



**INSTITUTE OF GRADUATE PROGRAMS**

**GENDER IMPACT ON HOSPITAL MANAGEMENT: A  
QUALITATIVE STUDY ON DECISION-MAKING PROCESSES  
AND ORGANIZATIONAL CULTURE**

**SABA SHAIKH**

**MASTER'S THESIS**

**Istanbul, March 2024**

**GENDER IMPACT ON HOSPITAL MANAGEMENT: A  
QUALITATIVE STUDY ON DECISION-MAKING PROCESSES  
AND ORGANIZATIONAL CULTURE**

**SABA SHAIKH**

**MASTER'S THESIS**

**BUSINESS AND ADMINISTRATIVE SCIENCE BUSINESS  
ADMINISTRATION MASTER'S PROGRAM WITH THESIS**

**MASTER'S THESIS ADVISOR**

Asst. Prof. Dr. Özgür Burçak Gürsoy Yenilmez

**MASTER'S THESIS JURY MEMBERS**

Asst. Prof. Dr. Cihan Tınaztepe Çağlar

Assoc. Prof. Dr. Şafak Gündüz

## ACKNOWLEDGEMENTS

I want to express my deep appreciation to all those who have supported me ever since I started this project. Firstly, I am very grateful to my thesis advisor, Asst. Prof. Özgür Burçak GÜRSOY, for her guidance, support, and priceless insights during this research journey. Her expertise and unshakeable support were of the essence in the creation of this research. I also would like to thank other jury members for their feedback, time and scholar support.

I thank my family from the bottom of my heart for their ceaseless love, and motivation, and for being unstinting in their understanding throughout the various phases of this academic undertaking. I have been constantly inspired by their belief in me. In addition, I want to thank my colleagues and friends who helped me along the way. Their comments and discussions have refined my thinking and enhanced the quality of this thesis.

Finally, I must thank all the participants and anyone else who offered their time and gave important information for this study to be carried out.

Thank you guys for being part of this trip!

# CONTENTS

ACKNOWLEDGEMENTS.....	iii
ABSTRACT .....	v
ÖZET .....	v
LIST OF TABLES .....	vii
LIST OF ABBREVIATION.....	viii
CHAPTER 1 INTRODUCTION .....	1
CHAPTER 2 LITERATURE REVIEW .....	7
2.1 Gender and Diversity Management .....	7
2.2 Genders-Stereotypical Characteristics of Male and Female Business leaders:.....	12
2.3 Gender, Diversity Management, and Inclusive Organizations .....	14
2.4 Management of diversity and inclusion in organizations.....	15
2.5 Organizational Culture and Gender .....	16
2.6 A Brief Summary of the Literature .....	20
CHAPTER 3 RESEARCH METHODOLOGY .....	22
3.1 Research Design: .....	22
3.2 Sampling Technique: .....	23
3.3 Data Collection: .....	23
Table no 1: Interviewee Information.....	25
3.4 Ethical Considerations .....	27
3.5 Thematic Analysis of the Interviews.....	28
Table no 3: Gender and Decision-Making Processes.....	36
Table no 4: Organizational Culture and Gender.....	40
Table no 5: Gender and Career Development .....	43
CHAPTER 4 DISCUSSION.....	47
CHAPTER 5 CONCLUSION.....	56
5.1 Limitations of this Study: .....	60
5.2 Recommendation for Future Studies: .....	61
BIBLIOGRAPHY.....	65
APPENDIX .....	68
Interview Questionnaire .....	68

## ÖZET

Toplumsal cinsiyet dinamikleri, örgüt kültüründe önemli bir rol oynamaktadır. Hastane yönetimi bağlamında, kapsayıcılığın teşvik edilmesi ve sağlık hizmeti liderliğinin en iyi şekilde çalışabilmesi için bu ilişkileri anlamak çok önemlidir. Sağlık hizmeti ortamında cinsiyet ve organizasyon kültürünün hassas kesişimlerinin, cinsiyet dengesini geliştirmek ve sağlık hizmetlerinin kalitesini artırmak için dikkatle incelenmesi gerekir. Bu tez, profesyonel yönetim bağlamlarında toplumsal cinsiyetin karmaşık doğasını anlamak için nitel veriye dayanan bir analiz sunmaktadır. Tezin orijinal verisi, Türkiye ve Pakistan gibi çeşitli kültürlerden uygunda örnekleme yöntemine göre seçilen yirmi hekimle yapılan yarı yapılandırılmış görüşmeler yoluyla toplanmıştır. Derinlemesine görüşmelerin tematik analizi, cinsiyete dayalı zorluklar, avantajlar ve etkinlik konusunda farklı görüşlerin belirtildiğini göstermektedir. Analiz, cinsiyete dayalı farklılıklara karşı meritokrasi ile ilgili konuları ve kariyer gelişiminin yanı sıra kadınlara yönelik eşitlik girişimlerini de kapsayan organizasyon kültürü içindeki karar ve sorun çözme süreçlerindeki çeşitliliğe ilişkin stereotipleri göstermektedir. Tez, kalıplaşmış yargılar, çeşitliliğin takdir edilmesi ve şeffaf karar alma prosedürlerine vurgu yapmaktadır. Katılımcılar, toplumsal cinsiyet eşitsizliği ve tacizle mücadele politikalarının ve mentorluk ve liderlik geliştirme programlarının örgüt kültürü içindeki önemini altını çizmektedirler. Bu çalışma, hastane yönetiminde toplumsal cinsiyet dinamikleri ve örgüt kültürünün karmaşık bir analizini orijinal nitel veriye dayanarak sunması sayesinde literatüre bir katkı niteliğindedir. Genel olarak, çalışma cinsiyet temelli sorunların karmaşıklığına ve dolayısıyla cinsiyet kapsayıcılığının savunulmasına, liderlik uygulamalarının iyileştirilmesine ve böylece sağlık hizmetlerinin etkinliğinin artırılmasına yardımcı olma olasılığına vurgu yapmaktadır.

**Anahtar Kelimeler:** Cinsiyet Çeşitliliği, Çeşitlilik Yönetimi, Örgüt Kültürü, Karar Verme

## ABSTRACT

Gender dynamics play a major role in organizational culture. In the context of hospital management, it is crucial to understand these relationships to promote inclusivity and optimize the working of healthcare leadership. Gender and organizational culture's delicate intersections in healthcare demand diligent scrutiny to advance gender balance and improve healthcare quality. This thesis depends on qualitative data to explore the complex nature of gender in professional management contexts. The data is collected through semi-structured interviews conducted with twenty physicians across several cultures, such as Turkey and Pakistan, who were selected according to convenience sampling. The thematic analysis of in-depth interviews leads to sharply opposing views on gendered difficulties, advantages, and efficacy. The analysis addresses issues related to meritocracy versus gender-based differences and stereotypes concerning diversity in decision and problem-solving processes within the organizational culture, which also covers aspects of career development along with equality initiatives for women. Some key issues include stereotyping, diversity appreciation, and emphasis on transparent decision-making procedures. Participants stress the importance of organizational culture in dealing with gender inequality and harassment, advocating for policies, mentoring programs, and leadership development initiatives. This study contributes to the literature as it analyses gender dynamics and organizational culture in hospital management. Overall, the study provides a glimpse into the complexities of gender-based issues and the possibilities, hence helping to advocate for gender inclusivity, improvement of leadership practices, and improving the effectiveness of healthcare services.

**Keywords:** Gender Diversity, Diversity Management, Organizational Culture, Decision Making

## **LIST OF TABLES**

Table no 1: Interviewee Information

Table no 2: Gender and Hospital Management Practices

Table no 3: Gender and Decision-Making Processes

Table no 4: Organizational Culture and Gender

Table no 5: Gender and Career Development

## **LIST OF ABBREVIATION**

KLoWF: Korean Longitudinal Survey of Women and Families

LMICs: Low- and Middle-income Countries

MLQ: Multifactor Leadership Questionnaire

WFC: Work-Family Conflict



# CHAPTER 1 INTRODUCTION

Gender can significantly impact many aspects of hospital administration, including leadership styles, decision-making processes, and the institution's ethos. The role gender plays in management depends on several factors, including social conventions, prejudices, and established gender roles (Maamari & Saheb, 2018). In hospital management, an unexplored aspect of gender dynamics is its contribution to the whole. Hospitals, the central nodes of healthcare delivery, have typically been related to "woman jobs", traditionally considered as being for females. These perceptions have largely determined how the hospitals operate structurally, dynamically and in terms of resource allocation. Gender lens on hospital administration is central to realizing equitable and effective health care delivery. This thesis explores the complexity of the interrelation between gender and hospital governance, which can be seen in the decision-making processes, composition of the workforce, and general healthcare outcomes. By focusing on this aspect that is often overlooked, we aim to contribute to adopting gender-inclusive practices in hospital management, which will lead to the development of the quality and accessibility of healthcare services for any individual.

Preconceived conceptions based on conventional gender roles might impact leadership norms. Male leaders are often characterized by their Agentic qualities of confidence, aggression, and competition, whereas female leaders are often characterized by empathy and teamwork. Therefore, women in positions of power may find it challenging to exhibit Agentic leadership styles without being seen as breaking norms (Gipson et al., 2017).

Men and women often approach leadership from different perspectives. Some female leaders may use a transformative approach that emphasizes giving their people a positive outlook.

On the future. In contrast, male executives are more likely to adopt transactional leadership styles that rely on rewards and punishments to motivate their teams (Walker & Aritz, 2015). However, these generalizations about male and female leaders are not fixed, and there are notable outliers.

Support for diversity in the workplace has increased steadily over the past three decades. The main advantage of this movement includes an increase in problem-solving creativity. As a disadvantage, increased tension among employees of varying cultural backgrounds can be said (Tang et al., 2017). According to Booysen (2007), the goal of diversity is to keep a quota aim for those who identify as members of a minority group to comply with national issues, regulations, and legislation. Daya (2014), contends that the only way to manage diversity effectively is to eliminate all types of bias and create a level playing field at all levels of the organization. Several scholars (e.g., Ponzoni et al., 2017), add new references since you say several) have demonstrated since the mid-1990s the importance of power and its deployment when dealing with diversity. Now that researchers have shown the importance of diversity management, they focus on the root causes of inequality across several fields. Organizational challenges have received more research and attention since 2000 than social justice and inclusion (Srimulyani & Hermanto, 2022). Diversity in the workplace is still a strongly discussed topic, yet it is widely believed that it helps promote a common vision, excellent performance, and inventive thinking. However, management scholars have yet to pay much attention to how diversity in the workplace might impact outcomes like employee satisfaction.

For this reason, workplace happiness has been gaining popularity among human resources professionals and business leaders over the past decade (Plester & Hutchison, 2016).

Management scholars have found correlations with creativity, job satisfaction, and teamwork (Minehart et al., 2020). The theory that satisfied employees are more productive is examined by Stromberg and Karlsson (2009). The reasoning is that people are more productive when laughing, which increases blood and oxygen flow to the brain. Some firms, like IBM and Google, have made workplace fun an essential aspect of their corporate culture since research shows that it increases employee engagement and productivity (Tews et al., 2012).

Women remain underrepresented in leadership positions across many sectors and fields despite growing international, regional, and national initiatives to advance gender equality and women's empowerment (ILO, 2012). Because of the gender gap in management and executive roles, studies examining the relationship between gender and leadership have increased (ILO, 2012). However, most of these studies have been done in academic and affluent environments (Sabharwal, 2015).

Capable leadership and management are essential for healthcare systems to evolve with the changing requirements of their people over time. Health systems in low- and middle-income countries (LMICs) need competent management and direction due to their precarious state, few resources, and heavy disease burdens. However, distinguishing leadership from management is difficult (Daire et al., 2014). It has been argued that the healthcare sector would benefit more from an approach based on "managers who lead," which offers a more all-encompassing strategy for health policy creation and implementation and the building of organizational capacity. Based on their findings, the researchers (Katper et al., 2020) concluded that management and leadership are inextricably linked.

Gender differences in hospital administration have been observed. Evidence suggests that female

CEOs are more receptive to employee input and foster a culture of teamwork. However,

Male leaders are more prone to enforcing their will on their followers. Gender roles may play a role here, with the stereotype being that women are more compassionate and empathetic and men are more authoritative and forceful. Leaders with different perspectives can help a company find solutions to problems and generate fresh concepts (Patel et al., 2020). Involving men and women in decision-making leads to more equitable and well-rounded outcomes. Gender plays a significant role in shaping the norms and practices of healthcare organizations. Women have historically held the majority of nursing and other healthcare support roles. However, women are underrepresented in executive and managerial positions (Evans & Pfister, 2021).

Although women are underrepresented in leadership and administration positions at large publically funded academic health centers, there is growing recognition of the importance of women's engagement and gender equality in healthcare (Patel et al., 2020). Promoting women's advancement to leadership and managerial positions is not just the right thing to do for equality but also a necessity for any company that wants to make the most of the skills and insights of its workforce. Despite variances in gender equality-related administration, management, and policy, all centers have attempted to advance the cause. These programs and policies include anti-discrimination measures, parental leave policies, flexible scheduling, mentoring programs, networking events, support for parents and caregivers, and flexible work arrangements and hours. Similar instruments are used to varied degrees by all four nodes, but each node's implementation is influenced by its unique set of socio-legal and governing conditions (Islam, French, & Ali, 2022).

The gender imbalance may affect the company's culture as a whole. While teams led by males may reflect more traditional and hierarchical structures, those led by men and women may

promote a more inclusive and diverse culture (Abdullahi et al., 2020). In a company with a Gender-inclusive culture, workers of both genders can take advantage of equal opportunities, a balanced work-life, and a supportive atmosphere. The gender of hospital staff members can impact leadership styles, decision-making processes, and the overall culture of the facility (Akanji et al., 2020). As social gender norms and stereotypes can affect the Behaviours and expectations of leaders in healthcare organizations, it is vital to combat these beliefs and support diversity and inclusion. A more diverse leadership team can benefit patient care, outcomes, team performance, and employee happiness (Patel et al., 2020).

Since diversity management and organizational inclusion have gotten little scholarly attention in the healthcare industry, this study is motivated by gender differences that are present in the healthcare sector while also looking into how gender influences hospital management practices, including leadership styles, decision-making processes, and organizational culture (Khassawneh & Elrehail, 2022). Using this framework, look into what influences an individual's growth as a leader and their eventual success in authority roles. To determine if men and women are recruited at different rates for leadership jobs and are given equal opportunities to advance, the existing research on gender and leadership might be framed as strategic leadership, operational leadership, team leadership or personal leadership (Coe, Wiley & Bekker, 2019). The question of whether or whether male and female leaders perform differently is also long overdue for serious consideration. Therefore, this thesis aims to answer the question: How does gender influence hospital management practices, including leadership styles, decision-making processes, and organizational culture?

In answering the above research question, the following research objectives have been identified:

1. To evaluate the influence of gender on the Decision-Making Processes of healthcare management practices. This has been achieved by examining the ways gender may affect decision-making processes within hospital management practices.

2. To examine the Impact of Gender on Organizational Culture in hospital management practices. This is achieved by assessing how gender influences the development and maintenance of organizational culture in hospitals.

3. To investigate how gender diversity and inclusivity initiatives affect the organizational culture.

4. To identify the prevailing Barriers and Challenges faced by Female Hospital Managers. This is achieved by exploring female hospital managers' obstacles and challenges in their leadership roles. Also, the research has analyzed the strategies and support systems in place to address these challenges.

The study is organized such that its introduction—which includes its history, goals, relevance, the gap that it hopes to close with its findings and methodological underpinnings—is the focus of the first chapter. A comprehensive evaluation of the relevant literature is presented in the second chapter. The study methodology, including a full explanation of the data collection, analysis, and presentation, is included in the third chapter of the research. The main data from respondents is analyzed, and the findings are presented in the fourth chapter. The research findings and the accomplishment of the study's aims are shown in the fifth and last chapter, "Discussion." The limitations of the present study are discussed, and suggestions for further research are offered in the previous chapter of the study.

## CHAPTER 2 LITERATURE REVIEW

### 2.1 Gender and Diversity Management

Women make up a significant proportion of the global medical workforce, as shown by Hoss et al. (2011). In contrast to their underrepresentation in higher-status professions like management and decision-making roles, minorities are overrepresented in lower-paying and lower-status jobs, according to research from the World Health Organization (2008) and Downs et al. (2014). Several studies have been conducted on women in leadership roles in healthcare, with most of those studies focusing on the American healthcare system. There was just one study that could be found that specifically addressed the characteristics that help or hinder women's rise to leadership roles in the healthcare industry in middle-income countries (Tlaiss, 2013). This study was carried out in Lebanon. Cultural biases and gendered social norms were shown to be stumbling blocks for women in the workplace. This study confirmed what Tlaiss (2013) has noted: that women's initiative is essential to overcome patriarchal society and institutionalized bias in the workplace. To address the shortage of research on women in healthcare leadership positions in low- and middle-income countries, it is crucial to gain a deeper, empirical understanding of healthcare leaders' needs, experiences, and aspirations and to place these individuals within broader social, political, and institutional contexts. Better policies and practices in this area will result from a greater appreciation of the educational needs of healthcare executives.

Although women make up around half of the labour force, they are not always treated equally in the workplace (Mousa, 2018). However, Western researchers have spent much time and energy over the last two decades studying gender disparity and how women might achieve economic independence (Su et al., 2015). However, this luxury is only available in some

developing nations. What is the situation like for women in the workforce in developing countries, given the emphasis on gender diversity and women's issues at many Western academic institutions, where women continue to endure lower rates of growth and fewer chances than men? What does an ordinary workday look like in their experience? What do they think of the company's policies towards hiring new staff, promoting from within, maintaining existing staff, and laying off employees?

Welzel et al., (2019) found that in the West, women have positions of authority and influence in various organizations. Still, in the developing world, women are confined to caring responsibilities. Emancipation theory expands on this idea by arguing that women's empowerment is predicated on three factors: the availability of action resources (like education and employment), emancipative values (like motivation), and civic entitlements (like the elimination of institutional barriers, like sexism in the workplace). The authors concur with other studies (Brieger et al., 2019) showing the benefits of diversity management courses in the workplace. The authors argue that women's views on diversity differ from men's because they are less powerful and underrepresented in leadership roles among women in developing countries and macho cultures.

Having more women in positions of power may not be enough to bring about true gender parity. Gender equality in academic health centers can be prioritized by upper management since research shows that it increases productivity and promotes leadership in both well-established and startup businesses. The gender leadership gap was identified and bridged by implementing comprehensive gender-sensitive health workforce monitoring systems and comparing performance across European academic health institutions (Kuhlmann et al., 2017).

In Europe, the issue of gender diversity on corporate boards is well-established, and several countries have set ambitious goals regarding this matter. However, progress on this front in the United States has slowed down. Meanwhile, in Asia, the promotion of gender diversity on boards is not yet widely embraced, with only a handful of countries actively pushing for it (Brieger et al., 2019). Five of the 12 largest European markets have mandatory gender quotas for boards, while the other seven have optional quotas or "comply-or-explain" recommendations. Norway introduced a 40 per cent gender quota in 2003, delisting it as a penalty for non-compliance. France, Iceland, and Spain followed with 40 per cent targets and milder corrections. Italy's law reserves one-third of board seats for the under-represented gender (Brieger et al., 2019). Many have argued that the lack of women in leadership roles is justified for the following three reasons: (a) women have not been in the field long enough to reach leadership roles (pipeline argument); (b) women prioritize family reasons over seeking leadership positions; and (c) women are perceived to be less naturally inclined towards leadership roles, as shown by previous studies. For example: (Bismark et al., 2015),

Several pressing social problems, such as equality and acceptance, are linked to gender diversity. Recent studies have shown that gender diversity in the workplace positively impacts corporate governance and growth and its anti-discrimination benefits. Still, a study using semi-structured interviews with medical professionals in various settings found significant barriers to entering formal medical leadership roles. Several strategies were used to break down personal, interpersonal, and institutional barriers to encourage more women to pursue leadership positions in the medical sector. The gender disparity in medicine's top ranks has far-reaching consequences for individuals working in the field, healthcare systems, educational institutions, and professional bodies, all of which should take action to address the issue.

Australia's medical schools have graduated an equal number of men and women for over a decade (Karlsson, 2009). Yet, women still need to be more represented in leadership roles such as medical student organization president and in professional colleges. Thirty highly regarded physicians were surveyed to see whether women in medicine encounter unique challenges in pursuing professional advancement. Only a tiny fraction of respondents said that women faced no significant obstacles while trying to join these industries. New cross-sectional research in Sweden analyzes and compares the specialization paths taken by medical students. Both male and female seniors showed identical preferences in their preferred fields of study. They placed equal weight on the same criteria while making their assessments. The likes of male and female students for areas of study were similar yet differed (Karlsson, 2009).

A significant proportion of both men and women expected to work part-time. Working longer hours was associated with a greater desire to achieve work-life balance among women than males. The research highlights the significant gender similarities in specialty choices among Swedish medical students, in contrast to studies undertaken in other Western countries, where male and female students often demonstrate more diversified career ambitions. These findings suggest that the healthcare system may benefit from capitalizing on these similarities to address the gender gap in medicine (Diderichsen, et al., 2013). Another Swedish study comparing male and female leadership styles across various settings and circumstances concluded that women were more successful leaders on average than males. According to the findings, female leaders in female-dominated companies rate themselves higher than male leaders on leadership growth and traditional positivity (Karlsson, 2009). However, men were more inclined to rate themselves highly regarding destructive leadership and traditional ineffectiveness as a leader. In male-dominated companies, women and men only differed in their belief that they were customary,

negative leaders. Female leaders tended to engage in more constructive and traditionally positive leadership styles and less destructive styles when working in environments where women predominated.

According to Bismark et al., (2015), female leaders in female-dominated companies use constructive and conventional leadership styles while avoiding abusive leadership. However, in male-dominated companies, both men and women display equally effective leadership behaviour, indicating that they use equivalent techniques. Larsson and Alvinus (2020) conducted research where they debate whether or not gender plays a significant role in leadership is far from over. The key question of this discussion is whether men or women make better leaders. The idea that there can be differences in leadership qualities between the sexes drives researchers to look into the topic. Agentic attributes often characterize strong leaders, including confidence, dominance, aggressiveness, competitiveness, decisiveness, assertion, task orientation, and self-direction. Female leaders have traditionally been portrayed as having traits that benefit the group, such as empathy, kindness, diplomacy, and collaboration.

The implications of gender diversity on worldwide leadership roles in the medical field were investigated. It draws attention to women's difficulties in achieving top positions in the healthcare industry. The essay delves into the gender gap in medical leadership and the advantages of a diverse workforce. Attitude differences between male and female CEOs are discussed based on whether they work for a male- or female-dominated organization.

Until now, most research addressing the lack of women in leadership positions has been on the healthcare industry. It looks at the efforts made and the obstacles women still face on their path to becoming medical industry leaders. Women make up a sizable

The proportion of medical school graduates, but the book notes that they are grossly underrepresented in positions of power. Research comparing the aspirations of male and female medical students and doctors and their leadership styles is also highlighted. To create a more inclusive and fairer workplace, the research highlights the importance of resolving gender inequalities, increasing gender diversity, and reevaluating traditional leadership practices, particularly in the medical profession.

## **2.2 Genders-Stereotypical Characteristics of Male and Female Business leaders:**

Studies of both men and women in commercial leadership roles provide further evidence for gender stereotypes in leadership styles (Campuzano, 2019). It was discovered that male leaders were likelier to exhibit Agentive attributes like aggressiveness and competition. On the other hand, female leaders were more likely to engage in mentoring, coaching, and involving the group in decision-making to improve morale and productivity. These results may indicate a connection between authoritative methods and stereotypical views about gender roles (Abdullahi et al., 2020).

Female leaders have been seen to engage in transactional and transformational contingent-reward behaviour but to a lesser extent than their male counterparts. To inspire their staff, transactional executives use both incentives and penalties. A project's long-term viability is improved by adopting a transformational approach that prioritizes employee motivation and trust (Patel et al., 2020). Stereotypes and preconceived notions play a major role in perpetuating the gender gap in leadership. It is important to remember that a leader's gender isn't the only factor to

consider, even though it may affect their actions. Instead, it is the sum of a leader's characteristics, abilities, and deeds that determines whether they will succeed. The growth of diverse and inclusive leadership is crucial to the success of businesses and societies because it fosters collaboration between people with different backgrounds and perspectives (Kim, 2020). But who among us cares about recognizing and honoring individual differences? Differences in managers' diversity awareness were investigated by looking at them from a gender and industry perspective. It discovered a wide chasm in managers' views on diversity across sexes and between various professions. There was a striking disparity between male and female patients in public and private hospitals. The results suggest that different industries' levels of discretion and organizational socialization impact management's diversity goals differently. In public hospitals, the gender disparity between male and female CEOs was narrower since they were all bound by the same fundamental values. It also showed that, depending on the sector, more women in executive positions might lead to a greater emphasis on diversity issues. Diversity practices and policies are only successful if the industry's motivations are met (Kim, 2020).

It is acknowledged that additional study is required to properly comprehend the many internal and external elements that influence management goals. More research on the effect of a manager's ethnicity on diversity issues is necessary, even if the data suggests that gender inequities extend beyond gender diversity alone. Women's advancement to senior leadership roles in large service businesses can bolster diversity efforts, alter the behaviour of male managers and employees, and create a more inclusive environment for underrepresented groups. This study demonstrates why it is essential for managers to consider gender and sector gaps when establishing diversity goals.

## 2.3 Gender, Diversity Management, and Inclusive Organizations

Social inclusion was established by sociologists and professionals working in public policy. It emphasizes maintaining strong connections with one's immediate social network. According to Gilhool (1989), the concept of inclusion was first created by educational scholars in the 1980s. It is also possible to use it to describe how newcomers to an area are welcomed. In the corporate sector, "inclusion" has been used extensively since the turn of the century to describe management methods that foster diversity and employee experiences that inspire belonging, solidarity, and engagement (Nishii & Mayer, 2009). Inclusion is a phrase that has been used to describe these types of management practices. How diversity and inclusion are managed is significantly influenced by the setting in which they are implemented. Thomas (1991) asserts that most organizations focused on multiculturalism participate in diversity promotion actions. To ensure that all workers have a voice in corporate decisions, these companies recognize the significance of having a diverse workforce and strive to achieve this by cultivating communication channels that are open and impartial to work (Daya, 2014).

On the other hand, when it comes to official government entities, this is quite uncommon. According to Mousa (2017), Egyptian public health systems are hampered by cultural biases such as prejudice, an excessive emphasis on masculinity, and preference toward members of the same socioeconomic category. According to Jonsen et al. (2011), Blau's social exchange theory is the cornerstone for diversity management and organizational inclusion. These two concepts may relate to equal employment campaigns conducted in the 1960s in the United States. According to the investment hypothesis, when companies invest in their workers (by providing them with compensation, promotions, information, status, and other

Benefits), those employees increase their level of effort and their level of concern for the success of the firm. Unfortunately, scholars in human resource management and organizational studies have yet to pay sufficient attention to the increasing diversity of the workforce, the changing labour markets, and the growing number of women in positions of authority. It has been suggested that sexism among Egyptian nurses is responsible for both internal and external biases (Mousa, 2017).

## **2.4 Management of diversity and inclusion in organizations**

Tang et al. (2015) propose that organizations should be inclusive when managing diverse workforces. According to Tang et al. (2017), "organizational inclusion" describes an employer's attempts to make all employees feel like they belong regardless of their demographics or personal traits. There is a stronger positive impact on minority rights when diversity management encourages the participation of minority and majority-affiliated persons in organizational decision-making and knowledge-sharing at all levels (Guillaume et al., 2014). Davidson and Ferdman (2002), Pless and Maak (2004), and Mor Barak and Cherin (1998) all found that an inclusive workplace showed a desire to capitalize on people's unique abilities and perspectives. Researchers have shown that "organizational inclusion" may refer to a wide range of concepts and levels of influence (Shore et al., 2011). The former is marked by establishing and maintaining norms that foster worker cohesion.

Another fascinating study on gender bias in the workplace is from South Korea (Joo et al., 2023). In-depth data from the 2007-2016 Korean Longitudinal Survey of Women and Families (KLoWF) were studied. A total of 7,996 working women aged 19-45 participated in the study. An analysis of discrimination in the workplace based on a person's gender was performed.

They used a 6-item Workplace Gender Discrimination Scale. Women in South Korea were less likely to plan pregnancies and had less happy birth experiences if subjected to workplace prejudice. It has been observed that women of lower and intermediate socioeconomic status were disproportionately impacted by gender prejudice in pregnancy planning. Workplace gender discrimination has been demonstrated to disproportionately affect women in these income groups when deciding to establish a family.

This research emphasizes the need to address and minimize gender discrimination in the workplace to better the lives of women in the South Korean workforce, particularly those in lower income brackets. The study highlights the need for comprehensive policies and efforts to achieve gender equality in the workplace and provide a supportive atmosphere for career women to start or grow their families (Kim et al., 2019).

## **2.5 Organizational Culture and Gender**

The organizational culture implies the set of joint values, beliefs, norms, attitudes, and behaviours within the company's work environment. It is much beyond the formally written procedures and social guidelines that control interpersonal interactions and decision-making processes and thus govern the feelings and behaviours at the level of the organization (Koenig et al., 2011). Organizational culture, in practice, can be understood as the "personality" of an organization – it defines its organizational identity, sets priorities and dictates how people behave in their decision-making processes. There are several facets of organizational culture, such as communication, leadership, reward systems, the importance and cooperation of teams, and the structure of an organization. In terms of diversity management and gender barriers, on the other hand, organizational culture is a critical component of the portrayal of attitudes and behaviours

towards diversity, inclusion, and equality in genders at a workplace level (Kim et al., 2020)

Researchers were encouraged to consider additional factors that might contribute to the stereotype that women encounter discrimination or a glass ceiling in the workplace after reading Elacqua et al.'s findings. "Glass ceilings and perceptions of it are especially likely to be found in cultures that encourage differential views and treatment of men and women" (Elacqua et al., 2009). The glass ceiling can be established not only by the sense of uneven treatment but also by the shared values and beliefs within a company. Major obstacles to women's success in the workplace are rooted in gender-related aspects of corporate culture (such as a "male-oriented" culture and the idea that being a mother, wife, and manager is impossible; for examples, see Eagly and Johnson (1990) and Valian (1998)). Both problems stem from the widespread nature of stereotypes and assumptions about the proper roles of men and women in management, which can be found both inside and outside the company.

The company's predominantly male leadership defines the "gendered" culture that excludes and undervalues women. It has been shown that "masculine" views on leadership, management, and teamwork are encouraged and defined by institutionalized practices (Koenig et al., 2011). According to social role theory, a manager is generally depicted as a male with "masculine" characteristics like leadership, independence, competitiveness, and violence. Women are less committed to their careers and less capable of managing them due to stereotypes identifying them with attributes that counter these requirements (Weyer, 2007). According to research, negative gender stereotypes majorly impact women's evaluations and decisions (Koenig et al., 2011). This means that women managers are given more responsibility than their male counterparts in their early careers. As stated by numerous authors, female managers face a tough choice: either (a) comply with male norms and risk unfavourable appraisal, or (b) adopt a

"masculine" attitude and risk being harmed by coworkers.

Prejudices concerning women's competence and competence in management positions hinder their advancement. It is commonly assumed that a manager's long hours at the office and numerous business trips make it impossible for her to fulfil her responsibilities as a wife, mother, and housekeeper. Managers assume that women have greater work-life conflict than males do, according to research by Hoobler et al. (2008). However, this perspective has consequences, as it diminishes the organization's image of women's adequacy in the workplace and, in turn, impacts the possibility of female advancement (Rudman & Phelan, 2008).

Only some studies have examined the effects of the glass ceiling on employees, despite the abundance of writing on the topic. One of the aims of this study is to investigate how this phenomenon influences the attitudes and motivation of businesswomen in managerial positions. It demonstrates the need to do more in-depth impact studies in the fight to end the gender pay gap in corporate America. The major purpose of this study is to examine how encountering a glass ceiling correlates with five additional factors: work-family conflict (WFC), job strain, desire to quit, employee engagement, and job happiness (Peeters et al., 2013). Therefore, more investigation needs to investigate the connection between the glass ceiling and these four outcomes—and how WFC acts as a mediator between them. Since job satisfaction is the most studied work-related outcome (Amstad et al., 2011), it was the primary focus of this study; however, job stress and quit intentions were also included due to their relationship to WFC. Although the impacts of WFC on positive indices of well-being are not well known (Peeters et al., 2013), work engagement is a well-established measure of happiness (Bakker & Demerouti, 2017).

Women in executive positions may feel discouraged if they try to break through the glass

ceiling by climbing the corporate ladder. Because doing so may decrease one's total resource pool, using resources to deal with a loss of resources can be unpleasant (Hobfoll, 1989). Coping is unlikely to be successful if the "resources expended in coping outstrip the resultant benefits" (Hobfoll, 1989, p. 518) experienced by the individual.

Therefore, if no measures are made to halt the depletion or investments in resources fail to yield results; additional lack will occur (Hobfoll, 2001). The individual's mental and physical health can suffer in this downward cycle. These conditions hurt the family. Life, leading to more frequent occurrences of WFC (Edwards and Rothbard, 2000). These circumstances result from negative emotions, lower psychological well-being, and worsening mental and physical health.

Multifaceted gender discrimination in the workplace has been associated with a higher incidence of depression among Korean working women. According to the updated research, women who faced discrimination at work in any form were more likely to report depressive symptoms. Evaluations were conducted on hiring, promotions, employment placement, pay, and termination discrimination. Of all the types of discrimination examined, younger women—those under the age of 40—exhibited the highest link between depressive symptoms and gender discrimination. However, among women over 40, not all types of discrimination were equally linked to feelings of depression. Significant relationships were discovered for several variables: hiring, promotion, compensation, and termination. These findings demonstrate the detrimental consequences of gender discrimination in the workplace on women's mental health, especially for younger women. If measures are taken to prevent gender discrimination in hiring, promotion, pay negotiation, and termination of employment, depressive symptoms among women in the workforce will be lessened. Additionally, understanding how age varies and the consequences of prejudice on mental health may aid in developing age-specific support networks and treatments

(G. Kim et al., 2020).

## **2.6 A Brief Summary of the Literature**

With an emphasis on decision-making and organizational culture, this chapter presents a literature review that explores the many facets of the relationship between gender and hospital management. Important lessons learned from the analyzed literature are as follows. Female leadership still needs to improve in the healthcare industry's upper echelons. Unconscious bias, societal norms, and a lack of opportunity all play a role in maintaining these gaps. Male administrators may take a distinct approach to management, although this is not always the case. Compared to their male counterparts, female managers are more likely to demonstrate transformative and collaborative leadership styles that focus on communication and team-building. One need not be a certain gender to exercise leadership.

A more welcoming workplace has been related to an increase in women in top hospital leadership roles. Gender-equal societies are more receptive to new ideas and cultural innovations because they emphasize empathy, compassion, and work-life balance. Implicit bias, a lack of mentorship and networking opportunities, challenges in establishing work-life balance, and a scarcity of leadership development programs are all obstacles to women's success in hospital administration. We must remove these barriers to increase the number of women in leadership roles.

In conclusion, fostering gender equality in hospital management is necessary, as gender is critical in this industry. Greater innovation, compassion, and attention to each patient's unique requirements can result from a more varied group of leaders at the top of healthcare institutions. It is important to continue studying the gendered dynamics of hospital administration and the methods used to increase diversity and acceptance in healthcare settings. The hospital's bottom

line and the patient's health would improve if more women were hired into leadership roles there.

The review of literature discusses the complex nature of gender and hospital management, investigating especially women's managerial challenges specific to healthcare. It brings attention to the perpetual shortage of women in a higher standing position and decision-making positions, with studies focusing on cultural biases together with gendered social norms as barriers to advancement among women. The review highlights the need to understand the problems female leaders face in healthcare management worldwide, specifically in low- and middle-income countries. It also discusses gender balance in leadership across different sectors, focusing on progression within Europe, a non-moving plateau with the US, and low acceptance in dwindling Asian markets. The gender-stereotypical characteristics of male and female business leaders are discussed in the review, emphasizing inclusive organizational cultures. It ends by highlighting the importance of elimination, such as implicit bias, mentorship, and work-life balance challenges, to promote gender equality within the hospital management system, enhancing innovation and better patient care. I will introduce the methodology and my original research based on this literature.

## **CHAPTER 3 RESEARCH METHODOLOGY**

This chapter deals with the study design, a qualitative research method, sampling technique, data collection, and search outcome. The methodology has the following framework and roadmap:

- Research design
- Sampling Technique
- Data collection

### **3.1 Research Design:**

This research adopts a qualitative approach to explain the phenomena. Qualitative research uses several techniques, including interviews, focus groups, and observation. Interviews may be unstructured, with open-ended questions on a topic, and the interviewer adapts to the responses. Qualitative research is rooted in the social sciences and is concerned with people and their social realities (Bryman, 2012), how the social world is understood, experienced, interpreted, and constituted, with individual and collective meanings, interpretations, practices/behaviours, and social processes. Ideas, impressions, views, and beliefs of the subject of the study are all related to qualitative research and cannot all be quantified. According to Creswell (2012), qualitative research is a method for investigating and comprehending the meanings individuals or groups assign to a social human situation.

Structured interviews have a predetermined number of questions that every participant is asked. In this study, Semi-structured interviews were conducted with the medical professionals working in hospitals to understand the gender role and gender-related issues in hospital management.

### **3.2 Sampling Technique:**

In this study, convenient sampling is used. Our sample size consists of medical professionals working in hospitals. Convenience sampling is a non-probability sampling strategy that collects data from a large number of people who are conveniently accessible. Individuals in the sample are chosen not because they are typical of the total population but because they are the most accessible to the researcher (Bryman, 2012). This technique is useful and very effective for certain purposes. Researchers utilize participants who are easily approachable and can provide quality responses. This method is simple compared to other sampling techniques (Julia Simkas, 2021).

### **3.3 Data Collection:**

In this study, participants were selected through a convenience sampling technique. It was easy for the researcher to use this sampling technique because of her network. This thesis measures the variables by interviewing doctors from Turkey, Pakistan and Canada. Semi-structured interviews were conducted with the medical professionals working in hospitals to understand the gender role and gender-related issues in hospital management. The interviews were collected from 12th November till 3rd December. In-depth interviews revolve around conversations in which the interviewer seeks to understand what other people know about the topic in question and what the subject has experienced, is thinking about, and feels is significant. The aim was to provide an atmosphere for interviewees to express and detail their opinions as much as possible by asking semi-structured questions.

A total of 20 interviewees were asked open-ended questions to identify divergent ideas around the same phenomenon. The sample size for the interview was kept at 20 because of time constraints and ease of access. It was ensured that there was an equal proportion of male and

female participants to avoid bias in the research findings. In Bryman and Cramer (2012), the recommendation to conduct 20 interviews is set according to saturation. The saturation occurs at a certain moment when data exceed the level of data already in use, meaning newly obtained data do not bring new perspectives but complete the existing research theory. With these 20 personal interview plans, the researcher can collect the necessary (qualitative) reliable and various data regarding the research problem because of a wide range of experience and perspective differences among the interviews. The researcher's investigation of a big pool (number) of participants increases the chance of representing many dimensions. Thus, the ground on the study's quality and relevancy is broadened.

Moreover, according to Bryman and Cramer (2012), a limited number of interviews is ideal because they sufficiently address the time and resource restrictions of the study and cover the collection of comprehensive data. Conducting more interviews may also offer the opportunity to get additional insights, but the probability of increased revenue from each additional interview after some time is also likely to decrease. Hence, 20 interviews are considered the proper method of operation, which is a reasonable compromise between the spread of the qualitative research and the practical constraints of its completion. The question sheet used in the interviews can be seen in the Appendix, which was used after obtaining permission from the Ethical Board of Beykoz University—ten interviews were conducted in personal meetings, hospitals, and other places. The rest of the 10 interviewees were interviewed online, and their answers were recorded by recording the interview on the computer and by note-taking technique. While creating the interview questions, the relevant variables were reviewed in detail. Interview questions were evaluated and reviewed by the supervisor. Table 1 provides demographic information for the 20 interviewees in the study.

*Table no 1: Interviewee Information*

<b>Participant</b>	<b>Gender</b>	<b>Age</b>	<b>Nationality</b>	<b>Education</b>	<b>Title</b>	<b>Years of Experience</b>
Participant 1	Female	45	American	MS Degree	Laboratory Scientist	12 years
Participant 2	Female	55	Turkish	Aegean University	Medical Student	6 years
Participant 3	Male	23	Pakistani	MBBS – Third Year		4 years
Participant 4	Female	30	USA	MS – Physician Studies	Physician Assistant- Certified	2 years
Participant 5	Male	48	USA	Masters & specialization		20 years
Participant 6	Male	55	Pakistani			
Participant 7	Male	37	Dubai	Masters	Pharmacist	9 years
Participant 8	Female	55	Turkish	MBBS	Medical Doctor	25 years
Participant 9	Male	30	Pakistani	MPhil-Project Management, currently PhD	Serving Govt. of Punjab	8 years

Participant 10	Male	55	USA	MBBS	Doctor	25 years
Participant 11	Male	55	Turkish	Medical Faculty of Ankara	Orthopedic	32 years
Participant 12	Male	51	Turkish		Surgeon	20 years
Participant 13	Female	35	Pakistani	MBBS & MPhil pharmacology (in progress)		11 years
Participant 14	Female	29	Turkish	Istanbul University	Doctor	
Participant 15	Male	51	Turkish	Istanbul Technical University	Clinical Manager	
Participant 16	Female	45	Turkish		Medical Assistant	5 years
Participant 17	Female	27	Turkish	MPhil Pharmacy, Bachelor's Sci. Pharm D	Medical Assistant	8 years
Participant 18	Male	32	Canadian	Istanbul University of Medicine	Senior Clinical Researcher	36 years
Participant 19	Male	50	Turkish	Bachelor Degree	Nephrologist	+3 years
Participant 20	Female	33	Algeria	Istanbul Technical University	Medical Consultant	5 years

Twenty interviews were done; eleven of them were male, and nine of them were female. Most participants were from Turkey, Pakistan, the USA and other countries. The ages range significantly from 23 to 55.

The educational backgrounds of the participants are also shown in the table; many of them have higher degrees such as MBBS, Masters, and PhDs. Professional jobs are varied and include positions in research and administration, such as Senior Clinical Researcher and Medical Consultant, as well as medical specializations, including Physician Assistant, Surgeon, Medical Doctor, Pharmacist, and Laboratory Scientist. Some have less experience in their field, and some are very experienced.

### **3.4 Ethical Considerations**

The ethical integrity of this research was ensured throughout its realization. The first one was a submission and securing approval from the institutional review board, which implied that this work would be done within ethical guidelines. This formal clearance guaranteed that the research design, approach and data-gathering methods respected ethical guidelines, thus protecting participants' welfare. Consent provides a solid foundation for ethical research, and it was obtained from all participants with a commitment to ensure they had volunteered in the study. Confidentiality became a vital ethical principle in this investigation. The research team took strict measures to ensure that the participant's identities remained permanently anonymous through every stage of this research. Confidentiality was more than just a procedural formality; it represented a philosophy of protecting the participants from undue consequences due to their truthful responses on delicate issues such as gender discrimination and harassment. This commitment to maintaining anonymity, therefore, not only helped observe ethical standards but also promoted the atmosphere of trust that spurred their openness without worrying about consequences.

The ethical responsibility reached the sensitive nature of deliberated issues, including gender bias and harassment. As potential discussions of such nature could be emotionally draining to the participants, they needed to take measures that would enable them to create an environment safe and suitable enough. By highlighting the nature of open communication, participants were informed about the purpose and potential implications of the study and voluntary participation. This highly accessible method puts the participants in control to make choices towards a more democratic society.

Moreover, the researcher tried to keep an eye on not unintentionally causing harm or making a participant uncomfortable. The topic was highly sensitive, and during interviews, there was even a delicate handling with the participants, who should have felt listened to. Supports or referrals were provided if any respondent showed signs of emotional distress during or after the interview. The ethical stance implied compliance with guidelines and one's concern for the well-being of those who selflessly contributed their views. The ethical considerations that permeated this research were not merely procedural requirements but elements that defined its nature. Ethical conduct was adhered to, from getting formal authorization and written consent to maintaining confidentiality and participant well-being as a priority. This commitment strengthens the validity of the research findings and highlights why socially responsible and ethically sound research is needed when studying subtle topics in healthcare management.

### **3.5 Thematic Analysis of the Interviews**

Twenty interviews were transcribed, and thematic analysis was performed according to the classification on the interview sheet. Repeating answers were combined with codes from the interviewees' responses. Then, these codes preserve the integrity of meaning when combined with other codes generate categories, which in turn decide the themes. In line with the answers received from the interviewees, the answers that were repeated and had the same meaning as

each other were gathered under certain themes. The themes of the study were formed by bringing together the semantic integrity of the categories created by the combination, and they were finalized. Table no. 2 shows the themes, subthemes and direct quotations. In the following quotations from the transcripts, the perception and the awareness of medical professionals on the research topic "the role of gender in hospital management" is tried to be understood.



**Table no 2: Gender and Hospital Management Practices:**

<b>Theme</b>	<b>Sub-theme</b>	<b>Participant Views</b>
<p><b>Theme 1</b></p> <p>Gender and Hospital Management Practices</p>	<p><b>Sub-theme 1</b></p> <p>Role of gender in hospital management practice</p>	<p>Participant 1: "So, our hospital's management is not gender-specific. It depends on the person's qualifications, education, and experience."</p> <p>Participant 2: "Male dominance in Turkey."</p> <p>Participant 4: "I think healthcare is becoming more female-dominated. While I am unsure if the management positions reflect similar changes, we can see the comfort ability and ease of transition into the workforce in recent years as a reflection."</p> <p>Participant 6: "The role of gender in hospital management practice in our hospital, we believe that leadership qualities are not gender specific; however, we actively address gender-related challenges."</p> <p>Participant 7: "Leadership qualities are not gender-specific in our hospital, but we recognize and address gender-related challenges through education and awareness programs."</p> <p>Participant 9: "Hospital management practices are important in any set-up in Pakistan and worldwide. Gender plays a very influential role in our communication approaches in hospital management. When we are talking about hospital management, the rule of gender is really important in every other country like Pakistan, it's very</p>

		<p>important from my point of you.”</p> <p>Participant 12: “Frankly speaking, it cannot be said that gender does not play a role. Lately, however, we have seen women taking as active a role in management as men, even though management was male-dominated in the past. I think that gender discrimination is gradually decreasing and will disappear completely quickly.”</p> <p>Participant 17: “In hospital management practices, both men and women can participate, but sometimes men are given more prominence.”</p> <p>Participant 18: “Yeah, one of the times I saw one organization where are so we were looking for a male gender pharmacist in our setting, they were considering boys because in that setting or in that culture, it’s hard for girls to do the evening job there are so many reasons behind it so it is a problem for them so they were considering the boys for that position so they were getting advantages.”</p>
	<p><b>Sub-theme 2</b></p> <p>Specific gender-related challenges</p>	<p>Participant 1: I have not seen any, so the women in leadership positions may face gender bias that can limit their ability to do their job, but to control this, we do have training, workshops, and stuff like that to, you know, make aware of the employees.</p> <p>Participant 2: “I did not encounter any difficulties.”</p> <p>Participant 4: “I am still new in the in-patient or hospital setting, currently. Most of my experience at this time stems from mentoring and as an advocate for students</p>

		<p>going through their schooling. Unfortunately, a majority of my experience has been a reflection of a misuse of a position of power- where commonly an individual in a position of power was male with the individual in a position under oppression was female.”</p> <p>Participant 6: “Women in management may face stereotype bias that can impact their leadership.”</p> <p>Participant 7: “Women in management positions may face stereotypes or biases that can impact their leadership. To combat this, we have a zero-tolerance policy for gender discrimination and conduct regular training sessions to raise awareness.”</p> <p>Participant 12: “Since the hospital is a place that works 24/7, working hours must be quite flexible. Problems can occur at any time of the day and night, and managing them can be difficult for women, especially mothers. Apart from such difficulties, I do not see any additional difficulties.”</p> <p>Participant 13: “Yes, female leaders often face challenges related to stereotype biases. We normally face these stereotype biases and a perceived lack of assertiveness.”</p> <p>Participant 16: “Gender-related challenges in hospital management</p>
--	--	--

		<p>can include stereotypes that may limit opportunities for women in leadership. Breaking through these stereotypes requires ongoing efforts to promote equal opportunities for all genders."</p> <p>Participant 17: "Women's positions in hospital management may be seen as more questionable or objectionable. Men can be more dominant and aggressive in terms of career."</p> <p>Participant 20: "Actually, I have observed many, so it can include many stereotypes that may limit opportunities for women in leadership. Breaking through the stereotypes requires ongoing force promoting equal opportunities for all genders."</p>

	<p><b>Sub-theme 3</b></p> <p>Gender-related advantages</p>	<p>Participant 1: "We value diversity in the decision-making process to ensure that various perspectives contribute to more informed and inclusive decisions."</p> <p>Participant 2: "Managers are male-dominant; cultural heritage requires this."</p> <p>Participant 4: "Personally, my career is female-dominated. For women, I think it creates a community of comfort and growth."</p> <p>Participant 5: " Yeah, most of the time, I have observed that women's environment is better than male empowerment because they work with very honesty. They are very hard workers, as you believe in the world, like the Philippines, Bangladesh and Turkey. Women are much more active in their studies and working for higher education in every field."</p> <p>Participant 7: "Our commitment to diversity ensures that different</p>

		<p>perspectives contribute to effective decision-making, benefitting the overall management practices.”</p> <p>Participant 10: “I think it depends on managing the Journal of Fair in the day-to-day practice for the business aspect, office, and hospitals. I don’t think there is much of a difference, but at the level of patient interaction, yes, there is some time gender plays a role. Some patients will be comfortable with some gender. Other than that, I don’t see any difference.”</p> <p>Participant 11: “Yes, in Turkey, some of the Gender discrimination in men is in Turkey.”</p> <p>Participant 12: “In my opinion, female managers can be considered more advantageous in management due to the relationships they establish. It can be thought that they are more advantageous in management because they keep the relationship level at a certain level.”</p> <p>Participant 13: “Female leaders contribute empathetic communication and a supportive work environment. They foster a supportive work environment.”</p> <p>Participant 15: “Yeah, you are always one step ahead as a man. However, a female manager will certainly do a better job than a male manager in a hospital regarding patient relations.”</p> <p>Participant 16: “Gender-related advantages may stem from diverse perspectives that women bring to the table. In certain situations,</p>
--	--	--

		<p>women may excel in communication and collaborative decision-making, contributing positively to hospital management practices.”</p> <p>Participant 17: “While women can be more emotional and communicative, men can be more disciplined and goal-oriented.”</p> <p>Participant 19: “You mean a woman has some that women have a positive impact on management? Yeah, I think so. I believe women are much harder than men. They may have some positive effects here in the government of hospitals.”</p>
--	--	---

Participants' perspectives on the relationship between gender and hospital management practices presented a complex and intricate picture. While some participants highlighted gender equality and merit in promotion, others acknowledged the existence of gender prejudices and biases.

Gender-related difficulties and benefits were found, creating a picture of a changing healthcare landscape.

**Table no 3: Gender and Decision-Making Processes**

<b>Theme</b>	<b>Sub-theme</b>	<b>Participant Views</b>
<p><b>Theme 1</b></p> <p>Gender and Decision-Making Processes</p>	<p><b>Sub-theme 1</b></p> <p>Gender composition of decision-making</p>	<p>Participant 1: “Our hospital ensures balance representation in decision making teams, diverse teams including different genders they contribute to make better decisions for the hospital.”</p> <p>Participant 2: “Male-dominated society is more belligerent and</p>

		<p>cruel.”</p> <p>Participant 4: “I think that while gender does not dictate the success of decision making, it is important to be inclusive of both genders because we all come with our own biases and backgrounds. As much as we would like to say we are open minded people, you can never truly know everything to be considered about someone else until you discuss with them directly.”</p> <p>Participant 5: “I think so the male decision is better because they have much more powerful decision and in our society most of the time, if you see in gender wise if you give the power to the woman male version do not listen to them that’s why their decision gets fail. In the whole world.”</p> <p>Participant 7: “We prioritize diversity in decision-making teams, including various genders, backgrounds, and experiences. This leads to better decision-making and minimizes potential biases.”</p> <p>Participant 9: “Diverse genders are really important for composition of any prospective leading more comprehensive and inclusive decision within the hospital as for my concern males are more decisions powered as compare to females as my concern.”</p> <p>Participants 10: “I think everybody brings different perspective on the table from their experiences and their education level and their position in the team but see you know female might be more</p>
--	--	---

		<p>sensitive to the issues face by the female patient better than a male patient.”</p> <p>Participant 11: “Believe that it related with training they have some practicing also their experience is important, not gender.”</p> <p>Participant 16: “The gender composition of decision-making teams is crucial. Diverse teams, including a mix of genders, tend to make more well-rounded decisions. It's important to foster an inclusive environment where all voices are heard.”</p> <p>Participant 17: “In the decision-making process, women are more prone to indecision and may always need the support and approval of others, while men are more determined and can decide on their own, sometimes leading to despotism.”</p>
	<p style="text-align: center;"><b>Sub-theme 2</b></p> <p>Diverse perspectives and voices in decision-making</p>	<p>Participant 1: “We encrypt diverse background teams they can contribute to diverse perspectives so when decision making comes also regular training programs help the employees to avoid potential biases.”</p> <p>Participant 4: “To have representatives from different backgrounds, genders are a part of the decision making process, whether that is representatives on the board or utilizing a panel.”</p> <p>Participant 7: “We have training programs to sensitize staff to the importance of diverse viewpoints, helping to avoid potential gender</p>

		<p>biases in decision-making.”</p> <p>Participant 12: “This is a complex question. However, I can answer this question for the hospital where I currently work. People of all genders can work at all stages and levels, and among them, some of the managers are women and some are men. I think that including women and men in all processes, regardless of the task, make it easier to take different perspectives into account.”</p> <p>Participant 13: “By encouraging upon dialogue and utilizing diverse task forces minimize the potential of gender biasness. In especially in decision making.”</p> <p>Participant 16: “To avoid gender biases, our hospital promotes diversity training and ensures that decision-making teams are comprised of individuals with various backgrounds and experiences. Regular reviews of decision-making processes help identify and rectify any potential biases.”</p> <p>Participant 17: “I observe everyone at different times and get their opinions, and I try to make decisions by observing their attitudes and behaviors on different issues, independent of the subject in the decision-making process.”</p>
	<p align="center"><b>Sub-theme 3</b></p> <p>Strategies or measures to foster gender-inclusive decision-making</p>	<p>Participants 1: “our strategy includes prioritizing diversity, conducting training programs and getting feedback to ensure that all voices are heard.”</p> <p>Participant 5: “it will be a different answer. In strategies making I think female version are upper than</p>

		<p>male version because they have very sophisticated and they have brain to manage the protocols. They are more much better to give a decision more than a male version.”</p> <p>Participant 7: “Our strategies include promoting diversity, conducting training programs, and establishing clear guidelines for unbiased decision-making, fostering an environment where all voices are heard.”</p> <p>Participant 13: “Unconscious bias training and establishing clear decision making criteria. It promotes gender inclusive practices.”</p> <p>Participant 17: “I have no idea what kind of strategies were implemented, but if it were me, I would adopt a merit-based strategy.”</p>
--	--	---

Gender and decision-making in hospital administration were viewed in a variety of ways, reflecting a complicated and changing context. While some participants pushed for a gender-neutral approach based on merit and experience, others recognized the persistence of prejudices and biases favoring males in positions of leadership.

The significance of diversity and inclusion surfaced as a significant subject, with numerous participants highlighting the advantages of having balanced teams with representation from all genders and backgrounds.

***Table no 4: Organizational Culture and Gender***

<b>Theme</b>	<b>Sub-theme</b>	<b>Participant Views</b>
--------------	------------------	--------------------------

<p><b>Theme 1</b></p> <p>Organizational Culture and Gender</p>	<p><b>Sub-theme 1</b></p> <p>Gender equality and inclusivity</p>	<p>Participant 1: “Our hospital culture merged equality and fairness with policies in place to properly address any gender discrimination or harassment.”</p> <p>Participant 2: “managers are male dominated”</p> <p>Participant 4: “Regardless of gender, respect in the workforce is the basis to prevailing inclusivity and fostering a healthy workplace environment. Overall, my experience has been more so than targeting gender specifically, the discussion of inclusivity (whether minority, type of healthcare worker) has always been discussed.”</p> <p>Participant 5:” we have to give a respect to every woman as far as male version also, because our boys or any other partner also and the whole world we have ratio in every field of course cannot devalue to any person as far as you are a director ..... You have to be very equal to woman and male version both.”</p> <p>Participant 7: “Our strategies include promoting diversity, conducting training programs, and establishing clear guidelines for unbiased decision-making, fostering an environment where all voices are heard.”</p> <p>Participant 17: “Due to the nature of the job, men are always prioritized, except for positions dominated by women.”</p>
	<p><b>Sub-theme 2</b></p> <p>Issues related to gender discrimination or harassment</p>	<p>Participant 1: “Gender discrimination or harassment address tricky at our workplace by conducting a thorough investigation if the incident is reported.”</p> <p>Participant 4: “There are policies in place for discrimination, biases, and gender discrimination/harassment by most hospitals that are a part of the onboarding process prior to starting at a</p>

		<p>facility. In the hospitals I have shadowed/mentored/worked/volunteered at, this was standard so my assumption has been it is the basis for most healthcare facilities across the board (but I have not checked). Usually these avenues allow for ambiguity which I think allows for any victims to avoid fallout of reporting. In the case of students, they also have their school as an avenue to proceed through who then are utilized as representatives so the student is not put in an uncomfortable position.”</p> <p>Participant 7: “We address gender discrimination or harassment through a zero-tolerance policy, regular training sessions, and thorough investigations of reported incidents.”</p> <p>Participant 15: “Our organizational culture is good and full of equity and inclusivity. Strict policies against the gender discrimination and harassment.”</p>
	<p align="center"><b>Sub-theme 3</b></p> <p>Initiatives or policies for improving gender dynamics</p>	<p>Participant 1: “Like mentorship programs and leadership development opportunities for specifically women have empowered gender dynamics in our hospital.”</p> <p>Participant 2: “employees are dominated by women, organizations are dominated by women, cultural activities are dominated by women”</p> <p>Participant 4: “Unsure of specific policies, but there are advocacy groups for different backgrounds at different hospitals. I am unsure if this is across the board in the US, but from a provider view minority groups do have their advocating boards.”</p> <p>Participants 7: “Mentorship programs and zero-tolerance policies have successfully improved gender dynamics within our hospital, creating a culture</p>

		<p>that values diversity and promotes equal opportunities.”</p> <p>Participant 15: “If the person engaging in gender discrimination and employment contact terminative if the verbal warning is repeated if the situation regarding harassment is confirmed? The employment contract is terminated without delay.”</p>
--	--	--

Participants' perspectives on addressing stereotypes and prejudice in hospital administration provided a mixed picture, with some highlighting good efforts towards inclusiveness and others acknowledging ongoing obstacles.

While some participants highlighted gender equality and justice, others pointed to male domination in positions of leadership.

**Table no 5: Gender and Career Development**

<b>Theme</b>	<b>Sub-theme</b>	<b>Participant Views</b>
<p><b>Theme 1</b></p> <p>Gender and Career Development</p>	<p><b>Sub-theme 1</b></p> <p>Women in leadership roles</p>	<p>Participant 1: “We support women in leadership through mentorship programs, providing guidance, networking opportunities, and skill development to ensure their professional growth”</p> <p>Participants 4: “I think healthcare in America is becoming more female dominated compared to years prior, so having the basis of women commonly seen in the workforce was a big breakthrough done. Advocacy and further education and experience allow us a more competitive edge for managerial positions.”</p> <p>Participants 6: “very good question, we always support</p>

		<p>women in leadership through mentorship program and try our best to provide the guidance networking opportunities and skill development to ensure their professional growth and to provide, especially women brave to work without any hospital circumstances.”</p> <p>Participant 7: “We support women in leadership through mentorship programs, providing guidance, networking opportunities, and skill development to ensure their professional growth.”</p> <p>Participant 12: “I can give the Acibadem group as an example in this regard. Acibadem group has nearly 20 hospitals and the general directors of most of them are women. In that sense, I can say that women's professional development is supported.”</p> <p>Participant 17: “I don't think there is such support. There is participation in some courses and programs, but these are usually through individual efforts. It does not happen with the support of the institution. For the institution, both men and women are not seen as valuable, but merely as employees.”</p>
	<p align="center"><b>Sub-theme 2</b></p> <p>Mentorship for gender-related Career development challenges</p>	<p>Participant 1: “We support women leaders through like guidance, trainings and skill development.”</p> <p>Participant 4: “I am unsure of whether this is true across the board, but my program and experience as a Physician Association came with multiple avenues for mentorship. And while not all of them were solely</p>

		<p>geared towards gender, it was a topic that was discussed and expressed multiple times.”</p> <p>Participant 7: “Yes, we have mentorship programs tailored to address gender-related career development challenges, empowering women in leadership roles.”</p>
	<p style="text-align: center;"><b>Sub-theme 3</b></p> <p>Enhance gender equity and opportunities</p>	<p>Participant 1: “It’s a continuous process so continuously improvement through education, mentorship and creating equal opportunities for all essential to enhance the gender equity in hospital management.”</p> <p>Participant 4: “I think enforcing or implementing programs earlier in the career process would be the best way to target gender in hospital settings. Biases are made over time, and the best way to counter these stigmas would be to allow for open discussion and opportunities earlier in the process.”</p> <p>Participant 7: “Continuous improvement through education, mentorship, and creating equal opportunities for all is essential to enhance gender equity in hospital management.”</p> <p>Participant 11: “Gender equity is important, not positive discrimination of women, not positive discrimination of men, Looking for experience loyalty &amp; Their working performance.”</p> <p>Participant 16: “To enhance gender equity, ongoing efforts include transparent promotion processes, continuous education on gender biases and advocating for equal</p>

		<p>opportunities at all levels.”</p> <p>Participant 17: “As in every situation, gender equality will be achieved in hospital management if the situation is treated based on merit rather than looking at men and women.”</p>
--	--	---

Participants' perspectives on helping women in leadership roles in hospital management provide a bright picture. Many people emphasized beneficial actions that promote gender equity.

Overall, the perspectives of the participant’s point to a potential road towards establishing gender parity in hospital administration. Healthcare organizations may develop an atmosphere where both men and women have equal opportunity to prosper in leadership roles by enhancing existing initiatives, addressing remaining issues, and adopting a meritocratic approach.

## CHAPTER 4 DISCUSSION

The discussion section highlights the key findings from the interviews that revolve around gender equality and incorporation in hospital administration. It became clear from the interviews that to some extent achievements were plenty but still there were some obstacles being faced as woman's today's fight for gender equality continues. As studies revealed, there is a connection between diverse teams and meritocratic system in the making responsible decisions. We explored participant experiences particularly for Participant 2 and Participant 10. The stories that they tell, once interconnected, depict organizations that strive for meritocracy and opportunities to rise through the ranks in line with the previously recorded literature. On the other hand, Participant 1's experience in Turkey provides an understanding of societal norms and cultural dynamics that might not lead to positive progress towards gender equality. The need for a deeper investigation of cultural nuances and for initiating practical advises to reach gender equality is even enlightened by the fact that unequal gender relationships prevail in the health sector of Turkey. This exam will be carried out by bringing out the varied experiences and perspectives of the community from the point view of gender equality and inclusion in hospital management. It, therefore, will contributes to gender equality and inclusion conversation in the context of the hospital management, offering the relevant insights and implications for the future.

The interviews that are being shown emphasize both achievements and obstacles in the fight for gender equality and inclusion in hospital management. According to studies, diverse leadership teams make better decisions. Participant 2 and Participant 10 experiences demonstrate work cultures that support meritocracy and equitable opportunity supporting to the study of McIntosh et al. (2016). Participant 2 emphasizes on making decisions based on merit is consistent with the results of Ely & Folden (2009) about the significance of meritocratic systems

and unconscious prejudice. Participant 1's experience in Turkey, however, presents a different image of a society that is dominated by men, emphasizing the need for more study on cultural quirks and practical tactics for advancing gender equality in a range of healthcare settings.

The interviews on gender equality in hospital administration paint a picture of a complicated environment full of both worthwhile projects and enduring difficulties. While Participant 15 story emphasizes the pervasiveness of gender prejudice and the absence of institutional assistance for women, Participant 2 and Participant 6 explain how hospitals actively encourage diversity, meritocracy, and zero-tolerance anti-discrimination rules. According to research, it is important to provide tailored assistance for women's career growth and diverse decision-making teams. Participant 12 focus on addressing the issues encountered by female leaders and adopting specialized inclusion methods coincides with this study (Ely & Folden, 2009; McIntosh et al., 2016). However, Participant 17 worries about gender power dynamics and normalized silence highlight important issues about the efficacy of present measures and the need for more study on structural disparities and cultural subtleties. Ongoing efforts in education, mentorship, and policy development remain crucial to ensuring sustained progress towards gender equity in hospital management.

The presented interviews paint a complex picture of gender dynamics in hospital management, highlighting both progress and challenges. While Participant 4 and Participant 5 acknowledge the existing male dominance and women's struggles, they emphasize the importance of diverse perspectives and advocate for strategies like balanced teams, open communication, and bias training like we see in Ely & Folden (2009). The hospitals mentioned by Participant 8 and Participant 15 showcase concrete initiatives like mentorship programs, leadership development, and zero-tolerance policies, aligning with research suggesting targeted support for women's career advancement (McIntosh et al., 2016). However, concerns regarding

normalized silence, task allocation based on gender power dynamics, and limited female representation in certain positions raise crucial questions about the effectiveness of current approaches and the need for further research on cultural nuances and systemic inequalities. Ongoing efforts in education, mentorship, policy development, and addressing root causes outside the hospital are crucial for sustained progress towards gender equity in this field.

The interviews that are being shared show how gender relations in hospital administration are a complicated and dynamic field. Certain interviewees, such as Participant 12 and Participant 16, stress the value of diversity and actively work to overcome biases through initiatives and training (Ely & Folden, 2009; McIntosh et al., 2016). Other interviewees, such as Participant 5 and Participant 7, acknowledge the difficulties faced by women but place more emphasis on personal growth or leadership abilities than systemic problems. The divergent opinions on decision-making ability and the different experiences people have had with the programmers that are now in place underscore the need for more study with a more diverse workforce and a more thorough examination of the efficacy of present procedures. To achieve real gender equality in hospital administration, it is imperative to address social inequities and promote an inclusive, open culture.

To put it another way, the qualitative research that was conducted by means of in-depth interviews has led to a more thorough comprehension of the complex nature of the link between gender and methods that are used within the administration of universities and hospitals. We will begin our discussion by reflecting on these notions based on the viewpoints of medical professionals. This will be done by examining the themes that have been found in regard to various opinions on hospital management challenges between males and females. The themes that were found are essential because they provide insightful comprehensions into the gender

power dynamics that exist within the health care industry. These themes were derived from the experiences and views of individuals who participated in this research.

Comparing the Argument Based on Merit to the Acceptance of Differences Based on Gender: During the course of the interviews, one of the most prominent themes that emerged was the genuine discussion that confronted a merit-based argument and acknowledged gender-based distinctions in the different hospital management methods. There was a wide range of opinions among respondents about whether or not the gender issue is a determining factor in holding a leadership position. Regarding the merit-based argument, as pointed out by Participant 1, it centers on the concept that leadership qualities are not unique to either males or females, but rather rely on credentials, the number of years of experience that have been gained, and education. The fact that Participant 6 confesses to have addressed difficulties relating to her gender and insists that leadership abilities transcend any biological phenomenon is more evidence that this is the case.

However, participants such as Participant 4 and Participant 11 point out those gender-related difficulties are, in fact, evident among hospital staff. The former participant cites instances of power abuse and biases that are characteristic of male working environments. According to Participant 17, there are specific circumstances in which males may be given an excessive amount of attention. This participant reveals the hidden aspect that is engaged in this scenario, which is the difference between the sexes. The issue of whether or whether a gender-neutral policy leads to thoughtful functioning in hospital administration is one that is still being debated among members of health professional societies. Both of these arguments are at the core of the ongoing discussion. These perspectives were also offered in the study that was carried out by Evans and Pfister (2021), who pointed out the challenges that are being experienced by women in leadership positions across a variety of industries.

Overall Assessment of Stereotyping, Diversity, and Hardworking Women: Views on gender and the operations of practice also replicate a simultaneous interplay between stereotypes, diversity, as well as recognizing women's efforts. The commiseration over stereotyping is apparent in the description of gender discrimination between Participant 11's narration on Turkey and its benefits, which provides as potential positive aspects available through diversity that women can contribute. The focus on women as working diligently and with dedication, also pointed out by Participant 5 is strength of a gender discourse in some situations.

Nevertheless, the details of such views should be revealed while discussing gender-based issues and describing particular challenges. Participant 2 accepts the gender discrimination to be present especially through male dominance in Turkey while Participant 12 remarks about problems women may have with flexible timings that is more appropriate for those having family responsibilities. These subtle nuances emphasize the necessity to view hospital management gender dynamics in an all-encompassing way, thus acknowledging both favorable and unfavorable manifestations.

Gender and Decision-Making Processes: The issue of gender and approaches to decision-making reveal the complex relationships among hospital managerial teams. On the one hand, some of them such as Participant 1 and Participant 7 support gender diversity in decision-making teams to ensure a more comprehensive understanding for better decisions making; while others, like Participant 17 emphasize women's indecision with continuous nurturing but criticized by her colleagues because this opinion is quite subjective without concrete evidence during group discussions.

The appreciation of various points of view and more voices in the decision-making process, as mentioned by Participant 1 and Participant 16, is consistent with a broader argument

about positive effects diversity has on improving creativity or finding unique solutions within organizations. Nevertheless, the narratives of participants also highlight that there should be efforts as part of a strategy to promote gender- inclusive decision-making as stated by Participant 13. Such strategies may involve unconscious bias training and transparent decision criteria in order to reduce potential gender stereotyping during the decisions process.

**Organizational Culture and Gender:** Organizational culture and gender is a theme that looks at the participants' views on issues of equality in terms genders, inclusivity as well initiatives or policies addressing men and women. Participant 1 and Participant 15 emphasize the need for company policies to ensure that everyone is given equal treatment, as well addressing issues of gender discrimination or harassment through proper investigations and strict policies. On the other hand, Participant 17 gives a different perspective, arguing that neither men nor women are considered worth much but simply regarded as workers within the establishment.

Participants four and seven discussed the current policies that are implemented in healthcare facilities to help curb gender discrimination and harassment. The recognition of these policies highlights the willingness on behalf of healthcare institutions to maintain a safe and respectful workplace. Such policies are very important to avoid cases of gender discrimination or harassment in a professional setting. Such policies usually include a full set of guidelines that define the procedures for reporting, investigating and resolving complaints on gender discrimination or harassment (Herbst, 2020). As Participant 1 and Participant 7 suggest in their comments, further investigations imply the commitment to deal with reports of offenses effectively. This commitment not only secures the rights of individuals experiencing discrimination but also helps create a climate in which employees feel safe and respected for their occupational roles. Besides the policies concerning gender discrimination and harassment, respondents such as Participant 1, Participant 4 and Participant 7 discuss its mentoring programs

that managers should implement to create a healthier work environment. Such initiatives assist in making the workplace environment more diverse and just by actively encouraging career progression and advancement of individuals, primarily women working as nurses.

Mentorship programs serve a vital function by delivering direction, assistance, and an avenue of knowledge transmission from seasoned professionals to those who want more career opportunities (Johansen & Zhu, 2017). The focus on mentoring, which was suggested by the participants in this study also coincides with evidence that gender diversity can be promoted via a personal approach. Such courses help emerging leaders understand the complicated nature of their career paths, predicting likely challenges and suggesting ways to overcome them. As Participant 7 highlighted, the type of mentorship specially designed to address gender-related challenges in career development can aid women in overcoming certain particular difficulties they may encounter in their careers. It fosters a supportive atmosphere where experiences, advice and success strategies can be passed around in favor of women at the headship level.

It is the leadership development opportunities that prepare individuals for managerial and leadership positions within healthcare organizations. These focus on strengthening critical leadership areas, such as strategic thinking and effective decision-making. With such opportunities, participants realize the need to prepare people in general regardless of gender with skills and knowledge necessary for success at leadership level (Bell & Grant, 2011). By offering leadership development opportunities, people have equal access to the needed resources that allow them to climb up on a corporate ladder. This is especially important for women working in the medical field who might face gender specific struggles. Leadership development courses participate in eliminating gender stereotypes due to an emphasis on meritocratic promotion, skill improvement and a commitment to shaping the diverse leadership (Jonsen, et al., 2011). The

focus on policies related to gender disparity and harassment alongside the support of mentorship programs, leadership trainings also demonstrate an integrated approach towards addressing issues with regard to gender practice in health care management. These programs do not only assist in eliminating problems once they occur but also contribute to a culture of work where value is placed on diversity, professional development and equality opportunities for individuals regardless their gender. As these initiatives are promoted by healthcare organizations, they clear the way for a more diversified and fair society in hospital management.

**Gender and Career Development:** Gender and career development theme unravels the difficulties and prospects for women leaders. Some of the participants like Participant 1, Participant 7 and Participant 12 stress gender support through mentorships and development in skills others such as the conversation informs about mentorship for gendered development career challenges, signaling the value of customized mentorship programs to empower women leaders.

**Enhancing Gender Equity and Opportunities:** The last theme discusses approaches to improve gender equality and possibilities in the setting of hospital management. Participants also promote continuous improvement through education, mentorship and equal opportunities for both women. The focus on transparent promotional processes, continuous initiatives to eliminate gender prejudices and advance equal opportunities at every level is in line with the wider discussion about creating cultures of inclusivity organizational equity.

At the end, qualitative research findings are presented as complex knowledge of gender issues in hospital management practices. The differences in perspectives given by the participants show that gender-related issues are indeed complex; from an argument based on merits to recognition of gendered challenges. The main themes of stereotyping, diversity, decision-making processes, organizational culture career development and the gender equity

formulate a broad discussion in relation to intricacy of gender dynamics management The highlighted differences and opposing perspectives reflect the necessity to continue promoting inclusiveness, addressing biases, and creating equal opportunities for both genders in healthcare.



## CHAPTER 5 CONCLUSION

The ability to understand the complex interplay of gender dynamics and organization culture has become a necessary pre-requisite for creating and sustaining culturally inclusive work environments, especially in the hospital management. For healthcare organizations to work toward equitable and progressive ways of doing things; evaluating gender influence on the culture of a healthcare is necessary to develop an inclusive, resilient and need-driven healthcare institution. This research strains into this critical juncture, examining the narratives of physicians operating the health care system, to identify the complexities by an analysis that helps' gender affects their interpersonal interactions, leadership roles, and overall work dynamics.

This thesis adopts a qualitative research design, where data is collected through semi-structured interviews with a sample of twenty doctors selected by convenience sampling. This method renders a comprehensive elaboration on individual experiences and views making it possible to capture the intricacies underlying gender and organizational culture not only within the framework of hospital management. The qualitative nature of the study allows capturing details, which helped in recognizing patterns, themes and original insights that add to the bigger discussion on gender relations and organizational culture in health care. In a qualitative perspective, this research provided as analysis of doctors' challenges and opportunities which act as a window to understand the gender dynamics that play in hospital management.

Conclusively, this qualitative study focuses on the complex interplay of gender and hospital management practices from a unique medical professionals' lens with insights provided by individuals representing various backgrounds. While thematic analysis establishes a focus for this study, multilayered insights into various aspects of gender in decision-making processes, organizational culture and career development within health care sector are disclosed through

them. The stories told by the interviewees brought out how gender dynamics and professional experiences work together, but also illustrated what challenges there are as well as opportunities.

The anecdotes that interviewees tell directly and vehemently demonstrate the complex interweave of the gender issues and the work experiences within the health care system management. Such accounts provided with the female leaders as powerful testimonials of the complex challenges (environmental, attitudinal, political, and legal) and also of the potential for progress and making strides. The interviews' participants took pains to demonstrate how essential the efforts towards the creation of inclusive work cultures that value equality and merit should be, corresponding with McIntosh et al. (2016) and Ely & Folden (2009). Although the stories debunk stereotypical concepts regarding any nationality and emphasizes the importance of individual situations and perspectives, a deep-rooted influence of societal norms and cultural biases is also illustrated, such as Participant 1's experience in Turkey. In this respect, the research suggests that despite the progress in the matter of allocating the women in the position of healthcare leadership, the barriers have become a tangling knot that demands specific strategies in the form of dividing the societies' values and targeted initiatives to eradicate systemic obstacles.

As a final point, the mentioned research brings out the difference in experiences among participants and the complexity of the problem, meanwhile highlighting the need for individualized tactics to solve woman-related hierarchical constraints. Both Participant 7 and Participant 12 highlight the reality that there are companies that consistently provide equal opportunity and are genuinely in line with meritocracy. Gender discrimination, sexual harassment, and inequality are still problems, but Participant 1's story disproves that. Given the impending demise of traditional masculine dominance attitudes brought about by this

conundrum, it is important to adopt an intersectional perspective that takes into account gender, race, ethnicity, and socioeconomic status all at once. Crucially, healthcare institutions can improve their rankings through the creation of equality of opportunity if we can bridge and overcome healthcare inequities. Consequently, everyone is certain to flourish and make a positive impact on the growth of the community.

The analysis of gender-related practices in hospital administration reveals a range of positions. Although some of the participants stress the importance of gender-neutral leadership traits others admit that there are particular issues and benefits related to a gender in business environments. Sex-based stereotypes, the issue of diversity and ongoing pursuit to achieve gender equality in healthcare area are discussed by this discussion. Significantly, the results emphasize gender discrimination and harassment policies as well as mentoring programs or leadership professional development opportunities that can promote equal healthcare.

Having such implications this research influences healthcare policy, organizational practices and an academic discourse. In this regard, medical professionals' experiences and views form a kind of treasure trove for healthcare organizations who are interested in making their gender-specific policies and practices more sophisticated. This research not only increases the consciousness of challenges but offers a detailed view that can inform precise interventions these interventions may include measures to improve gender equality, sharpen decision-making practices and support career development programs in health establishments. In addition, the scope of these implications also reaches into academia helping improve the direction within healthcare management field in terms of its gender dimension. Such inferences can serve as a starting point for researchers and scholars, who should be able to develop the framework on gender roles with regards to professional experience while working at healthcare

management. It is not only a picture of existing difficulties but also the structure for constant studies on developing dynamics of these mechanisms.

The importance of the results is that they can be used to guide evidence-based interventions and strategies for promoting gender equity in healthcare organizations. The ability of this study to offer a balanced viewpoint, acknowledging gender-specific disadvantages and benefits places it as an essential asset for policymakers. The insights offered are helpful in revealing implications for the implementation of initiatives aimed at destroying gender-related career barriers. Significantly, the focus on mentorship and leadership-development as viable solutions highlights significantly more.

This study's significance goes beyond organizational effects to perceptions and attitudes at the societal level pertaining gender roles in healthcare. As medical professionals unveil the intricacy of gender dynamics, research is poised to shape public conversation. The subtlety of knowledge it leads to plays a role in undermining and unraveling the gender-based stereotypes that are prevalent within this domain. This transformation of a society's perspectives is essential to creating an egalitarian and tolerant working environment extending beyond the health system profession.

In other words, the implications and importance of this research lie in its potential to make positive transformations at various levels – in organizations as well as academia and society – through enhancing a better understanding of what gender means, thereby enabling informed actions for more just healthcare settings. This can be realized in the healthcare sector through continuous research and evidence-based intervention application, which is beneficial to individuals particularly organizations as well as societies.

## 5.1 Limitations of this Study:

Although this study provided some valuable findings, it is essential to identify and analyze its limitations. One notable weakness is the use of convenience sampling, a method used due to time and resource limitations. Although such an approach allowed for easy data gathering, it created some bias since people were not chosen randomly. Therefore, the findings may not be generalizable to a larger population of medical professionals due to limited external validity or generality.

Second and another aspect that makes the generalizability of this study complex is geographical focus on medical professionals from Turkey, Pakistan and other areas of the world. Differences in culture and institutions among various regions may alter the generalizability of findings to many different health settings. One should take care not to overgeneralize the conclusions of this research into contexts outside these countries. What should also be highlighted are the different approaches to understanding gender phenomena in hospital management due to cultural specifics, organizational frameworks and regional peculiarities that require analysis of results within certain limits. As a qualitative study, the richness of its ability to discriminate subtleties is tempered by several limitations. However, qualitative research can be inherently subjective since various interpretations may differ among researchers. However, the consistency achieved through thematic analysis is not sufficient to eliminate subjectivity, and interpretations may be shaped by researchers' lenses. This subjectivity highlights the need for triangulation and utilizing evidence from more than one source to increase reliability and validity of findings.

Another limitation of this study is the temporal coverage, which was relatively short during November and December 2023. Perceptions and thoughts on gender dynamics in hospital

Management is also dynamic as it changes with time. Therefore, the study's nature and opinion analysis are confined to a specific time frame, as these opinions could be modified over time due to various social, cultural or organizational dynamics. Longitudinal research would be more appropriate for tracking the development of these dynamics over a longer duration. Noting these shortcomings does not mean that the research is flawed but rather represents a logical part of the analysis as it allows for nuanced and culturally grounded interpretation. Although these insights play a substantial role in understanding gender politics within hospital management, careful consideration of such limitations acts as guidance for future research projects aiming to supplement and develop knowledge regarding this area.

## **5.2 Recommendation for Future Studies:**

Another pathway for future studies includes conducting a longitudinal study that evaluates the changes in gender-related concerns and benefits associated with healthcare management over time. Such an approach would enable us to gain insights into gender dynamics in leadership positions from a broad perspective that considers societal, organizational and individual aspects. This is because testing the data at various points allows researchers to notice trends, changes, and developing patterns that provide an insight into gender dynamics within healthcare organization development as a dynamic process.

To deepen the understanding of gender in healthcare management, future research can focus on comparative studies across a range of cultural and institutional landscapes. Cultural norms, organizational structures, and healthcare systems greatly influence the expressions of gender-related problems and privileges. Looking at these differences, researchers can add some of Tran's cosmic viewpoints and thus bring insights that are helpful for different settings. This

approach underscores the contextual intricacies of gender dynamics, providing a more nuanced and encompassing perspective on this subject. A crucial area for further research is the effect of certain interventions, like mentorship programs and training in leadership settings, on healthcare staff's career field over time.

The current studies present the relevance of these interventions as perceived, and further research into their long-term outcomes is warranted. Experts could evaluate the performance of different types of mentorship, the effectiveness of mentoring in career progression, and how leadership development initiatives influence gender equity across health care institutions. This study may provide actionable recommendations for organizations seeking to implement EBSve gender equality.

Future research should look through an intersectional lens and investigate the intersections between genders and multiple identities in healthcare management. Intersectionality acknowledges that social identities like race, gender and socioeconomic status, to mention a few, operate in conjunction with one another, influencing an individual's life. Doing so can shed light on how these intersecting identities affect career paths, chances and barriers. By recognizing the relationship between gender and other dimensions of identity, this method promotes a more holistic approach to analysis. It can also be fruitful to study how organizational policies and practices affect gender dependence. Researching the performance of current policies and further pointing out deficits and development tendencies can help healthcare organizations establish more friendly settings. Research could also focus on introducing forward-thinking policies that move beyond standard responses, challenge systemic issues, and create organisational culture changes.

Because there is a heightened emphasis on technology integration in healthcare, future work could focus on how technological progress interacts with gender hegemony regarding leadership roles. Looking at the impact of digital platforms, telemedicine, and artificial intelligence on healthcare leadership, we can find possibilities and threats to gender justice. Knowing how technology meets gender relations can help formulate strategies for fostering equal participation and representation of women in leadership positions as new technologies shape the healthcare landscape. An aspect of future research would be to look at public perceptions and gender stereotypes associated with healthcare leadership. Such perceptions and stereotypes should be reflected in advocacy efforts and educational initiatives that attempt to modify such perceptions. Understanding how the media and public discourse shape gender stereotypes within the healthcare industry can lead to societal transformations.

The above-proposed research agenda for the future seeks to deconstruct and increase our understanding of gender dynamics in healthcare management by applying different innovative approaches. Scientists use longitudinal research, cross-cultural comparisons, and intervention studies to provide important data on factors contributing to gender equity in healthcare facilities. Beyond this, the issues of intersectionality, organizational policies, technology and public perceptions extend the investigation scope more comprehensively and complexly to gender relations in emerging space for healthcare leadership.

This thesis is the first step in decoding gender specificities in health care management. Its ramifications cover organizational policies, academic discussion and public attitudes, thus emphasizing the ongoing investigations along with preventive measures that promote diverse and fair healthcare contexts. With the development of healthcare systems,

gender-related issues must continue to be understood and addressed for a strong healthcare leadership demographic landscape to take shape.



## BIBLIOGRAPHY

- Abdullahi, A. Z., Anarfo, E. B., & Anyigba, H. (2020). The impact of leadership style on organizational citizenship behavior: does leaders' emotional intelligence play a moderating role?. *Journal of Management Development*, 39(9/10), 963-987.
- Akanji, B., Mordi, C., Ituma, A., Adisa, T. A., & Ajonbadi, H. (2020). The influence of organizational culture on leadership style in higher education institutions. *Personnel Review*, 49(3), 709-732.
- Bismark, M., Morris, J., Thomas, L., Loh, E., Phelps, G., & Dickinson, H. (2015). Reasons and remedies for underrepresentation of women in medical leadership roles: A qualitative study from Australia. *BMJ Open*, 5(11). <https://doi.org/10.1136/bmjopen-2015-009384>
- Bryman, A. (2012). *Social research methods*. Oxford university press.
- Booyesen, L. (2007). Societal power shifts and changing social identities in South Africa: Workplace implications. *South African Journal of Economic and Management Sciences*, 10(1), 1-20.
- Brieger, S. A., Francoeur, C., Welzel, C., & Ben-Amar, W. (2019). Empowering women: The role of emancipative forces in board gender diversity. *Journal of Business Ethics*, 155, 495-511.
- Campuzano, M. V. (2019). Force and inertia: A systematic review of women's leadership in male-dominated organizational cultures in the United States. *Human Resource Development Review*, 18(4), 437-469.
- Coe, I. R., Wiley, R., & Bekker, L. G. (2019). Organisational best practices towards gender equality in science and medicine. *The Lancet*, 393(10171), 587-593.
- Daire, J., Gilson, L., & Cleary, S. (2014). Developing leadership and management competencies in low and middle-income country health systems: a review of the literature. *Cape Town: Resilient and Responsive Health Systems (RESYST)*.
- Daya, P. (2014). Diversity and inclusion in an emerging market context. *Equality, Diversity and Inclusion: An International Journal*, 33(3), 293-308.

- Daya, P. (2014). Diversity and inclusion in an emerging market context. *Equality, Diversity and Inclusion: An International Journal*, 33(3), 293-308.
- Diderichsen, S., Johansson, E. E., Verdonk, P., Lagro-Janssen, T., & Hamberg, K. (2013). Few gender differences in specialty preferences and motivational factors: a cross-sectional Swedish study on last-year medical students. *BMC Medical Education*, 13, 39. <https://doi.org/10.1186/1472-6920-13-39>
- Downs, R. T., Hystad, G., Grew, E. S., & Hazen, R. M. (2015). Statistical analysis of mineral diversity and distribution: Earth's mineralogy is unique. *Earth and Planetary Science Letters*, 426, 154-157.
- Evans, A. B., & Pfister, G. U. (2021). Women in sports leadership: A systematic narrative review. *International review for the sociology of sport*, 56(3), 317-342.
- Gao, X., & Quayle, P. (n.d.). *Good governance and modern international financial institutions*.
- Gipson, A. N., Pfaff, D. L., Mendelsohn, D. B., Catenacci, L. T., & Burke, W. W. (2017). Women and leadership: Selection, development, leadership style, and performance. *The Journal of Applied Behavioral Science*, 53(1), 32-65.
- Guillaume, Y. R., Dawson, J. F., Priola, V., Sacramento, C. A., Woods, S. A., Higson, H. E., ... & West, M. A. (2014). Managing diversity in organizations: An integrative model and agenda for future research. *European journal of work and organizational psychology*, 23(5), 783-802.
- Herbst, T. H. (2020). Gender differences in self-perception accuracy: The confidence gap and women leaders' underrepresentation in academia. *SA Journal of Industrial Psychology*, 46(1), 1-8.
- Hoss, Ann Keogh M., Bobrowski, P., McDonagh, K. J., & Paris, N. M. (2011). How gender disparities drive imbalances in health care leadership. *Journal of Healthcare Leadership*, 59-68.
- Islam, R., French, E., & Ali, M. (2022). Evaluating board diversity and its importance in the environmental and social performance of organizations. *Corporate Social Responsibility and Environmental Management*, 29(5), 1134-1145.

- Joe, M. K., Lee, J. Y., Kong, D. T., & Jolly, P. M. (2023). Gender diversity advantage at middle management: Implications for high performance work system improvement and organizational performance. *Human Resource Management, 62*(5), 765-785.
- Johansen, M., & Zhu, L. (2017). Who Values Diversity? Comparing the Effect of Manager Gender Across the Public, Private, and Nonprofit Sectors. *American Review of Public Administration, 47*(7), 797–809. <https://doi.org/10.1177/0275074016634201>
- Jonsen, K., Maznevski, M. L., & Schneider, S. C. (2011). Special review study: Diversity and its not so diverse literature: An international perspective. *International Journal of Cross-Cultural Management, 11*(1), 35-62.
- Julia Simkus, Convenience sampling: Definition, advantages and examples. QuestionPro. (2021). Retrieved from <https://www.questionpro.com/blog/convenience-sampling/>
- Karlsson, J. C. (2009). Rituals of fun and mischief: the case of the Swedish meatpackers. *Employee Relations, 31*(6), 632-647.
- Maamari, B. E., & Saheb, A. (2018). How organizational culture and leadership style affect employees' performance of genders. *International Journal of Organizational Analysis, 26*(4), 630-651.
- Katper, N. K., Chaudhry, N. I., Tunio, M. N., & Ali, M. A. (2020). Impact of leadership style and organizational culture on organizational commitment. *Sukkur IBA Journal of Management and Business, 7*(1), 92-106.
- Khassawneh, O., & Elrehail, H. (2022). The effect of participative leadership style on employees' performance: The contingent role of institutional theory. *Administrative Sciences, 12*(4), 195.

# APPENDIX

## Interview Questionnaire

**Name:**

**Gender:**

**Age:**

**Nationality:**

**Education:**

**Title:**

**Years of Experience:**

**Gender and Hospital Management Practices:**

1. How do you perceive the role of gender in hospital management practice?
2. Can you describe any specific gender-related challenges you've observed in hospital management positions?
3. Can you describe any specific gender-related advantages you've observed in hospital management positions?

**Gender and Decision-Making Processes:**

4. How does the gender composition of decision-making teams impact the decisions made in your hospital?
5. How do you ensure that diverse perspectives and voices are considered in decision-making to avoid potential gender biases?
6. What strategies or measures are in place to foster gender-inclusive decision-making in your hospital?

**Organizational Culture and Gender:**

7. How would you describe the prevailing organizational culture in your hospital regarding gender equality and inclusivity?
8. How do the hospital address issues relate to gender discrimination or harassment in the workplace?
9. Can you provide examples of successful initiatives or policies that have improved gender dynamics within your hospital's culture?

**Gender and Career Development:**

10. How does the hospital support the professional development of women in leadership roles?
11. Are there mentorship or sponsorship programs that specifically address gender-related career development challenges?
12. In your opinion, what further steps could be taken to enhance gender equity and opportunities in hospital management?

