions (Carly & Eagly, 2001; Hewlett et al., 2010).

## **2.9. GENDER STEREOTYPES**

Since gender stereotypes have the effect that men and women are perceived to differ in their general characteristics, stereotypical beliefs will also have an impact on how men and women are perceived as managers. Schein (1973) and Haines, Deaux, Lofaro (2016) set forward the “Think manager – Think Male” syndrome, which suggests that there is a close relationship between gender role stereotypes and the characteristics associated with a successful manager. Schein, 1973; and Ford, (2018) find that successful middle managers are recognized to occupy features, attitudes and temperaments more commonly ascribed to men in general than women. Traits stereotypically associated with men include aggressiveness, strength, independence, and decisiveness. Women on the other hand are perceived as kind, helpful, empathic and inclusive, which are features not associated with leadership (Wajcman, 1996; Rutherford, 2001; (Ratliff, 2017).

According to Wajcman (1996), negative perceptions about female leadership exist, which are wide spread, deep-rooted and difficult to change. Furthermore, stereotypically women are not perceived to be as interested in positions of power as men (Rutherford, 2001; Eccles, 2017). Considering that the features associated with a successful manager are stereotypically masculine and the negative perceptions about female leadership, then an employer with symmetric information about employee abilities may believe that women are less capable to hold positions of power, solely based on gender (Stavard & Nielsen, 2012). Vanhala and Pesonen (2008) and Eagly (2017) studied Finnish middle managers’ perceptions about female leadership by focusing on beliefs regarding female discrimination and male leadership superiority among other factors.

The results of their study demonstrate that neither men nor women believe that the male way of leading is more efficient. Interestingly, half of men and three out of four women agreed to the statement “What hinders women from getting to the top positions is that women rather stay in so called specialist positions than get line management experience”. Women also tended to agree more than men with the statement “women are less willing to take responsibility” and that “women lack the courage to take on challenging tasks”. The results would imply that female middle managers tend to have more stereotypical beliefs about women’s will to advance. This is somewhat surprising when comparing to the US where especially women’s view on women and leadership is shifting towards a more gender-neutral direction (Schein, 2001; Stoker, Velde Lammers, 2012).

Stereotypes and biases on which they are based present a subtle but powerful obstacle for women. There are many ways to define stereotypes and bias. Stereotype is a cognitive “shortcut” that categorizes people on the basis of characteristics such as gender, race, or age (Northouse, 2015). A bias is a semi-permanent belief based on repeated exposure to stereotypes (Project Implicit, 2011). People are less likely to openly admit to negative stereotypes and biases today than in the past; nevertheless, they remain powerful in this quieter form. A recent meta-analysis of gender and leader stereotypes found no evidence of decreased stereotyping over time (Koenig et al., 2011).

Gender, race, and age are often subject to stereotyping, and even seemingly positive stereotypes can be problematic. For example, the stereotype of women as nurturers can backfire when employers and peers expect women to take on care giving responsibilities that are inappropriate or discriminatory in a work setting (Heilman, 2012). We can stereotype others, as well as members of our own group; that is, women can hold stereotypes against women. Once a stereotype has been adopted, it becomes a filter through which we selectively recall and use information. A recent study found that people retain their stereotypical views, even when their personal experience presents evidence contradicting a stereotype (Crites et al., 2015).

Gender stereotypes like these can negatively affect both men and women. In one study, men who didn’t conform to the male stereotype of aggression were ranked lower than men who better fit this male stereotype. Such stereotypes can thus create bias in the judgment of decision makers. In this study at least, nice guys finished last (Judge et al., 2012). Stereotypes about mothers can negatively affect women pursuing leadership roles. Employers may assume that

women's care giving commitments make them inappropriate candidates for demanding jobs. Motherhood generates powerful negative capability and commitment assumptions that can result in a "maternal wall" of bias that is an "order of magnitude" more powerful than other biases (Williams, 2004; Baxter, 2017).

Fatherhood, on the other hand, seems to have the opposite effect. After becoming fathers, men see an average of a 6 percent increase in earnings even after controlling for factors such as hours worked and marital status, while new mothers see a 4 percent decrease per child (Budig, 2014). Stereotypes and bias affect how we see ourselves, as well as how we see others. For example, there is a self-confidence gap between women and men (Schuh et al., 2014).

Whereas men are socialized to be confident, assertive, and self-promoting, cultural attitudes toward women as leaders continue to suggest to women that it is often inappropriate or undesirable to possess those characteristics (Enloe, 2004; Flammang, 1997; McVey, 2017). Women have a tendency to diminish and undervalue their professional skills and achievements. At the same time, male students overestimate their skills and female students underestimate theirs relative to objective indicators of competence (Pajares & Schunk, 2001; Wigfield et al., 1996; Smith, 2017). In other words, both men and women miss the mark when it comes to self-evaluation. These kinds of errors can result in lost opportunities, wasted time and poor choices.

## **2.10. COMMUNICATION**

Studies indicate that men and women differ in communication styles (Sheridan, 2007; Tannen, 1994). This may explain why career patterns of men and women differ (Sheridan, 2007). According to Tannen (1994) and Alharthy (2016), women communicate in a way that establishes connections, whereas for men communication is a means to preserve independence and establish status. Sheridan (2007) argue that men are more prone to interrupt, ask questions, talk in meetings and furthermore more comfortable with public speaking than women. Women on the other hand are considered to be better listeners, less confident and tend to downplay their accomplishments more often than men. These gender differences in communication can lead to men and women talking past each other, which hinders communication and limits the potential for co-operation (Sheridan, 2007). This scholar notes that women are often judged to be less confident or softer because their way of speaking. Women's signals are therefore likely

to be perceived as less assertive, putting women in a disadvantaged position when promotion decisions are made.

Women can also communicate in a way typically considered masculine. Yet, this can lead to women being misunderstood and instead considered aggressive and not feminine enough (Eagly & Johannesen-Schmidt, 2001). By the same token, Babcock et al, (2003) found that men who assertively pursue their own ambitions and promote their own interests are considered ambitious, whereas women doing the same may be considered pushy. This indicates that the same type of behaviour in men and women are perceived differently.

### **2.11. SOCIAL NORMS**

Social norms may unknowingly have an impact on people's behaviour and promotion possibilities (Stavard & Nielsen, 2012). The European Commission has conducted two reports, one on inequality (Eurobarometer, 2010) and the other on women in decision-making positions (Eurobarometer, 2012), which both cover member states' opinions about various topic related issues. Results from the first report (Euro Barometer, 2010) propose that that gender inequality is widespread. And further state that stereotyping occurs in the workplace. This indicates that there exists a certain degree of inequality between men and women, and that this inequality is reflected in stereotypical actions in the workplace.

Traditional gender stereotypes dictate that women should stay at home and take the role of caregivers, while men are assigned the role of breadwinners. These norms can influence the choices made by men and women regarding their family and their career. As the Eurobarometer (2010) shows, there is a widespread attitude that women should take the care giving role and prioritize children.

### **2.12. LACK OF EFFECTIVE NETWORKS AND MENTORS**

Access to influential networks is critical to moving up the leadership hierarchy. Some studies have established that the social capital gained from networking with influential leaders is even more important for advancement than job performance (Eagly, & Carli, 2007; Hewlett et al., 2010). Research proposes that, although women and men are equally likely to have mentors,

women may benefit less than men from this arrangement, especially in the areas of salary and promotions. More recently, scholars have focused on sponsorship, a form of mentorship in which sponsors share both status and opportunity. For example, sponsors can co-author articles, provide key contacts, share important meeting opportunities, and actively seek out future career opportunities. This influential and specific professional relationship has been shown to be more effective than traditional mentorship (Catalyst, 2011).

### **2.13. STEREOTYPES ABOUT LEADERSHIP**

In a meta-analysis of 69 studies on stereotypes and leadership, researchers established that stereotypes about leadership are decidedly masculine (Koenig et al., 2011). This is not surprising: Stereotypically male characteristics which are: independence, aggression, competitiveness, rationality, dominance, objectivity all correlate with current expectations of leadership (Crites et al., 2015). Those expectations, in turn, affect women's and men's self-perceptions. A meta-analysis of 95 organizations from different countries found that men in male-dominated organizations rate themselves as significantly more effective as women rate themselves (Paustian-Underdahl et al., 2014).

### **2.14. CAREGIVING AND WOMEN'S CHOICES**

Balancing work and family responsibilities is one of the most challenging obstacles for women seeking leadership positions (Eagly & Carli, 2007; Sandberg, 2013), and it can be especially intimidating for the millions of workingwomen raising children on their own (Hess & Kelly, 2015). Women are usually the primary (if not the only) parent caring for children and other family members during their peak years in the workforce. They are more likely than men to work irregularly and spend time out of the workforce (Rose & Hartmann, 2008), and they are more likely to work part time (U.S. Bureau of Labor Statistics, 2016).

They also take more time off for family commitments than men do (U.S. Bureau of Labor Statistics, 2015). Furthermore, women (and men) may feel deeply conflicted about leaving their children when they go to work, and the concept of "choice" does not accurately capture their experience of managing paid employment and parenting. Still, many women do continue with their careers, and many who leave comeback within a year or less. An assumption that women

with young children are not on the “fast track” excludes a whole category of employees from leadership opportunities.

## **2.15. WOMEN AND DECISION-MAKING IN PUBLIC AND PRIVATE SECTOR IN MANAGERIAL POSITIONS**

There is a concern for under-representation of women in decision-making positions in the private and public sector (UN Organisation, 2007). The limited information available to assess progress illustrates the challenges in this area. The European Commission’s database on women and men in decision-making is one of the few sources that focus specifically on senior public service positions. Considering the proportion of women in the highest-ranked civil service position under the Minister, only 5 of 31 countries passed the 30 per cent threshold in 2006, although several others achieved this at the second highest level. Occupation data from labour force surveys on the census provides another source of data, although data about the public sector may be difficult to extract as labour force surveys generally combine information from the public and private sectors.

The International Labour Organization (ILO) has calculated that women’s overall share of public and private sector managerial jobs (including posts as legislators, senior officials and managers) was between 20 and 40 percent in 48 of the 63 countries for which data could be obtained. This figure that remains considerably lower than women’s overall share in employment. Considering the participation of women in strategic decision-making in the private sector, the “glass ceiling”, and the barriers that limit the numbers of women reaching the top of the corporate hierarchy is still evident. In the United States, a 2005 survey of women corporate officers found that Fortune 500 companies had on average 21.8 corporate officers, of which women held on the average of 3.6 positions (United Organisation, 2007).

## **2.16. PREFERENCES**

According to the preference theory set forward by Hakim (2003) & Baumann (2017), lifestyle choices of individuals have an impact on the proportion of women in top positions. Traditionally women have been considered to have homogenous preferences towards family, however, preference theory states that women’s preferences regarding family work balance are

heterogeneous; some women prioritize family, others work and some are in between. Men on the other hand are more homogenous in their preferences; most men value work and competitive results outside the home higher than family related work.

These differences were confirmed in a study by Stavard & Nielsen 2012) which concentrated on Danish university students' preferences regarding career and family. The results show that female students tend to display more preferences towards family than male students. The study also found that women's preferences tend to shift towards family after having had children, a tendency not found in men. If women in general prioritize non-market work higher, and take longer periods off the work force in connection to childbirth, women are not able to signal their skills as much as men.

This would mean that women would not be promoted as often as their male counter-parts; furthermore, there may also be gender differences in preferences in other work related areas, such as the desire to compete. Niederle and Vesterlund, (2007) show that men are more than twice as likely to engage in a tournament type competition than women when given the choice, even though men and women have equal abilities. The observed difference can be either because women dislike competition more than men or because women are less self-confident in their abilities than men. Smith et al., (2012) assume that the promotion to top level is decided by a tournament with only one winner. If women "shy away" from competition, i.e. show different behaviour with regards to applying and competing for the top positions, then the observed gender gap in promotions may be increased.

Similarly, (Babcock and Laschever, 2003; Lord, Zhao, 2016) suggest women's inferior negotiation skills but their willingness to negotiate may stand in the way of promotions: women do not frequently get what they want and what is worthy for them because they do not ask for it. Furthermore, women are less likely than men to promote their own interest and negotiate salary increases and promotions (Babcock & Laschever, 2003). Many employees are responsible for negotiating their wages and their responsibilities themselves, thus negotiating is a way to signal that a worker believes in his or her own skills. Women are therefore in a disadvantaged position if they are worse at negotiating or alternatively are less interested in top positions, meaning that they signal less than their male colleagues.

## **2.17. TRADITION**

It is quite unpopular to criticise African traditions, or to point out that African history is marked by male dominance which African women are still trying to resist. Whether it has to do with marriage customs, households, African patriarchal traditions for the most part make a distinction between male and female in ways that disadvantage the female.

African women have been silenced for too long about everything that has been happening in their surroundings, including not being given high position, because you are a woman. Women's leadership challenges emanated from the tradition, which emphasised that a woman's duty is to be submissive only not to lead. African feminist thought does not seek to abandon tradition, as tradition also harbours a precious cultural memory and a rich legacy of knowledge and spirituality. The main goal is to enable tradition to adapt to its times so that rather than stagnate, it can enrich society, as customs and culture should do (MSAFROPOLITAN, 2012).

## **2.18. PATRIARCHY**

Patriarchy is the system that persists in oppressing women through political, social, economic, and cultural, institutions. Patriarchy differs around the world. The task for African feminist is to understand the patriarchy system and to end all forms of patriarchal oppression in our society (Robbert, 2016). Source) African feminism emphasizes that gender equality is for all human beings and it can be only achieved through the eradication of patriarchy in all forms of exploitation against women. Women cannot face challenges in their work place if patriarchy can be eliminated.

## **2.19. WOMEN IN MANAGEMENT**

The human asset most cited as under-utilized in organizations is women, particularly those at the low management level (Betz, 1989; International Business Report, 2017). Discrimination on many grounds is inherent in the culture of several societies and affects every day working life in innumerable ways (Marshall, 1995; Altman, 2016). The five most cited sources for

discrimination are age, disability, gender race and religion. Other grounds do exist, however, such as sexual orientation.

Nevertheless, discrimination due to gender affects the largest population group and workplace discrimination is most apparent in the areas of job recruitment, promotion, remuneration and job assignments. Moreover, building on recent studies, Burke and Nelson (2002) confirm that the source for such discrimination is not due to gender differences. They argue that discrimination originates in bias in the approach of top management to women, as well as in structural and systematic discrimination, manifested in organizational policies and practices (Fagenson, 1990; Morrison, 1992; Catalyst, 2017).

There is a vast body of work providing evidence that confirms the continuing existence of discrimination and the damage it causes to individuals and their employers. Research shows that these attitudes are social biases with no basis in biology (Medland, 2016). However, traditional practices are very firmly entrenched and can become prejudices when not re-examined in the light of new understanding.

## **2.20. OBSTACLES FACED BY WOMEN IN LEADERSHIP POSITIONS**

Women confront barriers or obstacles that men do not realize exist. Some myths suggest women cannot discipline older students, particularly males; females are too emotional; too weak physically; and males resent working with females (Whitaker & Lane, 1990). After the myths are dispelled, the “glass ceiling barrier” that limits women from achieving high ranking position must be overcome (Cullen & Luna, 1993; Growe, 2016).

Society’s attitude toward appropriate male and female roles is another obstacle that identifies women as not task-oriented enough, too dependent on feedback and evaluations of others, and lacking independence. Women receive little or no encouragement to seek leadership positions, while men are encouraged to enter administration to a greater degree than women, despite the positive perceptions of principals toward female capabilities. This lack of encouragement exists even though women who earn doctorates are more likely than men to desire an academic career, but are not being hired at equal rates (Eakle, 1995; Quaife, et al, 2016).

The cumulative disadvantage results in women leaving the profession in greater numbers than men. Hensel (1991) states that the lack of formal and informal social networks, or not being a

member of the “clubs” as men, results in the lack of recognition of women. This may lead to women’s lack of advancement. Administration involves hard work, long hours, and lots of in-house politics which is stress provoking, when child care and home responsibilities are added, a woman can work 70 or more hours per week that may conflict with family responsibilities (Cullen & Luna, 1993;Grove, 2016) .

Since some administrative positions may be located in another city or state, it may serve as a barrier because of women’s reluctance (Ryder, 1994; ILO, 2015). The lack of support for women, the isolation of women associated with their minority status, sex-typed expectations, and gender bias are some of the barriers women face. There also exists a lack of role models and mentors for women due to the fact that there is not a large amount of women in leadership positions (Williams, 1990; Tallerico,; Burstyn, 1996; Shittu, 2017).

A wide range of factors shape, defines, and limits the career choices of both women and men. The gender imbalance in leadership is both a women’s issue and a men’s issue. Being a leader is not inherently valuable or desirable. Leadership roles can be time consuming and often require great responsibility, which can cause a great deal of stress and leave little room for other priorities. Just as the status quo is holding women back from leadership roles, it is holding men back from embracing caretaking and support roles (Whitaker & Lane, 1990)

## **2.21. LEADERSHIP AND MASCULINITY**

The concept of leadership has been infused with stereotypically masculine traits: aggression, decisiveness, willingness to engage in conflict, strength, and so on. These traits are not uniquely available to women, of course, nor are they predominant personality traits in all women. Researchers have explored the essential ingredients of leadership and found no gender differences in leadership effectiveness (Hyde, 2014).

The question of whether women and men have different approaches to leadership has been the subject of numerous studies and books. Women can and do use typically male leadership styles. For example, medical emergencies call for quick, coordinated action that requires decisive and authoritative leadership. A recent study of medical residents found that both men and women use this form of leadership effectively although women are more likely to apologize to their colleagues for hasty behavior after the event (Kolehmainen et al., 2014). Researchers have also found that women tend to adopt a transformational leadership style, which motivates followers

through charisma, intellectual stimulation, and consideration of the individual (Bass, Riggio, 2006; Matsa, Miller, 2013).

Race, ethnicity, age, income, health, and sexual orientation all affect women's leadership opportunities, and these factors can add up to dramatically different experiences among different groups of women. (Williams et al., 2014).

## **2.22 THEORATICAL FRAMEWORK**

The study was largely influenced by a feminist epistemology. Feminist researchers look at the ways in which gender does and ought to influence the conceptions of knowledge. Feminist research methodology validates feminist theories that have helped to understand women's activities, feelings and interests as well as to explain the oppression of women (Alcoff, Potter, 2013; Alcoff, 2001; Blakstad, 2016). Feminist epistemologists trace these failures to flawed conceptions of knowledge, objectivity, and scientific methodology. In the study, feminist epistemology aimed at producing valid knowledge on gender issues and the discrimination of women in leadership positions. Women are facing challenges in their leadership positions because it is assumed that only men can be effective in leadership positions, and the fact that they must dominate in all the spheres of life.

As guided by the feminist research methodology, reciprocity was recognized as a way of generating rapport. Reciprocity is a feminist research approach where participants are highly active in the research process and are allowed to ask the researcher some questions (Maqubela, 2014). Reciprocity has been established; the researcher got in depth information which contributed to the knowledge of production. Participants were recognized as knower's and actors. Positionality, as a feminist research approach was well-thought-out. Positionality is a form of feminist research approach in where the researcher accumulates the position of being an 'outsider', 'insider', or both insider-outsider in the research process depending on the level of proximity between the researcher and the context (Maqubela, 2014). The present researcher's position in the study was of an outsider, since she does not share the same characteristics and sentiments with the participants.

Feminism is the rejection of struggle against patriarchy as a system and set of structures and ideologies that privilege men exercise various forms of power towards women. Jackson and Jones (1998); and MacFadden (2011) argue that feminist theory seeks to analyse the conditions which shape women's lives and to explore cultural understandings of what it means to be a woman. Feminists refuse to accept that inequalities between women and men are natural and inevitable and insist that they should be questioned. Feminist theory aims to understand women's oppression, the power differential between men and women and how to overcome oppression (Mottir, 2010; Pasque & Nicholson, 2011; Crossman, 2016). Hereunder follows a brief discussion of theories dealing with the issue of gender and the position of women in society, namely: liberal feminist theory, Marxist feminist theory, Socialist feminist theory, Radical feminist theory, African feminist theory and the standpoint theory.

Liberal feminism theory argues that the society has a wrong belief about women that naturally they are less intellectually and physically capable than men (Tong, 2009; Ronkainen, 2014). This perspective seeks to level the playing field that would allow women to seek the same opportunities as men, especially opportunities which make them to excel in many areas (Tong, 2009; Crossman, 2016). According to (Tong, 2009; Policastro, 2015), liberal feminist theory provides an essential framework for understanding how women are constrained of opportunities due to their gender.

### **2.22.2 MARXIST FEMINIST THEORY**

Marxist feminism incorporates perspectives of social justice as well as socioeconomic differences. Division of labour is related to gender role expectations. Marxist feminism argues that the path to gender equality is led by the destruction of our capitalist society, such issues as unequal pay, obstacles to achieve tenure (Marx & Engels, 1848; Ferguson & Hennessy, 2010; Vogel, 2013; Hossain, 2016).

### **2.22.3 SOCIALIST FEMINIST THEORY**

Socialist Feminist theory provides an insight of how the spirit of capitalism has devalued women's potential (Strobel, 1999; Buchanan, 2011; Scraton, 2013). Socialist feminism theory

views women's oppression as stemming from their work, in the family and in the economy. Capitalist class relationships are the root cause of female oppression, exploitation and discrimination.

#### **2.22.4. RADICAL FEMINIST THEORY**

Radical feminist theory seeks to explain how women are oppressed by men with the spirit of supremacy (Shrage, 2007; Jeffries, 2006; Jeffrey, 2015). The radical feminism theory argues that women oppression is the deepest and most widespread oppression that provides a conceptual model for understanding all other forms of oppression and that women oppression speak out against all social structures because they are created by men (Shrage, 2007; Jeffries, 2006; Crossman, 2016).

#### **2.22.5. AFRICAN FEMINIST THEORY**

African feminism is a feminist epistemology and a form of rhetoric that has provided arguments, which validate the experience of women of Africa and of African origin against a mainstream feminist discourse (Goredema, n.d.) cited in Chepkorir (2014). It is a justice that aims to create a discernible difference between women who were colonised and those who were deemed the colonisers, and a social movement that aims to raise a global consciousness which sympathises with African women's histories, present realities and future expectations. Goredema (n.d.) cited in (Chepkorir, 2014) further points out that African feminism concern itself not only with the rights of women from Africa but it is also inclusive of those living in Diaspora as many of the contributors to the literature have been living abroad.

This study made use of the African feminism theory, as it is the only theory closely related to the issues of women in leadership positions. Unlike other theories, African feminists states that women should be given value and worth as men in our society (Knowles, 2012). The general position of women in our society has significantly improved in the past 100 years (Haslanger, 2002 & ICPD, 2014). Women should have legal equality as men. This theory is in line with the South African Constitution of 1996 which recognises equality between men and women.

#### **2.22.6 STANDPOINT THEORY**

This study employed feminist standpoint theory which comprises “approaches to research informed both by feminist theories and by a concern to explore the situated positions and experiences of women and men and the effects of gender processes on one or both sexes” (Deem, 2002: 836; Hellen, 2012).

Feminist standpoint theory emphasizes the importance of positionality, that is, “the researcher’s awareness of his or her own subjective experience in relation to that of her or his participants” (Deutsch, 2004: 889; Howell, 2016). Hodkinson (2005) and Crumley, Jack, (2009) view positionality as initial subjective proximity in relation to interviewees, as well as the researcher’s role in the research process. Furthermore, Hodkinson (2005) and Crumley and, Jack (2016) points to two key factors which determine the level of proximity between the interviewer and the interviewee: the socio-cultural locations of the researcher and the researched as well as the level of importance of those researched to the research, which may imply differing levels of proximities in terms of different groups of those researched to the researcher (this is discussed at length under interviews). It is also important to note that standpoint theory valorises difference and intersectionality which accounts for the many ways women experience being a woman differently across varying cultures and histories and across race, class, sexuality and language (Pillow & Mayo, 2007; Stanley, 1990; Howell, 2016).

Feminist standpoint also addresses the status of the researched in knowledge production. In this study, participants were regarded as an important part of knowledge production. As stated by Ackers (2006), Smith (1988) and Howell (2016), participants in this study were considered to be subjects rather than objects of research.

## **2.23. SUMMARY OF THE CHAPTER**

This chapter of the study discussed the causes, effects of the challenges that junior female managers are facing. The study also dwelled on the disadvantages of women being denied opportunities of getting promoted to top leadership positions. A theoretical framework was also presented to support the exclusion of women in leadership positions in the work place.

## **CHAPTER THREE**

### **3. RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter discusses the methods and procedures for collecting and analysing the required data. It also explains the research method used which is qualitative technique. Identification of the population under study, and the process of data collection methods, processing, analysis and ethical consideration are also discussed in this chapter.

### **3.2. NATURE OF THE STUDY**

According to De Vos, et al. (2011) and Kumar (2014), research methodology provides a description of the precise techniques to be used, precise instruments to be used, and the sequence of activities to be carried out in making the measurement (Hammersley, 2013 and Savin-Baden, et al., 2013). A feminist method was used for this research using the standpoint theory as a qualitative approach which focuses on the experiences of both men and women in a normal environment.

As an approach, it assumes that societies are made up of unbalanced power structures that can create inequalities along the way leaving it with two groups, the dominant and the marginalized groups (Hatsock, 2004; De Vos et al. 2011). The two groups however are faced with a gender inequality, especially men being dominant (possessors of utmost power) and women being a marginalised group (Hatsock, 2004; De Vos et al. 2011). Furthermore, globally the feminist view urges researchers to consider the voice, that is, to see who is included and who is not included.

The main aim of feminist standpoint theory is to empower women, and to place them in the front line. Hatsock (2004) and De Vos et al., (2011) note that feminist standpoint makes three principal claims which are: knowledge is socially situated; marginalised groups are socially situated in ways that makes the dominant group to be aware and ask questions than it is to the non-marginalized group. Therefore the approach argues that a standpoint theory arises when an individual or a group recognizes and challenge existing cultural values and power relations that contribute to any form of oppression and marginalization of women.

Standpoint approach seeks to change women's past subjugated experiences by supporting their active involvement in the creation of new opportunities, using the knowledge that arises from their conditions and experiences. Hirsh and Olson (2008) stated that, a woman centred approach is essential to the feminist research, as it aims to change the life background and experiences of women as a marginalized group as outlined by their experiences. Furthermore,

the standpoint approach is important to the research as it contributes a lot to the epistemology and methodological debates in the social and natural sciences as well as to the leadership arena. Standpoint approach is normative and descriptive as it describes and analyses causal effects of power and structures especially on knowledge.

### **3.3. RESEARCH DESIGN**

The researcher used exploratory research design. Exploratory design intends to explore the research questions and does not intend to offer final and conclusive solutions to the existing problem (Creswell, 2012; Meriam & Tisdell, 2015). The exploratory method compliment the research process as it helps clearly identify participants such as men and women in leadership. The design was used to help explore through the problem and to get clear understanding at the problem at hand.

### **3.4. RESEARCH METHOD**

The qualitative method was utilised in the study because of its advantage in obtaining in-depth information from the participants. In qualitative approach, the researcher focuses on individual participants when collecting and analysing data (Creswell, 2012; Meriam & Tisdell, 2015).

### **3.5. AREA OF THE STUDY**

Kumar (2011:400) defines the area of the study as a practice field where the researcher conducts the study. The area of the study for this research is Tshilidzini Hospital in Thulamela Municipality in Vhembe District, Limpopo province, South Africa. Vhembe District municipality is located in the northern part of the Limpopo province. It shares borders with Zimbabwe and Botswana in the north-west and Mozambique in the South-east through the Kruger National park. It comprises of four local municipalities which are: Musina, Mutale, Thulamela, and Makhado. Tshilidzini Hospital is situated outside Thohoyandou Town with 8km distance. The area is predominantly rural and it is dominated by Venda speaking people.



**Figure 1. Geographical map**

### **3.6. POPULATION OF THE STUDY**

Target population is the intended population covered by a study in a specific geographical area such as country; region and town in terms of the age group and gender (Kumar, 2014). Tustin, et al (2005) define a population as a complete group of entities sharing a common set of characteristics. In this study, the research population represents a well-defined collection of individuals known to have similar characteristics (Kumar, 2014; Creswell, 2012; Meriam & Tisdell, 2015). The population under consideration in this study consisted of young (between 26 and 36 years), junior female managers in the health sector.

### **3.7. SAMPLE AND SAMPLING PROCEDURES**

A sample size is the number of representative's respondents selected for interview from a research population. The number depends on the accuracy needed, population size, population heterogeneity and resources available (Babbie, 2014, and Blakstad, 2016). For the purpose of this study, a total of 10 participants were selected. These participants were junior female managers at Tshilidzini Hospital.

### **3.8. SAMPLING METHOD**

For the purpose of the study, non-probability sampling was used based on the fact that not everyone was going to qualify to be selected for the sample. The researcher selected participants who their characteristics are required by the study. Marlow, and Boone 2005; Babbie, 2014; and Blakstad; 2016) define non-probability sampling as the process of selecting a sample where each element in the population has an unknown chance of being included in the sample. For the purpose of this study, purposive sampling was used where participants were chosen purposefully, according to their positions. The researcher used the purposive sampling technique because it allows the researcher to use his or her judgement to decide on who can provide best information to achieve objectives of the study (Kumar, 2011).

### **3.9. DATA COLLECTION METHOD**

Data collection is the process of gathering and measuring information on variables of interests, in an established systematic fashion that enables one to answer stated research question, and evaluate the outcomes. The goal of data collection is to capture quality evidence and translate to rich data analysis (Kumar, 2014; and Creswell, 2014).Data collection methods are procedures specifying techniques to be employed, measuring instruments to be utilised and activities to be conducted in implementing a research study, (de Vos et al., 2011).

The study used semi-structured interview method. A semi-structured interview is a method of inquiry that combines a pre-determined set of open questions, questions that prompt discussion with the purpose of the interviewer to explore particular themes or response further (Kumar, 2014). Therefore, semi-structured interviews are used in the study to gain a detailed picture of the participants' beliefs about, and their perceptions about their experiences on the challenges

they face as junior female managers in the hospital. This type of an interview allows flexibility for both the participant and the researcher. The semi-structured interview method enabled the researcher to have more clarity on the information received from the participants during the interview (Blakstad, 2016).

The researcher prepared an interview guide with open-ended questions. The interview schedule was used to guide the researcher on what type of questions can be asked during the interview (Fouche & Schurink, 2011). This interview schedule has a set of predetermined questions that might be used as an appropriate instrument to engage the participants (Seidman, 1993; & Kumar, 2014). Field notes were accurately compiled during interviews as it was important to make accurate notes instead of relying to one's memory (Tustin et al, 2005; & De Vos et al., 2011). Field notes serve as written account of the things the researcher hears, sees, experiences and what the researcher thinks about during the course of the interview. Field editing was employed to rectify errors and omissions, while the interview was in progress (Tustin et al, 2005 & Kumar, 2014).

The bulk of questions used in this study were open-ended. Open-ended questions were suitable enough to explore on the challenges faced by women in managerial positions. During data collection procedure, the researcher maintained a balance power relation with the participants, as the researcher was not controlling the participants. Participants were also given a chance to ask questions as they were regarded as knowledgeable of their own situation. Face to face interviews were conducted. The semi-structured interviews allowed anonymity hence participants were free to give specific information pertaining to the research (Braun & Clarke, 2013).

### **3.10. DATA ANALYSIS METHOD**

Data analysis is the process of bringing order, structure, and meaning to the mess of collected data (De Vos et al., 2014). According to (Neuman & Robson 2009; Hammersley 2013; Savin-Baden, et al., 2013), data analysis refers to a search for pattern in data recurrent behaviours, objects or body of knowledge. Once a pattern is identified, it is interpreted in terms of a social theory or the setting in which it occurred.

In this study, the researcher employed thematic data analysis method. Thematic analysis was used for its advantage of breaking down the interviews into clear sections which make the researcher's work easier thus making the most out of collected data. It is a qualitative method

for identifying, analysing and reporting patterns (themes) within data and interpreting various aspects of the research topic (Braun & Clarke., 2013). Themes were used to capture important aspects of the data in relation to the research questions.

### **3.11. VALIDITY AND RELIABILITY**

According to Babbie and Mouton (2014), the validity of an instrument depends on the extent to which it measures what it is supposed to measure. Validity is vital and it can be achieved by the researcher and respondents through ethical approach and honesty. Validity and reliability of questionnaires were tested by carrying out a pilot test. A pilot study was conducted in order to authenticate or ensure the validity and reliability of the research instrument. The pilot study helped to ensure that the questions were clear and also answered consistently and objectively by the participants in the selected (Simon, 2011) sample.

### **3.12. BIAS**

To minimize biasness during the study, the following was considered as suggested by standpoint theory (Braun & Clarke., 2013).

#### **3.12.1 POSITIONALITY**

In the context, the researcher's position was that of an outsider because she did not share the same characteristics and sentiments with the participants (Savin-Baden et al., 2013). Therefore, the researcher was in a position to explore the experiences of female managers in leadership positions in a rural hospital.

#### **3.12.2 RECIPROCITY**

The researcher established rapport and reciprocity as these are the requirements of standpoint theory. Once the participants gained trust of the researcher, they were highly active to bring more information.

#### **3.12.3 EPISTEMIC PRIVILEGE**

It is a type of feminist research whereby participants are in an important position in research and knowledge production. Participants are recognized as informants and actors. In this study, participants were placed in an important and equal position as the researcher because the participants possess critical knowledge of their experiences (De Vos et al., 2011).

### **3.13 ETHICAL CONSIDERATIONS**

According to Savin-Baden et al. (2013), ethics refers to the guidelines for research that enable a researcher to ensure that all respondents participate voluntarily and are not harmed. Ethical considerations or issues are the concerns, dilemmas and conflicts that arise over the proper way to conduct research. The following ethical issues were taken into consideration:

#### **3.13.1 ENSURING THAT PERMISSION IS SOUGHT AND GRANTED**

Permission to conduct this study was granted by the University Higher Degrees Committee. The study commenced after the Ethical Clearance Certificate had been granted by the University Higher Degrees Committee.

#### **3.13.2 INFORMED CONSENT**

According to (Grinnell and Unrau, 2008; De Vos et al., 2011), informed consent means that the researcher respected the participants, and they were given the opportunity to choose what to happen and not happen to them. The researcher did not force the participants to do things that they do not want to do. Participants were informed about the nature of the study, what was expected from them and how the results were used.

The present researcher informed participants about the study in order for them to know what the study entails. Informed consent ensures that each participant has a complete understanding of the purpose and methods used in the study, the risks involved, and the demands of the study. Participants were legally competent to give consent and they were informed that they are at liberty to withdraw whenever they are not interested to give out the information.

#### **3.13.3 CONFIDENTIALITY**

According to (De Vos et al., 2011), confidentiality means handling of information in a confidential manner; which refers to agreement between persons that limit others access to private information. The researcher informed participants that their identity will be anonymous and the materials or information that will be discussed during the collection of data for the study will be in a confidential manner. All respondents were informed about the confidentiality of the information gathered from them using interviews. The participants were assured that the information provided will only be used for the purpose of this study.

#### **3.13.4 AVOIDANCE OF HARM**

In this context, harm has been broadly defined to include extreme physical pain or death, but also involves such factors as psychological stress, personal embarrassment or humiliation, or myriad influences that may adversely affect the participants in a significant way. The researcher avoided asking questions which were to make participants uncomfortable.

The fundamental ethical rule of social research is that the study must not bring any harm to the participants (Babbie, 2014); the researcher weighed the risks against the importance and possible benefits of the specific research project. The researcher had an ethical obligation to protect participants within all possible reasonable limits from any form of physical discomfort which may emerge from the research project (Creswell, 2012). Protecting participants from harm is a key consideration in any research undertaken.

Respondents were informed beforehand about the potential impact of the investigation. Such information offered the respondents an opportunity to withdraw from the investigation if they wish so. The researcher identified respondents who can possibly prove vulnerability during the investigation to be eliminated from the study beforehand. Respondents were given assurance that they will be indemnified against any emotional harm. The researcher made sure that the respondents were free from harm, including verbal and nonverbal harm.

### **3.13.5 VOLUNTARY PARTICIPATION**

This refers to each participant's ability to exercise the power of free choice without the intervention of force, fraud, deceit, duress, or other forms of coercion. Participation should at all times be voluntary and no one should be forced to participate in a project (Savin-Baden et al., 2013). The participants were told that their participation was voluntary. In other words, the participants were allowed to volunteer by themselves and were not forced to participate. Participants were also given assurance that they are free to discontinue to participate at any time without being required to offer any explanation. Whenever the participants felt that they could not continue giving information about their experiences in managerial positions, they are free to quit. Thus, at any time during the research project, if a participant decided for any reason that he or she would like to stop participating; this wish was granted to any participant.

The researcher informed participants that they had rights to choose to be in the study and to also withdraw from the study at any time during the research.

### **3.13.6 VIOLATION OF PRIVACY**

Privacy is one of the most important aspects with regard to ethics. The researcher did not invade the privacy of participants as minimally as possible (Savin-Baden et al., 2013). The respondents had the right to privacy and it is their right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed.

### **3.14 SUMMARY**

The purpose of this chapter was to give a detailed view of the research methodology which was used in this study. This chapter discussed the research design, population and location of the study, sampling procedures, data collection methods, data analysis and ethical consideration.

## **CHAPTER FOUR**

### **4. PRESENTATIONS OF THE FINDINGS AND DATA ANALYSIS**

#### **4.1 INTRODUCTION**

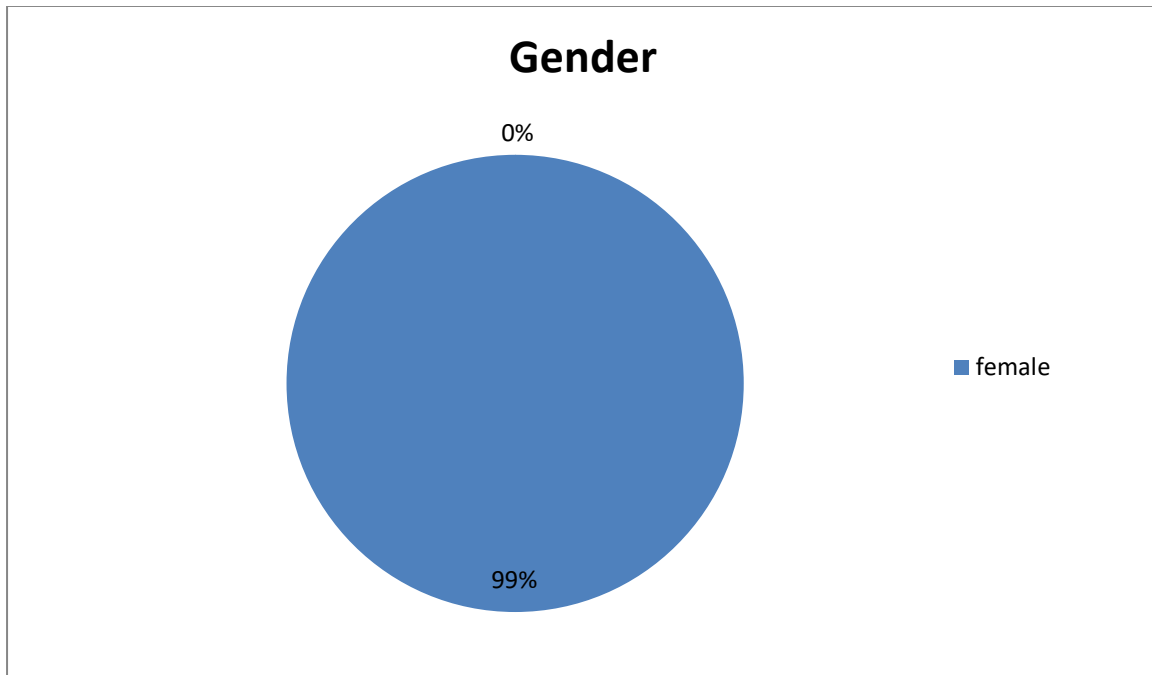
This chapter entails presentation, analysis, discussion, and interpretation of the research findings. Data was gathered through semi-structured interviews. Thematic analysis was used to analyse the data. The findings are presented in line with the research aim, objectives and the research questions. Data was sourced from ten participants (10 women) at Tshilidzini Hospital, Limpopo province.

#### **4.2 PRESENTATION AND DISCUSSION OF THE FINDINGS**

##### **4.2.1 DEMOGRAPHIC DATA**

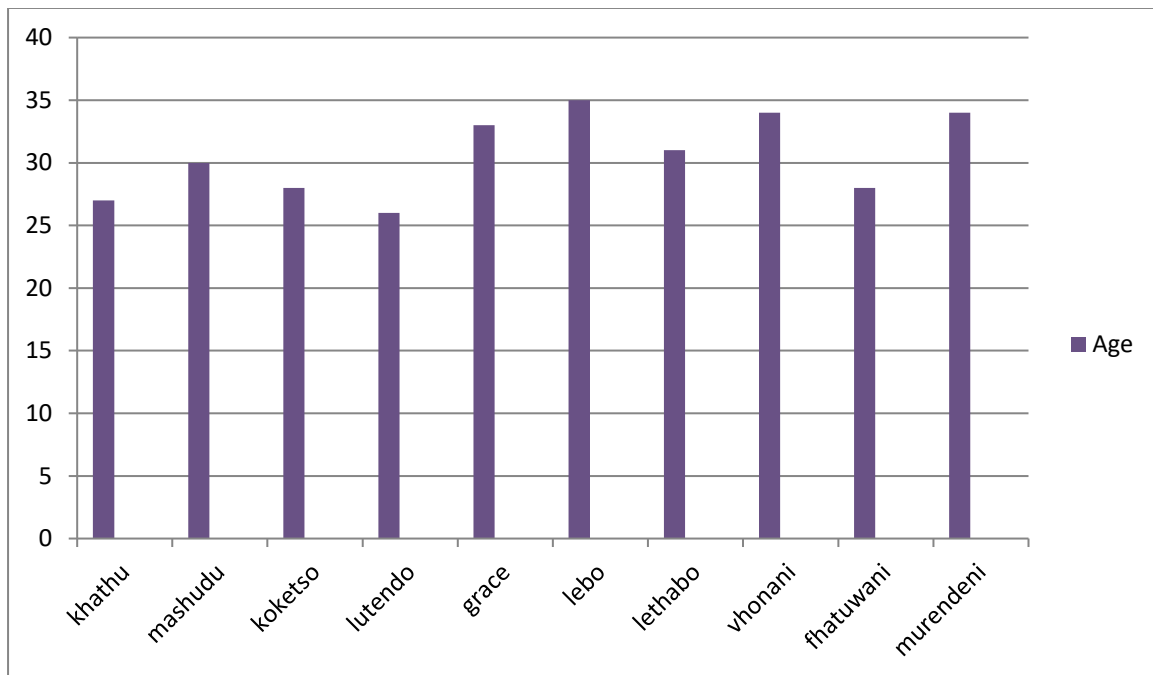
The study had a total of 10 participants. Participants consisted of a shift supervisor, departmental manager, 2 admin clerks, 3 hospital administrators, 1 store manager, crew leader and 1 operational manager. The table shows the total percentage of the people who participated in the study.

**Figure.2 Gender**



**Figure.2**above indicates that 100% of the respondents were female because this study focused more on the experiences and challenges faced by junior female managers.

**Figure.3 Pseudonyms and age**



**Figure .3 above** indicated that 100% of all interviewed participants were still in their early age. They were all suitable candidates for promotion.

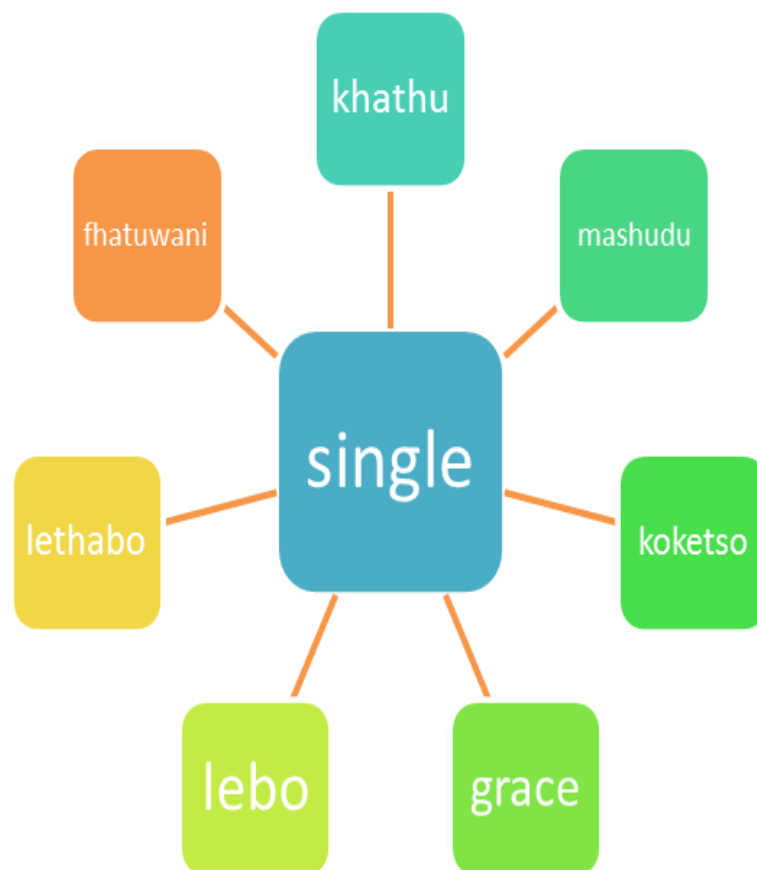
**Table 1. Pseudonyms and ranks**

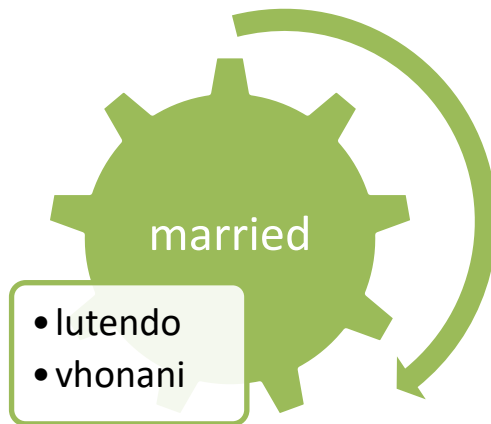
<b>Pseudonyms</b>	<b>Positions (ranks)</b>
Khathu	Hospital administrator
Mashudu	Hospital administrator
Koketso	Hospital administrator
Lutendo	Shift supervisor
Grace	Department manager
Lebo	Crew leader
Lethabo	Operational manager
Vhonani	Admin clerk

Fhatuwani	Admin clerk
Murendeni	Store manager

**Table 1** preceding table presents pseudonyms and the positions of the interviewed participants of the study. All participants were in the junior positions in their ranks, working hard to move to higher positions in their different fields.

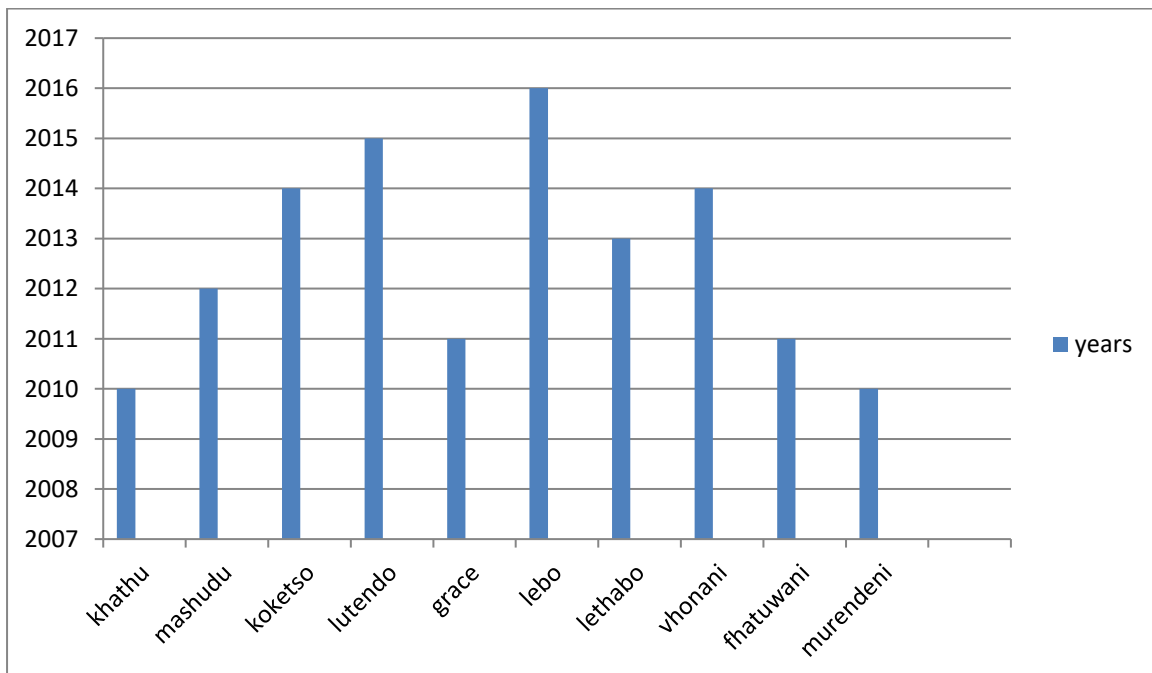
**Figure 4. Marital status**





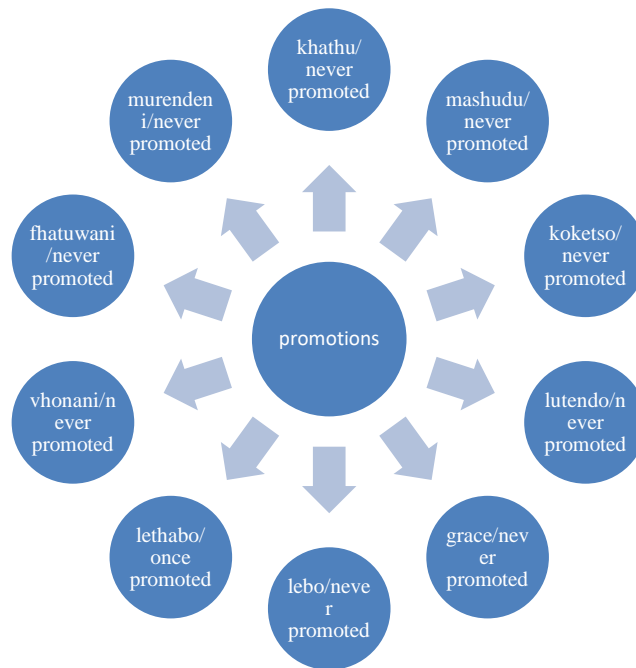
**Figure 4** above presents a table indicating the marital status of junior female managers in a rural hospital. It shows that 98% of junior females managers are single and 2% are married.

**Figure 5** presents the year in which each participant started working in the hospital, and their pseudonym.



**Figure 5** indicates the exact year in which each participant had started working in the hospital. And pseudonyms were used for ethical purposes. The above graph shows that Khathu started working at the hospital in 2010, Mashudu started working in 2012, Koketso started working in 2014, Lutendo in 2015, Grace in 2011, Lebo in 2016, Lethabo in 2013, Vhonani in 2014, Fhatuwani in 2010, and Murendeni in 2011. The majority of the participants had started working at the hospital few years ago; hence they had not been promoted to higher positions.

**Figure 6. The frequency of promotions**



**Figure 6** above indicates that only one participant had been promoted. The other participants had never been promoted to high positions. .

#### 4.3. GENDER DISCRIMINATION IN THE WORK PLACE

Across the world, specifically in health institutions like hospitals where the environment is known that women dominate, women are treated unequally and with less value more especially when it comes to top positions. They are discriminated because of their gender. Women's differential access to power and control of resources is central to this discrimination in all spheres; that is the household, community, market, and state.

One of the most interesting fields where gender discrimination occurs is healthcare. Unlike other fields where one gender is clearly a given advantage over the other, healthcare is more blurry. Marshall, (1995); and Altman, (2016) states that women are still discriminated in the work-place. To support the statement above, participants have shared their views with regard to gender discrimination at work. The first participant stated that:

*“Both males and females are faced with unfair stereotypes and expectations, and while certain occupations still clearly prefer one gender over the other, the discrimination faced is relatively equal between the two genders. Amongst physicians, women have historically faced*

*discrimination and trouble even entering the field. In the field of nursing though, men have been met with stereotypes and discrimination from both co-workers and patients. While the number of female doctors and male nurses has steadily increased, there still seems to be a lot of gender discrepancy in these two career paths”.*

(A woman aged 31)

The statement above illustrates that women are being discriminated in the work place. And discrimination does not occur only with regard to high positions but even in the lower ranks. A respondent said the following:

*“Since I have started working here I have been doing my observations, women are frequently subjected to subtle discrimination by both sexes. Qualified women may be passed over for promotions because they become pregnant (maternal discrimination) or because they might become pregnant (gender discrimination.) Jobs may be offered to a less qualified male applicant just because he is male.*

*Women are also more likely to be judged by their looks and how they dress than are their male counterparts. On a note of contradiction, women are not only discriminated against for being "pretty" or "provocative" they are also discriminated against for being not pretty enough, too old, or, for not being sexy enough.*

*The "glass ceiling" effect is also a form of gender discrimination. The term refers to the invisible barriers that prevent women from climbing the ranks of top management because the upper level and executive positions are given to men. Glass ceiling policies are unwritten, and sometimes referred to as the "old boys' network," but whatever it is called, it is another form of gender discrimination.*

*If men get more time off, better compensation packages or benefits than women based on unfair gender bias, it is gender discrimination and it is illegal. Despite protective anti-discrimination laws making gender discrimination illegal, management practices at small, mid-size, and even giant corporations often still favour the advancement of men.*

(A woman aged 34)

The above statement shows that women are being discriminated in so many ways. No matter how hard they try they will be always discriminated. Female junior managers are facing discrimination based on affirmative action, discrimination based on the inherent requirement

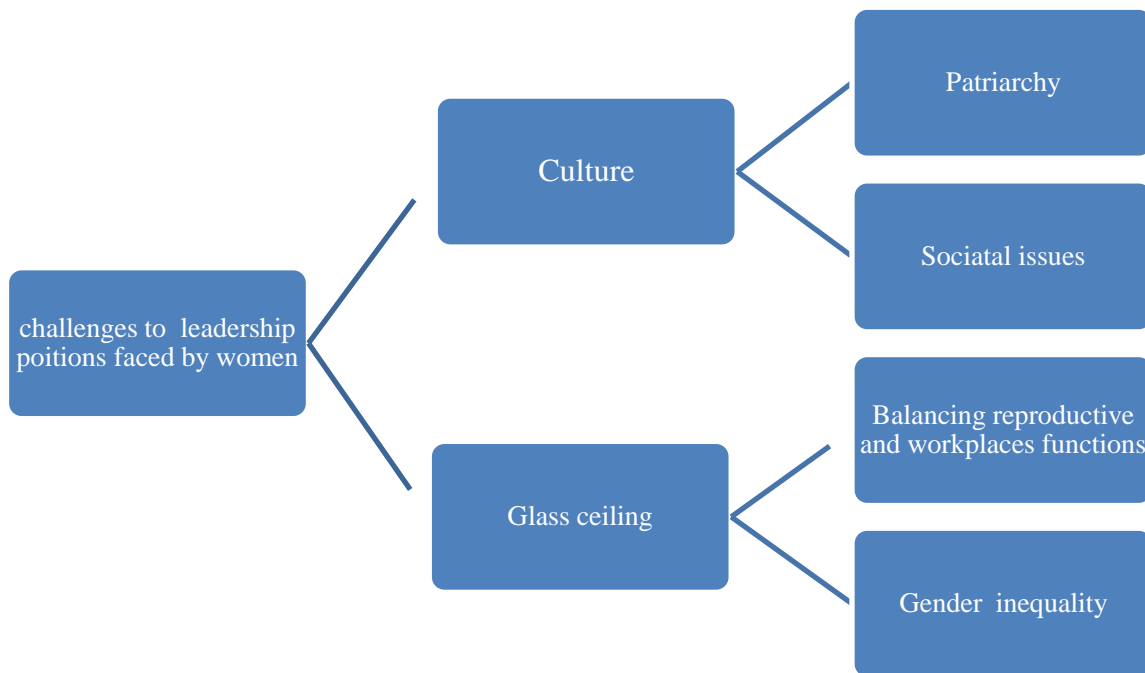
of a particular job compulsory discrimination by law and discrimination based on productivity. According to Marshall, (1995) and Altman, (2016), discrimination on many grounds is inherent in the culture of several societies and affects every day working life in innumerable ways.

#### **4.4. CHALLENGES FACED BY WOMEN IN MANAGEMENT POSITIONS**

The first objective in this study aimed at identifying the challenges faced by female junior managers in a rural hospital. Understanding these challenges is a prerequisite to improving the quality of women leadership and for empowering women leaders in the work place.

When research participants were asked to explore on the challenges faced by female junior managers in their respective departments, the following main themes emerged, namely, *patriarchy, culture, glass ceiling, and the problem of balancing reproductive / marriage and gender inequality*. Others mentioned challenges including, negative perceptions on competencies of women leaders among themselves and lack of confidence in themselves.

**FIGURE 7. FLOW CHART OF THEMES ON CHALLENGES FACED BY FEMALE JUNIOR MANAGERS**



## THEME 1: PATRIARCHY

Patriarchy is a stronghold on women's marginalization in leadership. Close to 90% of the respondents agreed that indeed this patriarchy was a barrier to women's involvement in leadership positions in many institutions and at this particular hospital. One of the participants stated the following:

*"Men consider themselves superior to women in communities, organisations, and in the workplace because they were brought up to see women as liabilities in the family as they should always be submissive to them. Soft duties are only meant for women and these make them to be marginalized in all spheres of life. And men have internalized their superiority complex and think that it is their God given right".*

(A woman aged 28)

With regard to the response above, it is clear that men will always believe that women are inferior to them. Thus, women taking up leadership positions especially in the hospital arena which is believed to be masculine, tough, competitive and rough will make men feel uncomfortable and demeaned. According to Kadaga (2013) patriarchal norms limit women from opportunities, especially in leadership positions, as patriarchy deemed them to be subordinate and unstable for positions of leadership.

## THEME 2: CULTURE

Culture represents distinctive patterns of ideas, beliefs, and norms which characterise the way of life and relations of people in a society or group. Culture in a patriarchal society confines women to home chores and child-bearing and nurturing. Thus culture has played a significant role in hindering women to participate in the decision-making positions and also in leadership positions for a long period of time. Again, 90% of the respondents expressed strong sentiments about culture as a major challenge to women's aspirations to occupy top positions. One of the respondents said:

*“Women culturally taking a submissive stance towards men have been an aspect that led to gender gaps and inequality in many societies”.*

(A woman aged 26)

What the participant had just stated above is something that the world is facing on a daily basis. Women are forced to be submissive and to live under the leadership of men. However, this is one of the reasons why women are still socially, economically, politically, and religiously marginalized in all spheres of life. The undermining of women by culture is also alluded to by Bari (2005) and O'Hare (2016) who state that a female leader featuring feminine behaviour is considered unacceptable.

### **THEME 3: BALANCING REPRODUCTIVE AND WORKPLACE FUNCTIONS**

Balancing reproductive and workplace functions was also mentioned by the respondents as one of the challenges that junior female managers are facing in the work place. Helgesen (2005); Addai et al, (2017) supports the findings above by saying that social issues are challenges that originate from home. Apart from being employees, women as part of the family play a central role of caring for the home, and by taking care of their families. Erasmus (1998) and Filla, (2011) indicate that the attitude of population in our society revealed that women are essentially nurturers, and homemakers. In the field of employment, a glass ceiling exists for women that they have to prove their capability before they are permitted beyond a certain point.

One of the participants also stated that marriage has been one of the major cultural factors that continue to keep women marginalized and unable to freely take part in the public sphere, more especially in the leadership realm. She said:

*“Marriage is a leading factor in making men to disagree with their women occupying higher positions as they view their success as a threat to their power and as a symbol of undermining men”.*

(A woman aged 34)

This suggests that marriage has been one of the factors that created a huge gender gap when it comes to representation of women in leadership positions. Again ninety percent of the participants illustrated that women’s reproductive roles such as taking care of the kids and household tasks prevented them from participate in decision making and top management roles. This shows that cultural practices and perceived gender roles are contributory factors to under representation of women in leadership.

The Employment Equity Act No. 55 of the Republic of South Africa (1998: 2014) states that even where women are well-qualified and experienced, the predominance of men in leadership has resulted in a culture in which men’s behaviour patterns are perceived to be norms and women often find it difficult to be accepted as equals by their male colleagues.

#### **THEME 4: GLASS CEILING**

Ninety percent of women have indicated that glass ceiling is one of the challenges that they are facing in the hospital. One of the participant stated that they continue to be underrepresented in the most powerful positions in the hospital environment. This is particularly the situation in the corporate world, in which women are a minority among those in power. Women have reached a certain point called the glass ceiling.

Women are mostly in the middle management and they are stuck there. One of the respondents continually stated that there is no enough room for all women at the top. Some are going into business for themselves. Others are given up and focus on taking care of their families. It is clearly abundant that even qualified women are also being denied equal opportunity for advancement into senior level management positions on the basis of gender, race, or ethnicity. At the highest levels of corporations the promise of reward for preparation and pursuit of excellence is not equally available to members of all groups, and this was also supported by US Glass Ceiling Commission, (2012). Generally, people still maintain that the woman belongs to the kitchen (Jacob, 1999; Moore, 1995; Jadesimi, 2016).

#### **THEME 5: GENDER INEQUALITY**

Gender equality denotes women having the same opportunities in life as men, including the ability to participate in the public sphere. Including women participating in top positions in the hospital field. Majority of the participants have stated that there is no equality in their field of work; male workers are treated way much better than females. Men are always favoured for top positions than women. The Millennium Development Goals aimed at promoting gender equality and empowering women, the target of employment of men and women is 50/50 ratio and both genders should have similar levels of employment (Garand, 2007). The hospital seems to be failing to apply the Millennium Development Goals. One of the participants said:

*“Gender inequalities in household and also in the society reinforce gender inequalities within the labour market. For an example, unequal access to education reinforces labour market inequality skill. Today we cannot get top positions due to the oppressive laws of the past.”* (A woman aged 33)

The statement made by the participant above highlights the fact gender inequality is also rife at work-place. This starts at home, where the man is a leader and the woman is a follower, being submissive to the man, and these continue in the work place, where the community perceives women as followers not as leaders of big companies.

## **THEME 6. SOCIETAL ISSUES**

Women are always in a dilemma. They find it extremely difficult to make progress in their careers. This creates a problem especially for married women. One of the participants said:

*“Marriage is a social institution and once a woman is married, it is their prime responsibility to take care of their husbands, in- laws and children. As women have been considered as domestic workers so ‘education for women’ got the least or no priority in the society. Now, the mentality of the society has changed with time and the demand of our economy. In this era of globalization, no country can progress with laws that still relegate women to sub-human status. It has been established that if both husband and wife bring income to the family, there will undoubtedly be no stress at home. In spite of this, a lot of women are however, still facing the exploitative situation where they are supposed to be house wives when they come back from work irrespective of the honourable position they hold in the community or at workplace.*

(A woman aged 35)

The preceding indicates that the society has created roles for women to be housewives. But most of working women bring their domestic responsibilities and children to work. They prefer flexible work time so that they can also attend to their responsibilities as housewives and managers. Thus, disempowers women as it makes it difficult for them to compete against their male counterparts for senior positions (Schwartz, 2016). Male employees can focus solely on their assigned work as they have wives who are taking the responsibilities of taking care of their homes and children. On the other hand, women have no choice but to satisfy their multiple roles as wives, domestic workers and employees. Schwartz, (2016) further elaborates that society expects women to be a good mothers. But there is a dilemma with dual roles for women. In case their husbands have to relocate due to job switch, they have no choice but to sacrifice their jobs to honour this kind of social norm.

## **THEME 7. WORK-LIFE BALANCE**

Work-life balance is seen as a challenge for women. Fifty percent of the women agreed that most of them cannot balance work and home responsibilities. Today's career women are continually challenged by the demands of full-time work and when the day is done at the office, they carry more of the responsibilities and commitments to their homes. This becomes a challenge for them since they have to work in order to get promoted. Work –life balance is one of the challenges that junior female managers are facing. One of the married participants gave a precise statement, saying:

*“Women we are capable of handling different kinds of duties at once, but to others it becomes a problem where they cannot participate well due to overload of work. Working in the health field and also taking care of the family is straining a lot. And all this becomes a hindrance for us to attain top positions because the level of our participation in our field is very poor. The majority of women are working 40-45 hours per week and with the remaining 50% we are struggling to achieve work/life balance. Our lives are a juggling act that includes multiple responsibilities at work, heavy meeting schedules, business trips, on top of managing the daily routine responsibilities of life and home. Our different roles emerged as a source of conflict because they regularly need to be balanced. Being primary caregivers with being career women. Even without children and being unmarried, others still emphasised how their prominent role in the households tax their work commitments and vice versa. Women felt that their domestic responsibilities inhibited the pace of their career progression compared to their male colleagues”.*

(A woman aged 30)

The statement above indicates that some women are still lagging behind when it comes to empowering themselves due to the workload that they have. They fail to take up leadership roles because they cannot balance their multiple roles as housewives and career women.

#### **4.5. LEADERSHIP EXPERIENCES**

This part reveals the challenging experiences of junior female managers in the hospital, and how it becomes a challenge to them.

##### **4.5.1. ORGANIZATIONAL BARRIERS**

The majority of the participants showed that they are experiencing organizational barriers as they try to reach upward mobility at workplace. They stated that they experience organizational barriers where they are excluded from informal organizational network. One of the participants further elaborated:

*“Thus by restraining us as female junior managers from strategic decision making process male counterparts try to heckle intentionally and create a barrier for us not to be considered for promotion. This makes us to be less popular in strategic decision-making roles. Due to male imposed pressure mostly, we are stressed throughout the day and indirectly it affects our performance and then it would be easy to find excuse to restrain us from promotion. This kind of situation sometimes causes us to lose enthusiasm and it also affects our personal lives.*

(A woman aged 34)

This is in line with Sarmistha Nandy et al,(2014),who stated that A woman, in her prime time in organization or at the peak level of her career, she was bound to drop her career to meet social obligations and responsibilities and never think of returning back due to the unwelcoming situation of the organization.

##### **4.5.2. LACK OF MENTORSHIP AT WORK**

Ninety percent of the participants illustrated that the level of mentorship in their field is very low. One of the participants briefly gave a profound statement:

*“Female mentors can be a great tool to us female junior managers in the workplace as we work on developing our leadership skills. These role models are important to leadership development as they help women identify with success. This must not only happen to us but also to the female leaders in-the-making so that they can be able to look up to established and successful female leaders in the workplace as role models.*

McKinsey (2007; 2016) once stated that without these mentors, emerging female leaders are unable to promote themselves and be assertive about their performance and ambitions.

Female mentorship will boost junior female manager’s confidence and also provide guidance in their path to leadership. Female mentorship is important for the future of hospitals, companies and other organisations as it will promote gender diversity of leadership behaviours. Leadership role models for female leaders are an important for female leaders to identify themselves with successful leadership (McKinsey, 2007; 2010).

*“If hospitals and companies are able to take these actions, there will be an increase in the participation of women in the workplace, which will be accompanied by an increase in the emergence of female leaders as well”.*

(A woman aged 27)

The statement above, given by one of the participants, shows that female junior managers are experiencing lack of mentorship in the departments with regard to leadership positions. She emphasized more on mentorship as it might be the stumbling block for them to get to the top positions that they want.

#### **4.5.3 .NEGATIVE WORK-IDENTITY PERCEPTIONS:**

One of the participants indicated that lack of confidence in women’s competence and their exacerbated negative self-perceptions, low self-efficacy and low self-esteem were a stumbling block to their success. The respondent further elaborated as follows to justify this argument:

*“Women are less likely to be groomed for leadership positions because they are less likely to have mentoring relationships with individuals who are already in management positions. Women are less likely to be invited to networking opportunities and events, resulting in women not being privy to multidimensional professional and social relationships that may lead to promotional opportunities and vital career enhancement prospects. The lack of mentoring and networking opportunities result in women being less likely to receive important advice and*

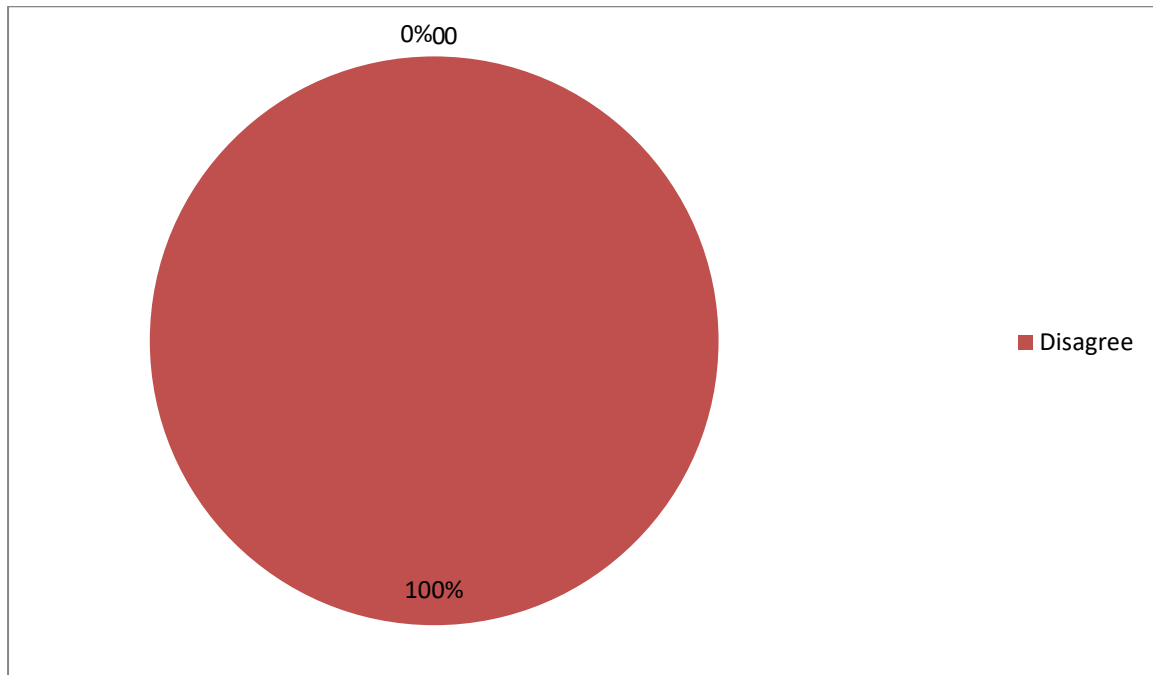
*insider information about how to obtain an upper level or management position. Women are not granted training and developmental assignments on an equal footing as men, resulting in women being considered less qualified for upper level and management positions. Women are steered into non-management tracks and positions rather than managerial or high level positions. Women are not targeted in recruitment efforts for upper level and management positions, and selection panels often do not have a diverse representation of both women and men”.*

(A woman aged 31)

The statement above supports what the previous participant indicated with regard to the lack of mentorship in the hospital for junior female managers. From his observation women are lagging behind in climbing the ladder due to lack of certain skills. If only the hospital can offer mentorship for them they would not experience the challenges that they are facing at the moment.

#### 4.6. DO WOMEN HAVE AN EQUAL SHOT AS MEN TO CLIMB THE EXECUTIVE LADDER AT WORK?

**Figure 8.**



**Figure 8** above illustrates that all participants disagreed that women have an equal shot as men to climb to top positions in the work place. It is crystal clear that Tshilidzini Hospital men are in the leadership positions than women. Gender is not balanced; hence the employment equity act states that each and every company or organization must promote equal opportunities and fair treatment to all in the workplace by eliminating unfair discrimination, and to implement affirmative action measures to redress the disadvantages in employment experienced in the past by members from designated groups. According to the participants, Tshilidzini Hospital denies women to attain high positions in the work place. Hospitals are known to be sectors where women are dominating more. But this does not apply when it comes to leadership. Ninety percent of the participants indicated that it is difficult for them to step up on top leadership because it is not supported by those who are already on top management. And this tells us that gender is not balanced at all in the health sector because women are not given any chance to use their leadership skills.

Participant's knowledge on the existing policies of gender was also tested in this study. It helped to get more information of those who were in leadership positions.

#### **4.7.1 THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW).**

Ninety percent of the respondents who took part on the investigation illustrated that they did not know what CEDAW is all about. Only ten percent of the participant knew about CEDAW as a gender tool. They only knew about its existence. But they did not know much about CEDAW. However, South African government is trying by all means to come up with solutions to tackle the issue of gender equality.

The Advocacy Aid (2015) indicates that in spite South Africa's commitment to modify social and cultural behaviour patterns using the CEDAW, it is challenging as these are based on stereotypical notions about the roles of men and women. This shows that South Africa is only formulating gender policies so that it can be identified as a democratic country. But its patriarchal notions that promote gender inequalities in the society still prevail.

#### **4.7.2. THE EMPLOYMENT EQUITY ACT (EEA) NO 55 OF 1998**

On the question asked about the Employment Equity Act, ninety percent of the participants indicated that they have knowledge of the Employment Equity Act. However they had different ideas on what Employment Equity Act says about gender equality. This is a clear reason to explain why there are gender differences in decision making, and lack of female participation in leadership positions in the hospital environment. South Africa should move beyond just gender responsive governance and totally adopt new measures.

#### **4.7.3. THE OFFICE OF THE STATEMENT OF WOMEN**

Participants were asked if they know this gender instrument, and eighty indicated that they do not know it, and twenty percent said they know its existence as it is one of the government's way to reduce gender inequality. It is clear that participants only know its existence not its significance. This shows that South African citizens do not know what their government is doing to bring about gender equality.

#### **4.7.4. THE COMMISSION ON GENDER EQUALITY**

The researcher probed a question to the participants if they know about the tool. Ninety percent did not know the tool, and ten percent only knew about its existence. The respondents also indicated that they do not know the aims and the objectives of the commission. Hence they did not know how important it can be to align the issue of gender justice and transformation.

#### **4.7.5. THE GENDER, EDUCATION AND TRAINING NETWORK (GETNET)**

GETNET was one of the first organizations to present workshops aimed at raising awareness by engaging men on gender issues. However, ninety percent of the participants knew nothing about the organization, while ten percent knew a little about it. The participants did not know any information on how the organization can curb gender inequalities. This however, is an indication of the lack of knowledge and awareness about gender equality. This might be the reason why women in South Africa are still victims of gender inequality in all spheres of life, more especially in leadership positions.

#### **4.7.6. SUMMARY**

The purpose of this study was to explore the challenges faced by junior female managers in a rural hospital environment. The findings reveal that the respondents identified the challenges that hinder women's effort to occupy leadership positions in a rural hospital. Respondents also mentioned other barriers that played a major role on the challenges that they face. They identified patriarchal systems, cultural factors, gender discrimination, gender inequality, organizational barrier and the glass ceiling as some of the obstacles that block their way to the top. Participants also suggested number of ways that can help junior female managers to get to the top in the work place. These include the need to have specific education or mentorship about leadership positions, giving them access to leadership positions, fair distribution of resources and the changing of social orientation towards women.

## **CHAPTER FIVE**

## **5. SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

The study investigated the challenges faced by junior female managers at Tshilidzini Hospital. This chapter presents an overview of the study, the summary of the key findings, how the study addressed research questions, general conclusion; and the recommendations on how to address challenges faced by junior female managers at Tshilidzini Hospital.

### **5.2 OVERVIEW OF THE FINDINGS**

The following is the summary of the major findings of this study:

The study found that it is of paramount importance for women to be given top positions as they also qualify. Most of them are suitable enough to participate in leadership positions in the work place. Women should also be involved in decision making. For women to be allowed to take up leadership positions in the work place it will be an added advantage due to their feminine aspects of multi-tasking and caring qualities to counter the rigidity of masculinities.

The findings also highlighted various ways in which women can be empowered in order for them to participate in top positions. This includes educating the society on the importance of having a woman as a leader in the workplace environment, changing cultural roles and stereotypes, and for women to get sponsors to mentor them. The findings of the study also illustrate that some of the participants were not aware of the government policies meant for eradicating gender inequalities in the workplace. Thus there is a need to alert South African citizens on the advantages of gender equality in the work-place in particular with women attaining top positions at work.

### **5.3 HOW THE RESEARCH FINDINGS ADDRESSED THE STUDY OBJECTIVES**

This part of the study seeks to show how the research findings have addressed the study objectives.

*Objective 1: To identify challenges faced by junior female managers in the preparation to attain top positions at Tshilidzini hospital.*

As one of the objectives of this study was to identify challenges faced by junior female managers in the process of attaining top positions at Tshilidzini Hospital. This study found that culture, patriarchy, the glass ceiling, societal issues, balancing of reproductive and workplace

functions and work-life balance were the main challenges that women were facing at the selected hospital.

*Objective 2: To explore on leadership experiences of junior female managers in a rural hospital environment.*

This study demonstrated that the experiences that junior female managers are facing fail them to attain top positions at the hospital. Their experiences were: organizational barrier at work, lack of mentorship, discrimination in the work place and the negative work-identity perceptions.

*Objective 3: An investigation of the South African government policies and efforts to address women's failure to occupy leadership positions.*

The study findings illustrated that even South Africa adopted some gender policies and other instruments, nationally, regionally, and internationally against gender inequality. The study found that these legislative instruments such as CEDAW, EEA, the Commission of Gender Equality, GETNET and OSW have not been implemented effectively. Participants lack of knowledge of these instruments. Moreover the research findings indicate that as much as the policies or programmes against gender inequality exist, many people are not aware of them. Perhaps that is because of little progress that has been made to implement the legislative instruments meant to eradicate gender inequality. This means that the government has only paid lip service about gender inequality, thus perpetuating gender imbalance in the work place in particular.

#### **5. 4. CONCLUSIONS AND IMPLICATIONS**

In summation, the challenges faced by junior female managers in the hospital are numerous. These challenges are all caused by the marginalization of women. Women's marginalization is a result of socio-cultural and economic factors. These barriers must be challenged in order for women to have leadership positions in the work place. These barricades should be tackled at all levels.

For equality to be eventually achieved, it will take great effort from the government, departments and organizations. These institutions practise and encourage equal treatment between men and women, equal pay, training, and make efforts to overcome the "glass ceiling" barriers. Women should also work hard to address barriers such as lack of education, training, and experiences as well as stereotyping and negative notions.

#### **5.5. LIMITATIONS**

The sample size of this study only consisted of 10 participants. The study also focused on female junior managers at only one rural hospital. The study also focused on female junior managers in the health sector. Therefore, the findings of this study cannot be applied to all female junior managers in different sectors across the country. And so, there is a need for further research in various industries to have a full grasp of the challenges faced by female junior managers across the length and breadth of the country. Although the plight of female junior managers still need to be investigated, this study has consolidated much of the past studies and it also raises many new issues from which additional studies can spring. This represents a beginning rather than an end.

#### **5.6. RECOMMENDATIONS OF THE STUDY**

This study makes recommendations regarding the different challenges that work against junior female manager's upward mobility at a rural hospital environment. Most of the discussion on the problem being investigated revolved around patriarchy, cultural and socio-economic factors and legislation as a way of government attempt to deal with the marginalisation of women in society.

### **5.6.1. EDUCATION AND MENTORSHIP FOR WOMEN'S UPWARD MOBILITY**

Human capacities are dependent on the availability of resources such as education to build capabilities and human choices in life. Therefore, access to education is linked to women's ability to create opportunities for themselves in managerial positions. Adequate education should also be made available to women worldwide. This is necessary, especially in marginalized areas to ensure equal gender representation in the workplace. Agencies should establish formal mentoring programs and monitor their effectiveness in increasing equal employment opportunities. In the case of the existing mentoring programmes, There is a need to redesign and improve them so that they able to capacitate women and accelerate women's advancement into strategic leadership roles. Mentors and supervisors should develop individual development plans of the female employees and take them for training.

Barrier analysis should be conducted to determine the impediments which are hindering women from progressing higher positions at their particular Agency. Human resources policies, practices and procedures need to be regularly monitored and evaluated to ensure that they are not hindering women's upward mobility. Networking opportunities should be hosted at times which suit women to also allow women with care giving responsibilities to attend.

### **5.6.2. SELF-CONFIDENCE IN WOMEN**

Some women are not confident enough to be managing top positions in the work place. Their confidence can be built through motivation and capacity building workshop.

### **5.6.3. DOMESTIC BARRIERS**

The domestic barriers experienced by multi-tasking of women in productive, reproductive and caring and nurturing roles should be attended to in order to create a supportive environment for women's participation in leadership positions.

#### **5.6.4. STEREOTYPES AND GENDER ROLES**

Special programmes should be initiated and run in communities to eliminate sexist prejudices against women. There should be gender sensitisation and socialization of young children as a way of enforcing equal upbringing for both male and female children. The government should adopt a formal curriculum on gender equality in schools.

Policy makers and law makers must strengthen the gender machinery and monitor the functions of the ministry of women. Government departments should adopt a standardized monitoring framework in order to monitor gender mainstreaming and to collect gender-disaggregated data more rigorously and regularly. Policy makers should embed gender in institutional culture and practices, including budgeting and allocation of resources. Better public education and awareness on gender equality and gender responsive governance is needed.

The Employment Equity Act and Affirmative Action policies should be implemented in each and every department, organisation and community. This will ensure that there is elimination of gender biases in all spheres of society. There is a great need for policy makers to ensure that legal instruments for gender equality are effectively implemented to ensure that there is equal gender representation in all spheres of society. Clear guidelines for the implementation of legal instruments are needed to empower women and develop create women's capacity to critically engage with the state and the society for a social change and gender equality should also be developed.

#### **5.6.6. FUTURE STUDIES**

This study has raised a number of niggling problems with regard to gender equality. However, it has not dealt with all the challenges identified. Therefore, there is a need for more research in order to address the multiplicity of problems faced by women in all spheres of society.

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## APPENDIX A: CONSENT FORM

### Institute for Gender and Youth Studies



**Informed consent for participation in an academic research study entitled:  
An Exploration of Leadership Experiences of Junior Female Managers in Preparation of  
Attaining High Positions in a Rural Hospital Environment, Vhembe District, Limpopo  
Province, South Africa.**

Research conducted by: Machevele Kulani Precious

Contact details: 0733787343 email. pmachevele@gmail.com

Dear respondents

I, Machevele Kulani Precious, a student in the institute for gender and youth studies at the University of Venda, doing Master's Degree in gender studies.

I kindly request your voluntary participation in this study. In the study you will be expected to share information willingly and honestly. Questions that will be asked unclear, the researcher is willing to make them clear to you. Whenever you feel uncomfortable to continue with the interview you're allowed to withdraw at your own will. Your participation to the study will be highly appreciated. There are no wrong or right answers, your names will remain unknown. Your responses will be kept confidential and will only be used for academic purposes.

Indicate your choice by using an X

Yours faithfully

Machevele k.p.....

## APPENDIX B: INTERVIEW GUIDE



### Department of Youth and Gender Studies

#### Interview Guide

**For a research study entitled: TOPIC: AN EXPLORATION OF LEADERSHIP EXPERIENCES OF JUNIOR FEMALE MANAGERS IN PREPARATION OF ATTAINING HIGH POSITIONS IN A RURAL HOSPITAL ENVIRONMENT, VHEMBE DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA.**

**Participant's Guidelines-** Your assistance and participation in this interview will be appreciated.

- The researcher is committed to uphold ethical values and will adhere to ethical conduct as it applies to academic research projects in higher educational institutions in South Africa.
- Your participation is voluntary and you can withdraw whenever you no longer want to participate.
- Participant's responses will be treated in the strictest confidence; anonymity will be guaranteed.

#### Instructions

1. **There are no wrong or right answers**
2. **All information will be kept confidential**
3. **Answer all questions**

#### Section A: Demographic information

1. **Age**

Age            Tick(X)

20-25

25-30

30-35

35-40

**2. Marital status**

Marital status    Tick(X)

Single

Divorced

Widowed

3. What is your current position in the Hospital?

.....  
.....  
.....  
.....

4. How long have you been in that position?

**Years**

**Tick(x)**

1-2

3-4

4 or more

5. How often do people get promoted in your field?

Once a year

After some time

It never happens

6. Are you facing gender discrimination at your work place?

Yes

No

If yes, please support your answer.

.....  
.....  
.....  
.....  
.....

7. What are the challenges you face as a woman in your position?

.....  
.....  
.....  
.....  
.....  
.....  
.....

8. What are you experiencing as a woman while trying to attaining bigger positions?

.....  
.....  
.....

9. Do women have equal shot at top leadership?

yes

no

Elaborate your answer

.....  
.....  
.....  
.....

10. Do you have knowledge on gender policies?

Yes

No

Justify your answer

.....  
.....  
.....