Women in
Healthcare Leadership:

Advancing Women's Leadership in the Kenyan Health Sector through Organizational and Systems Change Efforts

Advancing women's leadership in the Kenyan health sector: are the rungs on the organizational career ladder broken or is there no ladder at all?

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Women in Healthcare Leadership: Advancing Women's Leadership in the Kenyan Health Sector through Organizational and Systems Change Efforts

A report on healthworker perceptions and experiences of how organizational policies, structure, culture and leadership constrain or promote women's career advancement in kenyan health sector organizations

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About SBS

Strathmore University Business School (SBS) is the business school of Strathmore University. Based in Nairobi, Kenya, it offers Doctoral, Masters', and Undergraduate programmes, as well as executive education programmes. The business school's main purpose is to develop ethical and influential leaders who serve society. SBS has its footprint in Kenya, Uganda, Tanzania, and Rwanda; and additionally has capacity building and research programs and partnerships across much of Africa.

About the WIHL Project

Strathmore University Business School has been funded to lead and coordinate country level (Kenya) efforts aimed at identifying organizational level dimensions that impact women in healthcare leadership; and to stimulate locally driven and nationally relevant advocacy to support health sector institutions and organizations to adopt practices that enable more women to rise and thrive in positions of authority and influence. This report is one of the outputs of a study done to assess the structure, culture, policies, and processes of diverse health organizations across Kenya, that support and nurture women in leadership in the workplace.

About KHF

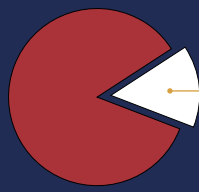Kenya Healthcare Federation (KHF) is the Health Sector Board of the Kenya Private Sector Alliance (KEPSA). Founded in 2004, the Federation seeks to promote strategic public-private partnerships toward achieving national access to quality healthcare and is dedicated to engaging the government and all relevant stakeholders in achieving quality healthcare by maximizing the contribution of the private sector.

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Contents

Definitions of terms

Gender mainstreaming: is transformational and long term change aiming to correct inequality without denying the difference between men and women

Organizational culture: the shared values, beliefs, norms, and practices that shape behavior within organizations

Organizational leadership: the ability to exert influence within the organization

Organizational structure: the context in which care is delivered, such as the facility, equipment, and human resources

Policy/Policies: directives or intents that drive organizational action

SBS. Strathmore Business School. A constituent school of Strathmore University

A snapshot of women in healthcare leadership

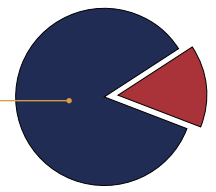According to a study by JAMA Network Open, just

15.3%

of health system CEOs were women in 2021.

The same study found that only **15.8%** of health insurance company CEOs were women.

Women hold approximately

70%

of health worker jobs worldwide, over **80%** of nursing and over **90%** of midwifery roles *(Boniol, McIsaac, Xu, Wuliji, Diallo. et al, 2019).*
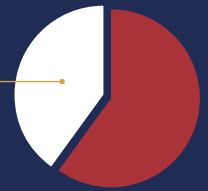
Women in Kenya's health sector leadership hold

42%

of mid-level position and

40%

of top-level leadership positions in the sector.

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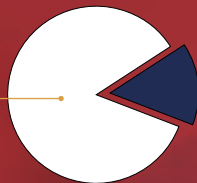Strathmore
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An introduction to the study

Although women comprise

70%

of the global health and social care workers, the proportion of women holding health leadership roles is only

27%

Many factors have been identified as contributors to this scenario including unfavourable workplace policies, gender stereotyping and a gendered organizational culture (2, 3, 4). Closing the leadership gap between men and women in the health sector, therefore, requires concerted effort in addressing the possibly multi-level barriers to women's advancement. This is not just a parity issue, increasing female talent in health leadership is anticipated to help realize the Triple Gender Dividend comprising better health outcomes, gender equality in decent work opportunities, and economic growth (1). We however lack contextually nuanced data, and so the objective of this study was to examine health worker perceptions and experiences of how the core organizational elements of structure, leadership, culture, and policies constrain or promote women's career advancement in Kenyan health sector organizations.

The study methodology

We conducted a mixed methods study with a quantitative survey administered to

3,015 participants

from

403 organizations

sampled from public and private sector healthcare organizations in all the eight regions in Kenya; and
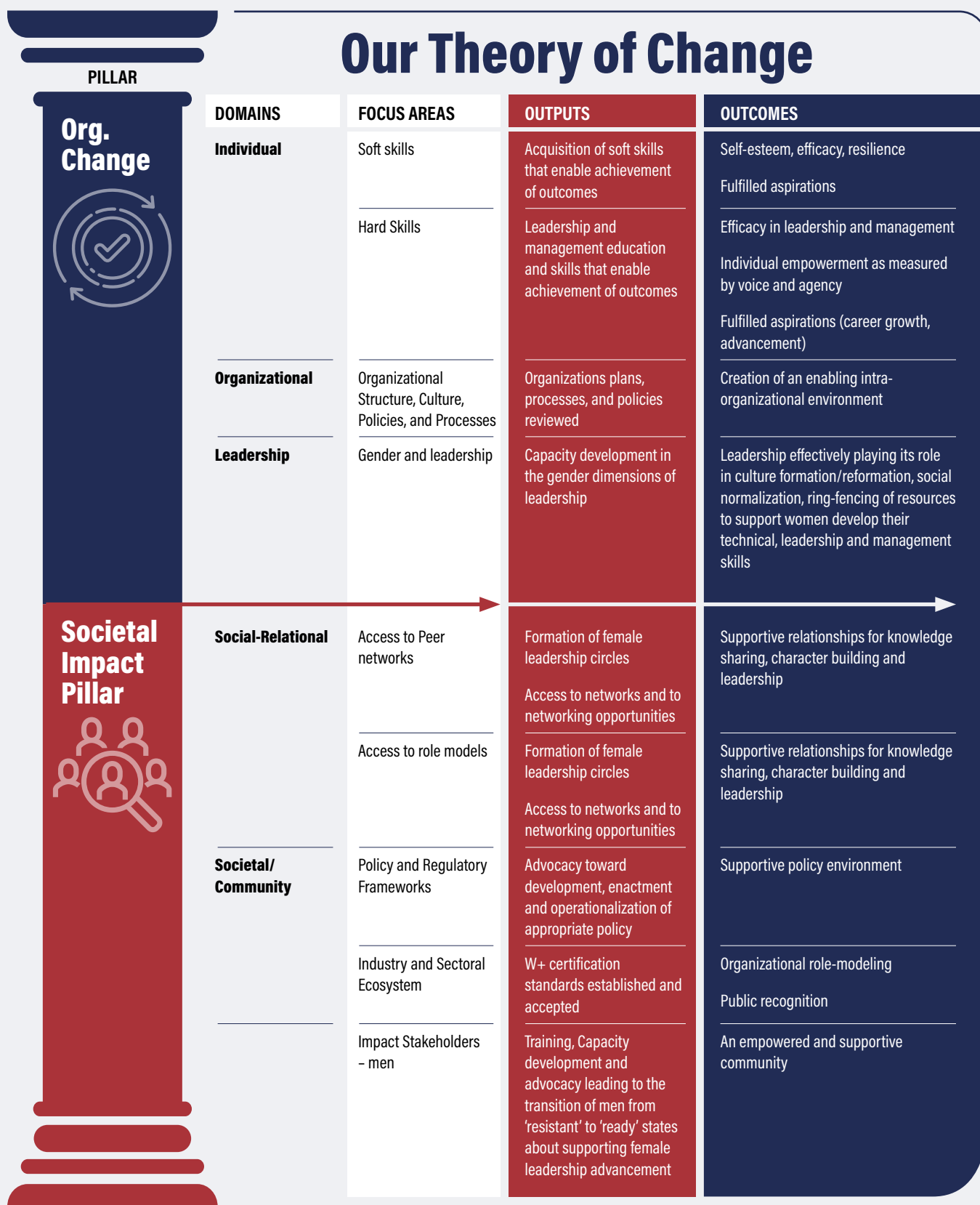
38 qualitative interviews

and

3 focus group

discussions conducted with human resource persons and chief executive officers.

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Our Theory of Change

PILLAR	DOMAINS	FOCUS AREAS	OUTPUTS	OUTCOMES
Org. Change	Individual	Soft skills	Acquisition of soft skills that enable achievement of outcomes	Self-esteem, efficacy, resilience
				Fulfilled aspirations
		Hard Skills	Leadership and management education and skills that enable achievement of outcomes	Efficacy in leadership and management
				Individual empowerment as measured by voice and agency
				Fulfilled aspirations (career growth, advancement)
	Organizational	Organizational Structure, Culture, Policies, and Processes	Organizations plans, processes, and policies reviewed	Creation of an enabling intra-organizational environment
	Leadership	Gender and leadership	Capacity development in the gender dimensions of leadership	Leadership effectively playing its role in culture formation/reformation, social normalization, ring-fencing of resources to support women develop their technical, leadership and management skills
Societal Impact Pillar	Social-Relational	Access to Peer networks	Formation of female leadership circles / Access to networks and to networking opportunities	Supportive relationships for knowledge sharing, character building and leadership
		Access to role models	Formation of female leadership circles / Access to networks and to networking opportunities	Supportive relationships for knowledge sharing, character building and leadership
	Societal/ Community	Policy and Regulatory Frameworks	Advocacy toward development, enactment and operationalization of appropriate policy	Supportive policy environment
		Industry and Sectoral Ecosystem	W+ certification standards established and accepted	Organizational role-modeling / Public recognition
		Impact Stakeholders – men	Training, Capacity development and advocacy leading to the transition of men from 'resistant' to 'ready' states about supporting female leadership advancement	An empowered and supportive community

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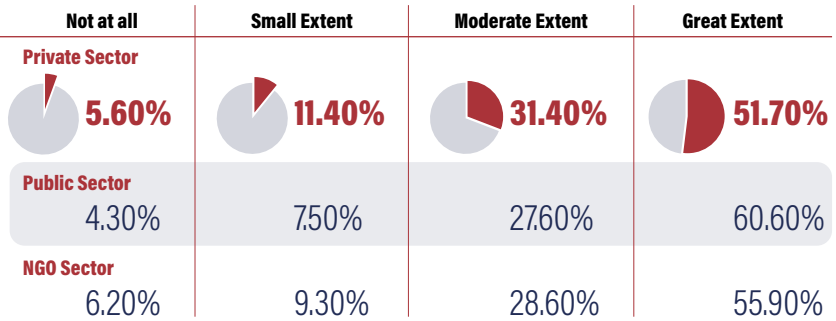
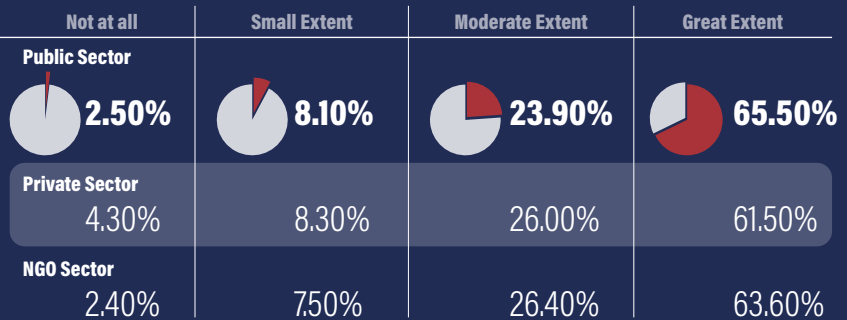# The findings

Organizational policies

Majority of the respondents agreed that policies offered equitable remuneration for similar roles and skill level but there were differences in employee perceptions between organizations on whether the policies actually did so, on whether promotions were based on individual employee performance or other factors, and indeed on whether promotion criteria were clear and transparent.
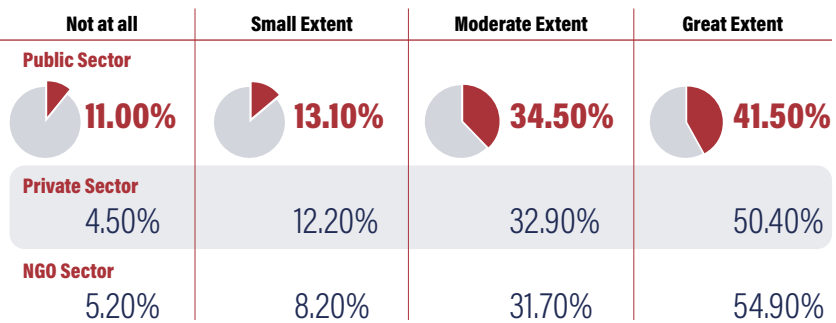
Where I work, the policies offer similar renumeration/salary/compensation for people in the same role, with comparable skills and experience.
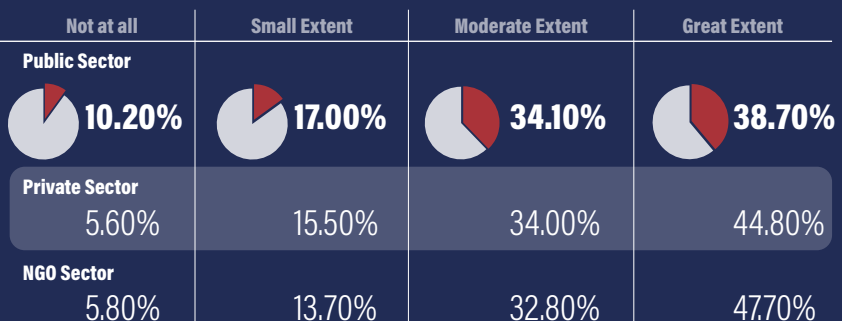
	Not at all	Small Extent	Moderate Extent	Great Extent
Private Sector	5.60%	11.40%	31.40%	51.70%
Public Sector	4.30%	7.50%	27.60%	60.60%
NGO Sector	6.20%	9.30%	28.60%	55.90%

I know what to do in case I experience harassment/bullying within the organization

	Not at all	Small Extent	Moderate Extent	Great Extent
Public Sector	2.50%	8.10%	23.90%	65.50%
Private Sector	4.30%	8.30%	26.00%	61.50%
NGO Sector	2.40%	7.50%	26.40%	63.60%

In my organization, promotions in this organization are based on individual employee performance.

	Not at all	Small Extent	Moderate Extent	Great Extent
Public Sector	11.00%	13.10%	34.50%	41.50%
Private Sector	4.50%	12.20%	32.90%	50.40%
NGO Sector	5.20%	8.20%	31.70%	54.90%

In my organization, promotion criteria and procedures are clear and transparent.

	Not at all	Small Extent	Moderate Extent	Great Extent
Public Sector	10.20%	17.00%	34.10%	38.70%
Private Sector	5.60%	15.50%	34.00%	44.80%
NGO Sector	5.80%	13.70%	32.80%	47.70%

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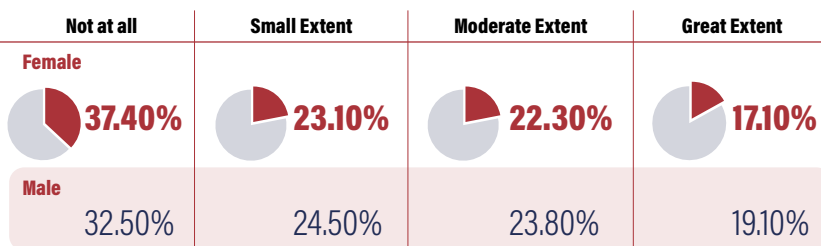
The findings

Organizational policies
More women felt unsupported in taking up flexible work schedules.

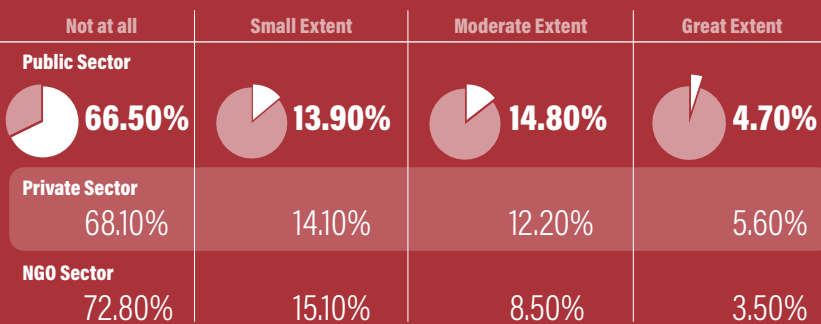| In my organization, I am supported to take up a flexible work schedule.	Not at all	Small Extent	Moderate Extent	Great Extent
Female	37.40%	23.10%	22.30%	17.10%
Male	32.50%	24.50%	23.80%	19.10%

Organizational culture
While majority felt that men and women were treated equally, and that the idea of men-only or women-only clubs in the organization did not exist, there were sectoral differences.
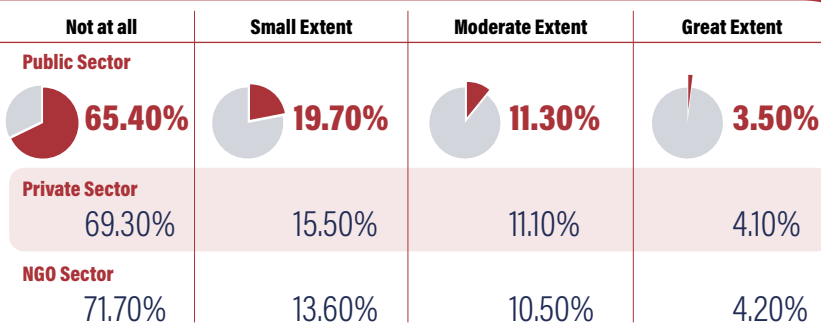
Organizational level Culture

There is a male-dominated or men's only club within the organization.	Not at all	Small Extent	Moderate Extent	Great Extent
Public Sector	66.50%	13.90%	14.80%	4.70%
Private Sector	68.10%	14.10%	12.20%	5.60%
NGO Sector	72.80%	15.10%	8.50%	3.50%

There is a female-dominated or women's only club within the organization.	Not at all	Small Extent	Moderate Extent	Great Extent
Public Sector	65.40%	19.70%	11.30%	3.50%
Private Sector	69.30%	15.50%	11.10%	4.10%
NGO Sector	71.70%	13.60%	10.50%	4.20%

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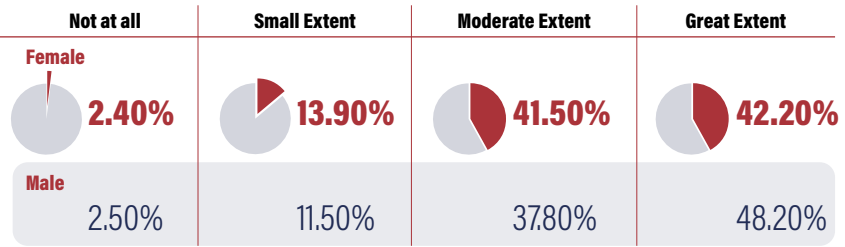
The findings

Organizational Culture
There were also significant differences between men and women when asked the following:

Individual level Culture

		Not at all	Small Extent	Moderate Extent	Great Extent
Staff feel supported by managers in this organization.	Female	2.40%	13.90%	41.50%	42.20%
	Male	2.50%	11.50%	37.80%	48.20%

	Gender	Not at all	Small Extent	Moderate Extent	Great Extent
I often do the housekeeping duties in the organization e.g., take minutes, serve tea.	Male	44.20%	23.00%	19.50%	13.20%
	Female	36.00%	27.10%	20.30%	16.60%
During meetings, my opinions are valued and considered by team members/colleagues within the organization.	Male	3.90%	12.90%	35.10%	48.10%
	Female	3.60%	15.40%	36.60%	44.40%
I feel intimidated by seniors in my organization and cannot approach them.	Male	65.70%	16.20%	13.10%	5.10%
	Female	60.20%	20.40%	14.90%	4.60%

|		Not at all	Small Extent	Moderate Extent	Great Extent
There is less time to socialize in our organization with my colleagues after work because of family responsibilities.	Female	22.60%	25.00%	27.40%	24.90%
	Male	25.00%	25.30%	31.10%	18.70%
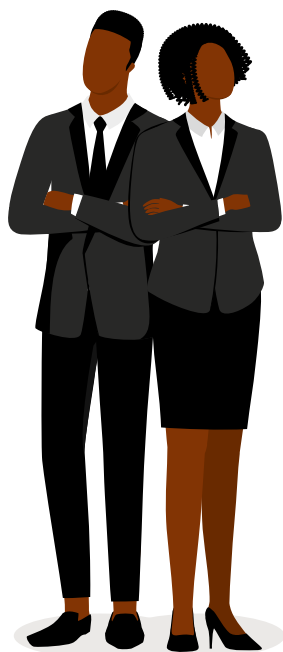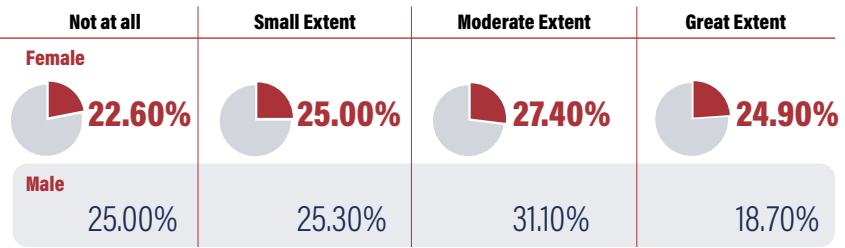
Organizational leadership
On leadership, the majority perceived their organizational leaders as taking responsibility for promoting gender equality and preventing sexual harassment. They also felt that leadership opportunities were accessible to both men and women alike. There were, however, statistically significant gendered differences in seeking out leadership opportunities and promotion, and in perceptions of whether one missed out on a leadership opportunity because of their gender.
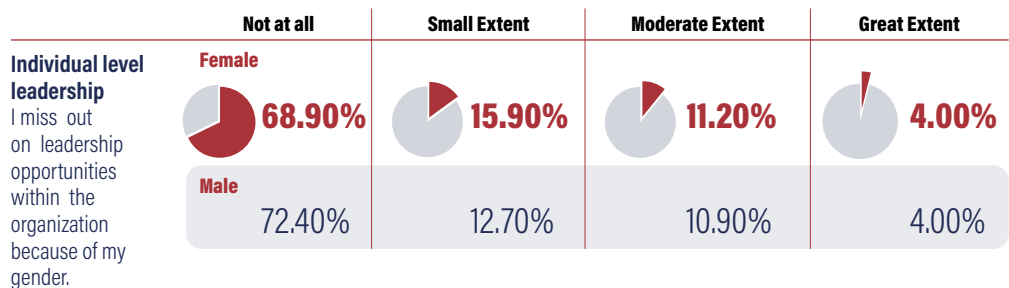
		Not at all	Small Extent	Moderate Extent	Great Extent
Individual level leadership I miss out on leadership opportunities within the organization because of my gender.	Female	68.90%	15.90%	11.20%	4.00%
	Male	72.40%	12.70%	10.90%	4.00%

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# Conclusions and recommendations

Conclusions

On career advancement pre-requisites and opportunities, there were statistically significant differences in responses given by men and women re...

A formal internal/external course/training to achieve a higher qualification i.e., continuous development points, masters, undergraduate etc.

	No	Yes
Female	63.40%	36.60%
Male	57.80%	42.20%
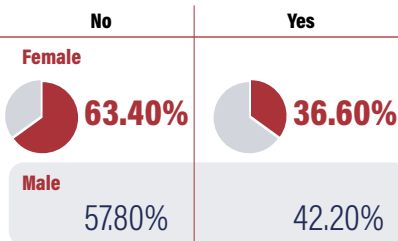
A leadership/management development programme to develop knowledge, skills, and values on how to properly manage people/employees.

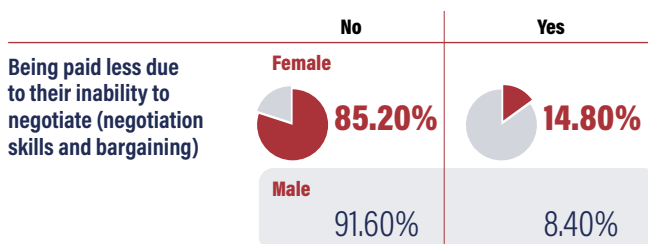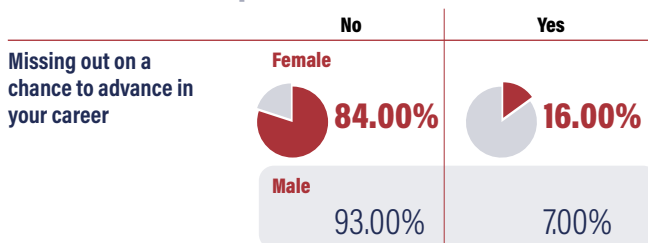|	No	Yes
Female	61.30%	38.70%
Male	57.40%	42.60%
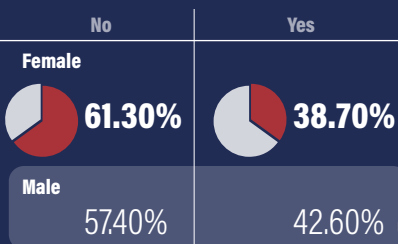
A training programme meant to equip employees with skills, knowledge, and values to contribute to the development and implementation of gender equality at all levels of the organization.

	No	Yes
Female	65.50%	34.50%
Male	62.50%	37.50%
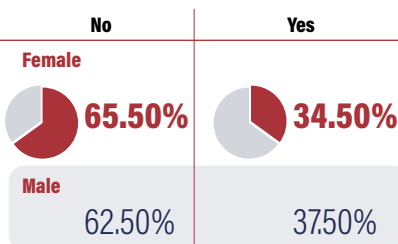
There were also gendered differences with regard to men and women who felt that they missed out on a salary raise, on a promotion, on a key assignment, and on a chance to advance in their career, including being paid less due to their inability to negotiate.

Gender in the Workplace

Missing out on a chance to advance in your career

	No	Yes
Female	84.00%	16.00%
Male	93.00%	7.00%

Being paid less due to their inability to negotiate (negotiation skills and bargaining)

	No	Yes
Female	85.20%	14.80%
Male	91.60%	8.40%

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More women surprisingly though, reported having been recently promoted to a higher position than their male counterparts.

Career Advancement

Recently promoted to a higher position in the current organization

	No	Yes
Female	57.60%	54.20%
Male	42.40%	45.80%
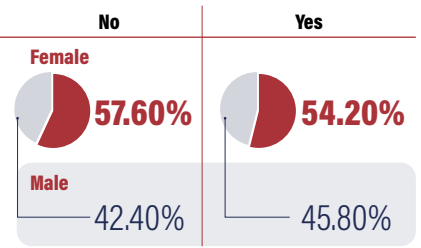
Correlation Analysis

The Pearson correlation analysis for career advancement as a dependent variable indicated a moderate, positive and significant association with policies (organizational level), policies (individual level) and leadership style (laisse faire). Moreover, career advancement had a strong, positive and significant correlation with organizational culture (adhocracy) and leadership style (transformational). However, career advancement had a moderate, inverse and significant correlation with organizational culture (market) and a weak, inverse and significant association with leadership style (transactional).

	1	2	3	4	5	6	7	8	9	10
1. Career Advancement	1									
2. Policies (Organization level)	.234***	1								
3. Policies (Individual level)	.330***	.561***	1							
4. Organizational Culture (Clan)	0.007	.132***	.049***	1						
5. Organizational Culture (Adhocracy)	.052***	-0.006	0.025	-.343***	1					
6. Organizational Culture (Market)	-.049***	-.080***	-.071***	-.346***	-.194***	1				
7. Organizational Culture (Hierarchical)	-0.009	-.071***	-0.014	-.506***	-.284***	-.286***	1			
8. Leadership Style (Transformational)	.092***	.079***	.072***	.211***	0.025	-.124***	-.143***	1		
9. Leadership Style (Transactional)	-.146***	-.169***	-.128***	-.209***	-0.022	.169***	.103***	-.501***	1	
10. Leadership Style (Laissez-Faire)	.046***	.082***	.049***	-0.016	-0.004	-0.035**	.049***	-.549***	-.447***	1

Dependent variable is career advancement. ***, ** and * denotes level of significance at 1%, 5% and 10% correspondingly.

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Recommendations

1 Organizational structures should prioritize the establishment of gender-inclusive leadership development programs aimed at nurturing talent, fostering mentorship relationships, and providing opportunities for skill-building and career advancement.

These programs should be designed to address the unique needs and challenges faced by women in healthcare leadership roles and offer tailored support to facilitate their professional growth and progression.

2 Organizational structures should promote transparency and accountability in recruitment and promotion processes to mitigate biases and ensure equitable opportunities for women in leadership positions.

3 Organizational policies should accommodate the diverse needs of women in healthcare leadership roles by offering flexible work arrangements, parental leave policies, and other family-friendly benefits. By recognizing and supporting the work-life balance needs of women, organizations can create a more inclusive and supportive environment that enables women to thrive professionally while balancing their personal and familial responsibilities.

4 Organizations should foster gender-inclusive organizational cultures that value and celebrate diversity at all levels of leadership. By fostering a culture of inclusivity and belonging, organizations can create environments where women feel valued, respected, and empowered to succeed.

5 Organizational leaderships and boards should prioritize the promotion of gender diversity in leadership teams to harness the full spectrum of talent and perspectives.

Efforts should be made to ensure that women are represented at all levels of leadership, including executive and board positions, and that decision-making bodies reflect the diversity of the workforce and the communities they serve.

6 Organizational structures should invest in cultural sensitization and awareness training to challenge gender stereotypes, promote inclusive attitudes, and foster a culture of respect and equality within healthcare institutions. Training programs should be mandatory for all employees and leaders and should emphasize the importance of diversity, equity, and inclusion in organizational success.

7 Organizations and the women in them should consider establishing formalized networks and support groups for women in healthcare leadership roles. These networks can provide opportunities for peer support, knowledge sharing, and professional networking, empowering women to navigate the challenges of leadership and build strategic alliances. By fostering a sense of community and solidarity, women's leadership networks can amplify women's voices and drive collective action for change.

8 Organizations should encourage male colleagues to mentor and sponsor women leaders, advocate for inclusive policies and practices, and actively challenge gender biases and stereotypes within their organizations. By fostering a culture of allyship, organizations can create more inclusive and supportive environments for women in leadership.

References

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**Advancing women's leadership
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A report on healthworker
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