

Socio-Cultural Determinants and Women's Career Advancement in the Public Health Sector of Uganda: A Case of Mulago National Referral Hospital (MNRH)

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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. 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.*

Keywords: Socio-Cultural Determinants ; Women's Career Advancement; Public Health Sector; Uganda ; Mulago National Regional Referral Hospital

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 show casing 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.

1.2 Background to the Study

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).

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 across 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.

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.

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.

2.0 Literature Review

2.1 Theoretical review

The theoretical underpinning of this study was guided by four main theories namely: the Social Role theory and the Expectations States theory. 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 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).

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.

2.3 Empirical Review / Actual Review

2.3.1 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.

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).

2.3.2 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”.

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 January 1993 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.

3.0 Methodology

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 87 staff at lower management level, altogether 597 staff (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 452 staff, 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.

3.3.4 Data collection instrument

The main data collection instrument was a questionnaire. A questionnaire was used for the study's 330 respondents 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 validity and Reliability measures were taken.

3.6 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.

4.0 . PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS AND DISCUSSION OF THE FINDINGS

4.1 Response Rate

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

4.2 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.

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 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 Masaka 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.

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 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:

Measurement of views on the dependent variable

Finally, the table below 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 Showing respondents’ 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.

4.3 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.

4.3.1 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 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).

4.3.2 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.

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

5.1.1 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.

5.1.2 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.

5.2 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 flexitime, 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.

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