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REVIEW ARTICLE

GLASS CEILING AND INDIAN HOSPITAL LEADERSHIP: A LITERATURE REVIEW

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ABSTRACT

The purpose of this review of literature was to examine studies on "Gender and Indian Hospital Industry." Five main themes were developed during the process of this review, namely, Gender and leadership, Factors resulting in gender bias, Future female leadership, Solutions adopted to resolve gender bias, and last theme was Gender and hospital Industry. Result shows lack of Indian literature on gender and leadership from the hospital industry. Thus, this review recommends researchers to conduct studies on gender and leadership in relation to 'Indian hospital industry'.

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INTRODUCTION

Leadership and gender is a much debated topic in the literature. Various solutions have been adopted by countries to narrow gender and leadership gaps. Although laws are forcing organizations to reduce the bias, female leadership has a long way to go in all the industries worldwide and especially so in the hospital industry. This review of literature presented themes related to leadership style and gender, factors resulting in gender bias, future female leadership, and solutions adopted to resolve gender bias. Scarcity of information on female leadership in the hospital industry was evident during this review.

MATERIALS AND METHODS

The purpose of this review of literature was to explore studies related to the gender and leadership style with special focus on gender in relation to leadership in the hospital industry. Literature was searched from Pro-Quest PhD dissertation, Gale one library database (from British library online journal access), and Google Scholar database in addition to the hand searched articles. The main key terms for the search were 'leadership style' and 'gender'. Limitations were used to

narrow the literature search i.e. peer review, full text, English language, and articles only. Five themes were developed after reviewing the literature namely gender and leadership, factors resulting in gender bias, future female leadership and solutions adopted to resolve gender bias. This review also shed a light on the last theme i.e. Gender in relation to 'Hospital Industry'.

RESULTS

Theme 1: Gender and leadership

Leadership style and gender is a much debated topic in the literature. Debate starts with the terminology itself. Common terminologies used in the literature on leadership style were "gender", "sex", "women", "men", "feminine", and "masculine" (Eagly and Johnson, 1990; Alimo - Metcalfe, B. 2004; Snaebjornsson and Edvardsson, 2013). Whether these different words represented gender or differ in understanding was not clear from the literature.

Alimo-Metcalfe (2004) reported that most of the studies from the "Great Man / Trait Theories" to the most recent ones on leadership have highlighted gender difference in relation to leadership. It can be argued that leadership theories also have gender difference within it. For example: the 'Great Man Theory' is biased as it is focused on male rather than female. There is no mention of a "women" in this theory.

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Currently, leadership demographics are skewed towards male leadership compared to female leaders. Traditionally, when the word 'leader' is stated, an individual imagines a masculine image of a leader; even female leaders perceive the same. Snaebjornsson, and Edvardsson, (2013) stated that women are more convinced than men that a successful manager is a "male". One third of women and men perceived a successful manager's leadership style to be masculine. A high level of agreement between male and female perceptions was noted as to the levels of instrumental traits which successful leader should possess. Interestingly, both male and female managers tended to use the pronoun "he" when describing a "successful manager/ leader" (Snaebjornsson and Edvardsson, 2013, pg 96). "...women see themselves as either androgynous or feminine, but they see top managers as more masculine than themselves" (Snaebjornsson and Edvardsson, 2013, pg 97).

Apart from the perception of leadership and gender; gender also influences leadership roles, hiring and promotional activities within the organization. Although, proportion of male and female leaders on managerial or leadership position within an organization is equally important (Alimo-Metcalfe, B., 2004), evidence shows contradictory findings. Significant relationship has been established by the scholars; between gender, leadership style and leadership position within an organization from 1990 till date (Eagly and Johnson, 1990; Janssen 2004; Snaebjornsson and Edvardsson, 2013).

For example, The American College of Healthcare Executives (ACHE) conducted periodic surveys on leadership and gender. Total five studies have been reported on gender and leadership position during the year 1990, 1995, 2000, 2006, and 2012. These reports showed that the number of male CEOs doubled (22%) as compared to the number of female CEOs (11%) from 1990 till 2012. It showed that the female leaders were fewer in number and held less CEO's positions as compared to male leaders in 2012 in USA. In contrast, 33% of departmental head positions were held by females as compared to males (26%) (ACHE report 2012). Likewise, Alimo-Metcalfe, (2004) reported that in UK, 90% of top management posts were held by men and they were the ones who recruited the people for the top level positions.

Gibson and Marcoulides, (1995) study was done across four countries namely Australia, United States, Norway and Sweden. In their study, 55% were males and 45% were female leaders. Norway had equal percentage of male and female leaders. Sweden had higher number of female leaders (55%) as compared to the male counterpart (45%). Australia had an opposite picture with male (59%) leaders outnumbering female (41%) leaders. Likewise, USA had the highest number of male leaders (69%) among these other three countries as compared to female leaders (31%). Thus, this study supports that gender difference was present even in developed countries.

However, Eagly and Johnson, (1990) reported that stereotypic gendered difference is lesser in the organizational studies as compared to studies conducted in the laboratory settings. The evidence put forth in the above paragraphs does not report whether studies were conducted in the laboratory settings or in the organizational settings. Thus, the debate on "gender

difference and leadership" continues in the literature. There is a continuous need to study "gender and leadership" from time to time to evaluate any change in the stereotypic leadership styles (Eagly and Johnson, 1990). People need to understand that males and females are different in their biological, mental, social and spiritual aspects. Eagly and Johnson (1990); and Rosener, (1990) argued that individual personality is unique, thus, a male or a female chosen for certain leadership position may not manifest the same behavior. Their roles and leadership styles also differ significantly from each other. Eagly and Johnson, (1990) differentiated the belief or general tendency of male versus female. Male being aggressive, dominant and independent, are thus considered masculine; whereas, females are supposedly kind, helpful, understanding and aware of others' feelings are thus labeled feminine. Female leaders tend to focus on interpersonal relationship whereas male leaders focus on organizational goals. However, both the patterns are important in leadership and in the organization.

These characteristics reflect in the leadership style chosen by male and female leaders. Janssen's (2004) study reported a significant relationship between gender and leadership style. Eagly and Johnson, (1990) and Rosener, (1990) reported that women tend to adapt democratic or participative style as against the men who adopt autocratic and directive style. Ivan (2012) disagreed with these findings, because, in Ivan's study masculine sex orientation type showed lower score on transformational leadership style (Ivan, 2012). Male leaders use power in their execution of leadership and also use transactional leadership styles whereas female leaders use transformational leadership style and use their charismatic influence and interrelationship skills while dealing with others (Rosener, 1990). Snaebjornsson and Edvardsson reported similar results. Women leaders scored higher on social, emotional skills, and charismatic leadership as compared to men (Snaebjornsson and Edvardsson, 2013). On the other hand, Janssen's study (2004) findings indicated that in the hospital industry, male CEOs had lower mean scores for transformational behaviors and traits than their female counterparts.

Many more characteristics of female leaders have been highlighted in the literature. Female directors 'care' more for their employees compared to male directors. Female directors are more independent in their decision making and self motivating compared to male directors (Matsa and Miller, 2012). These aspects of female leadership are going to favor the appointment of female leaders in the future because one of the predictions is that, interactive and relational leadership styles of women will be more valued in the near future due to increased corporate and cultural diversity and globalization.

It is important to understand why gender difference exists for the leadership positions in the organizations. Multiple factors have been highlighted in the literature in relation to the gender differences for leadership positions.

Theme 2: Factors resulting in gender bias

Multiple factors have resulted in skewing the discussion on "gender and leadership". For example, doubt on the capacity

and capability of female leaders, social stigma, biased attitude of the followers, policies of the top management in selecting and recruiting female leaders, and want of proper assessment checklist to evaluate competency of existing leaders and prospective male and female leadership candidates etc. According to Glass Ceiling Theory, gender difference in leadership position is due to social stigma, and doubt and disbelief on capacity and capability of a woman. This undermines women's attempts to gain leadership roles. It can be argued that the capacity and capability, although vary from physical, mental, psychological or other aspects, currently women have shown that they can be at par with their male counterpart. In fact, females are much stronger and they handle certain situations in a much better way, thus masculinity is not always necessary for the leadership positions. But female leaders are always compared by masculinity rather than their capacity and capability for leadership positions. When a woman leader adopts a tough and authoritative position which is a masculine style of leadership, she receives a lot of criticism.

On the other hand, when an organization is aware of the leadership capacity and capability of a female leader, the male from the top management positions are hesitant to offer the leadership positions to their female counterparts (Alimo-Metcalfe, B., 2004). Many psychological aspects have been studied in this regard. One of the major apprehensions that the males have, is competition from the female leaders and difficulty to work under the female head of the organization due to "male ego". Lucas and Lovaglia, 1998 as cited in Stelter, 2002 reported that subordinates expect higher performance from female leaders as compared to male leaders. Thus, above mentioned factors create an obstacle for female leaders to reach the top leadership positions.

This is a major road block for female leaders who have the capacity and capability to be on the higher management positions. Although women have the potential for leadership they are unable to express their desire due to societal, cultural, political, educational, economical, personal, organizational, and industrial obstacles. It can be argued that one cannot evaluate an individual's efficiency merely based on her gender and restrict her from holding the top positions in the organizations, because, studies have reported no significant difference between gender and efficiency (Snaebjornsson and Edvardsson 2013). Another important factor which has created confusion in relation to gender dependent leadership abilities is, lack of a reliable assessment tool. There is no universal check list to evaluate leadership styles for male and female leaders. Additionally there is a lack of bench marks for evaluating leadership styles for gender. Usually leadership is evaluated by traditional stereotyped leadership expectations. Lack of a universal method of assessing leadership styles makes it difficult to integrate studies on leadership styles and gender (Eagly and Johnson, 1990).

One more factor for gender differences is the 'spillover' concept. Spillover concept states "gender based expectation" for behavior (Eagly and Johnson, 1990). In certain cultures (society / organization), people expect traditional or stereotyped leadership behavior from the leaders. Thus, in

order to 'fit into' the environment of an organization women leaders may adopt masculine leadership styles which shadows their original leadership styles. Gender influences the leadership role as well as hiring and promotional activities of the organization. This pressurizes women leaders to adopt masculine leadership styles in order to get accepted in the organization. Eagly and Johnson have caught the very core of this dichotomy in the following quote: "Female leaders and managers experience conflict between their gender role and their leadership role. Another reason for spillover of gender role into organizational role is that people who hold positions in organizations tend to have negative attitudes towards women occupying managerial roles. Reflecting the subordinate status of women in the society... studies have shown that people are often reluctant to have a female supervisor and think that women are somewhat less qualified for leadership and that female managers would have negative effects on morale" (Eagly and Johnson, 1990 pg 235) as well as male leaders doubt the capacity and capability of female leaders. Although currently multiple factors have resulted in the gender difference and leadership position, the future is much brighter for the female leaders.

Theme 3: Future female leadership

Although, currently there is a gender difference in leadership positions nationally and internationally, this scenario is going to change and be much more favorable to support women leaders in near future. It has been forecasted that, in the coming decades, female leaders will outnumber their male counterparts; this is so because it has been observed that the number of female students are greater than male students in postgraduate management programs in India and abroad, like Masters in Business Administration (MBA), Masters in Hospital Administration (MHA) and so on. For example, Ivan's (2012) study reported that female students were admitted in double number (88) in similar postgraduate studies as compared to male students (42). This trend may change leadership positions in the future. Further, this will increase the talent pool of females for leadership positions in the near future. Hayes, A. (1999) stated that "leadership is not a new phenomenon; but women leaders are" (Hayes, A., 1999, pg 113).

Theme 4: Solutions adopted to resolve gender bias

Snaebjornsson and Edvardsson (2013) stressed that the number of females in the leadership position is increasing. Many reasons have been stated for this. For example, it may be due to the pro-female policies like maternity leave, tax benefits, quota system, social feminine movements and so on (Snaebjornsson and Edvardsson, 2013). Hayes felt this change was due to the women attaining political power, economic independence, and influence either by virtue of their property, status, or experience (Hayes, 1999, pg 116).

On the other hand, every organization is obliged to make sure that their organizational policies give equal opportunity for male and female leaders to handle the diverse workforce (Stelter, 2002). In order to equalize the gender ratio, Europe has adopted the policy of gender quota (reservation on the basis

of gender) for corporate boards of directors (Matsa and Miller, 2012). Law has enforced the gender equality (Snaebjornsson and Edvardsson, 2013) in various nations like Norway, Europe, and United States (Matsa and Miller, 2012). Female director ratio has doubled within three years because of mandatory quota requirements (Matsa and Miller, 2012).

Theme 5: Gender and hospital industry

Gender and leadership is a much-researched area in various business industries, however, literature lacked evidence when it comes to leadership in hospital industry. Only a few studies highlighted leadership in hospital industry and the majority were on the “nurse leader” rather than other leadership positions in the hospital. Additionally these studies were mainly from the developed countries like USA, UK rather from India. Xirasagar, *et al.* (2006) reported marginal difference in the number of male (52%) and female (48%) executive directors from the hospitals. Gender disparity was observed in giving responsibility in hospital areas in USA (ACHE report 2012). According to ACHE report (2012), female leaders were working in nursing, human resource and continuum care areas, whereas male leaders were given general management, clinical services and ancillary service areas.

Disparity in salary was observed between female leaders and their male counterparts (Rosener, 1990; ACHE report, 2012). Significant pro-male gender bias was observed in promotion policy at work place in the healthcare industry (ACHE report 2012). These studies have focused on the fact that gender bias is still a critical area in the hospital industry in this 21st century. Although laws are forcing organizations to reduce this bias, female leadership has a long way to go, especially in the hospital industry.

DISCUSSION

In this 21st century females are trying to break the glass ceiling and reach the top and middle level positions in the organizations, but it is not a smooth journey. Females have to prove their capacity and capability and compete and sometimes struggle to reach the top level positions in the organizations. Currently, few women have reached the top most positions in the organization but these examples are lesser as compared to male leaders in the industries. Many reasons have been postulated for gender difference. One of the major reason was women are still struggling to manage their family life and develop their careers. Women are juggling to balance within these two aspects of their life. This is a major barrier reported in the literature. If males take equal responsibility in managing families, and support their wives in developing their careers, probably this will enhance female leadership.

Additionally, organizations have to take a lead in reducing gender bias by developing appropriate policies and procedures. Selection, recruitment needs to be unbiased and salary gap between gender needs to be wiped off from the organizations if females are doing job as equal to their counterparts. In Indian scenario, although more female students are enrolled for postgraduate studies in management, medical and nursing professions as compared to males; thus, it is expected to narrow

gender gap in the near future especially in India. It is assumed that Indian health care industry has more females in the clinical areas and in the health academia but scarcity of literature on their leadership positions increases the need for more exploration.

Thus, this study recommends researchers to conduct the study to explore the number of top, middle and lower level of female leaders among the Indian healthcare industry and compare its results with the female leadership among other service industry like a hospitality industry.

Conclusion

To conclude, themes related to gender and leadership style, factors resulting in gender bias, future female leadership, and solutions adopted to resolve gender bias were discussed. Although laws are forcing organizations to reduce the bias, female leadership has a long way to go in all the industries and especially so in the hospital industry worldwide. Scarcity of information on leadership in Indian hospital industry was evident during this review. Thus, this review recommends researchers to conduct methodical studies on “gender and leadership in relation to Indian hospital industry”. Study samples can be from various levels of leadership positions i.e. the top, middle and lower level of leaders either from government/ private/ trust/ university hospitals within local, state, national and international chain of hospitals.

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