AN ASSESSMENT OF SOME SOCIO-CULTURAL DETERMINANTS OF WOMEN'S CAREER ADVANCEMENT IN THE PUBLIC HEALTH SECTOR OF UGANDA: A CASE OF MULAGO NATIONAL REFERRAL HOSPITAL

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Approval

This is to certify that this dissertation entitled, **"An Assessment of Some Socio-cultural Determinants of Women's Career Advancement in the Public Health Sector in Uganda: A Case of Mulago National Referral Hospital"** has been submitted in fulfillment of the requirements for the award of the degree of Masters in Management Studies (Human Resource Management) of Uganda Management Institute with our approval as Institute supervisors, respectively.

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Dedication

I dedicate this research work to my family: my wife Caroline Nambozo Byamukama who bore the inspiration to this research topic , my sons Nahurira Michael, Agira Joel, Ampa Jeremiah and Ariho Jayden and the entire female work force that strive to break the glass ceiling.

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TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION

CHAPTER TWO

LITERATURE REVIEW

CHAPTER THREE

METHODOLOGY

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

List of Tables

List of Figures

Abstract

The general objective of this study was to assess how some socio-cultural factors affected women's career advancement in Uganda's public health sector showcasing Mulago National Referral Hospital (MNRH). To achieve this objective, the following specific objectives were developed: i) To establish if family and work life balance had shaped and influenced women's career advancement trajectory in MNRH, and, ii) To assess the extent to which gender prejudice had accentuated gender inequalities in career advancement in MNRH.

The researcher collected data from 89 participants (50 females and 39 males) employees of MNRH who were categorized into four managerial levels: Oversight/strategic level, senior management level; operational/middle management level and lower/support management level. Simple random sampling method was used to select appropriate respondents while purposive sampling was used to select key informants. Data was coded, edited, before classifying it into categories and entered into the statistical package for social scientists (SPSS) for analysis. Analyzed outputs included simple frequency, cross tabulations and correlations which formed the basis for analysis in addition to data from key informants.

The study established that family and work balance conflicts and women's career advancement were insignificantly related ($rho = 0.043$; $p > 0.05$ (= 0.686), and gender stereotypes and career advancement of women were insignificantly related ($rho = 0.0187$; $p > 0.05$ (= 0.079). The conclusions were that family-work balance complexity and gender stereotypes did not affect career advancement of women.

From the above findings, the study recommended that the Mulago hospital management should design a system that gives women progressively more responsibilities and change the system that confines women to only support roles or jobs that require soft skills, and that MNRH management should design a system that qualitatively evaluates women's contribution and drop the system that only relies on one's ability to put in extra hours beyond regular work hours in order to be promoted.

CHAPTER ONE
INTRODUCTION

1.0   Introduction

The core of this study hinged on socio-cultural determinants of women's career advancement in the public health sector of Uganda specifically showcasing Mulago National Referral Hospital (MNRH). The researcher investigated how the independent variables namely: family and work balance and gender prejudice impinge on the dependent variable: women's career advancement. This chapter presents the following sections: a background to the study which gives a historical perspective to the problem under study, theoretical background outlining the key theories that guided the study, statement of the problem, purpose of the study, objectives of the study, research questions, research hypotheses, conceptual framework, scope of the study, significance of the study, limitations of the study and operational definitions of the key terms/concepts used.

1.2 Background to the Study
1.2.1   Historical background

The increasing proportion of women in the total workforce is one of the most significant social changes that has characterized the post-second world war years (Mavin, 2004 in Nantege, 2010). There is a long and troubled history of interaction between labour movements and gender (Myra & Roth, 1998). According to Reskin & Bielby (2005, 71), men out-earn women, hold more complex jobs and are more likely to supervise workers of the other sex and to dominate the top positions in their organizations. The past decade however has seen significant growth of women's activism and grievances that are increasingly giving gender sensitivity a rise (Taylor, 1998). All the World Women's Conferences (June-July 1975, Mexico City; July 1980, Copenhagen; July 1985, Nairobi; and September 1995, Beijing Conference in China) explicitly addressed issues of gender equality and women empowerment with the view that problems of women are problems of society as a whole. The International Labor Organization (ILO, 2004) reported that the percentage of women in the total workforce has been increasing over the years: 33 percent in 1960, 43 percent in 1980, 45 percent in 1990, and almost 50 percent in 2003 resulting in a dramatic increase in the number of women in managerial positions. Never the less,

women are still under represented in managerial levels the world-over (United Nations Development Report, 1997; Nantege C. *et al*, 2010).

In the realms of management, the phenomenon of women's careers being increasingly stuck at lower or middle management levels has been referred to as the 'glass ceiling' (Morrison *et al*, 1990; Burke & McKeen, 1992). The changes in the attitudes and structures that hinder improvement of the status of women with men as equal actors, partners, and beneficiaries of sustainable development in economic, political and social situations were lagging behind and overdue if women were to become an integral part of efforts to transform societies towards greater human rights, peace and security.

1.2.2   Theoretical background

The theoretical underpinning of this study was guided by four main theories namely: the Social Role theory, the Expectations States theory, the Gender and Development theory, and the Rights-based theory. But of the four, the researcher the researcher found the Expectations States and Social Role theory most relevant to explain the variable interplay under investigation.

The persistent 'glass ceiling' had derivatives in other factors encapsulated within theoretical contexts such as "the social role explanation", postulated by Eagly, (1987) &Berger *et al*, (1980). These scholars argue that within the structural/cultural explanations are two powerful theories: "the social role" and "the expectation states". They reason that, at the core of these theories is the concept that men and women are allocated different roles in society due to their gender. Men and women are assumed to possess qualities that ideally predispose them to different roles they play and typically occupy. Connected to this social role analysis as ingrained in the 'social role theory' are specific expectations that are held towards individuals occupying a particular position or membership of a specific social category.

Expectation states theory predicts similar effects of behavior and evaluation as the social role theory. This theory elucidates that it is the status element of gender stereotypes that cause such

stereotypes to act as distinctively powerful barriers to women's achievement of positions, authority, leadership and power.

The rights-based approach, advanced by (Pena *et al*, 2008) sees gender inequities as rooted in the denial of human rights which often relates to lack of political will, and, or capacity on the side of duty-holders to meet their obligations in protecting and fulfilling rights. They argue (*ibid;* 2008: 58-59) thus far: "a rights-based approach's central premise is that it is through development work focused on building capacity of rights-holders that will claim their rights that structural causes behind inequities can be tackled".

This positively builds into the Women in Development (WID) theory which looks at systematic skilling and appropriate policies of affirmative action to deepen female participation in formal activity outlays.

The social role and expectations states theories were found more applicable for this study primarily because these two theories are partially correct in view of observations in the Ugandan context. In Africa, women's roles have traditionally been confined to domestic tasks such as child-bearing, caring for the husband and looking after the home including the elderly and the sick (Africa Recovery No. 11, 1998; Nantege C., 2010). In spite of this important role, women's dynamism displayed in the economic, social and cultural lives of the communities in which they live has not been channeled into creating new significant models of participation and leadership at both organizational and national levels (Africa Recovery, No. 11, 1998).

1.2.3   Conceptual Background

The notion of gender is interchangeably used to refer to sex, as a synonym for "women", to define relation between men and women, to refer to complex connection between nature and culture, or as a cross cutting category of social analysis applicable to every sphere of human endeavor. It allows us to examine the cultural implications of masculine and feminine archetypes in human cultures, throwing light on how we perceive the process of construction of male and female subjectivities.

Human beings invariably construct meaning for the masculine and the feminine and these meanings vary a cross different cultures and social groups. Such meanings have quite profound implications since they define the roles, spaces, values, chances and potentials of specific individuals, women and men alike.

People are not influenced by biology or culture alone but the interaction of both. Transformation of an acquired notion is desirable because the systems of meanings, allocations, implications of feminine and the masculine have paved the way for inequity and discrimination in virtually every culture on the planet.

Today we begin to realize that women have been affected by discrimination and inequality in a particularly adverse fashion and in all spheres of human interaction (productive, reproductive, political, communal, cultural and personal). Organizations are always being influenced by gender factors that contribute to shaping them. Gender affects organizations at every one of its working levels: culture, structure, processes and procedure, systems, infrastructure and beliefs, individual and collective practices and behaviors. Gender is expressed in multiple forms, some are more obvious, others subtler. These forms are often accepted as "givens" as the "natural" way of doing things thus they are not even questioned or viewed as problems.

Research on the influence of gender in organizations reveals that, women, who constitute 51% of the world's population, do not occupy even 10% of the world's top managerial positions (Liz Doherty, *et al,* 2009). Men are mainly in charge of decision making posts, while women mainly fill subordinate and service jobs.

Women climb the hierarchical ladder much more slowly than men do; they start at lower levels and advance much more slowly than men. They tend to remain longer at each post and conclude their careers at lower levels. Men usually begin working at higher levels, stay less time at each post and conclude their carriers at higher levels. Sexual stereotypes influence how posts are filled, men enter service or "supporting" roles at an even slower rate than women enter top management (*ibid*, 2009).

Management processes tend to be inflexible and are universally concerned for an abstract and homogeneous (male) employee, and have few flexible mechanisms receptive to change. This actively perpetrates gender stereotyping in specific management processes like selection, pay,

working shifts, promotion, qualification, welfare, training, performance recognition and evaluation systems and this has a direct impact on how the female gender performs along the hierarchical ladder.

This study concentrated on family work balance and gender prejudice as the major social cultural determinants of women's career advancement.

Work and family balance; Not only are women underrepresented, but they also tend to opt out in increasing numbers (European Commission, 2006) a phenomenon known as the ''leaky pipeline''. Once women enter a career, there are a number of key ''attrition points'', particularly after maternity leave and at mid-career level, when women either leave or fail to achieve the required education simply due to difficulty involved in striking a delicate balance between family and career. Women have their traditional social roles which have a direct impact on the jobs they assume and the performance thereof hence career advancement.

Gender prejudice; Men are the majority among managers, top executives at higher levels of professional work whilst women are still concentrated in the lower categories of managerial positions. Both visible and invisible rules have been constructed around the "male" norm, which women sometimes find difficult to accommodate: male and female colleagues and customers do not automatically see women as equal with men. Women tend to have to work much harder than men to prove themselves, and sometimes they have to adapt to "male" working styles and attitudes more than necessary (Lize A. & E.Booysen, *et al,* 2010).

Furthermore, women tend to be excluded from the informal networks dominated by men at the workplace, which are vital for career development. The problem is compounded by employers' assumption that women, unlike men, are not able to devote their full time and energy to paid work because of their family responsibilities. Consequently, women are not given as many opportunities as men to do the more demanding responsible jobs, which would advance their careers. However, there is evidence to show that once women attain the upper levels of management, attitudes towards them are not much different to those towards men.

1.2.4   Contextual background

Broadly speaking, gender discrimination refers to "behaviors, actions, policies, procedures, interactions, etc., that adversely affect a woman's work due to a disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

Harmful sexual stereotypes or biases against women can have a profound influence on a woman's professional experience. Such biases affect the informal relationships between women and their male colleagues, women's likelihood of finding a male mentor, the flexibility of maternity leave policies, and the level of support felt by a woman balancing her career with family obligations. Harmful stereotypes can also influence whether women's work is rewarded equally with men's, with commensurate pay, grades, verbal encouragement, and opportunities for advancement. Women's competence and "place" in positions of authority can also come under question due to sexual stereotypes about the intellectual capacity or professional commitment of women.

In the specific context of Uganda, there has been a limited foray of gender as a consideration into the occupational arena especially formal work. Similarly, career advancement in view of gender differentiatedness has been quite slow in spite of a number of policy pronouncements and frameworks. For instance: the National Gender Policy of 1997; the Equal Opportunities Policy of 2006; the National Development Plan of 2010, *among others* draw a constitutional command on gender equality from the 1995 Constitution of the Republic of Uganda; primarily from Chapter four on essential human rights. Article 33 thereof stresses the role of the state in providing the facilities and opportunities that are necessary to enhance the welfare of women to enable them realize their full potential and advancement, and the women's right to equal treatment with men including equal opportunities in the social, economic and political spheres. The fundamental core of the National Gender Policy of 1997 is gender parity. As a supplemental to the above, the National Equal Opportunities Policy of 2006 defines equity to entail fairness and justice in the treatment and distribution of resources, opportunities, responsibilities and benefits as well as access to services and career growth opportunities.

Number and representation of women in managerial positions in Mulago National Referral Hospital:

Mulago National Referral Hospital (MNRH) is one of the public health sector's key hospitals. MNRH has its foundations in Old Mulago Hospital (OMH) located on Mulago hill. It was built with free labour with government input of 395 pounds initially as a 20-bed general hospital. The first batch of 213 patients was admitted in 1913, 77% of whom died. By 1922, attendances to OMH had multiplied four times and a new 52-bed ward had been added. By 1938, there was a 300-bed hospital. During the period 1945–47, the hospital doubled to accommodate 630 beds. Presently, it accommodates 1,500 patients. MNRH currently has got a total staff of 597 workers of the allocated 2,330 in its several departments and an additional 2,254 approved positions that are yet to be filled hence contributing to critical staffing gaps. The underlying table (*Table 1*) shows the existence of broad gender imbalances in the top management positions.

Table 1: **Showing women's participation in managerial and leadership positions within MNRH, 2010**

Managerial level	employees at level	Number Of Males	% males	Number of Females	% females
Board: Oversight/strategic management level	10	8	80	2	20
Senior management level: consultants	48	38	79.2	10	20.8
Operational/Middle management level: Special grade, medical officers, supervisors	452	149	32.9	303	67.1
Lower managerial level: Assistants and Attendants	87	34	39.1	53	60.9
TOTAL	597	229	38.4	368	61.6

Source: Departmental Summaries: Personnel Department

At the Oversight/Strategic management level, males made up 80% of the personnel compared to just 20% of the women: a ratio of 8:2. Males made up 79.2% of the positions at the senior management level compared to 20.8% of women. The number of women staff increased at middle and lower levels. Wider gender disparity persisted at higher managerial positions.

MNRH is part and parcel of the public health sector. Yet career path and trajectory in the public sector generally has had a gender skew as justified and fore stated. This study in essence intended to find out the socio-cultural determinants of women's career advancement in MNRH as a selected site within the wider public health sector.

1.3 Problem statement

Article 21(2) of the Constitution of the Republic of Uganda protects employees from discrimination on grounds of sex, race, color, ethnic origin, tribe, creed or religion, social or economic standing, political opinion or disability, which it further articulates in Articles 33(2), 33(4), and 35(5). But despite the good intentions of the law, there appears to be wide gaps in its implementation (Hamidah (2012). According to Newman C, Mugisha, M, and Matsiko, C in the Uganda Ministry of Health Gender Discrimination and Inequality Analysis (GDIA) Report (2012:1), gender discrimination and inequality can be viewed as systems inefficiencies that contribute to recruitment bottlenecks, absences from work, lower productivity, poor health, low morale, attrition or mal-distribution of workers in health workforces. Yet, no custom, tradition or practice has been declared categorically by legislation or courts of law as being against the status and welfare of women (Hamidah, 2012). Gender equality in Human Resources for Health is a matter of human rights, social justice, and poverty alleviation, as it addresses women's often more marginal position in the labor market by assuring equal access to well-paying occupations; training; equitable conditions of work; and the social protection mechanisms that are usually available to full-time, paid workers (such as insurance, maternity protection, retirement pension, etc. There existed wide gaps in the proportion of women and male employees at senior and middle managerial positions. This is, and has been the situation at Mulago National Referral hospital for years. Newman C, *et al* (2012:1); and Hamidah (2012) writing about the implications of gender discrimination state that, "it will worsen the situation for the minority who are women workers, as they become a voiceless group in the system" and the "the organization will end up being a male employer, yet, Mulago hospital is a national referral hospital and getting a bad image will affect its funding". Marginalization of women in career advancement is very unfair treatment which is why this study on socio cultural determinants of women's career advancement was conceptualized and executed. Thus the problem for this research was to assess

how some socio cultural factors contributed to the skewed gender disparity in career advancement. This study was guided by the following general and specific objectives:

1.4 General objective

The general objective of this study was to assess the socio-cultural determinants of women's career advancement in Uganda's public health sector showcasing MNRH.

1.5 Specific Objectives

The following were the specific objectives of the study:

1. To establish how family and work life balance had shaped and influenced women's career advancement trajectory in MNRH.

2. To assess the extent to which gender prejudice had accentuated gender inequalities in career advancement in MNRH.

1.6 Research Questions

In order to be able to investigate the above objectives, the following research questions were adopted and utilized:

1. How has family and work balance shaped and influenced gendered career advancement trajectory in MNRH?

2. To what extent has gender prejudice accentuated gender inequalities in career advancement in MNRH?

1.7   Research Hypotheses

1. "Family roles and work balance complexity magnify unequal gendered career advancement in MNRH"

2. "Gender prejudice contributes to gender inequities in career advancement within MNRH"

1.8   Conceptual Framework

In terms of broader explanation, this study's independent variable was socio-cultural determinants and the dependent variable is women's career advancement. Moderating variables were: skills differentials, affirmative action policy, gender-focused budgeting and action planning, recruitment, hiring, placement and retention practices. In this visual interplay, socio-cultural determinants delineated above created and sustained gender inequities in career advancement opportunities as an ultimate outcome. An illustrative mapping of this conceptual model is presented below:

Figure 1: ***Conceptual Framework showing the study's independent and dependent variables***

Independent variable   **Dependent variable**

Social-cultural factors   Women's   career   advancement

| *Family and work life balance* |

| *Gender prejudice* Stereotypes Perceptions on gender |

| Proportion of women to |

| Skills differentials, affirmative action policy, gender- |

Intervening variables
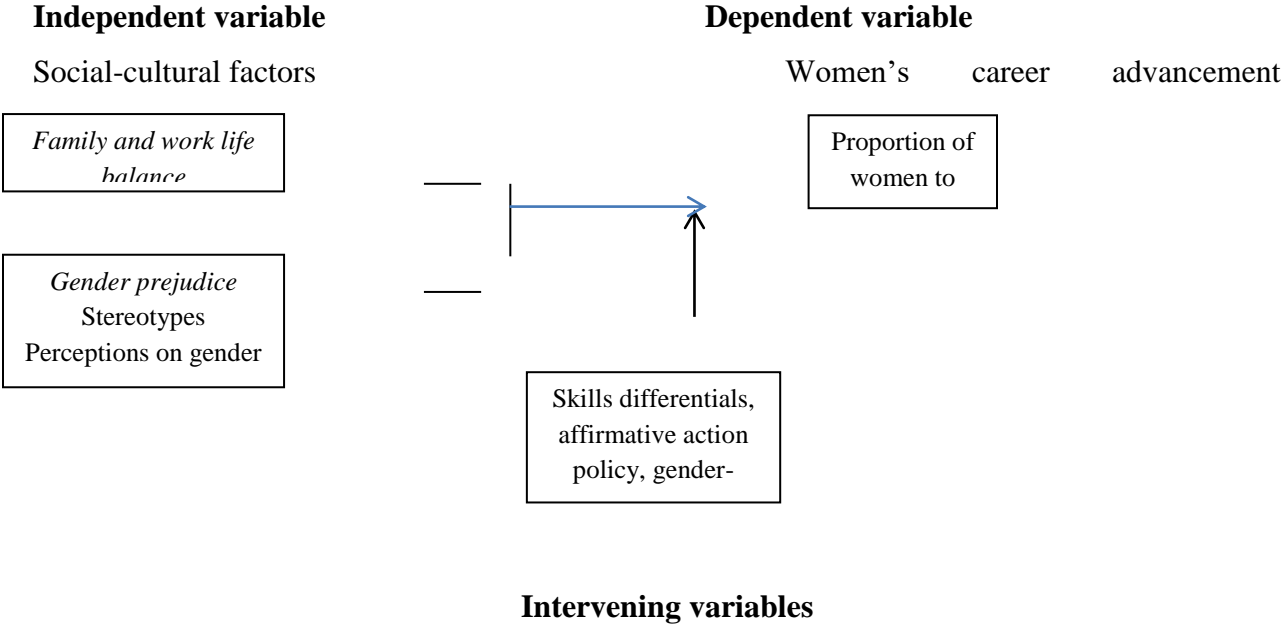
The dependent variable (women's career advancement is affected by two independent variables namely: family-work balance complexity and gender stereotypes. Family work balance complexity refers to the conflict that arises when time demanded at the work place makes it harder for a working person to combine paid work and domestic responsibilities especially at higher levels of management. Under it, attention was paid to social roles assumed by a working woman, and perceptions about career choices that a woman faced with such a conflict was likely to make and how these were likely to affect women's career advancement. The study also measured the effect of gender stereotypes. Gender stereotypes may be defined as the tendency for people to categorize others positively or negatively basing on certain attributes such as age, race, gender and so forth (Kanter, 1993). Stereotypes played into social constructs of male and female qualities (Hamidah C, (2011). Failure to address the effects of two independent variables on the part of female employees was assumed to affect their advancement to managerial positions.

1.9   Scope of the study

The study's theme hinged on the socio-cultural determinants of women's career advancement in Uganda's public health sector, taking Mulago National Referral Hospital as a specific study context because Mulago hospital has a much broader context and occupational coverage. Regarding the geographical boundary for the study, this study was anchored within MNRH and its departments of: Accident and Emergency, Anesthesia and intensive care, Obstetrics and Gynaecology, Surgery, Medicine, Pediatrics and Child health, Laboratory, Pharmacy, Physiotherapy, Radiology, Community Health, Nursing and Administration. In terms of the periodical component, this study covered a period of five years from 2008 – 2012. This scope was chosen so that the research would be easily manageable as it not so broad in terms of data and also time.

1.10   Significance of the study

Many a time, gender was a masked phenomenon with organizations preferring to portray employment and career progression indicators in generic rather than in particularistic terms to

core constituencies and geographies. Therefore this research sets out to enrich the available outlays of data by availing case-specific data conducted in a developing country setting within MNRH. Besides, this study also set out to generate data for future reference, policy planning and practice in human resource planning and management and may set motion for developing women's career advancement prospects within the public health sector. It was envisaged that the study may identify areas for further investigation for example the fear that society may be at great loss by letting women lag behind despite the exemplary performance of those women who have ruptured the 'glass ceiling'.

1.11   Limitations of the study

Since Mulago hospital is a bureaucratic organization, it was hard to access some information. To overcome this limitation, the researcher gave guarantees to hospital officials that information collected would strictly be used for academic purposes, and as such it would be kept confidential.

1.12   Definition of key terms used

The following terms used are meant to convey messages as follows:

Advancement: Schein (1992) defines advancement as a process through which an individual progresses from one rank to another within the hierarchy of an organization. This is the definition that was adopted for this study.

Culture: This is the shared pattern of behavior and interactions, cognitive construct processes of socialization (Mann, 1995). This is the definition for culture that was adopted by this study.

Gender: this refers to the cultural and social ascriptions such as attributes, status, roles, responsibilities, opportunities and privileges accorded to sexual categories as well as their access to control over resource benefits.

Gender discrimination: This is used to describe how women are unable to secure equal employment opportunities as men, even when qualifications are equivalent.

Discrimination: this means giving different treatment to different persons based on sex, race, color, tribe, birth, religion, and economic standing (Constitution of the Republic of Uganda, 1995, Cap. 21, (3).

Women: These are female human beings who are qualified to do the job.

Managerial positions: These are positions of responsibility in the management structure from the lowest up to the top most management level within organizations.

Managerial advancement: this refers to climbing upward the ladder of management.

Senior management: this refers to top management of the organization where major decisions are made.

Middle management: this refers to the implementers/supervisors of the decisions made by top management.

Glass ceiling: According to the United States Department of Labour (1991) it constitutes artificial barriers based on attitudinal or organizational bias in the work place that prevent women from advancing into leadership positions within organizations.

Organizational factors: these refer to the factors presumed to influence managerial advancement of women. In this study the factors are defined to include: family-work balance and gender stereotypes.

Key positions:

These are the positions that matter a lot and require certain special skills and knowledge to be in them.

Gender roles: These are roles socially acceptable and assigned to male or female members of society.

Stereotypes: This refers to ascription of either positive or negative traits which characterize women and girls as well as suited to restricted, less powerful and disliked roles.

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This Chapter presents the study's literature survey in line with its delineated objectives, questions and hypothetical texts. Similarly, this flow winds around two analytical models. These are; the theoretical text that comprises some selected and relevant gender theories and, the build-up of critical dissection of these theoretical prisms on the study subject at hand as well as gaps therein. This is followed by a conceptual review that guides literature flow seemingly also around the themes and sub themes that are highlighted in the conceptual model. At the end of this literature review; the content, geographical scope and methodological gaps are deciphered and isolated and, the study's justification was given further credence.

2.1 Theoretical review

One of the attempts to explain this gendered imbalance is the metaphorical exposition of 'glass ceiling' (Weyer *et al.*, 2007: 482). These authors argue that: "traditionally, the   majority of top leadership positions throughout the world have been held by males rather than females. Even though there is an increasing number of women who enter the workforce and an increasing number of women occupying positions, women's access to leadership positions still remained limited. This concept or analytical model by and large is correct in trying to explain the failure in terms of ascending to top level positions, largely in view of gender stereotyping (Kottle, 2005). In this context therefore, as Kottle *et al.*, (2005:192) illustrated: "gender stereotypes are strong and persistent and generally have more negative impact on women than men in evaluating performance'.

They again note that, "change is a social process and the implementation of policies and processes related to the advancement of women is change-based". What this theory explained in broad terms vis-à-vis gender disparities and career advancement therefore was that career distribution inequities were largely premised on gender stereotyping. The major shortcoming of

this illustration was its obsession with gender stereotyping as the essential determinant in gender and career advancement and therefore, crucially negating other variables like qualifications, suitable values, attitudes and competencies' differences. Notwithstanding the above criticism however, the theory amply explains though partially the proximate determinants of gender discrimination in Uganda.

The persistent 'glass ceiling' as explained above had derivatives in other factors encapsulated within other theoretical contexts such as "the social role explanation" by Eagly (1987); and Berger *et al*, (1980) who argued that within the structural/cultural explanations were two powerful theories: "the social role" and "the expectation states". They reasoned that, at the core of both of these theories was the concept that men and women were allocated different roles in society due to their gender. Men and women were assumed to possess qualities that ideally predisposed them to different roles they played and typically occupied. Connected to this social role analysis as ingrained in the 'social role theory' were specific expectations that were held towards individuals occupying a particular position or membership of a specific social category.

Expectation states theory predicted similar effects of behaviour and evaluation as the social role theory. This theory elucidated that it was the status element of gender stereotypes that caused such stereotypes to act as distinctively powerful barriers to women's achievement of positions, authority, leadership and power. The theories were partially correct in view of the following observations in the Ugandan context.

In terms of the broader social role theory, society had historically and traditionally differentiated between "masculine" and "feminine" roles. This structuration could be explained as the historical determinants of role difference and career advancement. It was again apt to conclude that, "expectations" of role performance was equally drawn from historically role- differentiated mental patterns. In this paradoxical setting therefore, a man was expected to play a role schematized or logically derived as "masculine" and a woman as "feminine'. The shortcomings of these theories however was the failure to acknowledge the universality of learning and education which gave an equal measure and endowment with regard to a suitable depository and repertoire of skills, value systems, professional attitudes and competencies.

In conclusion therefore, in view of the hallmarks of education, what a man could do was exactly what a woman could do and therefore, the dualistic essence of 'social role-expectations states' could not duly stand in the way of gender parity. But beyond education, social role-expectations began to play a part. Crawford D. (1993) while commenting on the glass ceiling in nursing management equally deduced that women managers in business and health care had continually experienced discrimination related to advancement in management. Suffice it to note however that the simplistic, superficial explanations deeply centralized and fused in these theories notwithstanding, the assertions that traditionally held notions of 'glass ceiling', 'social roles and expectations' continued to shape and influence gender dynamics and trajectories was beyond dispute.

2.2 Conceptual review

In terms of broader explanation, this study's independent variable was socio-cultural determinants and the dependent variable, career advancement. Moderating variables were the following: skills differentials; affirmative policy; gender focused budgeting and action planning; corporate culture dynamics such as recruitment, promotion and retention practice.

While there was evidence of subtle forms of workplace discrimination against women in the past (Catherine Kirchmeyer, 2002), there had been a greater improvement. The conceptual review and flow was guided by the themes and sub themes that were highlighted in the study's objectives and conceptual model. For purposes of this study only socio-cultural factors namely: balancing career and family and gender stereotypes or prejudice on career advancement were analyzed.

2.2.1   The relationship between family and work life roles and career advancement

The work life balance (WLB) phenomenon appears to have a greater association with women, because the degree of women's role in building a quality family institution was placed on the women than the men. By far, it was commonly uttered that the women's choice and priority was the family (Sanda *et al*, 2010).

All of the reasons why few women rose to top management positions may not have been immediately obvious but several barriers had repeatedly been revealed in various forms and combinations in studies on career advancement and development (Coderre *et al.,* 1990).These barriers included but were not limited to the following: poor career planning, and difficulty in balancing career and family; issues so full of complexities, economic, cultural, psychological, sociological undertones and thus had no easy answers or fixes. The demands of family were frequently cited as an explanation for the existence of the glass ceiling. In general, women tended to accept a larger amount of responsibility for the family and its daily upkeep than did male counterparts and therefore generally had less time to pursue career goals. A study on full-time female and male pediatricians revealed that female pediatricians performed 66% of child care and 63% of their household's duties while male pediatricians performed 19% of child care and 26% of their household's duties (*ibid*, 2010).

Apparently, little flexibility in parenting roles or workplace structure had developed to accommodate the greater presence of mothers in organizations. Often there was both little informal validation of women's dual role as worker and mother, and few formal policies that appropriately accommodated the needs of pregnant women and families. Having children was still viewed in many professions as an indication of a lack of seriousness and commitment on the part of women. The formulation of a second tier of career women with lower pay and lower status had been the response to human reproduction in many fields.

In academia, women who bore children early in their professional years could lose their chance for tenure if they chose to spend time with their children and published less. Most universities required a certain number of publications within the first four to seven years after becoming a faculty member in order to earn tenure. Inherent in the unwritten rule of, "publish or perish" may in fact be the requirement that, one devotes all attention to work, research, and writing for an uninterrupted, substantial period of time. Such a requirement would effectively discriminate against and weed out women, who were more likely than men to have time constraints due to the demands of a family. Negative attitudes about a woman's effort to combine motherhood with career could create stress for the female worker, often casting doubt on her professional competence and commitment. Negative attitudes held by a woman's colleagues and superiors

could also decrease the likelihood of promotion or receiving other professional rewards. Pregnancy could be a source of resentment when a woman's absence creates more work for her colleagues. For example, taking time to give birth during one's residency was sometimes seen as an unfair burden on other residents who must compensate for her maternity leave.

There are also societal costs for negative attitudes about professional women who were mothers. When childbearing and rearing were devalued, the health and strength of the family were generally weakened. The issue of balancing work and family commitments had been found to be a major barrier faced by women across many sectors because it had a significant impact when females were deciding on the importance which they needed to give to their family and work when it came to work periods and critical times in female leaders' career. Many women tended to lose courage to advance further when they reached a level in the management structure, one of the reasons being that they lacked confidence in carrying out the tasks as some considered it as an intense responsibility and as intimidating. A number of organizational studies were often pursued from a 'male perspective' which treated organizational behavior as typifying men and women alike and at worst treated women as periphery to organizational life (Mills, 1998).

2.2.2 Association between gendered prejudice and career advancement

Women are mainly concentrated in the "feminized" professions such as nursing and teaching (horizontal occupational segregation). At the same time they remained in lower job categories than men (vertical occupational segregation).The first image dominating our minds would be probably about gender. Social scientists and prominent philosophers (Derrida, 1976 & Lloyd, 1993) assert that the roots of gender discrimination lie under western bi-polar thinking system that design things and thinks hierarchically. This thinking system, ruled by reason of man, has been positioning women as the "second part" of human being instead of the "equal part", in its way of hierarchical polarization. Since the beginning of modernity, organizations have been contributing to this process by creating and re-creating the inequality regimes (Acker, 2006).
One of the arguments holding implicit gender discrimination focuses on women's physical-personal characteristics and home-related responsibilities to strengthen its explanation of "why

women cannot compete as successfully as men and why their contributions in the economy fall under men's" (Sandico and Kleiner, 1999, p. 33). Also, some other arguments refer to women's "emotional nature" to rationalize why they are not promoted to top management positions which requires a great deal of capabilities on rational decision making, rather than emotional characteristics. These arguments are accepted as outputs of western thinking system which matches ration to men (Lloyd, 1993). Kottle *et al.*, (2005) described the discrimination encountered most often by women as no actionable "micro-inequities". These involve unconscious slights, conscious slights, women's invisibility, and exploitation. Some examples include assigning women in disproportionate numbers to positions that offer no hope of advancement,-stating that pregnancy is an act of disservice to the department, openly discouraging women from entering certain fields and openly questioning women's stamina, strength, commitment or suitability to the profession. Other micro-inequities are: not crediting women's ideas or ignoring their suggestions, unconsciously eliminating women from consideration for professional opportunities, excluding women from informal peer networks, and ignoring women at rounds or in discussions of patients.

There are several possible correlations between gender discrimination and what has been described as the 'glass ceiling', or women's underachievement. When women's work was consistently treated as less valuable, was underpaid, under rewarded, or otherwise designated as less competent, women became discouraged, had a lower level of self-esteem and career ambitions. Discouragement and open hostility against women could force them to leave their specialty or the profession altogether.

Sexual harassment is also a serious form of gender discrimination which hinders the advancement of women. Sexual harassment is characterized by unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature where submission to such conduct is made either explicitly or implicitly a term or condition of individual's employment or academic success, submission to or rejection of such conduct by an individual is used as basis for employment or academic decisions affecting that individual, or such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work environment.

Sexual harassment is prevalent at all levels of professional training and practice. According to a January1993 survey of over 2000 women physicians by the American Medical Association (Susan Lewis, *et al,* 2010: pp. 239-254), 74.8% reported having experienced an incident of sexual harassment at some point in their careers. Of those who experienced harassment, 79% experienced it in medical school, 64.2% in residency training, and 41.8% in their practice. The majority of these women identified the source of the harassment as either a colleague or a member of the management staff.

An important issue in sexual harassment, often not fully addressed, was the inherent abuse of power that gives the harassment its force. Sexual harassment should not be misinterpreted to mean mutual flirtation or flattering comments. Its effect, however unconscious the harasser may be of it, was to demean and devalue the target of the harassment and to contribute to women feeling intimidated and doubtful about their own abilities.

Variances especially in regard to formal and informal labor participation could be explained and critiqued within the purview of the following: the theory of 'glass ceiling', (Weyer *et al*., 2007: 483); 'social role' theory, (Eagly; 1987; Berger, 1980); the 'expectations states theory', (Rigdeway, 2001), 'gender and development theory', (Pena *et al*., 2008) and the 'rights-based theory', (*ibid*, 2008). A 'glass ceiling' is broadly explained in view of a glass wall (White, 1997). These theories averred that rigidly held notions historically, traditionally and socially have had negative ramifications on women's career retention and distribution as well as advancement. Weyer, (2007) for example noted that traditionally males rather females have held the vast majority of top leadership positions throughout the world.

Weyer *et al.,* (2007: 482) notes that, "explanations for this phenomenon were varying. Among them was the assumption that women lacked appropriate education and skills as well as work experience". Besides, Weyer also noted that other variables that underpinned the philosophical context of the 'glass ceiling' were, "corporate practices such as recruitment, retention and promotion; behavioral and cultural causes such as stereotyping and preferred leadership style, structural and cultural explanations rooted in feminist theories, biological explanations, socialization explanations and structural-cultural postulations".

Functionally, these theories were relevant in an attempt to explain the gendered variance in career distribution and advancement within the sentiments of the socio-cultural setting and debate in Uganda, where women were generally seen as the fair sex, a weaker sex that could not do jobs as "masculine" and who must therefore be relegated to "feminine" roles. Grossly misleading however, were these theories' assumption that there were deeply ingrained skills and professional competence variances between men and women which a vigorous advancement in education has tended to bridge overtime.

Besides, the universalistic nature of education in view of giving values, competencies and skills benchmarks invalidated the perceived corporate bias, behavioral and socio-cultural antecedents as commonly shared competencies implying cross-cutting capabilities. Suffice it to mention a critique to this theory that, it was at the same time irrefutable that in the bases that influence this 'glass ceiling', culture and philosophy remained very much in practice and significantly encourage, shape and influence gendered notions of career advancement.

Related to the above was the "social states theory' postulated by Eagly, (1987) and Berger *et al*., (1980). They argued that the social role theory was a derivative of structural-cultural explanations. At the core of both of these theories, Weyer, (2007:484) argued that "there was the concept that men and women are allocated different roles in society due to their gender. Men and women were assumed to possess qualities that ideally predisposed them for different roles they typically occupied". This theory was again pointedly instructive and illustrative. Deeply held stereotypical gender and histo-cultural constructions and definitions had continued to shape gender dynamics. The major criticism of this theory however was to assume that roles were socially defined, ignoring the role of learning and education processes that gave equal, universalistic and cross-cutting skills that invalidated this participation gap. Overtime as Still, (1994) acknowledged, women had been provided with adequate training to improve and develop their competencies.

Another theory, the 'expectations states theory' coined by Ridgeway (2001) and Weyer *et al* (2007:484), predicted similar effects of behavior and evaluation as social role theory. However, expectations states theory expanded upon social role theory and implied that it was the status

elements of gender stereotypes that caused such stereotypes to act as distinctively powerful barriers to women's achievement of position, authority, leadership and power.

In this explanatory prism, this theory drew insightful lessons from corporate practices, behavioral and cultural bases, structural-cultural antecedents, biological explanations, socialization explanations as fortifications against which female participation in formal labor had found difficulty to sail past. This theory was correct in as far as revealing these as proximate determinants of the "not plain sail". However, this it was criticized for basing its construct on deeply held socio-cultural sentiments of females being "expected" to perform certain roles at the "superior expense" of men and ignoring the vitality of education which had overtime empowered women as (Still, 1994) surmised.

Another relevant theory to this study was the Gender and Development (GAD) approach. Pena *et al* (2008) espoused it as broadly focusing on strategic interests, ending structural discrimination against women and stressing the overall importance of equal gender relations. The main thrust of this theory was an emphasis on strategic gender interests and the rights-based approach principle of non-discrimination. It concerned itself with the process of empowerment which starts with building women's self-confidence and increasing their self- esteem, identifying shared interests, building a movement and activism to claim women's rights. However, this theory's major shortcoming was to look at lack of these strategic interests or lack of self-esteem as mere occurrences without elaborately looking at the underlying bases. This theory did not for instance; provide a framework for debunking historically held notions that viewed women as a fair sex. Besides, as Pena *et al*, (2008:63) argued: "all the above was not enough, if women were not supported in the process to organize themselves into groups so that they could participate politically".

Another critique of the theory was its pre-occupation of looking at unequal labor relationships through the prism of gender alone. There were various antecedents and bases of discrimination like skills and competence variances that the theory did not look at. In this case therefore, it was equally plausible to infer yet again that undergoing a process of gender consciousness without going through a process of requisite skilling, capacity-building and competencies modeling, remodeling and retooling was not enough.

Lastly, is the rights-based approach, (Pena *et al*, 2008)? It sees gender inequities as rooted in the denial of human rights which often related to lack of political will, and, or capacity on the side of duty-holders to meet their obligations in protecting and fulfilling rights. Pena *et al.,* (2008: 58-59) argued thus far: "a rights-based approach's central premise was that it was through development work focused on building capacity of rights-holders that would claim their rights that structural causes behind inequities can be tackled". This positively built into the Women in Development (WID) theory which looked at systematic skilling and appropriate policies of affirmative action to deepen female participation in formal activity outlays.

Yet again, the shortcomings of these two theories were that they were overly legalistic, especially the rights-based approach since its foundations were largely linked to classical human rights work. Formal recognition of the rights at national, regional and local levels could not only be attained through legalistic approaches alone. They should instead be supplemented by elaborate and mass literacy and sensitization campaigns. The major shortcoming here was that the theory was very legalistic, by focusing a lot on legal action to address gender perceived inequities. In the end, interdependence, universality and non-discrimination as critical outcomes may require a comprehensive set of tools.

Overall therefore, this theory was grossly inadequate in as long as it runs through complexities of gender inequities in formal public sector employment using gender lenses and appearing to suggest that ratcheting gender consciousness par excellence is a panacea. In the context, therefore, the issue of gender and career advancement is a complex one which cannot be solved with a single, simple formula.

This includes breaking down notions that had historically rendered women less privileged (Thornhill *et al*., 2003). Breaking this required an incisive and progressively pragmatic training system for employees (Stewart, 1999).

2.3 Summary of the literature review

This chapter has reviewed scholarly literature on family-work balance complexity and gender stereotypes on career advancement. The literature generally portrayed that challenges of managerial advancement of women in organizations do exist and the factors mentioned above happened to be some of the causes of the challenge for women. Although there has been a lot done to reduce on this advancement challenge for women in organizations at organizational, national and even international level through enacting laws and policies to address the situation, it seems persistent. However most of the information was from the developed world perspective, this research sought to make findings on an African perspective, precisely a Ugandan one in a public health institution to see whether the same outcomes would be found or otherwise.

As seen, there was wide array of literature regarding gender and career advancement. The bases underlying the variations thereof and the imperatives of gender parity in occupational distribution remained largely unexplored and without a particularistic focal citation on gender and career advancement within the arena of the public health sector in Uganda; in particular, MNRH which was the broadest single case area largely representative of the entire public health sector in Uganda. This created focal scope, context, geographical and methodological gaps that this study set out to bridge. Therefore, in relation to what other scholars and researchers had put forward, this study was an additive framework in view of expanding the frontiers of knowledge.

3.0 Introduction

This chapter presents a concise discussion of the major methodological components that shaped and guided this study. These included; the research design, study population, sample size and selection, sampling techniques and procedure, data collection methods, validity and reliability issues, procedure of data collection and data analysis.

3.1 Research design

In this study's context, a cross-sectional design was adopted and utilized. Across-sectional design explains a given study phenomenon at a particular point in time. The essence of this design was to profile in clear and concise terms the relationship between the given variables within a given study scenario (Utwin, 1994; Amin 2005, Sarantakos, 1998). This was done by testing hypotheses to explain the variance in managerial advancement of women in the Mulago hospital. The study was thus cross-sectional- gathering primary data to test the listed hypotheses to achieve the objective of the study. Hypothesis testing was conducted using quantitative data.

3.2 Study population

Population is a group of individuals, objects or items from which samples are taken for measurement (Kombo & Tromp, 2006). The target population of this study comprised of 10 board members at Oversight/Strategic management level, (the board of directors was the top-most management and decision making body), 48 consultants at the senior management level, 452 medical and administrative staff at middle/operations management level, and 87staff at lower management level, altogether 597staff (source: Human Resources & Personnel Department).

3.2.1   Sample size and how it was determined

The study utilized a sample of 330 respondents which was determined using the formula provided by Krejcie and Morgan Tables (1970) as cited in (Amin, 2005) and purposive sampling. In this case each worker had an equal chance of being selected and therefore the findings would be acceptable as being representative of the population. The sample selected included different categories of the population according to the management levels as follows: the oversight/strategic level, the senior management level, middle/operations management level, and the lower management level respectively.

Table 2: Showing how the sample size was determined from a given staff category

Category: management level	Population of each level	Sample	Sample determination was done using:
Strategic/Oversight level	10	3	Purposive sampling
Senior management level	48	44	Krejcie & Morgan
Middle/Operations level	452	210	Krejcie & Morgan
Lower management level	87	73	Krejcie & Morgan
TOTAL	**597**	**330**	

Source: Krejcie & Morgan Table (1970) as adapted from Amin (2005)

From the table above, the total number of personnel at the strategic/oversight level was 10 and the sample selected was 3; at senior management level were 48, and the sample chosen was 44; at middle/operations level were 452staff, and the sample chosen was 210; while at lower management level the total number of staff was 87 and the sample chosen was 73. The simple random method was used to select respondents at senior, middle and lower management levels respectively within the departments of the hospital, while purposive sampling was used to select 3 departmental heads.

3.2.2   Sampling technique

Sample elements (respondents) at the senior, middle and lower managerial levels were drawn using the simple random sampling (without replacement) method while key informants were selected using purposive sampling.

3.3 Data collection methods

Data collection methods employed by the researcher were essentially the survey questionnaire, interviewing, and documentary review.

3.3.1   Use of the survey questionnaire

A structured questionnaire was used for respondents. This involved set questions that were issued to the respondents to be filled and then collected back by the research assistants on the spot, while some were collected much later. The study population was much literate as such they could all read and write hence this enabled easy and wider acquisition of information within a short time.

3.3.2   Use of interviewing

An Interview schedule was used for key informants because it facilitates in-depth probing (Amin, 2005). Also as stated by Mugenda and Mugenda (1999), face to face encounters were created in order to "obtain accurate, in-depth information on the topic". Open ended questions were used. This allowed the researcher to obtain information on the issues of interest in depth due to the privacy involved and sensitivity of some information.

3.3.3   Documentary review checklist

This contained a list of documents that were to be reviewed to provide necessary data for the study. It was a key instrument for collection of data using documentary review method. Both historical and contemporary documents were a rich source of data for this study (Punch, 1998). It helped to obtain unobtrusive information at pleasure of the researcher without interrupting the research. It was also intended to get additional information for purposes of triangulation. A number of documents were reviewed which included: the hospital webpage, departmental staff summaries, annual reports, ministerial policy statements and reports and various articles in published journals. However due to the sensitivity of some information, the researcher was not in position to get all existing documentation from the organization.

3.3.4   Data collection instrument

The main data collection instrument was a questionnaire. A questionnaire was used for the study's 330respondents whereas an interview schedule was utilized for 3 key informants. Both tools were designed in accordance with the objectives, questions and hypotheses that guided this study. Prior to their administration, they were pilot-tested using dummy samples outside study areas to improve reliability and validity.

3.5 Data Quality

To ensure that the instruments used were precise and concise enough as to collect accurate data to give the right findings, the following measures were taken.

3.5.1   Validity

Validity refers to the appropriateness of the instrument (Amin, 2005). That is whether an instrument measures that which it was intended to measure. Questions used in this survey were mostly derived from questionnaires developed by Bergman and Hallberg (2002) and further validated by Bergman (2003) and others from Hamidah (2010). This therefore means that, they

were valid since they had been tested before in previous research works. Consultants from Uganda Management Institute still went ahead to read through the tool and questions they felt were not good enough were deleted out. Patton (2001) also advocates the use of triangulation by stating "triangulation strengthens a study by combining methods. This study utilized several methods and data, including using both quantitative and qualitative approaches. This study's data collection techniques were triangulated (questionnaire, interview schedule, documentary analysis) to improve the content validity. Engaging multiple methods such as the use of questionnaires and in-depth interviews led to more valid, reliable data sets.

3.5.2 Reliability

Reliability is whether measurements are consistent from one observation to the next (Nachmias-Frankfort & Nachmias, 2005 in Hamidah C, (2010). The extent to which results are consistent over time and are an accurate representation of the total population under study is referred to as reliability. To achieve this, pre-testing of the questionnaire was done aimed at attaining this level of quality. Through pre-testing, the researcher was able to arrive at appropriate wording, format, length, and sequencing of the questions.

3.6 Procedure of Data collection

An introductory letter was obtained from the Higher Degrees Department of Uganda Management Institute after approval of the proposal. This was handed together with an application letter from the researcher to the Research and Ethics Committee of Mulago National referral Hospital who wrote back approving the study to be undertaken. Two research assistants were recruited and oriented to collect information from the different locations within the study area. Complete confidentiality was guaranteed; the right of refusal to answer specific questions or to withdraw participation at any time by the respondent was respected as per research protocols.

3.7 Data Analysis

To establish the strength of the relationship between variable interplay and cause-effect relationships; clean, coded quantitative data from respondents were run into the SPSS (statistical package for social scientists) program from which simple descriptive statistics such as frequencies, percentages, means, and correlations were generated and analyzed. Under this system, a hypothesis was validated if it was below a significance statistical threshold of 0.05 or ≤ 0.05 and invalidated if it was > 0.05. Simple cross and frequency tables were used to present quantitative data while qualitative data sets drawn and elicited from key informants were summarized into field notes from where generalized expressions, verbatim illustrations and explanations were analyzed under the broad themes and sub-themes developed from objectives.

3.8 Measurement of variables

Career advancement of women was the main variable of interest in the study. It was defined as progress of women employees from a lower to a higher rank in the hierarchical staff structure. Career advancement of women was measured by two items assessing 1) whether there were more men than women in higher management, or, 2) whether there were more women in higher management, in other words, women's proportional representation in the top management levels. These items were adopted from a literature review already cited in chapter 2, more notable the longitudinal study conducted by Tharenou (1999) on Australian Managers.

Career advancement of women was assumed to be affected by two factors – the family-work balance, and gender stereotypes.

1) family-work balance refers to the conflict that arises when time demanded at the work place makes it harder for a working person to combine paid work and domestic responsibilities especially at higher levels of management. Seven indicators of the extent to which this conflict affects career advancement of women were measured using a five-point likert scale from 5 'strongly agree', 4 'Agree', 3 'Neutral', 2 'Disagree', 1 'Strongly Disagree'. Respondents were asked to indicate how well each of the items described the family-work balance conflict faced by women.

2) The study also measured the effect of gender stereotypes. Gender stereotypes may be defined as the tendency for people to categorize others positively or negatively basing on certain attributes such as age, race, gender and so forth (Kanter, 1993). In addition, using a five-point likert scale, as above, respondents were asked to indicate how well each of the above items described the current gender stereotypes in the hospital.

Using data outputs from the SPSS program, statistical correlations and causality among variables using significance values was discerned and analyzed. Sex disaggregation of data to show the proportional representation between female and male response on each study item was attempted. Thematic content analysis was used to analyze qualitative data sets from key informants and secondary sources of data also acknowledged.

CHAPTER FOUR
PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.1 Introduction

This chapter presents the findings, their analysis and interpretations. It is organized into three major sections. The first section presents analyses and interprets the findings on background information. The second section presents analyses and interprets the finding about the effect of family-work balance on career advancement of women. The third section presents analyses and interprets the findings about the effect of gender stereotypes on career advancement of women in MNRH. The study subjects comprised of staff/ workers who included medical doctors, nurses, consultants, and senior consultants, administrators, nurses and aides in MNRH. Participants were given informed consent forms to read and sign before completing the survey.

4.2 Response Rate

A total of 330 questionnaires were distributed, of which 149 were returned. Of the 149 questionnaires retuned, 60 were incomplete leaving a usable response of 89 questionnaires, hence an overall response rate of 27.0% as shown in Table 3, below.

Table 3: Showing proportional representation of sample categories obtained

Respondents' management category by level in rank	Target sample	Actual response	Response rate
Oversight/strategic level	3	0	0
Senior management level	44	6 (4 females, 2 males)	13.6%
Middle/operations management level	210	49 (26 females, 23 males)	23.3%
Lower management level	73	34 (20 females, 14 males)	46.6%
TOTAL	**330**	**89**	**27.0%**

Source: primary data

Of the 89 respondent questionnaires retuned which met the criteria of completeness, 46.6% were from the lower/support management level, 23.3% from the middle /operations management level, and 13.6% from the senior management level. In addition, 3 key informant interviews were

obtained from 2 female officers and 1 male officer all at the rank of senior officer and above. From the pattern of the response, a higher proportion of questionnaire return was registered from lower management, followed by middle/operations while senior management returned the least number of questionnaires. This may depict the relative importance various management levels attached to this study. The response rate obtained was representative of the four management levels.

4.3 Results on the background characteristics of respondents

Respondent's background information focused on their gender, marital status, number of children/dependants, highest educational level, length of service in the organization, current job level in the organization, the respondent's length of service.

4.3.1   Gender:

With respect to gender breakdown, 50 (56.2%) of the respondents were females, while 39 (43.8%) were males. The response rate was representative of the gender dimension of the three management levels. Further gender categorization by managerial level is shown below.

Table (4): Showing a gendered representation of the respondents according to management level where they currently serve:

		Respondents' current level in the staff hierarchy in MNRH				
		Oversight/strategic management level	Senior management level	Middle/Operations Management level	Lower/support management level	Total
Gender	**Female**	0	4	26	20	**50**
	Male	0	2	23	14	**39**
Total		**0**	**6**	**49**	**34**	**89**

Of the 50 female respondents who participated in the study, 8% were at the senior management level, 52% at the middle/operations level, while 40% were at the lower/support management level.

Whereas among the 49 males, 22.5% of the respondents were at senior managerial level, 58.9% at the middle/operations level, while 35.8% were at the lower managerial (support) level. 3 key informant interviews (2 females, 1 male) were elicited at the strategic/oversight level. By comparison therefore, men tended to dominate higher positions of management compared to women.

4.3.2   Marital status

The study elicited participation of 50 females and 39 females whose marital status is presented in **Table 5**, below.

Table 5: Showing the gendered distribution according to marital status of respondents.

		Marital Status of respondent					
		Single with dependants	Single without dependants	Married	Divorced	Widowed	Total
Gender	Female	12	11	23	0	4	50
	Male	6	9	22	2	0	39
Total		**18**	**20**	**45**	**2**	**4**	**89**

Source: primary data

Majority of the respondents (50.6%) were married. Of these, 51.1% were female, while 48.9% were males. This was followed by respondents who were single and without dependants at 22.5%; and of these, 55% were females while 45% were males. Those single but with dependants constituted 20.2%. Of these, 66.7% were women compared to men's 33.3%. Therefore there were more single women with dependants to look after compared to men.

Lastly, 5.4% of the respondents were 'widowed' while 2.2% were 'divorced' with males making up 100% of those 'divorced' and women 100% of those 'widowed' respectively. This implies that most employees in MNRH were married and as such majority of them had family responsibility hence making family-work relationship of importance to this study.

4.3.3   Dependants:

For purposes of this study, dependants were assumed to be persons under 18 years of age and no distinction was made between own children or other underage persons that were reported to be in the respondent's care. This was because the presence of dependants (own children or not) was assumed to place similar burden of care on the respondents as Table 6, below shows.

Table 6: Showing a cross-tabulation of the proportional distribution of number dependants according to respondents' gender

		Number dependants				Total
		None	**1-3**	**4-6**	**More than 6**	
Gender	Female	16	20	11	3	50
	Male	11	16	7	5	39
Total		**27**	**36**	**18**	**8**	**89**

Source: primary data

Women dominated as care-givers for dependants probably out their more traditional role in the family as care-givers (Nantege, 2010). The findings also demonstrated that in addition to their formal work, women have a comparatively higher dependents' burden although this burden was generally shared equally among both men and women staff. Overall, 40.5% of all respondents had between 1-3 dependants and of these, 55.6% being women compared to men's 44.4%. This was followed by respondents without dependants at 30.3% of whom 59.3% were female while men made up 40.7%. Those having between 4-6 dependants were 20.2%, of which, 61.1% were women compared to 38.9% men. Seemingly, men appeared to assume more care-giving responsibility as the number of dependants increased. For example they dominated at 62.5% among those with dependants exceeding 6 compared to women's 37.5%.

4.3.4   Educational attainment

A comparison of women and men's educational attainment was done and results tabulated. Overall, the number women who had attained post-secondary diploma, degree and post-graduate diploma qualifications were almost equivalent to men. Proportional distribution of educational attainment among females and males is presented in **Table 7**, below.

Table 7: Showing a cross-tabulation of the percentage distribution according to highest formal education attained by gender among respondents

Category: highest formal education level attained		Gender			
		Female	%	Male	%
Highest formal education attained	First degree	21	60	14	40
	Post-Secondary (Diploma)	14	58.3	10	41.7
	Post graduate diploma	5	41.7	7	58.3
	Masters	3	27.3	8	72.3
	Some Primary only	5		0	0
	Some Secondary (no diploma)	2		0	0
Total		**50**		**39**	

Source: primary data

Of the 35 respondents with a first degree, 60% were female while males made up 40%. At the post-secondary diploma level, females made up 58.3% as compared to 41.7% of the males. Of the 12 respondents with a Post graduate level qualification, 41.7% were females with more males at this level at 58.3%. Of those with a Masters qualification, 27.3% were females with males making a majority at 72.3%. Females made 100% among the two qualifications; 'some primary only' and 'some secondary' levels respectively. It can be observed qualifications in the top three education levels, was almost evenly shared between men and women.

This implies that most employees had at least a diploma as their highest education level. This is important because, it enables the researcher to relate qualification to promotion. Also, it is clear from the findings that women formed the majority of those with qualifications below diploma level hence, possibly, explaining their advancement challenge.

4.3.5 Respondents' management level at entry into the staff hierarchy

Relating to the respondent's job level at entry in the staff hierarchy, the details tabulated below.

Table 8: The distribution of respondents in the staff hierarchy at entry into Mulago hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Oversight/Strategic management level	0	0%	0	0
	Higher /supervision) management level	6	6.7%	6.7	6.7
	Middle /Operations) management level	49	55.1%	55.1	61.8
	Lower /support) management level	34	38.2%	38.2	100.0
	Total	**89**	**100.0%**	**100.0**	

Majority of the respondents 55.1% joined the hospital at the 'Middle/operations' management level, followed by 38.2% who joined at the 'Lower/support management' level. A small proportion of the staff (6.7%) joined at 'Higher /supervisory' management level. In total, 83 staffs were at middle/operations and lower/support management levels combined. A further look at the gender breakdown of the staff at entry is presented in Table 9, below.

Table 9: Showing the distribution of respondents by gender according to management level at the time of joining the staff hierarchy in MNRH.

	Level at entry into MNRH	Gender		
		Female	Male	Total
	Oversight/strategic level	0	0	0
	Senior management level	4	2	6
	Middle (Operations) management level	26	23	49
	Lower (support) management level	20	14	34
	Total	**50**	**39**	**89**

Source: primary data

The middle/operations and lower/support management levels consisted of 55.4% females to men's 44.6%. More women joined at middle management level. Of those joining at the senior management level, 67% were males compared to 33% of women. Again, men seemed to enter higher management level at more than twice the rate women were entering lower management. This helps in understanding where majority of the women and men lie in the managerial structure hence giving a boost to the purpose of this analysis.

The levels above were used for analytical purposes in assessing ascendency. Having derived the proportions of men and women at various management levels, the researcher was in position to make comparisons on how many of those entering a desired higher level were male or female

and whether aspirations among those who wished to progress higher had been realized overtime using a period between 0 to 6 years of service. In the following section, the researcher attempts to show women's disproportionate representation at higher management levels compared to men in spite of their employment rate.

4.3.6 *Whether respondents aspired to serve at higher level in the hierarchy*

Respondents were asked if they wished to serve at a higher managerial level compared to the one where they were currently serving or when they first joined the institution. The findings are presented in the table below.

Table 10 Showing gendered proportional distribution among respondents according to whether they wish to serve at higher level

| | | Gender | | Total |
		Female	Male	
Wish to serve at higher level than now	Yes	41	28	69
	No	4	6	10
	Not sure	4	3	7
	No response	1	2	3
Total		**50**	**39**	**89**

Source: primary data

From the findings above, more women (59.4%) compared to men's ((40.5%)wanted to advance to a higher managerial level. The higher proportion of females wishing to advance probably reveals that more women were dissatisfied with the level where they were currently serving compared to men.

Respondents who did not aspire to a higher position were 10 of which 60% were males compared to females at 40%; the latter's low appetite for advancement probably explained by having joined service at their desired entry level. Those who were not sure that they could advance were 7 respondents of which 60% were females compared to males 40%. To the researcher, there were no obvious factors that could explain why these respondents lacked

47

motivation or desire to advance beyond their current service ranks. What was clear though was that more women compared to men had resigned to their fate.

4.3.7   Number of years served at current management level without a promotion

Relating it to how long a respondent had served at their current position without a promotion, the findings are presented, below.

Table 11: Showing distribution in terms of number of years in MNRH at current level without a promotion

Category: duration in years served without a promotion		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than 2 years	17	19.1	19.1	19.1
	2 to 4 years	33	37.1	37.1	56.2
	4 to 6 years	13	14.6	14.6	70.8
	More than 6 years	26	29.2	29.2	100.0
	Total	**89**	**100.0**	**100.0**	

Source: primary data

Majority of respondents (37.1%) served between 2-4 years without a promotion, this was followed by (29.1%) who served for more than 6 years without a promotion, (19.1%) served for less than 2 years and got a promotion, and lastly (14.6%) served between 4 to 6 years without a promotion. Also of interest to this study was the proportional representation of men and women in terms of promotions, which is presented Table 11, below.

Table 12: Showing proportional representation of men and women in promotions in MNRH

Category	Duration in years served without a promotion	Gender		Total
		Female	**Male**	**Total**
Number of years in MNRH at current level	less than 2 years	10	7	17
	2 to 4 years	15	18	33
	4 to 6 years	7	6	13
	More than 6 years	18	8	26
	Total	**50**	**39**	**89**

Source: primary data

Of the 26 staff who served for more than 6 years without a promotion, (69%) were women compared to (31%)men; of the 13 respondents who served for 4 to 6 years without a promotion, 60% were women compared to 40% men; of the 33 respondents who served for 2 to 4 years without a promotion, (54.4%) were men compared to (45.6%) women; and lastly of the 17 respondents who received a promotion within their first 2 years of service, (58.8%) were women compared to (41.2%) of men.

The findings therefore demonstrated that women served for the longest time (more than 6 years) without a promotion at (69.2%) compared to (30.8%) of men over the same period. The positive upward movement of women was highest from the second to the fourth year of service. Therefore, women's highest chances of promotion were concentrated in the first four years of service. But this trend was not sustained as the proportion of women dwindled compared to that of men after their fourth year of service.

4.3.8   *Summary*

From the background above, the demographic component of the survey demonstrates that the development of most women staff in MNRH lies in the middle and lower management level positions. In respect, while 55.4% of the staffs at middle and lower management levels were females, only a dismal 33.3% were at higher/supervisory management level. Men dominated higher and top-management positions. The hospital's top-most decision making body: the 9 member board of directors was composed of(78%) males; (males also holding its

chairpersonship, vice chair and secretary), while female representation stood at (22%). It should also be highlighted here that female members of the board held 'member' capacity only.

From the analysis of the managerial groupings and levels, female managers in the study featured less. It is clear that, with the exception of the lower/support managerial level where women formed the majority of the staff, women were underrepresented in higher management levels, irrespective of the fact that women may be proportionately as qualified as men in the same occupational groupings. This suggests that the level of education was not in itself an inhibiting factor in leading women into management positions. It showed that most women were eligible for promotion to managerial positions upon fulfilling the other additional requirements or overcoming other bottlenecks that may exist.

4.4 Descriptive Findings on study variables

Statisticians recommend researchers to present descriptive statistics (such as frequencies, and percentages) before presenting the inferential statistics (results of statistical tests such as correlations, regressions) (Plonsky, 2007). This is because the descriptive statistics can be used in interpretation of the inferential statistics. This approach was adopted in this section and subsequent sections. The first two sections present descriptive statistics about family-work balance, and gender stereotypes on career advancement of women. The last section measures the views of respondents on the dependent variable itself. Finally, in the last sub section, the researcher tests three hypotheses of the study in relation to career advancement of women.

4.4.1 Family and work balance setting and career advancement of women

Respondents were asked to respond to seven indicators of how well they manage the family-work balance. Results are presented in Table (13) where the first column presents the statements about family-work balance and the remaining columns present distribution of respondents on the responses for each item. The table below presents the analysis and interpretation of the results.

Table 13 Respondents' views about family-work balance and career advancement

Statements about family-work balance	Gender	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Total	
		F	%	F	%	F	%	F	%	F	%	F	%
1. I balance career and family issues easily	Female	2	4	8	16	15	30	18	36	7	14	50	100
	Male	1	2.6	6	15.4	8	20.5	17	43.6	7	17.9	39	100
2. My family takes precedence over my career	Female	3	6	6	12.0	19	38.0	16	32.0	6	12	50	100
	Male	1	2.6	5	12.8	15	38.5	14	35.9	4	10.3	39	100
3. My family obligations are too demanding	Female	4	8	14	28	19	38	11	22	2	4	50	100
	Male	2	5.1	14	35.9	10	25.6	10	25.6	3	7.7	39	100
4. I would apply for a job that requires me to work for long hours and travel often	Female	10	20	16	32	8	16	12	24	4	8	50	100
	Male	3	7.7	13	33.3	5	12.8	14	35.9	4	10.3	39	100
5. Traditional cultures expect domestic roles to be women's primary responsibility	Female	5	10	8	16	4	8	23	46	10	20	50	100
	Male	4	10.3	6	15.4	7	17.9	16	41.0	6	15.4	39	100
6. Men have an upper hand at work because they are free from domestic work	Female	2	4	14	28	5	10	17	34	12	24	50	100
	Male	4	10.3	7	17.9	1	2.6	20	51.3	7	17.9	39	100
7. The pressure that women face in balancing career and family is the most significant barrier in attempts to advance	Female	3	6	10	20	5	10	19	38	13	26	50	100
	Male	2	5.1	10	25.6	3	7.7	16	41.0	8	20.5	39	100

F= frequency

To analyze and interpret the findings in the table above, total respondents who 'strongly agreed" with the statements was computed into one category of respondents who 'agreed' with the statements. In addition, a total of respondents who 'strongly disagreed' and those who 'disagreed' to the statements were computed into one category of respondents who 'disagreed'. Thereafter, proportions of respondents who were 'neutral' to the statements were compared as presented in the following sections.

A key informant said,

"If I were not to work at Mulago hospital, I would have one life, but right now I have two lives one at home and the other at work, and I do not enjoy any one of them".

This statement goes towards underlining the difficulty which working parents face in balancing formal work and family demands.

More specifically, on whether respondents can balance family and work issues easily, of the 50 female respondents,(20%) disagreed, (50%) agreed while (30%) were neutral. This means that in MNRH, most female respondents felt that they were able to balance family and work easily.

In comparison, among the 39 male respondents, (17.9%) disagreed with the statement, (61.5%) agreed, while (20.5%) were neutral. This means that just like their female counterparts, men felt that they could balance family and work issues easily although a bigger proportion of male respondents could achieve it compared to women.

On whether family takes precedence over career, of the 50 females, (44.0%) agreed with the statement, (18.0%) disagreed, while (38.0%) were neutral. This means majority of female respondents treated their family as number one priority.

In contrast, among the 39 male respondents, (46.2%) agreed with the statement, (15.4%) disagreed, while (38.5%) were neutral. Again it was clear that men similarly gave their family priority over formal work career. Both men and women respondents gave the family priority as something they considered before their formal work career, even though a sizeable proportion of them were neutral or 'caught in between which means that they aimed at being able to strike a near perfect balance between the two.

On whether family obligations are too demanding, of the 50 female respondents, (26%) agreed with the statement, (36%) disagreed, while (38%) were neutral. This means that for majority of female respondents they were not sure whether it was their family or work obligations that was more demanding.

In contrast, among the 39 males, (33.3%) agreed with the statement, (41.0%) disagreed, while (25.6%) were neutral. This means that in comparison to women, majority of the men did not carry a domestic burden and therefore were able to exclude their family-related obligations from their formal work. It appeared though that for men, 25.6% of them were undecided on this issue.

On whether they could apply for a job requiring long hours and frequent travels, of the 50 female respondents, (32%) agreed with the statement, (52%) disagreed, while (16%) were neutral. This

means that majority of female respondents favored work that did not involve long separation from their families or which was likely to prevent them from fulfilling their family-related obligations. A small proportion of women were undecided on the matter.

In contrast, among the 39 males, the majority (46.2%) favored a formal job-related career by agreeing with the statement, (41.0%) disagreed, while (12.8%) were neutral. It was clear men favored formal job-related career compared to women. Additionally, men were more willing to take jobs requiring more frequent travels and long hours compared to women respondents in this study. The implication was that the staffs' chances of advancement were likely to be negatively affected in case formal work demanded such flexibility which women were not willing to concede. This was more likely to affect women than men because the majority did not wish to take a job that required long separation from their family. Although a good number of respondents was willing to take such jobs probably for the relatively higher returns on these jobs.

On whether traditional cultures expect domestic responsibilities to be women's primary role, hence any obligations that prevent women from fulfilling this primary role causes conflicts in families, among the 50 female respondents, (66%) agreed with the statement, (26%) disagreed, while (8%) were neutral. This means that majority of women respondents tended to look at their careers as destined to be in the family. In contrast, among the 39 males (56.4%) agreed with the statement, (25.6%) disagreed, while (17.9%) were neutral. This goes to prove that men held similar view that women's careers were in the family. Majority of respondents (both males and females) believed domestic responsibilities to be women's primary role probably informed by traditional cultural beliefs. These respondents also believed that any work that prevents women from fulfilling this primary role was likely to cause conflicts in families.

On whether men have an upper hand at work because they are free from domestic work, among the 50 female respondents, (58%) agreed with the statement, (32%) disagreed, while (10%) were neutral. Majority of women respondents believed that their inability to balance work-family pressures stemmed from men being freed by cultures from similar domestic responsibilities.

In contrast, among the 39 male respondents, (69.2%) also agreed with the statement, (28.2%) disagreed, while (2.6%) were neutral or undecided.

A key informant had this to add, *"A man announces that he is going to leave the office to be with a child and he is hailed as a self-less paternal role model,* and added; *"a woman announces he is going to leave office to be with a child on its sick bed, and she is damned as disorganized, irresponsible, and showing insufficient commitment"*

This confirms the belief earlier stated by women that their woes in the formal work arena originated in men being significantly more freed from domestic duties whereas they women were not. It could be observed from the findings therefore that men had an upper hand at the work place primarily because they had more time to devote to formal work whereas a greater burden of family-raising was squarely placed on the women in spite of the fact that they had to participate in formal work outlays.

Concerning whether the pressure women face in balancing career and family is the most significant barrier in women's attempt to advance, among the 50 female respondents, (64%) agreed with the statement, (26%) disagreed, while (10%) were neutral. This means that majority of women recognized family-related pressures as the greatest barrier to career advancement.
In contrast, among the 39 male respondents, (61.5%) also agreed with the statement, (30.8%) disagreed, and (7.7%) were neutral. This means that similarly, men believed that the advantage they enjoyed in the formal work milieu was arising out of the fact that they were relatively under less domestic pressure in comparison to women. Even then, for majority of respondents, the difficulty that women face in balancing career and family was the most significant barrier in their attempt to advance their career.

Findings shed some light on the importance of the family to respondents. Most made reference to it as something they could not ignore in decision making concerning career advancement, although it pointed to a weak link.
The implication of the above findings is that, MNRH needs to strengthen measures that can help women balance their formal work and family demands if they are to advance into higher managerial positions. Without such supports being identified and implemented by the hospital, women were likely to continue lagging behind men in career advancement drives.

4.4.2   *Gender prejudice*

Respondent were also asked to react to six indicators on the existence of gender prejudice. These statements are summarized along with the sex disaggregated frequencies in the table (14) below

Table 14   Showing respondents' views about gender prejudice and career advancement

Statements about gender prejudice	Gender	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Total	
		F	%	F	%	F	%	F	%	F	%	F	%
1. Administrative and managerial positions should be a preserve for men	Female	29	58	17	34	2	4	0	0	2	4	50	100
	Male	15	38.5	14	35.9	3	7.7	3	7.7	4	10.3	39	100
2. Women tend to express lower self-confidence than men in many achievement related situations leading supervisors to view women employees as less determined to succeed on the job	Female	9	18	15	30	5	10	17	34	4	8	50	100
	Male	5	12.8	6	15.4	5	12.8	19	48.7	4	10.3	39	100
3. People do not hold female leaders in as high regard or evaluate the as favorably as male leaders	Female	6	12	7	14	5	10	23	46	9	18	50	100
	Male	3	8	8	21	6	15	19	49	3	8	38	100
4. Women generally put less importance on job outcomes	Female	16	32	22	44	4	8	15	30	5	19	50	100
	Male	5	13	15	38.5	6	15.4	12	30.8	1	2.6	39	100
5. Leadership is culturally masculine (male)	Female	14	28	12	24	4	8	15	30	5	10	50	100
	Male	4	10.3	17	43.6	4	10.3	10	25.6	4	10.3	39	100
6. Women are less strong and slower at taking decisions in critical situations that men therefore can take managerial positions	Female	19	38	19	38	2	4	6	12	4	8	50	100
	Male	6	15	10	25.6	4	10.3	16	41.0	3	7.7	39	100

F= frequency

Presentation and interpretation on the extent to which gender prejudices influence women's career advancement is attempted below:

Starting with whether respondents think administrative and managerial positions should be a preserve for men, among the 50 female respondents, (92%) disagreed with the statement, (4%) agreed, while (4%) were neutral. This means that a huge majority of women held very strongly against the view that administrative positions should be a preserve for men alone. A minority (4%) of women were neutral or undecided.

On the other hand among the 39 male respondents (74.4%) agreed with their female counterparts that such positions should not be a preserve for men alone, although (17.9%) agreed with the

statement, that that status-quo be upheld while (7.7%) were neutral. It was interesting to note that there were male respondents in this age and time who felt that it was against the norm to open up administrative positions to women; as well as those who appeared to be undecided on the issue as indicated by the (7.7%) who were neutral. Overall this means that the majority of respondents do not appreciate managerial positions at MNRH being dominated by or ring-fenced as a preserve for men alone.

On whether women tended to express lower self-confidence than men in many achievement related situations leading supervisors to view women employees as less determined to succeed on the job than men, of the 50 females respondents, (48%) disagreed with the statement, an almost equivalent (42%) agreed, while (10%) were undecided. This means that a slim majority of the women do not believe in their abilities as women to emerge at all times irrespective of the situation at work. However, most women disagreed with this view and held a positive image of them as being equally esteemed as men.

In contrast among the 39 male respondents, the majority (59.0%) agreed with the statement, meaning that they believed women exhibited the weakness identified in the statement; (28.2%) disagreed, while (12.8%) were neutral.

A female key informant also doubts the strength of this assertion,

"At work when you act like one of the 'boys' they call you abrasive and difficult, so you act like a woman and they say you are emotional, and difficult. So 'difficult' is really just a word for anything that isn't a man".

Overall therefore, this means that male respondents did not believe women expressed lower self confidence in decisive situations compared to men hence the tag usually placed on women as being indecisive should not be attributed to only women folk.

The implication of the above finding is that supervisors, whether male or female, should not view women employees as less determined to succeed on the job than men. Women employees

should be equally encouraged and supported in work situations. The focus should be put on helping the employee perform optimally irrespective of whether it is a man or woman.

On whether most people agree that women can be effective leaders, yet do not hold female leaders in as high regard or evaluate them as favorably as male leaders, among the 50 female respondents, (64%) agreed with the statement, (26%) disagreed, while (10%) were neutral. This means that female workers were familiar with some of the stereotypes held among people generally on female leaders as being of lesser caliber even if this was not backed up by any studies. Still there were some (26%) among women who agreed that female leaders could not perform to the same degree as to be equally evaluated to men in the same positions. The fact there were women who believed this about their fellow women leaders' performance exhibits existence of strong, probably culturally held stereotypes.

In contrast, of the 39 male respondents, (56%) agreed with the statement, (28%) disagreed with it, while (15%) were undecided. This means that just like their female counterparts, men also believed that female leaders were being unfavorably evaluated. This means that on the whole, majority of respondents generally did not think less of female leader's capacity or leadership competencies.

On whether women generally put less importance on job outcomes, majority of the 50 female respondents (76%) disagreed with the statement, (16%) agreed, while (8%) were undecided. This means that women workers believed themselves to be as effective performers on the job as men. Just like their female counterparts, among the 39 male respondents, (51%) believed parallel to the view held by women, but a higher proportion of the men (33%) disagreed, while again a higher percentage (15%) were neutral. This means that to a large extent men believed the statement to be relatively meaningful about women's mindset in work situations, even if a higher percentage of them were undecided at the same time. This means that respondents believed women were as good performers on the job as men in terms of focus on job outcomes.

On whether leadership is culturally masculine or a male domain, a split in opinion emerged with (52%) of the 50 female respondents disagreeing with the statement, (40%) agreeing, while (8%) were neutral. This means that majority of women did not appreciate their career being tied to

such a cultural stereotype. However culture according to the (40%) was going to be an issue to contend with if any progress was going to be realized.

In contrast among the 39 male respondents, (54%) disagreed with the statement, (36%) agreed with it, while only (10%) were undecided. This means that even among the men, majority similarly believed that culture was being used as blanket to mask the potentials of women to prevent them from advancing in their career on the pretext of leadership "being" culturally masculine.

This means that majority of respondents were aware of the extent of the male domination of leadership at MNRH, probably for their liking. But they did not believe necessarily that such leadership role was a male-domain even if, from the findings, majority of leadership positions were dominated by men. The implication of this finding is that majority of respondents were generally unhappy with the status-quo in as far as male domination of leadership at Mulago hospital was concerned.

On whether women are less strong and slower at taking decisions in critical situations than men and therefore cannot or are not fit to hold managerial positions, the majority (76%) of the study's 50 female respondents disagreed with the assertion, (20%) agreed, while (4%) were neutral. This means that women felt a strong sense of determination to succeed in their positions. However this was against beliefs held by a sizeable proportion of women to the effect that women leaders are slower at decision making.

Among the 39 male respondents, the majority (58.7%) believed that women actually manifested tendencies of being slow, or less decisive in situations requiring quick action against (41.0%) who disagreed with this position, while (10.3%) were undecided or neutral. This means that majority of respondents did not think of women leaders as being slow decision makers in critical situations than men. In addition women staffs at Mulago hospital were not thought of as being weak or unable to perform or contain pressure that is assumed to come with senior positions.

The implication of the above finding is that women staffs were thought of as possessing leadership competencies and skills that were comparable to those of men holding similar or higher positions. However, male and female colleagues did not automatically see women as equal with men. Given proof the existence of such stereotypes, women have to work much

harder to prove themselves and sometimes this may require adapting to 'male' working styles and attitudes more than necessary in order to fit in with such stereotypes.

One key informant even believed that,

"Owing to the difficulties they face in balancing work and family demands, women have come to prefer lower managerial positions", something that the researcher found utmost very ridiculous.

Next results about corporate/organizational culture are presented in the table below showing respondents' reactions on each item as background of the analysis and interpretation that follows:

4.4.3   Measurement of views on the dependent variable

Finally, **(Table 15)** summarizes the respondents' views on the dependent variable: women's career advancement. Respondents were asked to state their views on two indicators of career advancement of women, i.e.: 'whether there are more men than women in higher managerial positions', and 'whether there are more women than men in administrative/operational positions'.

Table 15: S**howing** r**espondents' views on the dependent variable: women's career advancement**

Statements about career advancement of women	Gender	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Total	
		F	%	F	%	F	%	F	%	F	%	F	%
1. We have more men than women in higher managerial positions	Female	2	4.0	9	18.0	8	16	19	38.0	12	24.0	50	100
	Male	1	2.6	6	15.4	7	18	19	48.7	6	15.4	39	100
2. There are more women than men in administrative/operational positions	Female	1	2	16	32	11	22	15	30	7	14	50	100
	Male	2	5.1	8	20.5	8	20.5	14	36.0	7	18.0	39	

On whether there were more men in higher managerial positions than women, majority of the 50 female respondents (62%) agreed with the assertion, (22%) disagreed, while only (16%) were neutral. Similarly among the 39 male respondents, (64.1%) agreed with the statement, (18%)

disagreed while (18%) were neutral. This view was found to be in agreement with the facts on the ground.

For example analysis showed that at senior management level alone, men took up 67.7% of all positions. Findings showed that respondents were aware of the wide gender gaps in higher managerial positions as a result of a disproportionate advancement of women staff. This means that in most cases, men predominantly were in-charge of decision making affecting the organization because they formed the majority in top management.

Regarding whether there are more women than men in administrative/operational positions, most respondents, of the 50 female respondents (44%) agreed with the statement, (34%) disagreed, while (22%) were neutral. Similarly among the 39 male respondents, (54%) agreed with the statement, (25.6%) disagreed while only (20.5%) were neutral.

The above result is in agreement with earlier findings by the researcher that besides the higher/supervisory management ranks being dominated by men, men also occupied 80% of the positions compared to women's 20%. This had led the staff to believe the notion that whenever the top management is dominated by one gender, it leads organizational practices to be highly biased towards the dominant gender hence resulting in different career opportunities for that particular gender and fewer for the opposite gender as earlier observations by other authors showed.

Therefore, the observed gender gaps in senior management at Mulago hospital need remedy if women are to advance to senior levels. It can be further deduced basing on the researchers' earlier finding in the previous section that under-representation of women on decision-making committees sometimes resulted in decisions that favored men over females was not out rightly misplaced.

Further correlation analysis on the variables using Spearman's rank order correlation and its coefficient of determination was performed on the data collected in order to test the two stated hypotheses.

4.5   Hypotheses Testing

Having established the descriptive findings about family-work balance, and gender stereotypes on career advancement of women; the study tested hypotheses. Findings are presented below.

4.5.1   *Testing of Hypothesis One:*

The first hypothesis stated "*Family roles and work balance complexity magnify unequal gendered career advancement in MNRH*". Spearman's rank order correlation (*rho*) was used to test this null hypothesis. Findings are stated in **Table (16)**. Following the table is the analysis and interpretation.

Table (16) Showing the correlation between family-work balance and women's career advancement

			Family and Work balance	Career
Spearman's *rho*	Family and Work Balance	Correlation Coefficient	1.000	.043
		Sig. (2-tailed)	.	.686
		N	89	89
	Career	Correlation Coefficient	.043	1.000
		Sig. (2-tailed)	.686	.
		N	89	89

Table (16) above shows that there is a weak positive relationship (almost non-existent) between family/work balance and career advancement in Mulago National Referral Hospital, given by Spearman's correlation of 0.043.

4.5.1.1 Regression Results showing extent of the relationship between family and work balance and women's career Advancement

To establish the extent to which family-work balance contributes to women's career advancement, a regression analysis was conducted using the ANOVA techniques of adjusted R^2 values, standardized beta values, t-values and the significance measured at 0.05 levels. The results are tabulated in the Tables below.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.033	.001	-.010	.85064

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.070	1	.070	.097	.756[a]
	Residual	62.952	87	.724		
	Total	63.022	88			

a. Predictors: (Constant), Family and Work Balance

b. Dependent Variable: Career advancement

It can be concluded from the regression thatfamily and work balance has got a statistically insignificant effect on unequal gendered career advancement in MNRH, given that sign. (p-value) is greater than 0.05 (=0.756). The researcher therefore rejected the hypothesis which was stated that "family and work balancecaused gender inequities in career advancement within Mulago National Referral Hospital.

4.5.1.2   Conclusion: Hypothesis One:

The hypothesis which states that "*Family roles and work balance complexity magnify unequal gendered career advancement in MNRH*" was rejected. There was a weak relationship between family-work balance and career advancement of women. The weak nature of the relationship meant that a change in the factors that cause the family-work balance conflict for women was likely to result in moderate change in the career advancement of women. Also given the weak nature of the relationship, it implied that the negative change in the two variables would result in the variables going in opposite direction. But, however weak the relationship was, more family-work imbalances were related to less to career advancement for women and vice-versa.

The findings were subjected to further analysis since the correlation does not indicate the percentage variance in the dependent variable caused by the independent variable; a coefficient of determination ($rho^2 = 0.01849$), which is a square of the correlation of the coefficient was computed. The coefficient of determination was expressed into a percentage to determine the effect family-work balance complexity had on career advancement of women. This revealed that family-work balance complexity accounted for 0.1848% of the variance in career advancement of women.

4.5.2   Testing hypothesis two:

The second hypothesis stated that, *"Gender prejudice contributes to gender inequities in career advancement within MNRH".* The Spearman's rank order correlation and its coefficient of determination were used to test the hypothesis.

			Gender Prejudice	Career
Spearman's *rho*	Gender Prejudice	Correlation Coefficient	1.000	.187
		Sig. (2-tailed)	.	.079
		N	89	89
	Career	Correlation Coefficient	.187	1.000
		Sig. (2-tailed)	.079	.
		N	89	89

The Table (17) above shows that there is a weak positive relationship (almost non-existent) between gender prejudice and and career advancement in Mulago National Referral Hospital, given by Spearman's correlation coefficient of 0.187. This relationship was however not statistically significant as *p*-value was greater than 0.05(=0.079). Althougha reduction in gender prejudices generally leads to improved career advancement, the *p*-value of 0.079 means that the chances of accepting the null hypothesis were low. Chances that there was no correlation between the two variables were extremely high (= .079%).

4.5.2.1 Regression results showing extent of the relationship between gender prejudice and gender inequities in career advancement within MNRH

To establish the extent to which gender prejudice contributes to gender inequities in career advancement within MNRH, a regression analysis was conducted using the ANOVA techniques of adjusted R^2 values, standardized beta values, t-values and the significance measured at 0.05 levels. The results are tabulated in the Table below.

Model Summary

Model		R	R Square	Adjusted R Square	Std. Error of the Estimate
1		.248	.062	.051	.82443

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.890	1	3.890	5.724	.019[a]
	Residual	59.132	87	.680		
	Total	63.022	88			

a. Predictors: (Constant), Gender Prejudice

b. Dependent Variable: Career advancement

It can be concluded from the regression thatGender Prejudice has got a statistically insignificant effect on women's Career Development, given that sign. (p-value) is greater than 0.05 (=0.019) the hypothesis which was stated that "Gender prejudice causes gender inequities in career advancement within Mulago Referral Hospital was therefore rejected.

4.5.2.2 Conclusion: Hypothesis two

The hypothesis which stated that, "*Gender prejudice contributes to gender inequities in career advancement within MNRH*" was rejected. Even if a weak relationship exists between the variables, a change in the factors that increase gender prejudice was likely to result in moderate change in the career advancement of women.

Since the correlation does not indicate the percentage variance in the dependent variable caused by the independent variable; a coefficient of determination ($rho^2 = 0.0345$), which is a square of the correlation of the coefficient was computed. The coefficient of determination was expressed into a percentage to determine the effect gender prejudice had on career advancement of women. This revealed that gender prejudice accounted for 3.45% of the variance in career advancement of women.

CHAPTER FIVE
SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes and discusses the key findings identified in Chapter four and makes conclusions and recommendations based on the study findings. This research sought to assess how the socio-cultural factors namely: family and work balance and gender stereotypes affected women's career advancement in the public health sector with a focus on Mulago National referral hospital. The study was specifically guided by two objectives: to establish how family and work balance complexity magnified gendered career advancement, and to establish the extent to which gender prejudice contributed to gender inequities in career advancement. Future areas of research are also highlighted. Below is a summary of the findings.

5.2 Summary
5.2.1 Variable One: The relationship between family-work balance and women's career advancement

There was a weak relationship between the two variables. The relationship was NOT statistically significant as the *p*-value was greater than 0.05(=0.686). The weak nature of the relationship meant that a change in the factors that cause family-work balance conflict for women was likely to result in moderate change in the career advancement of women.

However weak the relationship was; more family-work imbalances were related to less career advancement for women and vice-versa. Women employees were more likely not to spare time for social interactions after work than their male counterparts to chat and socialize. The study's finding regarding the influence of family work balance on women's career advancement was that both genders did not find a problem balancing family related obligations and work related pressure. However, comparatively, women generally had a challenge with balancing family and work life given the disproportionate cultural burden on them as family makers.

5.2.2   Variable two: the extent to which gendered stereotypes contribute to gender inequities in career advancement

Gender stereotypes and prejudices do exist in MNRH, although top management did not think that women were less interested in promotions or that women were weak or that they could not compete favorably with men. However, certain jobs were believed to be better performed by men and others by women. The hypothesis which stated that gender prejudice contributes to gender inequities in career advancement within MNRH was rejected. The p-value of 0.079 was greater than 0.05(= 0.079) meant that chances that there was no correlation between the two variables were extremely high. The major findings under this variable were that gendered prejudice had a statistically insignificant effect on women's career advancement. The findings however proved the existence of stereotypes in the organizational environment.

5.3 Discussion of study findings

The study revealed that majority of the staff in higher management positions in Mulago hospital were men. Women dominated administrative and operational levels in the organization. Results of the study findings in chapter four were based on the two research questions in section 1.6 of chapter one. The findings are discussed in the following sub sections using objective by objective approach.

5.3.1   Family roles-work balance complexity and gendered career advancement in MNRH

The results of the regression analysis showed that family-work balance and women's career advancement in Mulago Hospital were insignificantly related. The culture in terms of decision-making was heavily dominated by men because men held high level positions compared to women.

The coming of women into the medical profession, has meant that some of the traditional constructs around women's roles such as those that look at women being primarily being viewed as 'home-builders' better compared to men have been questioned.

In other words, while some respondents attributed women's perceived failure to balance work and family conflict impeded their chances of advancing their career, it did not affect their advancement much. Therefore, the findings indicated that today, family members or spouse were likely to be more aware of the burden placed upon their member by their profession, such as the requirement to devote much time to formal work and hence allow the flexibility and compromise more in such situations than a century ago. Indeed according to one key informant, in response to why it was easier for her to balance between family-work demands said,

"Flexibility is not only demanded, it is critical if I am to be efficient as a home builder and a professional at the same time".

It therefore seems plausible that family members or spouses enjoyed far more understanding from their partners given the fact that the medical profession was already assumed to be a time-demanding one. Therefore the traditional role differentiation which was based on sex was watered down. With this flexibility, the researcher was able to conclude that men and women were able to take on roles traditionally considered to be for the opposite sex as family members were willing to support each other more.

Another weakness of this belief system was to assume that because roles were socially given, nothing could change especially with education and learning processes which tended to give cross-cutting skills to both genders. Moreover, in the past, majority of doctors were predominantly male something that is rapidly changing today. It is also at present that males are generally accepted as nurses and females as doctors in the African setting. There was overwhelming evidence in support of females as leaders. Therefore whereas such a belief system could explain the gender variance in distribution of advancement, it fell short of being able to challenge the idea in Uganda where women are generally seen as the weaker, fairer sex that could not do 'masculine' jobs and who must be relegated to 'feminine' jobs. This was found to be grossly misleading.

The real effort at Mulago ought to be directed to mainstreaming of skills and professional competencies; which in turn women and men will require or bring to service once they assume managerial levels, and combine that with a vigorous education to counter the stereotypes. As such therefore, it was found that family-work balance could not explain the observed wide-gender gaps in the management structure of the hospital.

This finding was consistent with earlier findings by Coderre *et al*, (1990) that the most portent barriers to a person's career development lie instead with the individual.

The findings revealed that though women played a big role in shaping MNRH, there were not as many competent women as men in key positions. This supports the observation regarding gender in relation to qualities of male and females possess for different roles according to Eagerly (1991) an expectations held towards individuals occupying particular positions (Eagerly et al, (2003). Thus the finding of this study are in agreement with those of Eagerly et al, (2003) which showed that, not gender per se but other factors explained the disparity in advancement of women and men in managerial positions. Thus the findings of the study justify the thinking that was adopted by the glass ceiling (stemming from the social role theory) that can still be used to explain the challenge of advancement to managerial positions in the developing world like Uganda.

The researcher found evidence of individual staff's incapacity to effectively allocate a critical resource, "time" around the key activities in the day, thereby resulting in the difficulty in balancing career demands and family. For example none of the staff interviewed had a time allocation chart in their place of work.

The findings also agree with earlier studies by Putman (2000) who indicated that balancing family demands is a challenge which women managers struggle to cope with as working a full time job requires one to sacrifice time that would have been devoted to family care which is another important obligation for them.

According to one key informant,

"*Female employees especially mothers were discovered not to spare time after work to relate with their male counterparts to chat and to socialize. This therefore kept them out of informal social networks*".

One of the most cited reasons why women excluded themselves from informal social network was lack of time. This could be attributed to the already implied difficulty women face socially as having their place primarily in the home thereby making justification for social networks less culturally acceptable. But to claim the space lost to backward traditional beliefs, women must push the barrier away, for example by effective time allocation and related time management etiquettes both at home and at work.

In my analysis however, the reason why this issue affected women more than men may have to do more with career planning on the side of women. For example, it was noted that career progression for women experienced a positive upward movement up to the fourth year of service, but beyond that began to decline. The researcher attributes this to the onset of motherhood which for many women was probably unexpected and unplanned. Therefore the demands of the family such as child bearing, child rearing were not adequately taken into consideration. Such issues culturally could not be traded away for a career.

Further, MNRH was not against women taking on parenting roles. In fact a workplace structure had developed to accommodate the greater presence of mothers today in organizations. What were needed were formal policies, which were not in place yet, to validate women's dual role as workers and mothers. Such policies were needed to formally accommodate the needs of women and families. What was noted though was that having children was still viewed in many ways as an indication of lack of seriousness and commitment on the part of the women. Yet no one emerged accusingly against men who make their working wives pregnant.

It is the researcher's opinion that the formulation of a second tier of career women with higher pay and lower status socially as result of negating their duty as mothers had been the response for women asserting their rights to reproduction. Negative attitudes towards a woman's effort to combine motherhood with career could create stress for female workers.

The continued societal attitude of devaluing working mothers was likely to affect the health, strength and wellbeing of the family institution. Many women tended to lose courage to advance

further when they reached a level in the management structure, one of the reasons being that they lacked the confidence in carrying out the tasks as some considered it as an intense responsibility and intimidating. This study was not pursued so as to bring out the same-old 'male perspective' which tended to treat organizational behavior as typifying men. Women ought to be treated as women but not relegated to the periphery of organizational life (Mills, 1998).

In conclusion therefore, however weak the relationship between family and work is, more family-work imbalances were related to less career advancement for women and vice-versa as the findings have confirmed in MNRH.

5.3.2   Gender prejudice and inequalities in career advancement in MNRH

Gender stereotypes and prejudices existed in MNRH, some respondents believed that managerial positions were a preserve for men or that women expressed lower self-confidence than men in decisive situations or that women generally put less emphasis on job outcomes, to varying degrees. According to the findings, majority of both female and male respondents believed that the continued domination of senior management positions by males was not reflective of the recent changes in the work place culture. But it was not apparently clear why respondents 'anonymously' opposed to this supposed marginalization, were unwilling or declined to make proposals of how it might be tackled. It is therefore the researcher's considered opinion that existing stereotypes negatively contributed to women's career progression even if respondents might not apparently acknowledge it. According to Lize A. & Booysen, (2010), stereotypes are both invisible and visible rules that have been constructed around the 'male' norm which women sometimes found difficult to accommodate. But that the policies to counter stereotypes, which seemed to wield a lot of influence on how respondents rationalized on issues of gender parity mainstreaming, were long overdue.

The findings have proved that while there was a justification to remove the negatively held notions about women leaders, there was lack of a corresponding understanding on the part of the wider management structure of why this should be attempted. According to Pena *et al* (2008) in their theory of strategic gender interests, ending structural discrimination of women means addressing the overall importance of equal gender relations.

Within this theory is espoused the concept of non-discrimination. The researcher believes that MNRH should not concern itself wholly on 'empowerment' and yet ignore the process of empowerment which starts with individuals (both men and women) building their self-esteem and confidence, identifying their shared interests and building a culture of activism that claims the rights lost to others as a result of certain backward beliefs.

The challenge however was that this research was limited in scope and did not provide a framework for debunking some of the historically or culturally held notions that viewed women as only the fairer sex.

Therefore the researcher acknowledges that pre-occupation with unequal gendered distribution alone will not help in dealing with its causes. Similarly, the researcher recognized that undergoing a process of gender consciousness without going through a process of requisite skilling, capacity building and competencies modeling and remodeling was not enough in addressing the powerful stereotypes that exist as to why women should be treated as equal actors with men in formal work.

This is believed to contribute to stifling of the opportunities for women in the process of evaluation. The researcher took exception to some rather detrimental stereotypes that seem to permeate the belief system. One particular one was that 'certain jobs are best performed by men or that men showed more commitment than women'. Without empirical studies to prove these notions, it was possible that these stereotypes could remain invisible barriers unless challenged to the detriment of women folk's careers. It was these aspects that the researcher wished that more studies could be conducted.

5.4 Conclusions

5.4.1 Family and work balance

Majority of respondents believed that time spent taking care of the family means time lost for devotion to work and since women had a comparatively bigger burden to men of home-building roles, it could partly explain women's failure to effectively balance work and family demands hence career advancement. However the two were insignificantly related. There is need for the

hospital to strengthen working schedules that enable women to balance work and family demands to ease the pressure.

5.4.2   Gender stereotypes

The slow advancement of women's careers was partly due to the existence of gender stereotyped behaviors within the organization. Women's chances of advancement were generally low because they tended to be stereotyped as being family-oriented and focused, less committed to work and could only effectively handle support work or jobs that required soft skills. These jobs did not expose women to decision making experiences. There was need for the hospital to put in place measures to fight inter-group stereotyping and provide remedial actions to offset its negative effects.

5.5   Recommendations:

The recommendations of this study are drawn from the conclusions drawn from the findings and specific to the study objectives.

Objective 1: as regards family-work balance, the researcher recommends that the culture of the hospital should be harmonized to accommodate diversity. This can be achieved by management setting up family friendly policies that are all inclusive. These policies should cater for both men and women, putting in the fore front the natural differences that exist. For instance men and women should not be evaluated using the same scale/terms of reference since they are different and face different challenges at work and in life. The researcher recommends introduction of flextime, full integration and strengthening job sharing and introduction of employee-sponsored child-care. A policy should be drawn for mentoring staff on managing family work related conflicts which should include sensitization on terms and conditions of service to avoid indiscriminate use of procedures. Besides, MNRH should adopt a sensitization strategy to help staff transition and understand their roles and responsibilities in modern systems wherein traditional perceptions (e.g. those women's roles were confined to domestic spheres) need to be proactively challenged in a positive, supportive new environment.

Objective 2: as regards minimization of gender prejudice on women's career advancement in MNRH, the researcher recommends that the hospital management designs a system that gives women progressively more responsibilities especially after they have served in the hospital for at least 2 years. Assigning mentors to train women so as to help them overcome any fears of promotion to be ready to embrace new challenges.

5.6   Suggestions for further studies

Further research can be conducted on the same or related topic but rather with a larger sample from the wider public health sector and in organizations based both in the rural and urban settings in Uganda. This could be used to assess the reliability of the findings and its implications to public health delivery in Uganda. More studies needed on perceptions over what are seen to be barriers to career progression for women employees.

Overall, the study revealed that the barriers that women managers face in different regions of the world although similar differ from one context to another in terms of social and cultural norms.

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Appendix 1: Letter of Approval to Conduct Fieldwork

Appendix 2: Letter of Approval to conduct the study by Mulago Hospital

AN ASSESSMENT OF SOME SOCIAL CULTURAL DETERMINANTS OF WOMEN'S CAREER ADVANCEMENT IN THE PUBLIC HEALTH SECTOR OF UGANDA: A CASE OF MULAGO NATIONAL REFERRAL HOSPITAL

DEAR SIR/MADAM,

I am conducting a study on the social- cultural determinants of women's career advancement in the public health sector of Uganda and in this connection, I need information from you. I request you to give responses to the questions below and assure you that the information so provided will be kept strictly confidential and shall only be used for academic purposes. Your cooperation shall be greatly appreciated. Thank you for your cooperation.

I agree to take part in the above Research Study

Name (Optional) …………………………...Signature ………………………...Date

A. **Background information**

1. Gender ☐ Female ☐ Male

2. Marital status

☐Single with family ☐ Single without family ☐married ☐ Divorced ☐widowed

3. Level of education (tick appropriately)

☐Post-secondary ☐ First degree

☐ Post graduate diploma ☐ Masters

☐ PhD ☐Other (specify) ………………………

4. Number of children/ dependants

☐None ☐1-3 ☐ 4-6 ☐Over 6

5. Year of first entry into service at MNRH/first recruited in which year? --------------------

5a) How many years have you served as staff at Mulago National Referral Hospital …………………..

6. **Choose from the levels below**: What was your entry level in this organization

☐ Oversight/Strategic role   ☐ Higher Managerial/Supervisory level

☐ Middle level management/Operations   ☐ Lower level/Support Staff

☐ Other (specify)

7. Do you aspire or wish to serve at the next higher or even the top-most level in this department/organization?

    ☐ Yes   ☐ No

    ☐ Not sure   ☐ No response

7**a)** Assuming you were elevated in the organizational structure, what would be the level you wish to serve this institution?

☐ Oversight/Strategic level   ☐ Higher Managerial/Supervisory level

☐ Middle level management/Operations   ☐ Lower level/Support Staff

☐ Other (specify)

7**b)** Your current level

☐ Oversight/strategic role   ☐ Higher Managerial/Supervisory level

☐ Middle level management/Operations   ☐ Lower level/Support Staff

☐ Other (specify)

8 What is your job title/position?   --

9 Number of years served at present level

☐ Less than 2yrs   ☐ 2 - 4 yrs   ☐ 4 - 6yrs   ☐ above 6yrs

B. Family and work balance

10 I balance career and family issues easily

☐ Strongly disagree ☐ disagree ☐ Neutral ☐ agree ☐ strongly agree

11 My family takes precedence over my career

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

12. My family obligations are too demanding

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

13. I would apply for a job that requires me to work for long hours and travel often

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

13b) Why?..

14 Traditional cultures expect domestic responsibilities to be women's primary role and any obligation that prevents women from fulfilling this role causes conflict in families.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

15. Men have an upper hand at work because they are free from domestic work.

☐ Strongly disagree ☐ disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

16. The pressure that women face in balancing career and family is the most significant barrier in women's attempt to advance.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

16b) What do you think are the other barriers?

....

c. Gender prejudice

17. Administrative and managerial positions should be a preserve for men.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

18. Women tend to express lower self- confidence than men in many achievement-related situations leading supervisors to view women employees as less determined to succeed on the job than men

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

18b) Why?..

19. While most people agree that women can be effective leaders, people do not hold female leaders in as high regard or evaluate them as favorably as male leaders

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

19b) Why?..

20. Women generally put less importance on job outcomes

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

21. Leadership is culturally masculine (male)

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

22. Women are less strong and slower at taking decisions in critical situations than men and therefore cannot hold managerial positions

☐ Strongly disagree ☐Disagree ☐Neutral ☐agree ☐strongly agree

d.   Career advancement of women

23. We have more <u>men</u> than women in higher management/supervisory positions

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ agree ☐ strongly agree

Why so?

----

24. There are more <u>women</u> than men in hospital administration/Operations

☐Strongly disagree☐ Disagree ☐Neutral ☐agree ☐strongly agree

Why so?

Thank you for your cooperation

Appendix 4: Interview Guide

The interview schedule had the following three major parts:

1. **The opening**;
The opening intended to make the respondent/interviewee feel welcomed and relaxed. The interviewer also provided some information to motivate the respondent to answer the questions.

2. **The body**.
The body of the interview schedule contained a list of the topics to be covered and potential questions. The number of questions and the exact wording of the questions depended on the time that allowed and the freedom to probe into answers and adapt to the situation.

3. **The closing**.
The closing was designed to maintain the tone set throughout the interview and was brief but not abrupt. The interviewer summarized the main issues discussed during the interview, the next course of action to be taken, and thanked the respondent for his or her time.

Interview Schedule for key respondents

B. (Topic) Family and work balance

Refer to part (B) of the questionnaire (qns 10 to 16b)

Questions, explanations and personal experiences were asked basing on responses given in the questionnaire

 (**Transition to the next topic:**

_____

C. (Topic) Gender prejudice

Refer to part (C) of the questionnaire (questions 17 to 22)

Questions, explanations and personal experiences were asked basing on responses given in the questionnaire

(**Transition to the next topic:**

_____

D. (Topic) Career advancement of women

Refer to part (D) of the questionnaire (questions 23 to 24)

Questions, explanations and personal experiences were asked basing on responses given in the questionnaire