

Achieving Gender Equity Targets within Selected Private Hospitals, Gauteng Province, South Africa

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Abstract: Gender equity, the fifth goal of the United Nations' 2030 Agenda Sustainable Development, is vital for women empowerment. The importance of gender equity in development has led to diverse treaties, which have been entered into. South Africa, as part of these accords, is also promoting empowerment of women. Although there is progress towards achievement of gender equity targets, that progress is not enough. Despite the fact that the health sector, public or private, has more female employees than males, leadership and management positions are still dominated by more males than females. In view of this problem, the objective of this paper is to examine the progress made by the selected private hospitals in Gauteng Province, as well as the challenges these hospitals face in trying to achieve gender equity. A qualitative method was used in which human resources managers, as well as hospital managers from selected private hospitals were interviewed. Data were collected through individual, face-to-face interviews to explore the progress made towards achieving gender equity targets, the hospitals' commitment to gender equity and challenges that they face in trying to achieve gender equity. The results of the study suggest that progress has been made by the selected hospitals in empowering women. However, a lot of work still needs to be effected. The challenges pointed out to the dynamics that the management systems of the hospitals can address, as well as effort needed from the women managers themselves. This paper recommends that women empowerment and achievement of gender equity targets need concerted effort from different stakeholders. In addition, further research needs to be conducted to find out what mechanisms can be put into place to help boost women's self-confidence in terms of grabbing leadership opportunities.

Keywords: Gender equity, Leadership, Management, Women empowerment, Sustainable development

1. Introduction

"Equality for women is progress for all. We need to think differently and invest in women leadership as the way to change Africa's political and economic landscape to deliver on Africa's Inclusive Growth Agenda" (African Development Bank, 2015:4). The dialogue on whether women will ever accomplish gender equity with men in the workplace continues (Grant Thornton International Business Report, 2013). Gender equity is a challenge globally and it is on many programmes that are focused on development, particularly women development. As a result of gender equity being a vital point of discussion, many countries have entered into agreements and treaties that mandate them to accelerate gender equity and advance women especially into decision-making positions, i.e. positions of management and/or leadership. "Gender equality cannot be attained until women and men share leadership equally" (Kark & Eagly, 2010:443). As a result, there is increased effort the world over to develop and empower women to be leaders and managers.

Subsequent to all the efforts made towards gender equity around the globe, significant headway has been attained. However, gender inequity is still pervasive around the world so there is a lot that still needs to be done to achieve equity (Jacobsen, 2011). South Africa has also made remarkable progress towards promoting and achieving gender equity. Nonetheless, research conducted by the Commission on Gender Equality (2012:26) indicated that South Africa "gender equality and the right not to be discriminated against on the grounds of gender appear to be but a concept with little or no impact on women's realities. Women's lives in South Africa continue to be characterized by race, class and gender-based access to resources and opportunities, imbalances as well as political, social and economic inequalities" (Manjoo, 2005:269). Considering the fact that South Africa as a country has entered into treaties and crafted legislation that supports promotion of gender equity, the question why gender equity has not been achieved remains. This paper sets out to outline the status of women representation in

management positions of selected private hospitals in Gauteng Province, looking also at challenges that the selected organisations face as they endeavour to achieve gender equity targets.

2. Problem Statement

According to the American Association of University Women globally woman representation in positions of leadership in organisations, public and private, has increased considerably. However, although there are more women in South Africa than men (51.2% women), only 45.8% of them are in formal employment and their numbers go even further down as the organisational hierarchies go higher (Business Women's Association of South Africa, BWASA, 2015). In addition, the 2012 report by the Commission on Gender Equality (CGE) indicated that the 50% target for women representation in leadership positions was not realised in South African public organisations. However, there was significant representation of 44%, which was much better than in the private sector. Research by the CGE (2012) reported that the private sector in South Africa has made less progress when compared with the public sector in advancing the interests of women, mainly in leadership positions. The report showed that in the private sector in 2012 only about 12% of senior and top managers were women (compared to 44% in the public sector). In principle, over the years South Africa has seen an overall significant increase in the representation of women in management positions across different sectors. The state-owned agencies (SOEs) have reportedly performed better than both the public and private sectors with the private sector being worse off in terms of affirming women (BWASA, 2017; The International Women's Forum Report, 2011). The disheartening factor is that the private health sector, which tends to have a considerable number of women employees, was reported to be progressing not so well in terms of achieving gender equity targets. In 2011 The International Women's Forum Report indicated that there were only 12.4% women in the management positions and 15.7% in directorship positions within the private health sector of South Africa. BWASA (2017) reported a 19.8% representation of women in executive management positions in the sector. Based on the foregoing problem statement, the objectives of this paper are to:

- Investigate the progress the selected private hospital groups in Gauteng Province have made towards achieving gender equity targets.

- Explore the challenges they face when attempting to achieve equity targets.
- Examine the factors that facilitate their progress in terms of achievement of gender equity targets.

This paper is structured as follows: firstly the importance of gender equity is pointed out, followed by the legislative framework of gender equity in South Africa and the progress made towards gender equity. The paper then presents the method used to collect data for the study followed by the results and recommendations.

3. The Importance of Gender Equity

According to South Africa's Strategic Framework on Gender Equality (2006-2015) gender equity can be defined as "the process of being fair to women and men". Governments globally have acknowledged that processes must be put into place to reduce women discrimination and "... to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field". One of the ideals within organisations is gender equity and integration wherein there is incorporation of women and men, taking into account their differences, and plan programmes that will put them on the same footing (Strategic Framework on Gender Equality, 2006-2015).

According to the International Labour Organisation (ILO, cited in the African Development Bank Report, 2015) there are three main reasons why it is important to address issues of gender equity and empower women to play an equal role in decision-making as their male counterparts. These reasons include the fact that 1) it is a matter of human rights, i.e. women should enjoy equal rights and equal access to resources of their countries; 2) It is a matter of social justice, i.e. women should not be discriminated against in any way; and 3) it is imperative for overall development of women and their surrounding economies. Women make up a bit over half the population. Accordingly, their exclusion from important decision-making processes implies that governments and organisations may be missing the contribution of such a big proportion of the population (African Development Bank, 2015).

Research has shown that gender equity and diversity at board and executive management positions

encourages corporate productivity and growth. In a McKinsey Report that analysed 100 companies, it was found that corporations with at least three females in top management and leadership positions performed higher than their counterparts (Woman Matter, 2010). In addition, the proportion of female executives was 7.1% at successful companies and 3.1% at unsuccessful companies, validating the impact of having more females in a management team (African Development Bank Report, 2015). A research by Moodley, Holt, Leke and Desvaux (2016) found that the earnings before interest and taxes of those corporations that have women constituting at least a quarter share on their boards performed on average 20% higher than the industry average. In addition, some researchers have pointed out that inclusion of women can also add different methods of operating to management teams. The different ways of working in and of themselves can improve decision-making as they involve looking at problems/challenges in a different way (Moodley *et al.*, 2016; Qian, 2016). The differences that women bring to the table include the fact that women tend to be more open to new perspectives; they tend to collaborate better and often their operations include other people/parties; women are more fair in their operations and procedures; and adhere better to ethics principles than their male counterparts (Moodley *et al.*, 2016:8).

Baxter (2007) stated that women bring an added dimension to the workplace because they have a unique management approach that adds significant value to the organisation. Joy and Wagner (2007) reported that business entities that have a greater number of women on the boards of directors than men, outperformed those with the smaller number of women by 53%. Inclusion of women in the management teams of organisations has been considered by most organisations to offer an advantage in terms of better financial performance, as well as better chances of attracting potential investors (Salloum, Azzi, Mercier-Suissa & Khalil, 2016).

There is some indication that the growing involvement of women in the medical profession has a positive impact on medical practice. Levinson and Lurie (2009) suggested notable differences when women are in leadership in the health sector in for instance a more positive patient-physician relationship, better delivery of patient care, understanding of the societal delivery concerns about health matters and about the medical profession itself. Studies

confirm that female doctors are more likely than their male counterparts to participate with patients as partners in their care and to be sensitive not only to patients' biomedical fears but also to their emotional and social fears. Women are generally more likely to practise in primary care settings and to serve less advantaged populations. Women managers are pioneers in helping other health professional in balancing their career and family responsibilities (Abdool-Gaffar, Ambaram, Ainslie, Bolliger, Feldman, Geffen, Irusen, Joubert, Lalloo, Mabaso & Nyamande, 2011).

4. Legislative Framework of Gender Equity in South Africa

In acknowledgement of the need to advance the interests of women, governments and institutions have attended conferences and entered into agreements following discourses on what needs to be done to foster gender equity. In line with all the treaties and mandates that several governments have entered into to advance the status of women globally, South Africa has observed the need to empower women in all spheres of their lives. Some of the important considerations in terms of initiatives are the participation of the South African government and non-governmental organisations (NGOs) in the Fourth World Conference on Women held by the United Nations in Beijing in September 1995" (National Gender Policy Framework, 2002). In addition to the fact that South Africa has participated in conferences on women since 1975, they in 1996 ratified the international Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). They were also party to the signing of a declaration by the Heads of State or Government of the Southern African Development Community (SADC), which committed to, among other things, advance the interest of women including access to resources, quality education, as well as including them in decision-making positions and/or forums. These initiatives imply that South Africa is party to and is obliged to advocate for the elimination of gender discrimination.

Consequently, the country has a well-defined legal framework and policies that support the course of transformation and women's access to the workplace and particularly advancement to leadership and management positions. Accordingly, organisations within South Africa have to support women advancement in line with the different acts and

policies. Progress has been made in that regard of developing women, however, it is not enough. The following are some of the important South African legislations that are in place for the empowerment of women in the workplace:

The Constitution of the Republic of South Africa, 1996: In South Africa, gender equity is one of the human rights in the Bill of Rights that are enshrined within the Constitution. Section 9(2) of the Constitution prohibits discrimination, direct or indirect, in any form, against the citizens of South Africa based on gender among other things. The Constitution is clear on the fact that women are not supposed to be disadvantaged in any way, including in the workplace and when it comes to progress to influential and decision-making positions.

South Africa's National Policy Framework for Women Empowerment and Gender Equality (2002): The framework determined guidelines for South Africa to remedy the historical legacy of women disenfranchisement by describing new terms of reference for empowering women in both the private and public sectors. The Framework ensures that achievement of gender equity is at the heart of transformation "within all the structures, institutions, policies, procedures, practices and programmes of government, its agencies and parastatals, civil society and the private sector" (Gender Policy Framework, 2002, pp. ii).

Employment Equity Act, 1998 (Act 55 of 1998): The act was promulgated to drive promotion of gender equity as advocated by the Constitution. Section 15(2) of the act suggests implementation of Affirmative Action in organisations to right the previous wrongs of gender discrimination in the workplace.

The Commission on Gender Equality (CGE) is an institution that is provided for in section 181(1) of the Constitution. Its aim is to promote gender equity in South Africa. The function of the CGE is largely to encourage proper implementation of gender equity initiatives, as well as to monitor attainment of gender equity. In terms of the Constitution, the CGE has powers to monitor, investigate, and report on matters concerning attainment of gender equity targets, as well as educate and advise individuals and organisations.

5. Women Representation in Leadership and Management Positions

The African Development Bank Report (2015) stated that the past 40 years have seen a large number of women entering the workplace globally. Significant shifts have been realised as a result. However, more needs to be effected to realise the progress of women to senior leadership positions. Globally, as well as in South Africa, more and more women have entered the workplace. In addition, increasing numbers of these women have been supported to move into higher positions of leadership and management where they contribute to important decision-making processes. According to the African Development Bank (2015) the overall proportion of women in the workplace is at 35% while only 24% of them are in senior management. Only 12.7% of women are directors of boards in 307 listed companies based in 12 African countries. This is 4.6% lower than the 17.3% women's representation on the boards of the 200 largest companies globally" (African Development Bank, 2015:12).

Table 1 shows the increasing trend in representation of women in senior positions in South African organisations, public and private sectors combined.

Table 1: Women in Senior Management Positions

Percentage (%) of Women in Senior Management Positions		
Year	South Africa	Globally
2004	26	19
2007	29	24
2009	29	24
2011	27	20
2012	28	21
2013	28	24
2014	26	24
2015	27	22
2016	23	24

Source: Grant Thornton IBR (2016)

One of the worrying factors is the question of why the percentage of women in senior positions in South Africa declined from 29% in 2007 and 2009 to 23 in 2016. The improvement in the representation of women is more remarkable in State-Owned Entities (SOEs) and the public sector, where SOEs exhibit the highest gender equity at directorship level. The Grant Thornton International Business Report (2013) reported that only 15% of South African women were represented on boards as compared to 19% representation globally in 2013. In addition, according to the Report on the Status of Women in South African Economy (2015), regardless of the headway made in the public sector and SOEs in particular, the picture is still unsatisfactory. Therefore, although there are a few reports of positive outcomes, South Africa still falls below the global average (BWASA, 2015). Furthermore, the CGE (2012) reported that although South African companies claim that they have policies and programmes on gender equity, they have no evidence to demonstrate the implementation of those programmes.

6. Identified Challenges and Barriers to Women Advancement to Leadership Positions

The CGE (2012) indicated that although South African organisations are required to appoint Gender Focal Persons, i.e. people who will be directly responsible and accountable for implementing policies and programmes that advance the interests of women within the workplace, only a few organisations have such appointments in place. This lack of appointment of such focal people may hinder progress in achievement of gender equity target. In addition, the African Development Bank Report (2015) stated that in some institutions employment remain based largely on informal processes, wherein serving directors consult those within their inner circles, thereby limiting the pool of women as women are not on those inner circles yet. Furthermore, it was observed that boards lack some understanding of the need and benefits of a diverse board. Corporates also at times do not have adequate corporate governance guidelines that drive their diversity and gender equity targets thereby resulting in the continuation of the predominantly male boards. In addition, board members, who are predominantly male, stay long in their positions, thereby closing doors for new entrants who may be women.

Another challenge is that of lack of, or ineffective implementation of laws. According to South Africa's National Policy Framework for Women's Empowerment and Gender Equality implementation of laws regarding gender equity is still a matter for concern. The challenges are particularly in terms of not providing women with appropriate skills and knowledge for them to be able to access the opportunities as set out by the legal framework. According to Moodley *et al.* (2016) another challenge is that organisations do not put measures in place that will address gender equity. Sometimes, where programmes are designed the difficulty lies in several possible reasons that include, *inter alia*: firstly, the fact that some of those programmes are poorly designed and consequently do not make a significant change in improving the experience of the targeted women; secondly, the well-designed programmes are not implemented at all, or not implemented correctly;/ thirdly, the programmes lack support from top management or buy-in from middle management; or lastly, the implemented programmes fail to address the underlying problems.

According to South Africa's Gender Policy Framework (2002) in the more recent years more and more women have moved into the workplace. However, their participation is still hampered by their lack of appropriate skills. Most women still occupy non-decision making positions as opposed to their male counterparts. According to the Report on the Status of Women in South African Economy (2015: 78) "elementary occupations and domestic work account for 22% and 14% of female employment, compared to 24% and 0.5% of male employment".

The Report on the Status of Women in South African Economy (2015:78) states that "only 11.7% percent of employed women are in high-skilled occupations, with 52.1 percent in skilled occupations and 36.2% in low-skilled occupations." Of importance to note is the fact that there is a slightly higher percentage of women who hold professional occupations as compared to men (6.0% compared to 4.4% men). This higher proportion of women professionals disappointingly does not directly translate to the number of women in management, even of those in professional organisations.

Discrimination against women, subtle or overt, unfortunately still exists in so many circumstances that it continues to be an obstacle towards women

development, advancement and empowerment, especially to positions of leadership (Hejase, Haddad, Hamdar, Massoud, Farha, 2013). Linked to discrimination are the stereotypes that are persistent against women. For instance, women who make it to the top of organisational hierarchies are at times characterised as masculine or sometimes labelled as lesbians. In addition, when women strive to attain high leadership positions they may be met with lack of support and/or scepticism from family, friends or their male counterparts. Moreover, there are some roles/labels that are ascribed to women that are however not ascribed to men, such as the president's wife but not the president's husband (AAWU Report, 2016). Such labels can be mentally crippling, consciously or unconsciously, for women.

Balancing the roles and responsibilities that are expected both in the family and work environments remains one of the biggest challenges to women who want to progress to managerial and leadership positions in organisations. Women are often the primary or sole caregivers for children and the elderly relatives. In addition, during their child-bearing ages, women are more likely to take more leave or resign and take a break from employment. That break will work towards delaying them in their careers. Moreover, research has shown that women are more likely to take time off work for family obligations more often than men (AAWU Report, 2016; Agarwal, 2018; Vermeulen & Sonubi, 2015).

Typically, leadership and management positions were occupied by men, mostly white, who have places and forums where they meet after hours. Women would find those networks difficult to access and penetrate (American Association of University Women Report, 2016). This is also exacerbated by the fact that these informal networks are often after hours, the time during which women are habitually at home taking care of their families (World Economic Forum, 2013). In addition, there are also not enough women in leadership positions already who can be available to mentor the rest of the women who want to progress. The World Economic Forum (2013) also reported that women who are in leadership positions tend to occupy positions like human resource management and communication that rarely lead to chief executive officer (CEO) positions. As a result, women mentors tend to help their mentees more on aspects that include, for instance, self-awareness while men in leadership will groom their mentees to become future CEOs.

The phenomenon of "think-leader-think-male" is still persistent within organisations where societies do not see women as leaders. Stereotypes against women hinder them from being assertive in the workplace (Elmuti, Jia & Davis, 2009). Even where the male and female leaders are evaluated, people tend to evaluate women more harshly as compared to their male counterparts (World Economic Forum, 2013). In addition, "Women are judged on how they dress, how they look, their work-life balance" than males (Grant Thornton International Business Report, 2013:11). It is unfortunate that women internalise messages that they are not capable due to these stereotypes and bias against women. As a result, they tend to doubt themselves especially when in decision-making positions. "Whereas men are socialized to be confident, assertive, and self-promoting, cultural attitudes toward women as leaders continue to suggest to women that it is often inappropriate or undesirable to possess those characteristics" (AAWU Report, 2016:22). Associated with the lack of self-confidence is the reported issue of the tendency not to be persistent. They tend to lose interest and hope easily while in some instances women do not have the personal motivation to pursue leadership positions (Elmuti, Jia & Davis, 2009). Another issue is the fact that the pool of women who qualify for leadership and management positions is usually limited. Moreover, not all organisations have programmes that would be specifically on the lookout for women. As a result, women remain marginalised (Elmuti, Jia & Davis, 2009).

In sum, the barriers towards attainment of gender equity include a negative attitude towards women performance in the workplace; the double burden syndrome – as characterised by women having more responsibilities in the home domain as compared to their male counterparts and still having to achieve in the workplace, i.e. work-life conflict; the lack of role models; and not having networks for management purposes (Moodley *et al.*, 2016).

7. Research Methodology

This paper is based on a study that was qualitative in nature. Table 2 on the following page shows the number of hospital groups involved. In the private health sector there are hospital groups/networks that have a number of hospitals, which are affiliated to the main groups in Gauteng Province and other parts of the country. For purposes of anonymity the networks are not mentioned by name in this paper. From each hospital group a certain number

Table 2: The Hospital Groups and Number of Participants

Hospital Group	Total number of Hospitals in each group	Total number of sampled Hospitals	Number of participants
Group A	4	1	2
Group B	13	2	8
Group C	32	2	8
Group D	12	1	2
Total	61	6	20

Source: Authors

Table 3: Number of Hospital Managers and HR Managers

Hospital Group	Total number of private hospitals in Gauteng Province	Hospital managers (Males)	Hospital managers (Females)	HR Managers (Males)	HR Managers (Females)
Group A	2	4	0	2	2
Group B	13	8	5	4	9
Group C	32	23	9	13	19
Group D	12	8	4	5	7
Total	61	43 (70.5%)	18 (29.5)	34 (39.3%)	37 (61.0)

Source: Authors

of hospitals were purposefully sampled and eventually the human resource (HR) manager and hospital manager of each hospital were interviewed.

Hospital managers and Human Resource Managers from four hospital groups in Gauteng Province were interviewed at places that suited them, mainly their work offices. A total of ten participants, 40% of whom were female and 60% male were interviewed. The large number of males already point towards lesser numbers of females in management positions. Their age groups were 50% aged 40-49 years, followed by 30% falling in the age range of 50-59 years and 20% within the age group 30-39 years. About 60% of the participants were white (four females and two males) and the rest were black (two females and two males).

8. Results and Discussion

The results of the study are hereby presented with analysis and discussion on them.

8.1 Progress Made by Selected Private Hospitals towards Achieving Gender Equity Targets

Unfortunately, this current study confirms the slow progress made with regards to women empowerment into management positions. The results are presented in Table 3.

As shown in the Table 3 above, from the selected private Hospitals, most of the top management positions, hospital managers in this study, are held by men as compared to women. From the board of director's positions only about 3% of women are holding the directorship within the selected private hospital brands.

8.2 Challenges Faced by the Selected Private Hospitals in their Endeavour to Achieve Gender Equity Targets

The various participants of various private hospitals highlighted a few challenges encountered at their institutions which include:

A lack of support of aspiring women leaders by those women who are in leadership positions as well as lack of support from management. One male hospital manager said he "does not want to babysit adults who claim to be qualified and ready to lead".

Society's lack of confidence in women's leadership capabilities and competencies despite the fact that they are trained and qualified.

Women's lack of self-confidence in themselves. It was mentioned that consequent to the lack of confidence women sometimes do not apply for leadership positions. This lack of self-confidence has

been documented by other researchers (Marlow & Patton, 2005; Taylor, 2017; Slaughter, 2015). Baker and Cangemi (2016) claim that institutions led by women sometimes fail to attract investors because of a lack of confidence in the leadership or management skills of women, which is often groundless.

One woman participant mentioned that "women's lack of assertiveness sometimes leads to them underplaying and under representing themselves". This finding is in line with what other authors have documented (Kay & Shipman, 2014; Soufi, Gilaninia & Mousavian, 2011). They further mentioned that women under represent themselves at times in order not to be in conflict with societal perception of male supremacy. Another male participant indicated that "women are not ambitious and they lack self-confidence".

An additional point mentioned by an HR manager was that the fact that most of these private hospitals were founded and are still owned and managed by white males, who are mostly only willing to appoint their white females, is a fact that hampers progression of especially black women. Accordingly, black females still tend to be left out in the cold.

8.3 Identified Factors that Facilitate Progress towards Achieving Gender Equity Targets

The participants in the study indicated the following as issues that helped in facilitating the progress made towards achievement of women empowerment efforts:

The country's legislation imperatives, as well as treaties that have been entered into. As a result, the majority of the selected hospitals in this study had EEA documents in their offices as well as gender equity policies and guidelines.

In addition, the hospitals have regular leadership and management development workshops as well as seminars as part of women empowerment and grooming them (women) towards holding decision-making positions. They also added that they often give women acting positions as a way of also preparing them to take substantive positions. However, one woman was quick to add that unfortunately "those permanent positions never come".

The participants indicated that most of the women have appropriate experience within their working environments as well as the essential qualifications.

Only one woman HR manager indicated that the women themselves work hard, they study a lot to improve their qualifications in preparation for these leadership positions. The fact that most other people give a sense of total reliance on circumstances that need to be "laid out" for women for them to progress is unfortunate and indicates an understanding of external attribution, as well as perpetuating the stereotype that women need to be advanced while they are passive and have a sense of entitlement.

9. Conclusion and Recommendations

South Africa has a legislative framework that indicates their intention to achieve gender equity. Consequently, remarkable progress has been achieved. However, a lot can still be done especially in encouraging rigorous implementation of the prevailing laws, putting equity programmes into place and having evidence of implementation of such programmes.

The current study shows a trend where from the selected hospitals in the private health sector of Gauteng Province there were mostly men rather than women leaders in the selected top management positions. Therefore, the study confirms that more men hold decision making positions than their female colleagues while women are holding middle management positions, which are not sufficient to have an impact on decision making that can affect things like polices and overall organisational governance. Therefore, selected private hospitals still have work to do in terms of transforming the leadership of their hospitals and diversifying further by fast-tracking women into decision-making positions.

Another conclusion from the study is that women leaders are still experiencing some challenges that include stereotypes about their leadership potential that may impact on their self-confidence and the resultant fear of pursuing leadership positions. As a result, they may end up not applying for leadership positions. Issues of work-life conflict are perceived to still be playing a role in women's performance and hindering their full participation in the workplace.

Selected private hospitals, as pointed out in the current study, have leadership training and development programmes in place to train and develop their current women employees into becoming future

leaders. However, it is not known how many women actually take advantage of such programmes, and if they do, how many benefit enough to be appointed into leadership positions after training or are confident enough to avail themselves of such positions when they are open. There may be a missing link between the available empowerment programmes and availability of women to occupy decision-making positions, which may be researched in future research projects.

Attaining gender equity in leadership necessitates several strategies focusing on various layers of society that include individuals themselves, families and the community at large that can support individual employees, especially women, educational institutions to teach appropriate leadership and/or management skills, employers and policy/law-makers. The recommendations are presented according to the strategies that can be effected at different levels, i.e. the individual level, organisational level and wider societal level.

9.1 Individual Level Strategies

It is important for women to note that the onus is upon them to develop themselves, i.e. they need to play a more proactive role towards their own development and subsequent advancement to decision-making positions. Individual women can increase their leadership knowledge and skills through: becoming students of leadership and looking out for evidence-based leadership training; learning and practicing negotiation skills – the kind of skills that are important in individuals' ability to ask for promotions, apply for higher positions, or negotiate for salary increases when appropriate.

Mentoring and coaching are means that can be utilised to empower those women who aspire to be in senior positions. Accordingly, women should look out for prospects of learning from people in leadership positions, i.e. role. For those women who have made it to the top investing in the future leaders is important by making it their responsibility to invest in young talent.

The women can also look out for and attend assertiveness training programmes to help them increase their self-confidence and perhaps, change their external attribution styles to take responsibility for their progress. In addition, they also need to explore and address their biases and ingrained messages.

Women's biases stem from the stereotype messages that they grew up with. These messages can be internalised and consciously or unconsciously affect the way they feel about themselves and the way they operate in the workplace. Therefore, identifying these messages, through professional help if necessary, can help them to address the internalised messages and avoid undervaluing themselves and consequently push for their own agenda and interests. Women, and all employees actually, should look out for prospective leadership opportunities and calculatingly plan for them. In addition, they need to engage and volunteer in activities that can lead to leadership preparation. These programmes may include acting positions or volunteering on jobs and responsibilities that are mainly for managers/leaders in their organisation.

9.2 Organisational/Employer Level Considerations and Implications

Unfortunately, from the current study it does not appear like the majority of the hospitals that were surveyed see gender equity and diversity as critical to corporate strategy. Therefore, the first priority should be for them to make gender equity a top organisational concern, discussed in as many strategic meetings as possible. They can offer flexible schedules, i.e. they can focus on productivity, not face time. To address the stereotypes mentioned in the study that lead to not trusting women, employers can initiate diversity training programmes to help individuals identify and confront their prejudices and stereotypes. These programmes can help in opening employees' and managers' eyes to new possibilities about women's capabilities and hopefully give them opportunities.

Encouraging and designing mentoring and coaching programmes that can help in support, as well as knowledge sharing. Employers can design HR systems and procedures that can urge objectivity when considering and appraising individuals in terms of appointment as well as promotion of employees based on merit and not on their gender or other diversity dimensions. This paradox is especially challenging because most HR managers in this study are women. However, not many women are found in hospital management positions where they can be involved in the final say of the running of the hospitals. Hospital manager positions are at executive level while HR managers are at middle level management. Due to the fact that most of the

participants indicated that the employees within their organisations have the requisite professional skills and experience, there should be training and development programmes that focus specifically on management and leadership skills, as well as interpersonal skills.

"To increase the number of women in leadership positions, we need to increase the number of women in top leadership positions" (AAUW Report, 2016:31). This entails targeted recruitment and employment strategies, i.e. in addition to policies that these selected hospitals have, recruitment efforts should deliberately target employment of women. This targeting can be through for instance, talent hunting, offering training and development for especially those women who are capable but still lack the particular management skills; offering bursaries for those who would be willing to study to improve their knowledge and skills.

On a **broader** level, there can be better allocation of adequate resources for gender equity initiatives, especially financial. Monitoring agencies like the Commission on Gender Equity require sufficient resources to oversee implementation of prevailing laws and policies in order that employers/organisations can get the practical assistance they need to succeed in their endeavours to achieve gender equity.

Initiation of educational programmes that promote gender equity and counselling of women as they navigate through the day-to-day demands of the roles and responsibilities in both the work and non-work spheres can be highly helpful. In addition, women support forums can be established and encouraged where women can share information and help one another with ideas of how to navigate the responsibilities expected of them in the workplace as well as in the non-work domain.

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