#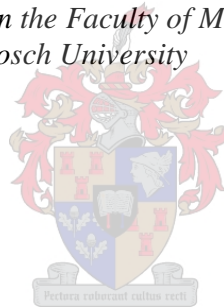 Enablers and constraints women encounter in advancing to senior managerial positions: Case of South African Military Health Institutions in the Western Cape

by
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*Thesis presented in fulfilment of the requirements for the degree of Master of Military Science in the Faculty of Military Science at Stellenbosch University*

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## DECLARATION

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# ABSTRACT

Elevating women to top management positions in the private and public sector in Africa has made good progress. South Africa, in particular, has made notable progress in narrowing the gender gap since 2004. The percentage of women MP's has increased from 33% in 2004 to 46% in 2019. However, women appear to remain underrepresented on senior management in one of South Africa's historically male dominated departments, the DOD.

The purpose of this case study was to determine the enablers and constraints that women encounter in advancing to managerial positions in Military Health Institutions in the Western Cape. The objectives of the study were to determine the progress made in advancement of women to senior managerial positions in accordance with legislative prescripts; the factors that women experience as enablers in advancing to senior managerial positions; the factors that women experience as constraints in advancing to senior managerial positions; the implications for advancement of women to senior managerial positions for achieving of the strategic objectives of Military Health Institutions.

A mixed-method single case study approach was employed to answer the main research question: "What are the enabling and constraining factors women encounter in advancing to senior managerial positions" Qualitative data were collected by means of semi-structured interviews, open-ended questionnaires and through SANDF document analysis. Biographic and background information collected through close-ended questions in the research questionnaire and interviews, personnel post profiles, and Unit post structures sourced from military Units targeted in this study have all been reported as frequency statistics. These sources have been statistically analysed as they emerged from literature as either enablers of, or constraints to women progressing to senior managerial positions. The total population for this study consisted of 113 women officers. But due to Covid-19 regulations, Units worked staggered hours, thus the researcher only managed to reach 67 members, 36 of whom completed the questionnaires. Interviews were conducted with OCs, HODs of Human Resource departments, and RSMs from Military Health Institutions in the Western Cape.

The results from different sources were integrated and analysed according to the Micro-individual, Meso-organisational, and Macro socio-cultural levels of the multi-relational framework. It emerged from the results that women are relatively well represented in OIC and HOD positions, but no women to date had held an Officer Commanding (OC) post. Gender equality policies are in place, and it is expected of all organisations and businesses to comply, including the SANDF. Thus, it can be argued that on meso level, the organisation neglected to comply with the legislative prescripts introduced on

macro level. Compliance with legislative prescripts will ensure gender parity and diversity on all senior managerial levels, thus giving women the opportunity to contribute to the strategic objectives of the country, the DOD, and the SANDF. One limitation of the study is the low response rate by participants in the study, which may be attributed to participants' busy schedule as they were compelled to provide essential services during national Covid-19 pandemic measures. It is recommended that future studies should include one of South Africa's major Military Health Institutes, 2 Military Hospital in Wynberg, Cape Town, and all women officers in all areas of specialisations, not only the departments identified for this study. Future research should also focus on whether the DOD and SANDF comply with legislative prescripts in terms of gender equality on all managerial levels.

# OPSOMMING

Die opheffing van vroue tot topbestuursposisies in beide die privaatsektor en openbare sektor in Afrika het groot vordering gemaak. Suid-Afrika, in besonder, het sedert 2004 merkbare vordering in die verkleining van die geslagsgelykheidsgaping gemaak. Die persentasie SA vroue as LPs het van 33% in 2004 tot 46% in 2019 toegeneem. Vroue bly egter onderverteenwoordig op senior bestuursvlak in een van Suid-Afrika se histories manlike-gedomineerde departemente, die Departement van Verdediging (DvV).

Die doel van hierdie studie was om die bemagtigers en beperkings wat vroue ervaar in hul pogings om die bestuursleer te klim in Militêre Gesondheidsinstellings (MGIs) in die Wes-Kaap te bepaal. Die doelwitte van die studie was om die volgende te ondersoek: vordering gemaak met die bevordering van vroue tot senior bestuursposisies ooreenkomstig wetgewing; faktore wat vroue ervaar as bemagtigers vir bevordering tot senior bestuursposisies; faktore wat vroue ervaar as beperkinge in hul pogings om tot senior bestuuirsposisies bevorder te word; die implikasies van bevordering van vrouens in senior bestuursposisies vir die bereiking van strategiese doelwitte van Militere Gesondheidsinstellings (MGIs).

'n Gemengde-metode, enkel-gevallestudiebenadering is gevolg om die hoofnavorsingsvraag te beantwoord. Kwalitatiewe data is met behulp van semi-gestruktureerde onderhoude, oopeinde vrae en analisering van SANW-dokumente versamel. Biografiese en agtergrondinligting wat deur geslote vrae in die navorsingsvraelys en navorsingsonderhoude versamel is, posprofiele van personeel, en Eenheidsposstrukture wat by Militêre Eenhede bekom is, is gesamentlik as frekwensie statistiek opgeskryf. Die data is met inagneming van bemagtigers en beperkers wat uit die literatuur ontgin is, statisties ontleed.

Die totale populasie vir hierdie navorsing het uit 113 DvV-werknemers bestaan. Maar, as gevolg van Covid-19-regulasies is Eenheidslede genoodsaak om ongereelde ure te werk, dus kon die navorser slegs 67 respondente bereik, waarvan 36 die vrealyste voltooi het. Onderhoude is met Bevelvoerders, Hoofde van Menslike Hulpbrondepartemente, senior en junior offisere, en Regiment Sersant-Majore van MGIs in die Wes-Kaap gevoer.

Die resultate onttrek uit verskillende bronne is ooreenkomstig die Mikro-individuele, Meso-organisatoriese en Makro-sosiaalkulturele vlakke van die multi-relasionele raamwerk geïntegreer en geanaliseer. Volgens resultate van hierdie navorsing blyk dit dat vroue relatief goed op Offisier-in-

beheerampte en hoofde van departementsampte verteenwoordig word. Geen vrou is egter tot op datum in 'n Bevelvoerende Offisierspos aangestel nie. Geslagsgelykheidsbeleid bestaan, en daar word van alle SA organisasies en ondernemings, ook die SANW, verwag om gehoor te gee aan sodanige beleid. Daarom kan 'n argument daarvoor uitgemaak word dat die organisasie op meso-vlak nagelaat het om die wetgewing wat op makro-vlak bepaal word te gehoorsaam. Vlak van nakoming van wetgewing moet bepaal word om geslagspariteit en diversiteit op alle bestuursvlakke te verseker, sodat vroue die geleentheid gebied kan word om tot die strategiese doelwitte van die land, die DvV en SANW by te dra.

Een van die beperkings van die navorsing is die lae terugvoerreaksie van deelnemers aan die studie, wat aan deelnemers se abnormale en besige dagprogramme toegeskryf kan word, aangesien hul verplig was om noodsaaklike dienste te lewer tydens gereguleerde optrede in die bekamping van die Covid-19 pandemie. Die navorser beveel aan dat toekomstige studies verwant aan die huidige onderwerp een van die grootste MGI in SA, 2 Militêre Hospitaal in Wynberg, Kaapstad, sal insluit, sowel as alle vroue-offisiere op onderskeie spesialisasiegebiede, nie slegs die departemente wat deur hierdie navorsing geteiken is nie. Toekomstige navorsing kan ook ondersoek of, en tot welke mate, die DvV en SANW wetgewing oor geslagsgelykheid op alle bestuursvlakke nakom.

# ACKNOWLEDGEMENTS

# DEDICATION

This dissertation is dedicated to Mancelle Cox, late mother of my children and my beloved late mother, Francis Cox.

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## LIST OF ACRONYMS/ ABBREVIATIONS

**AA:** AFFIRMATIVE ACTION

**AU:** AFRICAN UNION

**AMHU WC:** AREA MILITARY HEALTH UNIT WESTERN CAPE

**BBBEE:** BROAD-BASED BLACK ECONOMIC EMPOWERMENT

**BWASA:** BUSINESSWOMEN'S ASSOCIATION OF SOUTH AFRICA

**ICED:** INTERNATIONAL CONVENTION ON THE ELIMINATION OF ALL FORMS OF RACIAL DISCRIMINATION

**CEDAW:** CONVENTION ON ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

**CEO:** CHIEF EXECUTIVE OFFICER

**ICESCR:** INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

**CHE:** SOUTH AFRICAN COUNCIL ON HIGHER EDUCATION

**DOD:** DEPARTMENT OF DEFENCE

**EEA:** EMPLOYMENT EQUITY ACT

**EEO:** EQUAL EMPLOYMENT OPPORTUNITY

**EU:** EUROPEAN UNION

**DOD:** DEPARTMENT OF DEFENCE

**HOD:** HEAD OF DEPARTMENT

**HPCSA:** HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**IMM:** INSTITUTE FOR MARITIME MEDICINE

**MHI:** MILITARY HEALTH INSTITUTION

**MP:** MEMBER OF PARLIAMENT

| | |
|---|---|
| **MPL:** | MEMBER OF PROVINCIAL LEGISLATURE |
| **NATO:** | THE NORTH ATLANTIC TREATY ORGANISATION |
| **NCOP:** | NATIONAL COUNCIL OF PROVINCES |
| **OC:** | OFFICER COMMANDING |
| **OECD:** | ORGANISATION FOR ECONOMIC COOPERATION AND DEVELOPMENT |
| **OiC:** | OFFICER IN CHARGE |
| **PEPUDA:** | PROMOTION OF EQUALITY AND PREVENTION OF UNFAIR DISCRIMINATION ACT |
| **PERSAL:** | PERSONNEL AND SALARY SYSTEM |
| **RAF:** | ROYAL AIR FORCE |
| **REC:** | REGIONAL ECONOMIC COMMUNITIES |
| **RSA:** | REPUBLIC OF SOUTH AFRICA |
| **RSM:** | REGIMENTAL SERGEANT MAJOR |
| **SAHRC:** | SOUTH AFRICAN HUMAN RIGHTS COMMISSION |
| **SADF:** | SOUTH AFRICAN DEFENCE FORCE |
| **SAMHS:** | SOUTH AFRICAN MILITARY HEALTH SERVICES |
| **SANC:** | SOUTH AFRICAN NURSING COUNCIL |
| **SANDF:** | SOUTH AFRICAN NATIONAL DEFENCE FORCE |
| **SACSSP:** | SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS |
| **SAPC:** | SOUTH AFRICAN PHARMACY COUNCIL |
| **STATSSA:** | STATISTICS SOUTH AFRICA |
| **STEM:** | SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS |
| **UAE:** | UNITED ARAB EMIRATES |
| **UN:** | UNITED NATIONS |
| **USA:** | UNITED STATES OF AMERICA |

# CHAPTER 1 : INTRODUCTION AND BACKGROUND

## 1.1   INTRODUCTION AND BACKGROUND

Globally significant progress has been made in achieving gender equality in the work place. The progress has been expedited by the implementation of diversity management practices in the private and public sector. As a result, organisations commonly complied with legal requirements pertaining to equal employment opportunity (EEO) and Affirmative Action (AA), (Brazzel, 2003). In order to achieve Sustainable Development goals globally, by 2030, it is essential to have equal participation of women at all levels, in particular in leadership in both political and public life (UN, 2021). Globally, data shows that women are underrepresented at all levels of decision-making. Gender parity in political life remains largely unattained (UN, 2021). Currently only four countries globally have 50% or more women in government. These countries include Rwanda with 61%, Cuba and Bolivia both 53% and the United Arab Emirates with 50% women in government (UN, 2021).

Progress made in elevating women to top management positions in the public sector is visible in Africa. The population statistics in Africa show that the Rwandan woman population in 2020 was 12.95% with 6.58 (50.8%) million women compared to 6.37 (49.2%) million males (O'Neill, 2021b). According to Nsanzabaganwa, (2019), Rwanda is ranked sixth in the world for gender equality with 61% of women in parliament. Gender equality in Rwanda is ascribed to the quota system. Thornton (2019) found that in the 1990s women held on average 18% of parliamentary seats. Subsequently, the constitution of 2003 mandated that 30% of elected posts be held by women. The figures show a further upward trend with women making up more than half of the parliament of Rwanda in 2008, after which that number increased to nearly two thirds in the 2013 election (Thornton, 2019).

The percentage of women in senior management positions in the public service increased from 13% in 1998 to 42% in 2017 in South Africa (Stats SA, 2019). In 2020 the South African population was 59.31 million with 30.09 (50.7%) million women compared to 29.22 (49.3%) million males (O'Neill, 2021a). South Africa has also made progress in narrowing the gender gap in middle and senior level positions since 2004. The percentage of women MPs in South Africa has since increased from 33% in 2004 to 46% in 2019; women MPLs from 30% (2004) to 46% (2019); and women in cabinet from 42% (2004) to 50% (2019) for the first time (Rama & Morna, 2019).

However, the percentage of women premiers since the 2004 (44%) and 2009 (55%) elections has dropped to 22% in 2019; women in the NCOP has dropped from 41% in 2004 election to 36% in

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2019 (Rama & Morna, 2019). Despite progress made on the continent and in the broad South African public sphere, gender equality and parity in the South African Military, in particular, is cause for concern. The 2019 macro structure of the DOD (DOD, 2019) shows no evidence of gender transformation in the upper employment echelon. Only 3 (25%) women compared to 9 (75%) men form part of the highest executive offices of the DOD[1]. Gender transformation on level 2 (highest uniformed executive functionaries) in the SANDF shows no progress at all as no women features in this 2019 structure[2]. Heinecken (2016) asserts that women continue to face challenges as a result of gender difference, primarily because masculinity is ingrained over time in every layer of the military. She further asserts that other underlying power structures such as issues of sexuality and patriarchy embodied in the structures, androcentric cultures and practices of the military, contribute to either the male subordination of women within the military (Heinecken, 2016), or absence of an upward surge by women.

Even though there are more women representation in the collective labour force, role segregation remains a reality in the labour market. Women are still concentrated in positions or occupations that require communal traits. The statistics released by the South African Nursing Council (2017) indicates the total nursing manpower for women is 259 495 (90.39%) compared to 27 584 (9.61%) for men. According to Stats SA (2017:34), seven in ten of all women students (70.7%) studied education compared to 29.4% of men students.

Concentration of women in communal occupations continues as results of gender stereotype that consider men to be more agentic than women (Heilman, 2012). A probable explanation is that society has influenced and assigned specific roles to both men and women which are perceived as "fixed" gender-appropriate behaviours.

Hentschel, Heilman and Peus (2019) state that traditionally, women performed the role of caretaker and doing domestic work, perceived as feminine tasks, whereas men were expected to be in charge and take control. Tliass (2013) asserts that discriminatory cultural values, gendered social roles and expectations are barriers to the career advancement of women. Results from a study by Posholi (2013) indicate that certain positions are exclusively for men as women lack the masculine personality traits

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[1] Appendix A: Macro structure of DOD level 0 to 2

[2] Appendix B: Macro structure DOD level 2 SANDF

to be effective managers. Some of the meso-organisational factors perceived to pose as barriers to the career advancement of women (Tliass, 2013, p.32) include the following:

- Discriminatory organisational practices which promote gender stereotypes and prejudiced attitudes towards woman;

- Discriminatory recruitment and promotion practices, which favour men for managerial positions in middle and senior positions;

- Fewer training and development opportunities compared to males and lack of organisational support.

- Absence of mentors and role models because senior management positions are occupied by men who display preference to mentor fellow men.

Structural and cultural stereotypes compound the slow progress of women to senior managerial positions. Individuals who challenge and do not conform to stereotypes are often subjected to hostile reactions and negative attention (Rudman, Moss-Racusin, Glick & Phelan, 2012). Fear of backlash from others also attributes to the lack of interest from women to pursue careers perceived to be exclusively for men and vice versa. (Rudman et al., 2012). Men and women capable of switching societal gender roles are more likely to receive backlash than those conforming to stereotypes (Rudman et al., 2012), challenging the status quo.

Gender stereotypes, racism and gender inequality which were institutionalised in organisational policies, programmes, norms and structures- are some of the issues that led to an increase in social protests and defiance against oppressive policies in the 1950s (Brazzel, 2003). This has heightened the need for diversity management practitioners and organisations to address diversity and social justice concerns. Social protests and defiance against oppressive policies in the 1950s has led to the introduction of the concepts of "Diversity management" and "Managing diversity" (Brazzel, 2003).

*Diversity management* and *Managing diversity* found their roots in America in the 1980s (Brazzel, 2003; Gwele, 2009). The increase in social protests and defiance against oppressive policies instilled fear in government and organisations with potential violence that could spill over into the work place. In order to prevent violence from escalating, government and organisations decided to address diversity-related issues.

Diversity management refers to the process through which organisations identify short- and long-term objectives, develop strategies in achieving those objectives and implement organisational

systems and practices to manage employees by designing programmes and policies to enhance inclusion, promotion and retention of employees from different cultural background in order to maximise diversity (Harris, Rousseau & Venter, 2007). This definition highlights the fact that diversity management is more than compliance, in that it encompasses planning and steps taken to change and improve policies which could be, yet are not limited to job titles, organisational structure, recruitment and hiring, internal communication, training and development (Margolis, 2019). Managing diversity is the application of skills to enable all employees to maximise their full potential and thus contribute towards achieving the goals of the organisation (Harris, Rousseau & Venter, 2007). It is worth noting that compliance may address the correction of numbers, but not necessarily secure fitting management of diversity within the working population (Shen, Chanda, D'Netto & Monga, 2009, p.237).

Employers who wish to see dividends in the growth and success of the organisation, should create an environment in which employees feel valued and appreciated. Furthermore, in order to maximise the potential of their employees, they need to empower them with the necessary knowledge, skills and training with the potential of advancement without fear of prejudice or discrimination based only on their race, gender, ethnicity, language, sexual orientation or educational background (Harris et al., 2007). This definition of Harris et al. (2007) is relevant and appropriate for the purpose of this study as it elucidates the concept of managing of diversity in the DOD Transformation Policy (DOD, 2014), as defined in the literature review.

Military Health Institutions based on their functional uniqueness serve a diverse clientele. That therefore justifies a diverse staff component on all levels to better deal with people of different backgrounds non-discriminatively. In the current study, diversity means representative of both men and women in senior managerial positions. This begs the question whether management is diverse in terms of gender, and if not, the related question, what are the factors either enabling or constraining diversity? Senior managerial positions in the current study refer to officers serving as Officer Commanding (OC), Head of Department (HOD) and Officer in Charge (OiC) regardless of their rank. It therefore does not make reference to senior officers only, but to the senior position the incumbent holds. Depending on the structure of the unit, the OC might be a senior officer holding the rank of a Colonel or a Lieutenant Colonel, with HODs and OiCs being either a senior officer or a junior officer. The latter positions are key positions at unit level. The observation made by the researcher at a particular unit, piqued the interest to explore whether gender representation was skewed in senior managerial positions in the Military Health Institutions in the Western Cape.

The purpose of this study was to determine a) what the enabling and constraining factors that women encounter in advancing to senior managerial positions South African Military Health Institutions in the Western Cape are; b) whether any progress has been made in advancement of women to senior managerial positions in terms of legislative prescripts; and c) what were the implications of advancement of women to senior managerial positions for the strategic objectives of the Military Health Institutions.

## 1.2 STATEMENT OF THE PROBLEM

The South African National Defence Force has made great strides post 1994 in improving race and gender composition within its ranks, which may be largely attributed to the Constitution of the Republic of South Africa. Chapter 2 Section 9(3) of the Constitution stipulates that "the state may not unfairly discriminate directly or indirectly on ground of race, gender, sex," (Republic of South Africa, 1996). In the same vein, the Promotion of Equality and Prevention of Unfair Discrimination Act, 2000, Sections 7 and 8 prohibits unfair discrimination on ground of race and gender respectively (RSA, 2000), and the Employment Equity Act, No. 55 of 1998, Chapter 2 and 3 addresses the prohibition of unfair discrimination (RSA, 1998).

Twenty-five years later, women are still underrepresented in senior management in the DOD as reflected on the 2019 DOD macro structure (DOD, 2019). The Minister of Defence's written reply to a question by the Democratic Alliance Party's shadow minister of Defence and Military Veteran's on the SANDF personnel strength potentially suggests that race and gender disparity continue to exist within the DOD (Defence Web, 2019a). During a session of the Parliamentary Committee on Defence, the Chief Director for Transformation Management of SANDF reported that women are significantly under-represented on Senior Management Staff level (Ibid). During a Joint Standing Committee on Defence (PMG, 2021), an overview by the Ministry of Defence reported that the DOD had achieved its overall population group and gender targets, but not at all rank levels. It was further reported that gender equality remained a challenge at senior management level and would be addressed through empowerment programmes and senior management commitments (PMG, 2021). These remedial actions were also mentioned during a previous meeting six years ago when the Chief Director of Transformation in SANDF stated that the focus would be on mentoring, coaching and leadership training that would assist in the increased number of women at decision-making level (Parliamentary Monitoring Group, 2015). She further emphasised the importance of diversity management and the need to educate and ensure every DOD official is aware of the nature and

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manifestations of stereotypes, assumptions, prejudice, discrimination and harassment within the organisation. The Chief Director concluded that Diversity programmes should be presented at all Units as part of standard working activities and during pre-deployment phases (PMG, 2015).

During a Parliamentary Portfolio Committee on Defence meeting in October 2016, the Chief Director, Transformation Management, SANDF, stated that the male/ female balance in 2015/2016, were 70/30. However, Chief Human Resources, SANDF indicated that, three years later, the DOD was still working on a 30/70 gender split of total employees, which currently was at 28% total women employees instead of 30% (PMG, 2021). PMG (2016) reported that the gender representation in Senior Management Services constituted 88% men and 12% women. The preceding figures indicate that men were overrepresented by 18% on SMS level while women were underrepresented by 18% respectively. One committee member raised her concern on why woman representation was still much lower since 1994 on SMS level in the military (Parliamentary Monitoring Group, 2016). According to Stats SA (2017) women account for 51% of the population of South Africa, and 44 out of every 100 employed individuals. It further asserts that despite the fact that they represent more than 50% of the national gender composition in South Africa, they are still under-represented in positions of authority and power (Stats SA, 2017).

 In the nearly three decades since 1994 it would be expected that women would be equally represented in all senior management positions in the public sector. During the SANDF Women's Day parade on 31 August 2018, the Minister of Defence indicated that for the year 2018, only 22% of chaplains were women, 20% held the rank of Colonels/ Captains (SA Navy), 19% and 23% were Warrant Officers class 1 and class 2 respectively (Reuters, 2018). The Minister of Defence further indicated in the combat mustering 22% of officers were women, and 20% of those in other ranks (Reuters, 2018).

The Minister of Defence further stated that out of 172 Brigadier Generals, women accounted for 46 (26.7%), and women account for 6 (15%) of Major Generals out of a total of 40. Heinecken (2009) posits that the gender profile in the SANDF has increased from an average of 11% in 1994 to 13% in 2000 to 19% in 2007. The concluding announcement made by the Minister that the military has shown a vast improvement the preceding 24 years, but there was still much progress to be made (Defence Web, 2019b), echoed the figures presented by Heinecken (2009). The preceding figures given by the Minister of Defence is an indication of the slow progress made by the SANDF post 1994.

The SANDF as any other organisation is subordinate to the Constitution of South Africa. The expectation is that it complies with all laws and acts enshrined in the Constitution in terms of race and gender equality. Given the statistics provided by the Minister of Defence (Reuters, 2018; Defence Web, 2019a), it is far-removed from the interpretation of legislation and accompanying laws and acts derived from the Constitution of South Africa.

The macro structure of the DOD (DOD, 2019) shows no evidence of gender transformation in the upper echelon. Only 3 (25%) women compared to 9 (75%) men formed part of the highest executive function of the DOD (Appendix A: Macro structure of DOD level 0 to 2). Gender transformation on level 2 in the SANDF showed no progress had been made at all between 1994 and 2019, as no woman featured in the structure. (Appendix B: Macro structure DOD level 2 SANDF). This macro structure begged the question, why are there so few women in managerial positions? It begged related questions, namely, what could be a) the enabling and b) constraining factors women experience in advancing to managerial positions?

## 1.3   PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of this mixed-methods single case study was to determine enabling and constraining factors women experience in advancing to senior managerial positions in the Military Health Institutions in the Western Cape. The objectives of the study were:

- To determine progress made in advancement of women to senior managerial positions Military Health Institutions in the Western Cape in terms of Legislative prescripts.

- To determine factors that women experience as enablers in advancing to senior managerial positions in Military Health Institutions in the Western Cape.

- To determine the factors that women experience as constraints in advancing to senior managerial positions in Military Health Institutions in the Western Cape.

- To highlight implications of advancement of women to senior managerial positions for reaching the strategic objectives of Military Health Institutions.

## 1.4   METHODOLOGY

For the purpose of this study, a mixed-methods single case study was employed to answer the main research question. Qualitative data were collected my means of semi-structured interviews with key informants, open-ended questionnaires, and SANDF document analysis. Quantitative data were

collected through post profiles of personnel, biographic and background information from interview schedules and questionnaires, and Unit post structures of SA Military Health Institutions. Chapter 3 presents a detailed discussion on the research design and methodology.

## 1.5   TRUSTWORTHINESS OF THE STUDY

In this study, credibility was achieved through triangulation and also through member checks as defined in Korstjens and Moser (2017), whereby transcribed conversations were emailed to participants of "SAMHSI 1" and "SAMHSI 2" to confirm authentication of their responses. The study findings were taken to the participants for confirmation (Creswell, 2014)

## 1.6   PERSONAL POSITIONING

The researcher is a non-commissioned officer and holds the rank of Petty Officer in the South African Navy with over twenty-eight years of military service. Diagram 1 below shows the researcher's position within the hierarchical structure of the SANDF within the context of the relevant participants to this study. Ranks on the left of the rungs of the ladder diagram represents the ranks of the SA Navy with the equivalent ranks of SAMHS on the right. The purpose of including the rank structure is to give non-military people a clear picture on which rung of the ladder the researcher is positioned in relation to the positions of the participants identified for this study. The researcher is positioned on the 4th rung and the participants from rungs 9 to 19. Therefore, it is assumed that the researcher had no influence or power to have coerced participants in taking part in the study.

| | | |
|---|---|---|
| 19 | Captain/ Colonel | |
| 18 | Commander/ Lieutenant Colonel | Senior Officers |
| 17 | Lieutenant Commander/ Major | |
| 16 | Lieutenant/ Captain | |
| 15 | Sub Lieutenant/ Lieutenant | Junior Officers |
| 14 | Ensign/ 2nd Lieutenant | |
| 13 | Candidate Officer | Candidate Officer/ Midshipman |
| 12 | Master Chief Warrant Officer | |
| 11 | Senior Chief Warrant Officer | |
| 10 | Chief Warrant Officer | |
| 9 | Master Warrant Officer | |
| 8 | Senior Warrant Officer | Warrant Officers |
| 7 | Warrant Officer Class 1 | |
| 6 | Warrant Officer Class 2 | |
| 5 | Chief Petty Officer/ Staff Sergeant | |
| 4 | Petty Officer/ Sergeant | |
| 3. | Leading Seaman/ Corporal | Non-Commissioned Officers |
| 2 | Able Seaman/ Lance Corporal | |
| 1 | Seaman/ Private | |

Figure 1.1: Hierarchical rank structure

Source: Adapted from SANDF Rank Structure

The researcher is detached to a Military Health Institution in the Western Cape since 15 August 2017 in the capacity of a Trainee Personnel Clerk in the Human Resource Department, and has never been in a management post. Therefore, the study should be viewed solely from the perspective of the researcher, which is based on an observation made on the disproportionate representation of women in senior managerial positions at a Military Health Institution in the Western Cape. There are legislations to ensure that organisations, including the South African National Defence Force, are complying in ensuring women are represented on all levels. Hence the interest in conducting this

study to determine whether a lack of women in managerial positions only exist in the specific Military Health Institution, or whether it is also prevalent in other Military Health Institutions in the Western Cape.

## 1.7 DEFINITION OF CONCEPTS

### 1.7.1 Enablers

Enablers are factors that: "provide someone with adequate power, means, opportunity, or authority to do something" (Collins English Dictionary, 2014).

### 1.7.2 Constraints

Constraints refer to "limitations or restrictions" (Random House Kernerman Webster's College Dictionary, 2010).

## 1.8 STUDY OUTLINE

The study has been organized as follows:

Chapter 1

This chapter introduced the reader to the background of the study, followed by the statement of the problem, aim and objectives, methodology, trustworthiness of the study, personal positioning of the researcher and definition of concepts.

Chapter 2

The scope of the literature review is organised by giving a brief introduction to the roots and history of diversity management and managing diversity, followed by a broader perspective of global trend of diversity, and narrowed down to the regional, and finally the local trend in which the study is situated.

Chapter 3

This chapter commences by providing the scope, then the research design and methodology followed by data collection instruments, participants, data analysis, sampling, trustworthiness, conflict of interest, ethical considerations, limitations of the study and finally, the conclusion.

## Chapter 4

This chapter reports the findings of a case study, introducing the reader to the Unit structures, the demographic details of survey participants, demographic details of key informant interviews, and the findings of questionnaires and interviews.

## Chapter 5

This chapter commences with the discussion and interpretation of the findings. The interpretation of the results relates to the research problem that the researcher attempted to address throughout the study.

# CHAPTER 2 : LITERATURE REVIEW

## 2.1 INTRODUCTION

The purpose of the literature review is to explore what has already been discovered and written on a topic and to establish any existing gaps, strengths and weakness, patterns or contrasting evidence in the research. Furthermore, it allows the researcher to construct a solid background for the research study (QUT, 2018). A literature review sources information from books, scholarly articles and all available published and unpublished documents on the topic being studied (Fink, 2014; Cronin, Ryan & Coughlan, 2008; Hart, 1998) and provides a critical analysis and explanation on what has been discovered (McCombes, 2019).

The scope of the literature review to the current study is organised around a brief introduction to the roots and history of diversity management and managing diversity, followed by a broader perspective of the global trend of diversity, narrowed down to the regional, and finally the trend contextually relevant to the current study. There is an abundance of studies on diversity and its various elements, but this study will focus on the variables women encounter as either enablers or constraints in advancing to managerial positions.

## 2.2 THEORETICAL FRAMEWORK

The current study adopts a feminist approach within a multi-level relational framework in order to address the enablers and constraints women encounter in advancing to managerial positions within health institutions in the Western Cape (Syed & Ozbilgin, 2009; Tlaiss, 2013; Diehl & Dzubinski, 2016; Taylor & Wells, 2017). Coe (2019, p.243) posits that a feminist is a proponent for the liberation of all people, - men and women,- from discriminatory practices, dominations, and oppression. Therefore, conducting research through a feminist lens, allows researchers to explore and gain insight in understanding the views and experiences of women faced with a wide range of issues within the context of a research study (Lay & Daley, 2007). Within this framework, the goals and concerns of liberal and social feminism will be discussed to provide insight on how those goals and concerns fit in and permeate on the micro, meso, and macro level.

## 2.2.1 Liberal Feminism

Tong (2001) asserts that the oppression of women is rooted in social, political and legal constraints. According to Samkange (2015), the liberal feminist theory assumes that gender prejudice is the consequence of individual ignorance, hence the onus lies with the affected individual to take action to affect change. Education is seen as one of the variables required to be challenged and changed to improve the status quo. Samkange (2015, p.1174) further states that liberal feminists are proponents for equal rights and freedom of the individual. In essence, the aim is for gradual reforms through advocacy for equal rights for all, thus legal and social policy changes serve as tools for engineering equality (Maynard, 1995). Similarly, Lewis (2020) states that the State is the vehicle that can drive and effect change to achieve gender equality through legislation whereby all are treated fairly in terms of equal access to education, equal pay, improved working conditions and equal opportunities in traditional men-dominated occupations.

Contrary to the previous liberal feminists assumption that the individual needs to employ strategies to take action, Tong (2009, p.46) indicates that liberal feminists now believe that, to create equal employment opportunity for women, requires commitment from the whole society to provide equal early education to both girls and boys to end gender prejudice. Kay and Daley (2007, p.52) assert that liberal feminism challenges prescribed roles as it is assumed that prescription leads to inequality. Furthermore, it is assumed that subordination of women stems from customary and legal constraints that prevent women from access and success in the public sphere as stated by (Tong, 2009 as cited in Enyew & Mihrete, 2018).

## 2.2.2 Socialist feminism

Socialist feminism is of the view that gender is not the exclusive determinant of all oppression of women in a patriarchal society, it is much the interaction between gender and class (Napikoski, 2018) and the systems of capitalism and patriarchy (Scraton & Flintoff, 2013, p.100) that determines said oppression.
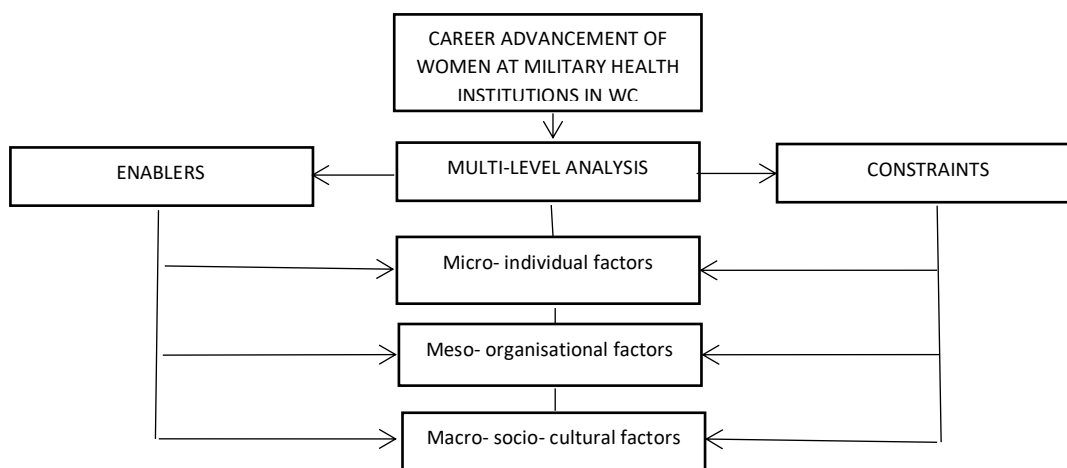
Figure 2.1: Theoretical framework

*Source:* Adapted from studies using Multi-level relational frameworks (Syed & Ozbilgin, 2009; Tlaiss, 2013; Diehl & Dzubinski, 2016; Taylor & Wells, 2017)

The assumptions of Liberal and Social Feminism are found to be visible and considered within the multi-level relational framework. This is evident on the macro level as it considers national structures, laws, socio-cultural structures and norms, and the impact on gender equality (Syed & Ali, 2019; Syed & Ozbilgin, 2009). The authors further assert that organisational interventions and environment for gender equality, or lack thereof are considered at the meso-organisational level, whereas issues related to individual identity, intersectionality and agency of employees are considered on the micro-individual level (Syed & Ali, 2019; Syed & Ozbilgin, 2009).

In an attempt to provide a clearer explanation on how the Liberal and Social Feminism fit into the multi-level relational framework the researcher will divide the arguments of various authors within the respective levels. However, it should not be viewed as independent from one another as each level impacts mutually on the other. Some factors on individual level may be found on the other levels, and vice versa. For example, education is perceived as either an enabler or a constraint on the individual level, but on the meso level it may not provide the necessary training to enhance or advance the career of the individual.

## 2.2.2.1 Micro-individual level

Bismarck et al. (2015) conducted a qualitative study using semi-structured interviews with a sample of 30 medical practitioners (men: n=8; women: n=22) in medical leadership roles. Under the theme, "Perceived capability", interviewees cited that self-doubt, lack of confidence, and underestimating

personal capabilities made women doubting themselves as suitable for leadership roles. Under the theme, "Perceived capacity", parenthood is perceived as a common barrier to women taking up a leadership role, however participating men stated that not having primary childcare responsibilities put them at a distinct advantage to women counterparts. Lastly, under the theme, "Perceived credibility", women felt they were not taken seriously and their traits are readily dismissed as too feminine, and therefore not stereotypically consistent with being a leader (Bismarck et al., 2015).

Conversely, Betron, Bourgeault, Manzoor, Paulino, Steege, Thompson and Wuliji (2019) dismissed factors such as lack of interest, difference in career commitment, or years of education as reasons for the absence of gender equality in healthcare leadership. Instead, the authors argued that the existence of ingrained gender bias, lack of opportunity to advance to leadership positions, and a glass ceiling within health care and other sectors constrain women from advancing to leadership positions (Betron et al., 2019).

### 2.2.2.2 Meso-organisational level

Coe (2019) asserts that women in the scientific world and health disciplines are considered less important, facing discrimination, and are sparsely represented in leadership positions. Isaacs (2019) posits that women are less likely than men to be appointed to senior management positions, and those who eventually succeed earn far less than equally appointed men. The fields of science, medicine, and global health need to be representative of the societies they serve if they want to improve human lives (Coe, 2019).

### 2.2.2.3 Macro level

Alqahtani (2019) conducted a literature review on the social role theory and gender stereotypes to explain why women are underrepresented in leadership roles. The author concluded that the unequal relationship between men and women is the result of gender stereotypes which place men in a superior position over women in society (Alqahtani, 2019, p.38). Gender stereotypes which place men in a superior position over men in society, affects both the performance and perceived status of an individual, which in this case is lower for women and higher for men (Alqahtani, 2019, p.38). Furthermore, when women perform roles incongruent with their gender stereotypes, they face lack of support and negative reaction from society for violating gender stereotypes (Alqahtani, 2019, p.38). Eagly and Wood (2012b, p.468) affirm that both men and women who conform to gender roles are

rewarded; conversely, penalized for deviating from gender-specific roles. The authors further elaborate that approval and continued interaction are rewards for conforming to gender-role norms. By contrast, non-conformity is negatively imposed and tends to disrupt spontaneous social interaction (Eagly & Wood, 2012b, p.468).

Furthermore, as posited by Betron et al. (2019), the under-representation of women in decision-making and leadership positions poses a key challenge to gender-transformation in the health workforce. They further indicate that only 25% of global health organisations have gender equality at senior management levels, and 20% of organisations have gender parity in their governing bodies (Betron et al., 2019). As a result of the absence of women in decision-making and leadership positions, they have no real influence in the formulation of policies, which consequently lead to policies being formulated according to male-centric norms (Betron et al., 2019).

## 2.3 HISTORY AND ROOTS OF DIVERSITY MANAGEMENT AND MANAGING DIVERSITY

The period 1950 to 1970 was important in history as it gave birth to various civil rights and liberation movements, by their very nature indicative of systemic non-recognition of diversity. These civil rights and liberation movements were used by women and men of colour as a platform to fight against injustices committed against sectors of society, particularly against black people. The increase in social protests left authorities with no choice but to challenge and change the political landscape. Continued pressure from the civil rights groups and liberation movements resulted in judicial rulings and federal civil rights and equal opportunity legislation in 1950 in the USA (Brazzel, 2003). A further victory was achieved in 1954 when the Supreme Court rescinded the 1896 separate-but-equal law and in the subsequent year ordered that public schools to be opened to all races in the USA (Brazzel, 2003).

Despite all efforts of various liberation and civil movements and protests during 1960, women and people of colour were still hired largely at entry level positions, whereas white women were able to progress to middle management positions (Brazzel, 2003). The Glass Ceiling Commission (1995) and Fernandez (1998) as cited in Brazzel (2003) found that few white women and almost no people of colour, regardless of gender, have reached senior management levels.

The persistent efforts of various other figures and social liberation and civil rights movements in their fight for social justice culminated in a decision by Government and Organisations to address diversity issues. The fear that violence would escalate and enter the place of work left organisations little choice but to address burning issues of non-recognition of diversity which involved wide and deep discrimination and racial and gender violence. McDonald (2010) posits that in response to Equal Employment Opportunity and Affirmative Action legislation, the objective of which was to ensure upward mobility and economic advancement for persons of colour, organisations complied reluctantly, essentially to avoid litigation. After Equal Employment Opportunity and Affirmative Action were enacted by the US Government, there were a growing number of workplaces that adopted "managing diversity" as a means of a human resource intervention (Agócs & Burr, 1996).

The concept of "diversity management" and "managing diversity" originated in the US (Syed & Özbilgin, 2009, p.2435) and had its roots in Equal Employment Opportunity and Affirmative Action policies which were legislated as an outcome of the Civil Rights Movement (McDonald, 2010).There were different viewpoints about managing diversity. Agócs and Burr (1996) explain that some claimed that it was a mere alternative to affirmative action, while others believed that it was needed as a separate entity, as it complemented the AA policy and served as an antidote to inequality, and still others viewed it as a strategy to deal with issues which were left unaddressed by affirmative action. The EE Act, No. 55 of 1998 (RSA, 1998) defined Affirmative Action measures as:

> "Measures designed to ensure suitably qualified people from designated groups have equal employment opportunities and are equitably represented in all occupational categories and levels in the workforce of a designated employer".

## 2.4   GLOBAL TREND IN DIVERSITY MANAGEMENT

According to Haveman and Beresford (2012), the last four decades have seen a marked increase of women in managerial positions. However, they are mostly concentrated in the lower- and middle-management levels, with only a few on top management level. It would be expected that the organisations and leading international firms would set the tone and be proponents of gender diversity. Haveman and Beresford (2012) indicate that the percentage of women CEOs' from 2003 to 2010 was between 24 and 27 percent. They further state that the vertical gap was even more pronounced in the world's largest firms. In 1995, there were no women as CEOs in Fortune 500

companies and only two women as CEOs in the Fortune 501--1000 companies. In 2010, Fortune 500 companies employed 11 women as CEOs, while Fortune 501--1000 companies had fourteen women CEO's (Haveman & Beresford, 2012). However, since 2010 both Fortune 500 and Fortune 5001-1000 companies have shown a significant increase of women CEOs. The Fortune 501-1000 companies published list in 2013 recorded 26 women as CEO, and the 2019 published list for Fortune 500 companies, 33 women held the portfolio of CEO (Catalyst, 2019). Kossek, Su and Wu (2017) state that an overwhelming amount of evidence suggests that women remain underrepresented in leadership of major institutions from business to politics in every country.

McKinsey, in partnership with LeanIn.Org conducted a four-year study from 2015 to 2018 and findings revealed that there has been no remarkable change in the proportion of women in large companies and organisation in the USA, in particular women of colour (Krivkovich, Nadeau, Robinson, Robinson, Starikova & Yee, 2018). The findings are based on four years of data from 462 companies with a workforce of 19,2 million employees, 279 companies that participated in the final year of the study, a survey of 64,000 employees and a number of qualitative interviews (Krivkovich et al., 2018). The researchers suggest companies set targets and that leaders should be held accountable for results (Krivkovich et al., 2018).

## 2.4.1 Diversity in International Armed Forces

Richardson, Resteigne and Bonneu (2014) posit that cultural diversity in the armed forces is considered an important issue. In most western countries politicians demand that it represents the demographics of the country in terms of gender, socio-economic status, education, religion, sexual orientation, ethnic and cultural origin. Richardson et al. (2014) state that effective management of cultural diversity enables the armed forces to carry out successful humanitarian missions, and helps build collaborative relationships between the military and inhabitants of conflict areas during multinational operations in foreign territories or countries (Richardson et al., 2014; Horst, Mattox & Groenendaal, 2018). The evidence suggest that role players realise the importance and benefits of a diverse defence force during domestic and international tasking as members with similar cultural backgrounds or knowledge to that of inhabitants from the target or host country could be utilised to interact with those inhabitants more convincingly to gather mission intelligence of various kinds, military or other.

In 2008 and 2009, a quantitative comparative study was conducted on the Belgium and Dutch militaries on cultural diversity with the aim of measuring Multicultural attitude, Muslim attitude and Acculturation attitude respectively (Richardson et al., 2014). The study revealed that the Dutch Defence officials have a more neutral attitude compared to their Belgian counterparts who show a slightly negative or biased attitude toward ethnic cultural minorities and Muslims per se (Richardson et al., 2014). Results on Acculturation reflected that defence employees of both countries preferred a strategy of segregation to sentiments of multiculturalism (Richardson et al., 2014).

It has been found that the overall representation of women in the regular Armed Forces of the UK is only 10% (Bryce, 2017), with the exception of the RAF regiment that has between 15-20% women officers. The Royal Navy/ Royal Marines and Army regiments comprise just over 10% and less than 15% women officers respectively. Women were also excluded from certain key posts until 2016 (Bryce, 2017). In 2017, the RAF regiment was the first regiment to open all posts to women (Bryce, 2017). Bryce (2017) indicated that the debate around the physical strength of women and gender equality received more attention than their effectiveness in the military (Bryce, 2017). Bryce (2017) exemplified how the coalition forces in the war in Afghanistan used women effectively to engage with local women to gather vital information and intelligence (Bryce, 2017).

The EU and NATO organisation faces the same challenges with unequal gender balance in the military forces (Horst et al., 2018). The actions taken and recommendations made by the EU and NATO proved to be insufficient to increase women representation in senior positions. Horst et al. (2018) postulate that an increase of women enhances performance and work ambience of groups within missions. Both the EU and NATO have included the United Nations Security Council Resolution 1325 on Women, Peace and Security in their policies to manifest their commitment to increase women on all decision-making levels in national, regional and international institutions (Horst et al., 2018). The efforts and commitment of the EU and NATO in devising sound policies were hampered by lack of implementation (Horst et al., 2018).

## 2.5 REGIONAL TREND OF DIVERSITY COMPARED TO OTHER COUNTRIES

Findings from a study conducted amongst 2500 business leaders from 35 countries - with regards to ethnicity, age and gender- asserted that the majority of these leaders were not pro-ethnic or gender

diverse (Schmidt, 2018). Only 40% were of the view that diversity is important for business success, while 14% indicated that they had mechanisms in place to improve the diversity of their team. Amongst the 35 countries surveyed, Africa scored the highest in prioritising gender diversity, with North America second and the European Union taking third place. The results further revealed that businesses in Africa and North America consistently view diversity as important and are subsequently taking more action than the rest of the countries to improve. On the variable of gender, women occupy 38% of senior roles in Eastern Europe in comparison to 29% in Africa. According to the author, the proportion of women in senior roles improved by 1% only since a decade before, and there is still no significant change (Schmidt, 2018).

Carter (2018) acknowledges that gender balance in senior management levels has increased in Africa, and pointed out that South Africa is one of the top 30 countries on the globe in terms of gender equity in senior management, while Kenya tops the charts on the continent with average 13% of women in boardrooms, and in Rwanda women represent 60% of parliamentarians. Carter (2018) cites the Global gender Gap Report of 2017 and notes that Rwanda ranks fourth amongst other countries in successfully decreasing the gender gap. She states that inclusion in the workplace needs to improve, and purports that, apart from inclusion and equal opportunities, notable progress of all measures of diversity needs to be achieved (Carter, 2018).

Despite the adoption of various regional legislations by member states of the AU which has resulted in incremental progress made by some African countries, various challenges still exist in implementing these Acts and Policies. African countries function within the ambits of the following regional legislative framework which illustrates the progress and challenges faced by countries.

## 2.5.1 AU Constitutive Act (2000)

The Constitutive Act of the African Union was established in 2000 and signed by all 53 Member States. Article 3 refers to the objectives of the AU (AU, 2000). With reference to objective (j), the Union shall "promote sustainable development at the economic, social and cultural levels as well as the integration of African economics" (AU, 2000, p.4; Sida, 2010). Subsequently, Article 4 refers to the principles of the Act. Principle (l) states: "The Union shall function in accordance with the principle of the promotion of gender equality" (AU, 2000, p.5; Sida, 2010).

## 2.5.2 Protocol to the African Charter on Human and People's Rights of Women in Africa (2003)

Article 13 (Sida, 2010, p.4) states that "State Parties shall adopt and enforce legislative and other measures to guarantee women equal opportunities in work and career advancement and other economic opportunities. In this regard they shall:

a) "Promote equality of access to employment"; however, according Bekmirzaev (2020) with reference to a report published by UN Women, the rights of women to paid jobs have been at a standstill for the past 25 years with less than two-thirds of women (62%) aged 25-54 working in the labour market compared to more than nine out of ten (93%) men.

b) "Promote the right to equal remuneration for jobs of equal value for men and women"; yet, according to a published report by the UN Women, women tend to bear the brunt of unpaid care and household labour and earn on average 16% less pay than men, which in certain countries is as high as 35% (Bekmirzaev, 2020).

c) "Ensure transparency in recruitment, promotion and dismissal of women and combat and punish sexual harassment in the work place".

Article 19 (Sida, 2010, p.5) makes reference to the right of women to fully enjoy their right to sustainable development, therefore State Parties are obligated to take all the necessary measures to:

d) "Introduce a gender perspective in the national development planning procedures";

e) "Ensure participation of women at all levels in the conceptualisation, decision-making, implementation and evaluation of development policies and programmes". However, according to Phumzile Mlambo-Nguka (UN Women's Executive Director), men account for 75% of parliamentarians, 73% of managerial positions, 70% of all climate negotiators and almost all of peacemakers (Bekmirzaev, 2020).

## 2.5.3 Solemn Declaration on Gender Equality in Africa (2004)

In July 2004 the Heads of State and Government of Member States of the AU had reaffirmed their commitment to the principle of gender equality as enshrined in Article 4 (l) and various other existing

commitments, principles, goals and actions contained in various regional, continental and international instruments on human and women's rights including, but not limited to the Beijing Platform for Action and CEDAW (AU, 2004). In order to enhance women's participation in politics, some countries were able to overcome barriers through innovative approaches and took steps on legislative and budgetary support, and the gender focal points have become gender cells in almost all countries (Gonzalez, 2017, p.23).

Contrary to the declaration mentioned above, the target set by the Solemn Declaration on Gender Equality in Africa of 50% representation of women in all AU organs, RECs, national governments, parliaments and judiciaries by 2015 was not achieved, both in Africa and worldwide (Gonzalez, 2017, p.23).

## 2.5.4 SADC Protocol on Gender and Development (2008)

The SADC Protocol on Gender and Development was designed to deal with economic empowerment and required that member states meet the following commitments by 2015 (RSA, 2017):

- To adopt policies and enact laws which ensure equal access, benefit and opportunities for women and men in trade and entrepreneurship, taking into account the contribution of women in the formal and informal sectors;

- To review their national trade and entrepreneurship policies to make them gender responsive; and;

- With regard to the affirmative action provisions in Article 5, to introduce measures to ensure that women benefit equally from the economic opportunities, including those created through public procurement processes.

However, during a meeting at the 8th African Union Pre-Summit under the AU Year 2016 Theme: "African Year of Human Rights, with particular focus on the Rights of Women", it emerged that "women's access to basic and quality education, ownership and control of assets, access to public procurements, opportunities for scalable entrepreneurship, inclusion in financial frameworks, and representation in decision-making positions among social, economic and political rights still remain severely limited" (AU, 2016, p.1-2).

## 2.5.5 AU Gender Policy (2009)

The first Gender Policy of the AU was established in 2009 and includes eight policy commitments which are based on AU and international gender equality instruments, and an implementation framework in the form of a Gender Action Plan (AU, 2009; Sida, 2010). The policy includes the adoption of Article 4, Principle (l) of the AU Constitutive Act which refers to the promotion of gender equality (Sida, 2010).

The Policy commitments as set out in the AU Gender Policy (2009) include:

- Creating an enabling and stable political environment.

- Legislation and legal protection actions against discrimination, for ensuring gender equality.

- Mobilising stakeholders for implementing the AU Gender Policy.

- Rationalisation and harmonisation of Regional Economic Communities' (RECs) gender policies and programmes. The capacity of Regional organisations and Civil Society Organisations (CSOs) to promote gender equality in Africa is limited due to their reliance on donor funding and the competition for funds, the slow progress of change at the legislative and policy levels, the lack of real political backing, and the weak binding power of declarations, protocols and policies over member states, render the translation from commitment on gender equality and women empowerment to concrete policies, programmes and actions difficult (Gonzalez, 2017, p.24).

- Mobilising resources for implementing the AU Policy.

- Capacity building for gender mainstreaming.

- Implementation of gender mainstreaming in all sectors.

- Maintaining peace, security, settlement of conflicts, reconstruction and promotion of effective participation of women in peacekeeping and security, including efforts aimed at reconciliation in post conflict reconstruction and development.

## 2.6 BACKGROUND AND DIVERSITY MANAGEMENT ON THE AFRICAN CONTINENT

In order to comprehend the complexity of diversity management on the African continent it is consequential to address the effects of Colonialism and Apartheid and its impact on its inhabitants. The UN Secretary General during his delivery of the 2020 Nelson Mandela Annual Lecture, states that Colonialism led to huge inequalities within and between countries, including the trans-Atlantic slave and the apartheid regime of South Africa (UN, 2020). Mr Guterres argued that these historic aspects of inequality left a legacy of economic and social injustice, hate crimes, xenophobia, the persistence of institutional racism, and white supremacy (UN, 2020).

From this delivery note by the UN Secretary General it can be inferred that Colonialism and Apartheid have shaped the African continent and severely impacted diversity management and the challenges African leaders faced in the implementation thereof post-independence from colonial powers. Bayeh (2015) asserts that African leaders and States post-independence inherited the undemocratic and authoritarian rule of their colonisers, and applied the same cruel white male dominated administration to govern the continent, thus disregarding the sacrifices and contributions women made in gaining independence (Anunobi, 2002). As indicated by Oluwaniyi (2019), women fulfilled roles at logistical, ideological and combatant levels as fighters, spies, carriers, wives and mothers, and even sex slaves. Adebajo (2015) argues that after dependence, African leaders did little to undo the detrimental effects caused by colonialism. Post-liberation leaders were more interested in holding on to power, hence their argument that one-party states were the only solution to destabilise ethnic wars, thus preventing minority groups to ascend to power (Adebajo, 2015).

Adebajo (2015) asserts that nepotism and favouritism were rife in appointments to military and executive positions in government, hence, state coffers were depleted as a result of political patronage. The situation on the continent was escalating as national armies were used to protect heads of state and their alliances in countries like Liberia, Cote d'Ivoire, Nigeria and Sudan. A war fuelled by inter-ethnic differences erupted after South Sudan gained independence from Sudan in 2011.

Kirkwood (2018) asserts that the legacy of exclusion emanating from Colonialism and Apartheid disrupted family structures immeasurably. Kirkwood (2018) further asserts that Apartheid consequently created a large cohort of low skilled citizens among whom the legacy of injustice is still

visible as manifesting in poorer access to health, education and economic opportunities among the Black, Coloured and Indian population. The Apartheid system introduced racial categorisation and separation that resulted in dividing the population into various economic sub-sections, mainly separated along racial lines. This racial segregation affected every sphere of social life, also education and employment, two tightly connected factors of gender-based discrimination (Klarsfeld, 2010).

 Adebajo (2015) asserts that managing diversity poses a challenge across the continent of Africa, something which to date had led to several civil conflicts in Nigeria, Republic of Congo, Sudan, Rwanda and Burundi. The colonial powers of Europe enforced artificial governance systems on Africa and segregated indigenous people into pseudo-homogenous groups which were the cause of acute demographic divisions experienced on the continent (Adebajo, 2015). According to Kidane (2011, p.15-16), the division of ethnic groups into several states marked by uneven socio-economic development among several ethnic groups became an obstacle to constructive management of diversity. Conflicts on the continent pose major challenges to diversity management and an even greater increase in socio-economic inequalities (Adebajo, 2015). Oyeneye (2018) points out that most African countries have retained some of the colonial practices; hence they are still grappling with finding meaningful ways of managing the huge diversities within their borders.

Therefore, African managers faced the dilemma on how to integrate African management styles with western management styles (Nzelibe, 1986). Francis Deng (cited in Adebajo, 2015) suggested that African countries construct a political framework built on African worldviews, in which all ethnic groups, cultures, values are acknowledged, and which promotes cooperative governance. Deng (cited in Adebajo, 2015) highlighted some positive diversity management mechanisms, including the proportional representation systems practised in South Africa and Namibia; the management of ethnic diversity through federalism involving 250 multi-lingual ethnic groups in Nigeria; and South African racial diversity legislation.

Some of the Policy commitments as set out in the AU Gender Policy (2009) is "maintaining peace, security, settlement of conflicts, reconstruction and promoting the effective participation of women in peacekeeping and security, including efforts aimed at reconciliation in post conflict reconstruction and development". The presence and importance of women peacekeepers during missions cannot be ignored. Women should be introduced to the peace process in conflict areas and be given a voice as

emphasised by the UN (Solomon, 2019). It is further argued that women should be used to assist victims of sexual assault and to protect children from violence in ways male soldiers, as agents by association of such offences, -cannot. In fact, participation of women is a necessary condition in settings where certain cultures would only allow women as peacekeepers to communicate with other women who require assistance (Solomon, 2019).

In spite of their obvious significance as peace-keeping participants, according to Solomon (2019) women account for only 22% of civilian peacekeeping posts, and are poorly represented in military roles. Women account for less than 4% of military personnel in the seven peacekeeping operations in Africa (Solomon, 2019). Mlambo-Ngcuka and Zewde (2020) state that there still exists a blunt implementation gap concerning women's participation in peace processes, although existing evidence suggests that gender perspectives drive the sustainability of peace and security processes. The evidence provided by Mlambo-Ngcuka and Zewde (2020), paint a picture of actual women participation which is in stark contrast to their needed participation. Women constitute about 4% of signatories of peace agreements, 2.4% of chief mediators, 3.7% of witnesses or observers to peace negotiations, and 9% of negotiation team members.

## 2.7   DIVERSITY MANAGEMENT IN THE RSA

South African gender statistics from 2009 to 2019 shows that the population of women exceeds the population of men year on year (Plecher, 2020). The following table reflects the yearly South African gender statistics from 2009 to 2019:

Table 2.1: South Africa: Gender Statistics (in millions)

| Year | Women | Men |
|------|-------|-----|
| 2019 | 29.7 | 28.86 |
| 2018 | 29.29 | 28.49 |
| 2017 | 28.88 | 28.12 |
| 2016 | 28.47 | 27.73 |
| 2015 | 28.05 | 27.34 |
| 2014 | 27.62 | 26.92 |
| 2013 | 27.19 | 26.5 |
| 2012 | 26.76 | 26.08 |
| 2011 | 26.34 | 25.66 |
| 2010 | 25.95 | 25.27 |
| 2009 | 25.58 | 24.9 |

*Source:* H. Plecher, 2020

Although statistics reveals that women constitutes the majority of the total population of South Africa, they are still not numerically represented in decision-making and leadership positions. A census on women in leadership conducted by Businesswomen Association of South Africa (BWASA) has revealed that, although women represent 22% of board directors, a mere 7% occupy executive director's positions (Fajardo & Erasmus, 2017). Further findings from the census indicates 10% of CEOs in South Africa are made up of women, but women represent a mere 2.2% in companies listed on the Johannesburg Stock exchange (Fajardo & Erasmus, 2017). The representation of women in leadership roles has increased with a mere 2% from 26% in 2004 to 28% in 2017 (Fajardo & Erasmus, 2017).

A report by PwC shows that fewer than 6% of JSE-listed company CEOs were women, and they only represent 14% of those who serve on corporate boards (Business Insider SA, 2020). Despite legislation that supports gender equality in the South African work-place, slow progress is made in the elevation of women in senior leadership roles at both national and corporate levels (Fajardo & Erasmus, 2017).

Apart from being constitutionally and legally bound by its own laws and its ratification of regional legislation, South Africa has also committed to and ratified international legislation to improve the lives of women at all levels of society inter alia, gender parity in strategic positions in public and private corporations. As such, South Africa is a signatory to various treaties under the auspices of the United Nations (2018). These include International Convention on the Elimination of All Forms of Racial Discrimination (CED), International Covenant on Economic, Social and Cultural Rights

(ICESCR) and Convention on the Elimination of all forms of Discrimination against Women (CEDAW). South Africa forms part of these treaties and therefore government is obliged to comply with these laws and acts as stipulated. These treaties are aligned with the South African acts, among others, the Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000 (RSA, 2000), and Employment Equity Act, 55 of 1998 (RSA, 1998).

The Committee on Economic, Social and Cultural Rights (UN, 2018), in concluding its observation on the initial report of South Africa (noted in paragraph 41), raised its concern over the gender-based pay gap for equal positions held, which stands at 27% as a result of persistent vertical and horizontal occupational segregation by gender. In paragraph 42 of the same report the committee recommends that the SA government addresses vertical and horizontal segregation and endeavours to narrow the gender pay gap (UN, 2018).

Furthermore, the aim of the Beijing Declaration and Platform for Action in 1995 was to achieve greater gender equality and increasing access to opportunities for women, globally (RSA, 2017). The commitments which focused on the economic empowerment of women included:

- To promote women's economic independence, including employment, and eradicate the persistent and increasing burden of poverty on women by addressing the structural causes of poverty through changes in economic structures, ensuring equal access for women, including those in rural areas, as vital development agents to productive resources, opportunities and public services.

- To ensure women's equal access to economic resources, including land, credit, science and technology, vocational training, information, communication and markets, as a means to further the advancement of their capacities to enjoy the benefits of equal access to resources, inter alia, by means of international cooperation.

- To develop gender-sensitive multi-sectoral programmes and strategies to end social subordination of women and girls and to ensure their social and economic empowerment and equality.

The legal imperatives of the EE Act and Broad- based Black Economic Empowerment (BBBEE) laws and codes did not contribute sufficiently towards the increased employment equity profiles of private businesses (Meyer, 2017). However, government has shown some positive results, as several state departments have achieved and even exceeded equity targets. These departments showed their commitment to ensure equity in the workplace through advertising campaigns to recruit whites, coloureds and Indians (Meyer, 2017), thus applying non-racial discriminatory processes and in compliance with legislative prescripts.

Gwele (2009) asserts that the focus should be on creating environments wherein individual development and potential may be maximised. The focus currently is on the collectives or membership to a group. In achieving organisational mission and goals, it is important to acknowledge that all members, regardless of their position in the hierarchy may contribute positively towards meeting the desired equity results (Gwele, 2009).

## 2.7.1 The Transition from Autocratic State to Democratic State

The transition from an autocratic to democratic state came with huge challenges of which race, gender, ethnicity and other dimensions of diversity had to be equated according to the demographics of the population. Meyer (2017) mentioned that regardless of the advent of democracy, a non-racial South African remains an elusive dream. According to Gwele (2009), the change of government in 1994 brought about a new dawn of equal opportunities and access to employment, yet equity is still to be materialised.

## 2.7.2 Trend of Equality and Equity Post 1994

Gouws (2019) espouses the statement by Gwele (2009) and reflects how hopeful and confident South African women were at the time of democratisation of the country. They envisioned a South Africa wherein women would be included in the democratic processes which would increase the representation of women in the state to advance gender equality and equity in all spheres of society. The establishment of various structures in coalition with feminist activists and feminist academics were seen intentionally as a means to enforce gender equality (Gouws, 2019). Though South Africa was on the forefront of creating these state institutions that represented the interests of women in the

legislature, the executive and state, the realisation of the new dawn of equal opportunities remains an elusive dream (Gouws, 2019; Gwele, 2009).

Meyer (2017) points out that government and unions since the advent of democracy advocated and were the leading forces behind the implementation of equity in the work-place. Yet the efforts made by government and the unions, performance by businesses failed dismally in transforming workplaces.

## 2.7.3 Managing of Diversity in the Healthcare Setting

According to the World Health Organisation (2019) women in global healthcare are working in very diverse health systems, settings and socio-economic contexts. It is reported (WHO, 2019, p.5-6) that globally, current inequality between men and women in the health workforce reflects the following:

- Employment rights of women are not protected by legislation concerning equal pay, non-discrimination and collective bargaining;
- As a result of medicine being established as a male-only profession, it has taken time for women to overcome discrimination against their entry to the profession, senior posts and better paid specialisms;
- Girls in low- and middle-income countries have unequal access to education, specifically to secondary schooling, which limits their access to training for formal health sector jobs;
- Occupational segregation as a result of gender stereotypes and norms of society creates a division between the different types of work performed by men and women respectively;
- Health systems and working conditions favour the life patterns of men;
- Unlike their male counterparts, women face an array of biases, discrimination, sexual harassment and violence which are often either not recorded, or not addressed;
- There exists a lack of data and research to highlight gender gaps in critical areas and to drive accountability and policy change and;
- Political will and incentives are lacking for politicians and decision-makers in health systems to adopt gender-transformative leadership and the necessary measures to drive equality among people of different genders.

The desegregation of healthcare settings has posed a challenge in managing diversity as both previously disadvantaged and previously advantaged groups have their own set of beliefs and

cultures, languages, and stereotypical perceptions about each other. Previously, African nurses were subordinate to white nurses and were legally not allowed to be in a position to oversee white nurses, with the desegregation of healthcare settings, the roles are reversed. The prominent dominance of white women in senior managerial positions in public and private sectors was a result of the persistent advantages gained through apartheid (Van der Heever, Van der Merwe & Crowley, 2019). The desegregation of healthcare settings has also opened the door for previously disadvantaged people to have an equitable chance to compete for promotional post. This could again lead to more tension between the groups as opportunities previously reserved for members of the advantaged group are taken away while they still feel themselves entitled.

Van der Heever et al (2019) conducted a cross-sectional descriptive survey to explore the views of nurses in the Western Cape about promotion to managerial positions in view of the EEA and the possible influence of race, class and gender. 573 Nurses participated. In their main findings they indicate the dissatisfaction of coloured and white nurses with the EEA in that it only benefits the African black nurses (Van der Heever et al., 2019). Conversely, African nurses, are displeased with their under-representation in managerial positions in the private and public sectors in the Western Cape. Further results from Van der Heever et al (2019) suggest that:

- White nurses are convinced that African, Coloured and Indian nurses experience upward mobility and,
- Coloured nurses are concerned about the career accomplishments of men in a profession predominantly occupied by women.

From the results it is inferred that regardless of the implementation of the EE Act, African black and Coloured women are under-represented in managerial positions in the public sector of the Western Cape and nationally in the private health sector of South Africa (Van den Heever et al., 2019).

According to Kalaitzi, Czabanowska, Fowler-Davis and Brand (2017) women are disproportionately represented in top leadership positions. Yet, they make up the bulk of specialised employees in the healthcare sector. 75% of the global healthcare workforce comprises of women, yet they only occupy 38% of senior posts. Furthermore, 18% and 14% of women are hospital CEOs and board of directors respectively (Kalaitzi et al., 2017). Only 15 women, 9% of total, are incumbents of top-level positions in clinical leadership (Newman, 2011 cited in Kalaitzi et al., 2017). Performing multiple tasks such as domestic, clinical and leadership roles result in high rates of exhaustion and poor career

management (Sexton et al., 2014 cited in Kalaitzi et al., 2017). Further barriers to gender equality include gender-related stereotypes, unequal career opportunities and gender-related pay (Newman, 2011 cited in Kalaitzi et al., 2017).

Furthermore, The EE Act, 55 of 1998 (RSA, 1998), Chapter 2 refers to the Prohibition of unfair discrimination. Section 5 of Chapter 2 stipulates that "Every employer must take steps to promote equal opportunity in the work place by eliminating unfair discrimination in any employment policy or practice" (RSA, 1998, p.7). Subsection 1 of Section 6 stipulates that "no person may unfairly discriminate, directly or indirectly, against an employee, in any employment policy, on one or more ground, including race, gender" or any other (RSA, 1998, p.7).

Chapter 3 of the EEA (RSA, 1998) addresses Affirmative Action and applies to designated employers. Section 13(1) of Chapter 3 states that "every designated employer must, in order to achieve Employment Equity, implement Affirmative Action (AA) measures for people from designated groups in terms of this Act" (RSA, 1998, p.9). Seemingly AA has been implemented as was expected. This can be seen from a study conducted by Archibong and Adejumo (2013, p.17) using various data sources, inclusive of document review, interviews and a consensus workshop on the perceptions and impact of Affirmative Action in South Africa. Participants of the interviews and consensus workshop were drawn from central and provincial government establishments, private and non-governmental organisations, and included men and women, persons with disabilities and people with different sexual orientations (Archibong & Adejumo, 2013, p.17).

Some of the findings which emanated from the study were that favouritism, discrimination, agitation from grassroots, political motives and need for wealth are some of the factors that drive Affirmative action (Archibong & Adejumo, 2013, p.18-21). However, Affirmative Action is only effective in terms of meeting the numerical targets as opposed to emphasising quality in the implementation (Archibong & Adejumo, 2013, p.18-21). Archibong and Adejumo (2013, p.18-21) further posit that:

- Stereotyping, corruption, nepotism, favouritism, lack of monitoring and sabotage by previous beneficiaries of apartheid render affirmative action ineffective.
- Affirmative action is not benefitting societies in the rural areas, disabled groups and low socio-economic groups.

- Those who are not connected to high placed managers, those who do not support the ruling party, and those who were previously employed by the previous dispensation do not benefit from Affirmative action.
- Affirmative is rendered ineffective as not enough women have been empowered and broken through the ranks that generally were reserved for men.

Mathur-Helm (2005, p.56) conducted a comparative analysis using secondary data from previous studies; argued that the underrepresentation of women at top level positions is a result of patriarchal dominance in organisations, hence the reluctance of the corporate environment to accept women as professional equals. Instead of favouring the growth and advancement of women, government legislations and policies are working against them (Mathur-Helm, 2005, p.56). Thus, the effectiveness of affirmative action in South Africa was seen to be relative due to its objectives not having been achieved (Archibong & Adejumo, 2013, p.23).

Chapter 2 of the PEPUD Act Section 6 (RSA, 2000, p.7) stipulates: "Neither the State nor any person may unfairly discriminate against any person". Section 8 (RSA, 2000, p.8) subject to section 6, stipulates: "No person may unfairly discriminate against any person on the ground of gender". The subsections of Section 8 identify the following prohibitions on the ground of gender, relevant to the current study:

(g)    "Limiting women's access to social services or benefits, such as health, education, and social security";

(i)    "Systemic inequality of access to opportunities as a result of the sexual division of labour".

Despite having made inroads in improving the lives of women, government acknowledges there still remain significant challenges associated with protecting the rights of women (RSA, 2019). An overview of legislation, programmes and challenges related to the articles in the Women's Charter for effective equality, indicates that patriarchal values still persist in society, a fact which renders women incapable of decision-making and responsibility outside of prescribed patriarchal norms, and which may result in economic, legal, political, and social discrimination against women and girls on individual, household, community and organisational levels (RSA, 2019).

Predetermined social roles of women as child-bearers and caretakers leave women with little time to engage in activities outside of home; women face challenges in service delivery such as education,

social assistance, etc; and insufficient resources to address challenges to address women's disempowerment (RSA, 2019).

Chapter 5 Sections 24 to 29 (RSA, 2000, p.17-20) address the issue of the promotion of equality. The responsibilities of the State, the South African Human Rights Commission (SAHRC), Ministers and all persons operating in the public domain are clearly set out in Chapter 5 of the PEPUD Act 4 of 2000 (RSA, 2000).

## 2.7.3.1 Statistics of South African Nursing Council

According to the South African Nursing Manpower Statistics as at 31 December 2017, registered nursing staff women account for 127 931 compared to 14 161 men; Enrolled nursing staff women account for 67 288 compared to 7268 for men; Auxiliary nursing staff women account for 64 276 and men 6 155. The South African national combined total of women in nursing is 259 495 (approx. 90%) compared to 27 584 (approx. 10%) of men in nursing (SA Nursing Council, 2017). Nursing is perceived as one of many gender-biased occupations as noted in Anker, Melkas and Korten (2003).

## 2.7.3.2 Statistics of Health Profession Council of South Africa

Active registration of healthcare professionals belonging to the HPCSA as of 01 August 2019 indicates that 60% are women compared to 40% men (Y. Daffue, personal communication, August 13, 2019). The following figures were obtained from HPCSA (Y. Daffue, personal communication, August 13, 2019) and are relevant to the Military Health Institutions in the Western Cape based on their services delivered. The figures are only for racial designations African, Coloured, White and Indian and exclude other nationalities and unknown cases.

| | Medical Practitioner | Psychologist | Biokineticist | Physiotherapist | Radiographer | Dentist | Oral Hygienist | Dental Assistant | Dietitcian | Emergency Care Tech | Ops Emer Care Ord | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Female | 18422 | 6449 | 1230 | 6276 | 6153 | 2543 | 1130 | 4330 | 3100 | 351 | 73 | 50057 |
| Male | 25039 | 1071 | 587 | 1335 | 1326 | 3194 | 69 | 174 | 364 | 776 | 379 | 34314 |
| Total | 43461 | 7520 | 1817 | 7611 | 7479 | 5737 | 1199 | 4504 | 3464 | 1127 | 452 | 84371 |

Figure 2.2: Gender statistics of active members of HPCSA

*Source:* Y. Daffue, personal communication, August 13, 2019.

## 2.7.3.3 Statistics of South African Pharmacy Council

The figures only include those professionals and occupations available in Military Health Institutions identified in the present study.



| | Pharmacist | Comm Serv Pharmacist | B Pharm Student | Ass Post Basic | Assistant Basic | Total |
|---|---|---|---|---|---|---|
| Female | 10179 | 590 | 2629 | 9548 | 2534 | 25480 |
| Male | 5792 | 237 | 1461 | 3721 | 1307 | 12518 |
| Sub total | 15971 | 827 | 4090 | 13269 | 3841 | 37998 |
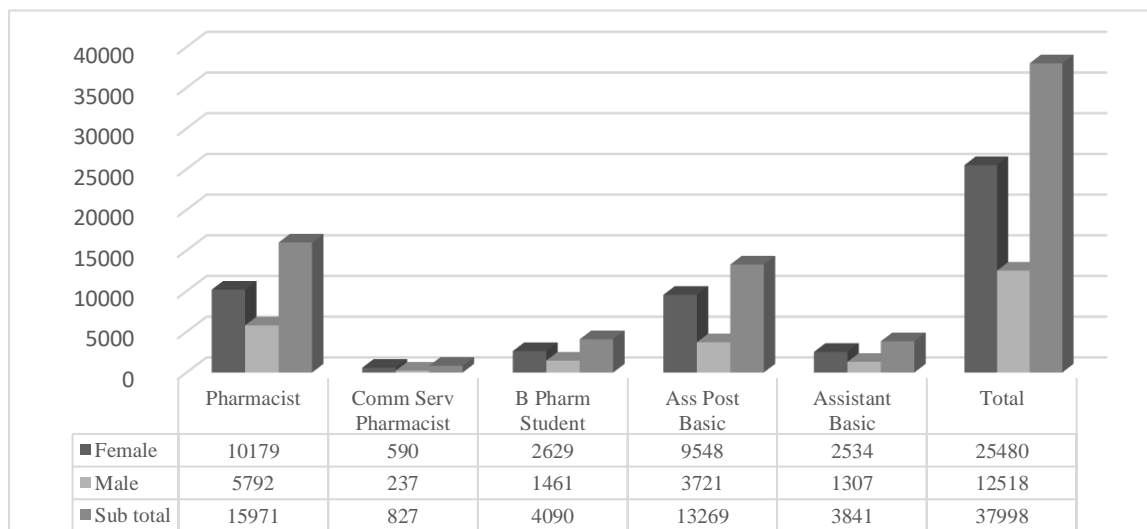
Figure 2.3: Gender statistics of active members of SAPC

*Source***:** SAPC website, 2020**.**

The preceding statistics from the SA Nursing Council, HPCSA and SAPC corroborate the findings which have emerged from the literature that women represent the majority of workers in the healthcare sector in South Africa.

Statistics of South African Council for Social Service Profession (SACSSP) were not available on the SACSSP website. Consequently the researcher sent an email requesting the gender statistics, but to date, have not received any response from the SACSSP.

## 2.7.4 Diversity within the South African National Defence Force

With the establishment of the Union Defence Force in 1912, South Africa was a heterogeneous force inclusive of White, African black, and Coloured soldiers, yet with its own, unique organisational culture, rank and uniform (Williams, 2000). When the National Party claimed victory in 1948, it became a predominantly homogeneous Force (Williams, 2000). It took South Africa forty-six years to be able to celebrate the establishment of a diverse South African National Defence Force wherein all citizens could equally enjoy the same privileges irrespective of race, gender, religious beliefs and sexual orientation (RSA, 1996). Only after the abolishment of Apartheid together with the repeal of its discriminatory laws in 1994, laws which excluded the racial majority of citizens from enjoying the same and equal benefits as the minority white group, could the SANDF operationalise and implement the concept of diversity management.

The various dimensions of diversity, as mentioned in preceding paragraph, are embedded in various legislative documents, including the Department of Defence (DOD) Transformation Policy which are aligned with the Constitution. The Transformation Policy stipulates that the meaning of diversity is to acknowledge that each individual enters the workplace with unique differences and similarities which should be valued and respected in order for the DOD to achieve its objectives (DOD, 2014).

The merging of the statutory and non-statutory forces after democratisation in 1994 was easier said than done. The focus at the time was primarily on radical implementation of mechanisms to first rectify the racial and gender imbalances which would reflect the national demographical composition of the population. Affirmative Action was seen as an appropriate means to resolve a very complex, challenging issue. Menon and Kotze (2007) as cited in Heinecken (2009) argued that the SANDF, rather simplistically, considered Affirmative Action to be the same as managing diversity in the

workplace, thus neglecting to address educational, language, cultural and political differences which are fundamental causes of conflicts across race and gender (Heinecken, 2009).

Heinecken (2009) exposits that different leadership styles led to clashes between former SADF officers and non-statutory officers. SADF officers are conformist, observe strict obedience to authority, and follow rigid rules, compared to leaders from non-statutory forces who do not follow prescripts, instead they make use of former networks for advice and information. Affirmative Action compounded the effectiveness of managing diversity when former revolutionary force members were promoted without cognisance of whether members possessed the necessary skills and experience to manage a bureaucratic organisation, let alone planning large-scale military operations (Heinecken, 2009).

As a result of numerical affirmative action, through which formerly marginalised and disadvantaged groups were integrated into the new defence force to correct race-based numerical imbalances without taking cognisance of a-numerical complexities of rich cultural diversity, led to tension between former South African Defence Force members and Non-statutory Forces. White military leaders felt that political expediency took preference over military competency. This resulted in the exodus of highly skilled personnel in critical posts before the knowledge and skills could be transferred to previously disadvantaged people (Heinecken, 2009). The results of an EO and AA climate survey conducted during 2005, revealed, to no surprise, that 64% of whites are the least positive about AA policies introduced by the SANDF, while that of coloureds are increasing negatively as they claimed that in the previous dispensation they were either not "white enough" and post 1994 they are not "black enough" (Heinecken, 2009).

According to the Transformation policy (DOD, 2014), the DOD pledges its commitment to ensure that diversity management remains a priority on all levels. This commitment can only be pursued if leaders adopt management styles open to diversity, thus ensuring that all employees are valued and have equal opportunity (DOD, 2014). The policy further emphasises that getting all officials to foster the importance of supporting diversity management, could lead to enhancement of social cohesion, and the subsequent increase of the capacity of the DOD to achieve its objectives in general (DOD, 2014).

During a Parliamentary Committee meeting on Defence in 2015, the Chief Director of Transformation Management of the SANDF, indicated the SANDF focus was on mentoring, coaching

and leadership training that would assist in the increase of women at decision-making level (Parliamentary Monitoring Group, 2015). She further emphasised the importance of diversity management and the need to educate and make DOD officials aware of the nature and consequences of stereotypes, assumptions, prejudice, discrimination and harassment (Parliamentary Monitoring Group, 2015).

The Chief Director advised that diversity programmes be presented at all Units and during force preparation pre-deployment phases. According to an article in the DefenceWeb (2019a), the Minister of Defence's written reply to a parliamentary question divulged the following information on different categories of women according to rank, gender and race:

Table 2.2: Breakdown of women in rank group Lieutenant General/ Vice Admiral, Major General/ Rear Admiral and Brigadier General/ Rear Admiral (Junior Grade*)*

| | WOMEN | | | | | | | | Total Women | |
| | African | | White | | Coloured | | Indian | | | |
| Rank group | N | % | N | % | N | % | N | % | N | % |
|---|---|---|---|---|---|---|---|---|---|---|
| Lt Gen/V Adm (n=8) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Maj Gen/R Adm (n=40) | 5 | 12.5 | 1 | 2.5 | 0 | 0 | 1 | 2.5 | 7 | 17.5 |
| Brig Gen/R Adm (JG) (n=170 | 22 | 12.9 | 20 | 11.7 | 16 | 9.4 | 3 | 1.8 | 61 | 35.8 |

*Source:* DefenceWeb, 2019a

- Of 8 lieutenant Generals/ Vice Admirals, none was a women.

- Of 40 Major Generals/ Rear Admirals, 7(17.5%) were women.

- Of 170 Brigadier Generals/ Rear Admirals (Junior Grade), 61(35.8%) were women.

She did not give a breakdown of men/ women representation on following ranks:

Table 2.3: Breakdown of racial groups in the rank group of Colonel

| | RACE | | | | | | | |
| | African | | White | | Coloured | | Indian | |
| Rank group | N | % | N | % | N | % | N | % |
|---|---|---|---|---|---|---|---|---|
| Colonel (n=853) | 506 | 59.3% | 263 | 30.8% | 64 | 7.5% | 20 | 2.3% |

*Source:* DefenceWeb, 2019a

The national demographic indicators from the last National Census conducted in 2011, revealed that African black people represent 79.4%, White people 9.2%, Coloured people 8.8%, and people of

Indian origin 2.6% of the population (World Population Review, 2019). The figures given by the Minister show estimated deficits of 171 for African black, 11 for Coloured and 2 for people of Indian origin. White people are hugely over-represented with an excess of 185 in the rank group of Colonel/ Captains (SA Navy). These indicators suggest that race and gender disparity exists within the South African National Defence Force. In lower rank groups there is a visible trend of over saturation of designated groups and under-representation of white people.

Gender transformation on strategic level paints an even bleaker picture. No women features on the macro structure of the DOD, level 2 in terms of the SANDF (DOD, 2019). Only 25 percent (n=3) officers on the macro structure of the DOD level 0 to 2 (DOD, 2019) are women compared to 75 percent (n=9) being men:

Table 2.4: DOD Macro Structure (Levels 0 – 2)

| Level 0: Ministry | | |
|---|---|---|
| **Incumbent** | **Men** | **Women** |
| Minister of Defence and Military Veterans | | 1 |
| Deputy Minister of Defence and Military Veterans | 1 | |
| **Level 1** | | |
| Defence Force Service Commission | 1 | |
| Military Ombud | 1 | |
| Secretary for Defence and Military Veterans | 1 | |
| Chief of SANDF | 1 | |
| **Level 2: Secretariat** | | |
| Defence Policy Strategy and Planning Division | | 1 |
| Financial Management Division | 1 | |
| Defence Materiel Division | 1 | |
| Defence International Affairs | 1 | |
| Internal Audit Division | | 1 |
| Defence Enterprise Information Management division Commission | 1 | |
| **Total** | **9** | **3** |

*Source:* DOD Intranet, 2019

Table 2.5: DOD Macro Structure (Level 2: SANDF)

| Level 2: SANDF | | |
|---|---|---|
| **Incumbent** | **Men** | **Woman** |
| Chief of Joint Operations Divisions | 1 | |
| Chief of SA Army | 1 | |
| Chief of SA Air Force | 1 | |
| Chief of SA Navy | 1 | |
| Surgeon General of SA Military Health Service | 1 | |
| Chief of Defence Intelligence | 1 | |
| Chief of Corporate Staff | 1 | |
| Chief Military Policy Strategy and Planning | 1 | |
| Chief Director Defence Reserves Division | 1 | |
| Chaplain Services | 1 | |
| Chief of Defence Corporate Communication | 1 | |
| Inspector General | 1 | |
| Chief Logistics | 1 | |
| Provost Marshal General | 1 | |
| Chief CMIS | 1 | |
| **Total** | **15** | **0** |

*Source:* DOD Intranet, 2019

## 2.7.4.1 SANDF Transformation Policy

Through the DOD Transformation policy, the SANDF explicitly acknowledges the existence of potential barriers in managing diversity that may affect the image and working relationships of the DOD, confidence and work performance (DOD, 2014) adversely. These barriers include the following:

- Poor communication and resistance to change.

- Negative attitudes, perceptions, assumptions, prejudice and stereotypes.

- Sexual or other harassment.

- Favouritism and victimisation.

- Unfair discrimination and racism.

- Unfair allocation of resources.

- Unfair distribution of developmental and promotional opportunities.

- Poor leadership, guidance and direction.

In order to circumvent the above-mentioned barriers, the Transformation Policy (DOD, 2014) cites the following initiatives in managing diversity in the DOD:

- <u>Human Dignity.</u> DOD officials have the right to be treated with dignity and respect.

- <u>Specific needs.</u> The specific needs of women during training and deployments and prioritise specific needs of people with disabilities should be accommodated when allocating resources and during training.

- <u>Recruitment and selection.</u> Applicants from all sections of society should be attracted to ensure fair treatment throughout recruitment and selection processes. Integration of women in the military has been interpreted by male soldiers as a nuisance that is intended to dilute male culture, and inspire feminine traits (Dunn, 1999), is considered as feminisation of the armed forces (Van Creveld, 2000). This claim is affirmed by Mitchell (1989) who held the opinion that the inclusion of women in the military has softened the American Security Forces. He opines that, because women are considered as nurturers, they cannot simultaneously assume the dual role of nurturers and male-like warriors. As a result, women often feel compelled to prove their masculinity by adopting masculine personality (Sasson-Levy, 2003). The perception of women being militarily inferior is further confirmed by Egnell (2013) who sees the inclusion of women in the military as a reduction of military performance and fighting strength, because it is assumed that women do possess the required fighting skills.

- <u>Training.</u> Equal opportunities and exposure to training for all DOD officials, regardless of age, gender, disability, culture, etc. should be pursued. Women are considered as nurturers, maternal, not built to withstand the harsh physical demands of the military environment and thus considered not fit enough to be in the frontline (Cilliers & Heineken, 2000). Thus, without targeted training, mission success might be impacted adversely.

- <u>Promotion.</u> Military promotions should be based on decisions which focus on skills, knowledge and experience rather than race, age, culture, gender, favouritism, etc. Adherence

to gender equality and equity targets is paramount. While women promoted in managerial positions often regard themselves as token promotions (Carreiras, 2017), they are often not seen by male peers as capable individuals who can make a meaningful contribution to the objectives of the SANDF (Heineken, 2017).

- <u>Religion.</u> Religious observance which is equitable, free and voluntary should be advanced.

- <u>Language.</u> Barriers/ restrictions based on linguistic origin of officials should be ignored upon appointment or career progression.

## 2.7.5 Managing of diversity in Military Health Institutions in the Western Cape

There is no data available on how diversity is managed in the Military Health Institutions in the Western Cape. However, since joining one of the Military Health Institutions in 2017 the researcher has observed that possible disparities exist across race and gender and associated occupation and positions within military health institutions in the region. A case in point being that in the Military Institution where the researcher is employed, he observed that only two women in the senior officer group currently serve as Heads of Department. It begged the question whether this is the norm in other Military Health Institutions, or whether it holds true only of military health institutions in the Western Cape? Hence his interest in conducting an explorative case study on enablers and constraints for women to advance to leadership positions in twelve Military Health Institutions in the Western Cape.

### 2.7.5.1 Definitions of key concepts

*2.6.5.1.1 Military Health Institutions*

These institutions provide comprehensive care for military active and retired personnel and their dependants, including general medical and dental care. The National Health Act 61 of 2003 (RSA, 2005) defines the "military health establishment" as:

> *"A health establishment which is, in terms of the Constitution and the defence Act, 2002 (Act No.42 of 2002), the responsibility of and under the direct or indirect authority and control of the President, as Commander in Chief, and the Minister of Defence, and includes- The Institutes for Aviation and Maritime Medicine etc."*

### 2.7.5.1.2 Management

According to Rezvani (2017), various levels of management exist in an organisation, each level with varying degree of power, authority and responsibility. Shenhar and Renier (1996) posit that there is no single model to describe the complexity of management. Rezvani (2017) describes middle management as the group between top level and lower level and suggests that the three main criteria that distinguish middle management and the other groups depend on their function and the context of the organisation. Due to the absence of a single, conclusive definition of management, senior management positions in the current study refer to offices of OC and HOD and OiC, regardless of their rank. It therefore does not make reference to senior *officers* per se, but to the senior *position* the incumbent holds. Depending on the structure of the unit, the OC might be either a senior officer holding the rank of a Colonel, or a Major, and an HOD might either be a Senior Officer or Junior Officer in rank.

### 2.7.5.1.3 Advancement

Advancement refers to the upward mobility/ progression of an employee's career (Rosenberg McKay, 2018).

### 2.7.5.1.4 Experience

Experience refers to "something personally encountered, undergone, or lived through" (Merriam Webster, n.d). The preceding definition will be adopted for this study to gain an understanding from the perspectives of both women and men, and their experiences of the factors which either enable or constrain career advancement.

## 2.8 POSITIVE CONTRIBUTION OF GENDER DIVERSITY TO ORGANISATIONAL OUTPUTS

The Global Diversity Report (Oxford Economics, 2011) posits that the key to economic growth and enhancement of quality of life of citizens is diversity. Therefore, both policymakers and business owners should take cognisance when making investment and policy decisions as it may affect competitiveness and reaching of objectives. The report indicates that a positive relationship exists between gender diversity on top leadership teams and financial results of a company as cited from Ozanian, 2010; Forbes, 2010). This view is further supported by the findings of Schmidt (2018) from Grant Thornton International, indicating that the growth in business performance is indicative of

increased business diversity. The Bank of America asserts that women own 37% of all businesses globally and it is estimated that close to one billion women would enter the global workforce by 2022 (Bank of America, 2019). Full participation of women in the workforce could generate revenue of approximately 28 trillion American dollars to the global economy by 2025 (Bank of America, 2019). Garijo (2019) argues that companies that value a gender diverse leadership deliver higher outputs and increased performance than less diverse companies. The author further states that gender-mixed teams make better business decisions up to 73% of the time.

The Oxford Economics Report (2011) indicates that the highest representation of women on corporate boards is recorded in Norway (36%), followed by Philippines (23%) and Sweden (23%), Latvia (22%) and Slovakia (22%). Portugal (0.4%), Japan (0.9%), the UAE (0.9%), Korea (1.0%), and Chile (2.4%) are the countries with the lowest representation of women on their boards (Oxford Economics, 2011). In 1992, only 3% of the boards of Norway's publicly listed companies consisted of women. The significant increase of presentation of women in Norway was as a result of government intervention by means of a quota law. This resulted in official legislation in 2003 which compelled publicly listed companies to appoint 40% of women as board members. Companies were given five years to comply, failing which severe penalties would be imposed. The introduction of quota related legislation resulted in marked increase of women being represented on the board of publicly listed companies, though it lacks the driving force to elevate women to very senior positions such as CEOs. Women only account for 2% of said CEOs (Oxford Economics, 2011).

The rest of the Nordic countries and Europe followed similar initiatives, and other countries like Australia made it mandatory for companies in reporting gender diversity (Oxford Economics, 2011). It is argued that the Nordic countries are the forerunners in modern family and gender-equality policies (OECD, 2018).

## 2.9   ENABLING AND CONSTRAINING FACTORS FOR WOMEN TO ADVANCE TO LEADERSHIP POSITIONS

Enabling and constraining factors are the core of the title of this research study. In an attempt to highlight the relationship and inter-dependence of the individual and socio-cultural and organisational factors, and to ultimately offer these factors as either enabling or constraining factors to the advancement of women to leadership positions, the researcher deemed it necessary and appropriate to categorise these factors using a multi-level approach (Taylor & Wells, 2017) or relational approach

through which the macro socio-cultural, meso-organisational, and micro-individual levels of analysis are integrated (Tlaiss, 2013).

Taylor & Wells (2017, p.157) explained that the multilevel approach gives readers insight into how these factors are connected and shaped by one another. Diehl and Dzubinski (2016) argue that studies around the challenges women are facing in professional careers are primarily and singularly focused on a few barriers within organisations, thus not considering the wide variety of barriers and the prevalence across all societal levels. These authors further argued that how gendered structures are produced and reproduced in both society and the personal lives of women employees are also not considered when studies are singularly focused (Diehl & Dzubinski, 2016, p.184).

Micro-individual factors include individual agency, motivation, identity and various forms of human capital that influence individual capabilities and opportunities. The meso level involves the organisational processes that mediate employment opportunities according to individual abilities and contextual circumstances. The macro level involves structural conditions, including social values, social stratification, conception of law, family and work; is the all-encompassing domain within which all other layers exist (Syed & Ozbilgin, 2009, p.237).

## 2.9.1 Micro- individual factors

Tlaiss (2013) conducted a qualitative study that comprised of in-depth, semi-structured face to face interviews with women managers in different occupational fields across the managerial hierarchy in the health sector in Lebanon. Using a relational approach that integrated the macro socio-cultural, meso-organisational, and macro-individual levels of analysis the author explored the barriers and enablers to women's career advancement in the healthcare sector of developing Middle Eastern nations (Tlaiss, 2013). The findings revealed that the micro-individual factors that women perceive as enablers to career advancement include human capital- such as educational qualification, years of international experience, and commitment to continuous education- personality characteristics, agency, persistence and desire for advancement. Assistance from extended family with childcare and domestic responsibilities also serves as an enabling factor in the career advancement of interviewees in this study (Tlaiss, 2013). Krawiec (2016) asserts that personal characteristics (intellectual capabilities, emotional intelligence, temperament, competitive likability, power of persuasion, and set of personal beliefs) are the most impactful endogenous determinant to the economic activity and career progress of women.

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The findings from a study which comprised a sample of 40 healthcare workers in the Battambang Province, Cambodia, identified capacity and qualifications as enablers for women in advancing to leadership roles (Vong, Ros, Morgan & Theobald, 2019). Peus, Braun and Knipfer (2015) conducted a study using in-depth interviews with women as managers from Asia (India, China and Singapore) and America, and subsequent results across continents reveal that achievement orientation and learning orientation are crucial success factors for advancement to leadership roles. Chinyamurindi (2016) conducted unstructured interviews through a sample of 25 previously disadvantaged career women registered at the University of South Africa who were working and studying at the same time. The findings inferred that drive, motivation, and individual strategies such as educational and professional attainment lead to career success (Chinyamurindi (2016).

The results ( in brackets below) of a descriptive study on 103 respondents by Hora (2014) about factors that are affecting participation of women in leadership and decision-making in public institutions of Bedele Town administration, Ethiopia, with reference to individual factors include:

- Lack of education (55%);
- Lack of adequate skill (22.54%);
- Attitude (lack of confidence and willingness of women themselves (38.03%);
- Lack of adequate years of service required (67.61%).

## 2.9.2 Meso-organisational factors

The results from a study conducted by Vong et al. (2019) which comprised a sample of 40 healthcare workers in the Battambang Province, Cambodia, revealed that the support of gender working groups and women's associations have resulted in an increased of empowerment to women in the healthcare sector. Downs, Reif, Hokororo, and Fitzgerald (2014) posit that proactive interventions could be successful in increasing the proportion of women in leadership positions within government and businesses. They propose mentorship of women as leaders in global professions as an enabler to the advancement of women to leadership positions. Dhatt, Theobald, Buzuzi, Ros, Vong, Muraya, Molyneux, Hawkins, Gonzales-Beira, Ronsin, Lichtenstein, Wilkins, Thompson, Davis and Jackson (2017) emphasise that mentorship should be given greater attention in the mid-career level as the risk for women to leave the talent pipeline at this level is likely to be high. Dhatt et al. (2017) outline the following agenda for action:

- Gender-responsive leadership is required at all levels to eliminate gender bias and discrimination.

- Environments conducive for women's leadership through hosting gender balanced events, a recognition system which, prioritises active recruitment of all women at all levels should be developed. They state that such enabling environments will enhance institutional re-structuring which will assist women in their quest to advance their careers and ultimately result in achievement throughout the course of life.

- Developing networks which will provide a domestic, national and international platform for women they may connect with women in the global health community.

- There should be increase flexibility for both men and women in global health to accommodate personal, domestic and family obligations.

From a study conducted by Peus et al (2015), through in-depth interviews with women as managers from Asia (India, China and Singapore) and America, it emerged that role modelling is a crucial success factor for advancement to leadership roles. Participants from a study conducted by Chinyamurindi (2016:6) cited that equity and affirmative action interventions provide disadvantaged groups the opportunities for advancement which include internships, jobs for designated groups and occupying of required quotas in organisations.

Respondents in a study conducted in Lesotho identified lack of equity in pay and training, and lack of support systems at work as factors affecting advancement of women into senior positions (Posholi, 2013). Other barriers identified by respondents include, but are not limited to lack of coaching and mentoring in their organisations, sexual harassment and existence of a glass ceiling (Posholi, 2013). Meaza (2006, p.6) cited in Hora (2014) asserts that, although women's participation in public spheres has increased, gender disparity still exists in leadership positions and that structural barriers, unequal socio-economic opportunities and inadequate access to mentoring and support networks are the main contributing barriers to advancement of women in leadership positions.

Kalaitzi et al. (2017) conducted a systematic literature review to identify common and different barriers to women leadership across the health, academic and business sectors. Subsequently, a total of 26 barrier categories were identified, with 22 barriers in healthcare, 21 barriers in academic sector, and 25 in business sector respectively (Kalaitzi et al., 2017). The researchers concluded that the

business sector faces greater challenges with gender equality and inclusion than the other two sectors (Kalaitzi et al., 2017). The most prevalent barriers across all three sectors include gender gap, lack of career advancement opportunities, stereotypes, work/ life balance (Chinyamurindi, 2016), lack of mentoring and lack of flexible working environment (Kalaitzi et al., 2017; Doubell & Struwig, 2014).

According to Tlaiss (2013), the meso-organisational factors that present as barriers, as perceived by interviewees, were discriminatory organisational practices responsible for gender stereotypes and prejudice towards women; discriminatory recruitment and promotional practices which favour men for positions in middle and senior management; and fewer training and development opportunities compared to males. Krawiec (2016) asserts that employers' fears in hiring existing mothers and women in reproductive age and mothers are due to inevitable absenteeism as a result of essential childcare. Bismarck, Morris, Thomas, Loh, Phelps and Dickinson (2015, p.7) also conducted a qualitative study which comprised of semi- structured interviews with 30 medical practitioners (men: n=8; women: n=22) in formal medical leadership roles. Unconscious biases, sexist micro-aggression and a "club culture" were identified as barriers FOR women in leadership within some health sector organisations. The lack of organisational support and absence of mentors and role models also serve as hindrances as senior management positions are occupied by men and hence their preference to mentor men (Tlaiss, 2013).

### 2.9.3 Macro socio-cultural factors

According to qualitative interviews with women managers in the Lebanese healthcare sector, it is reported that a strong aspiration for management roles and ambition serve as enabling factors to advance and also as a means to survive and overcome normative socio-cultural and organisational barriers (Tlaiss, 2013). Bismarck et al. (2015, p.7) state that interviewees from their study cited the fact that work-life balance issues were not as bad as in clinical medicine. The study further found that the opportunity to influence the future of the organisation and to have a chance to be a trailblazer for other women were cited as advantages of being in a leadership role. The authors further inferred that the organisational benefits of gender equity through the inclusion of women in leadership roles include stronger and more inclusive decisions (Bismarck et al., 2015, p.7).

According to Haveman and Beresford (2012), women represent only 2.5% of the top positions in the largest and most powerful private firms in the world. The reason for the unequal status on executive level could be educational achievement (Haveman & Beresford, 2012). Women rarely pursue studies

in a field which requires mathematical knowledge and ingenuity, hence the disproportionate representation in STEM industries and finance, which keeps them out of the pipelines for senior management. Findings from interviews conducted amongst women in leadership were that conservative social norms and androcentric career pathways pose a challenge for women who have to strike a balance between the pressures and demands from family (maternity leave, child-rearing, caregiving, domestic responsibilities) and work (leadership roles) ((Bismarck et al., 2015, p.7).

Su, Rounds and Armstrong (2009) conducted a meta-analysis from 47 interest inventories with 503,188 respondents. They report substantial gender differences in interests, with men scoring higher on the realistic scales that measured interest in working with things, gadgets or working outdoors, and pursued personal goals, whilst women scored higher on social scales that measured interest in working with and helping people, thus endorsing communal goals (Su, Rounds & Armstrong, 2009). Engendered positions which are a result of cultural influence, contribute to the belief that managerial positions are exclusively for men as management and leadership are commonly associated with masculinity (Haveman & Beresford, 2012).

The subsequent year, Posholi (2013) conducted a study on the factors affecting advancement of women into senior positions in Lesotho. The results revealed that certain positions are accepted by men and perceived by women to be reserved exclusively for men, as women lack the masculine personality traits to be effective managers, and they cannot manage the conflict they experience with family responsibilities. Interviewees in a study by Chinyamurindi (2016, p.7) made continual reference to the privileged position of men and the preferential treatment they receive from society. The interviewees also cited that the triple role of being a mother, wife and career women impedes career success (Chinyamurindi, 2016). The glass ceiling effect was also one of the barriers common in the work-place (Chinyamurindi, 2016).

Hora (2014) conducted a descriptive study about factors affecting women participation in leadership and decision-making in the public institution of Bedele Town administration, Ethiopia. Three of the survey items (with results in brackets) used to answer the research questions administered to 103 respondents, were:

- Socio-cultural attitudes (85.92%).
- Overburden of domestic responsibilities (80.28%).
- Attitude (negative) of men towards women (78.87%).

These factors depicted by Hora (2014) emerge throughout literature as constraints to the advancement of women to leadership and decision-making positions.

Findings from a study conducted by Tlaiss (2013) reveal that discriminatory cultural values, gendered social roles and expectations are barriers to career advancement of women in Middle Eastern societies. The findings from Eagly and Wood (2012a) expound that society assigns specific roles to men and women in relation to their physical differences, and that work is divided between the sexes accordingly, and consequently pose as either an enabler of, or a constrain to efficient performance of daily activities. It is therefore socially accepted for women to perform activities associated with childcare, whereas men perform activities less associated with childcare, but which requires strength and force (Eagly & Wood, 2012a). They further explain that the perceived and socially expected division of work between the sexes confirm the gender stereotype that women and men are intrinsically different (Eagly & Wood, 2012a).

Vong et al. (2019) assert that although the scale of the macro political, social, cultural and gender norms have tipped favourably in allowing more women entry into medical education, leadership is biased towards men. The authors base their assertion on the results of a qualitative study which explored the perspectives and experiences of 40 healthcare workers in Battambang Province, Cambodia (Vong et al., 2019).

## 2.9.4 Women in STEM careers

Globally, only 23% of STEM talent are women (Kruger, 2019). The same is reflected in South African industry (Getsmarter, 2019; Kruger, 2019). The World Economic Forum states that women students and employees are underrepresented in STEM-related fields; only 30% of the world's scientists are women; less than a third of women choose to study higher education courses in fields like science and engineering; and women working in STEM fields publish less often and receive less pay (Wood, 2020).

Su and Rounds (2015) conducted a meta-analysis, the results of which revealed that even after controlling for gender differences in interests, women were underrepresented in men-dominated STEM fields such as engineering and computer science, and overrepresented in STEM fields, such as medical services. They further assert that women's career choice is influenced by gender norms and stereotypes even beyond observed gender differences in interests (Su & Rounds, 2015). It is

argued that cultural influence determines the choice of work and the field of education women pursue (Haveman & Beresford, 2012).

The UNESCO Institute for Statistics (UIS) reveals the following statistics (%) of women researchers in the world as depicted in Fig 2.4:
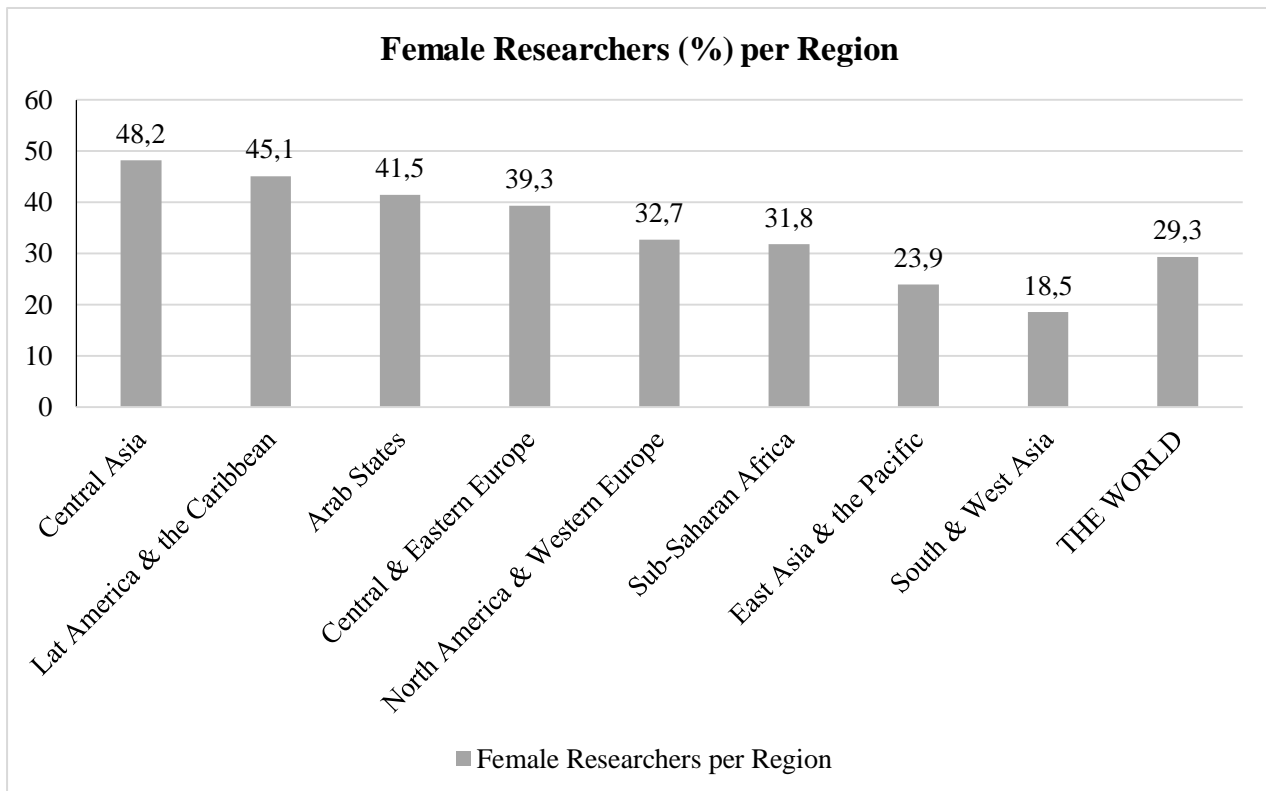


Figure 2.4: Regional average of female researchers for 2016

*Source:* UNESCO (Fact Sheet No. 55, 2019)

STEM-related occupations constitute eight of the top ten scarce skills in South Africa (Moleko, 2018). Moleko (2018) asserts that by addressing stereotypes which perceive STEM-related careers to be the work of men, and by providing TVET with the necessary resources to deliver technical, engineering and artisan skills to women, the growing gender gap in South Africa would be narrowed. The contribution of skills -acquired through STEM education - to the primary and secondary sectors of the economy, contribute 30% of gross output and account for 30 of employment (Moleko, 2018).

Statistics obtained from South African Universities indicate a disproportionate enrolment of women in STEM studies. Comparison between Fig 2.4 and Fig 2.5 shows that in 2012, total enrolment for men (n=149766) exceeded that of women (n=123513) within Science, Engineering and Technology

(SET) field. By 2017 the gap has decreased slightly, with total enrolment for men (n=165436) compared to total enrolment for women (n=144676) (CHE, 2019, p.26). However, enrolment of women in other field of studies such as Business and Commerce (BC), Education (Edu) and Humanities (Hum) surpasses the enrolment of men by far.

| | Women | Men | Total |
|---|---|---|---|
| ■ B&C | 159607 | 122689 | 282296 |
| ■ Edu | 125950 | 42511 | 168461 |
| ■ Hum | 145770 | 83402 | 229172 |
| ■ SET | 123513 | 149766 | 273279 |
| ■ Subtotal | 554840 | 398368 | 953208 |
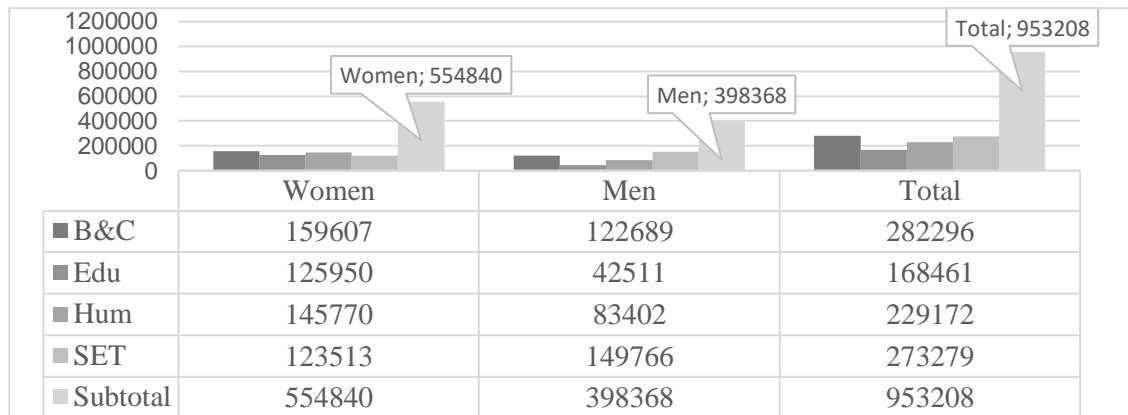
Figure 2.5: Headcount enrolments by field of study and gender 2012

*Source:* CHE (2019, p.26)

| | Women | Men | Total |
|---|---|---|---|
| ■ B&C | 157174 | 121755 | 278929 |
| ■ Edu | 145102 | 50007 | 195109 |
| ■ Hum | 159945 | 92867 | 252812 |
| ■ SET | 144676 | 165436 | 310112 |
| ■ Subtotal | 606897 | 430065 | 1036962 |
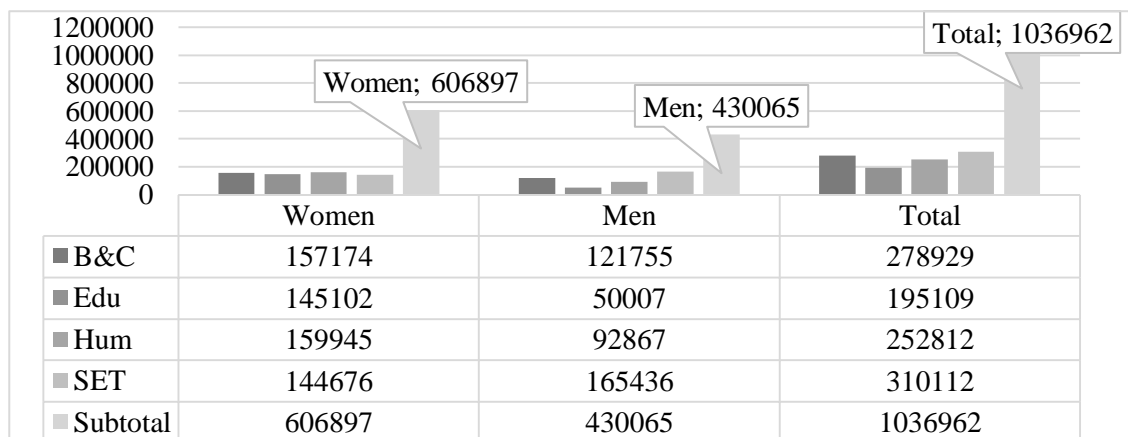
Figure 2.6: Headcount enrolments by field of study and gender 2017

*Source:* CHE (2019, p.26)

Concentration of women in communal occupations continues as results of gender stereotype that consider men to be more agentic than women (Heilman, 2012). According to Heilman (2012, p.115), communality denotes concern for others (e.g., kind, caring, considerate), affiliative tendencies (e.g., warm friendly collaborative), deference (e.g., obedient, respectful, self-effacing) and emotional

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sensitivity (e.g., perceptive, intuitive, understanding. Society has influenced and assigned specific roles which are perceived as gender-appropriate behaviours to both men and women.

Fear of backlash from others also attributes to the lack of interest from women to pursue careers perceived to be exclusively for men, and vice versa. (Rudman et al., 2012). Men and women switching societal gender roles are more likely to receive backlash than those conforming to stereotypes (Rudman et al., 2012).

According to Stats SA (2017, p.34), seven in ten of all women students (70.7%) studied education compared to 29.4% of men students. Despite the fact that there are more women in the labour force, role segregation remains a reality on the labour market. Women are still concentrated in occupations that require communal traits. The statistics released by the South African Nursing Council (2017) indicates the total nursing workforce for women to be 259 495 (90.39%) compared to 27 584 (9.61%) for men.

## 2.10 CONCLUSION

Diversity has gained much momentum since its advent in USA in the 1980s. The focus of diversity management was initially on racial and gender representation as the most acute aspects of diversity, also in South Africa. Other dimensions of diversity which include, but are not limited to education, language, ethnicity, background, skills and experience were placed on the backburner. Affirmative action was a reactionary government imperative, wrongly equated with diversity management as argued by Menon and Kotze (2007), cited in Heinecken (2009).

The literature reviewed in this study served to determine possible enablers and constraints women encounter in advancing to managerial positions on international, regional and national fronts, and specifically in Military Health Institutions in the Western Cape, microcosms of the South African National Defence Force. As observed from various literature, Affirmative Action was a means to get the numbers right, in other words, the racial and gender balance for it to be representative of the demographics of the South African population. Affirmative Action served a distinct purpose, yet was never the total solution. Gender equality across the corporate world and public institutions remains a challenge.

Twenty-five years after Apartheid, women still remain under-represented on senior management level, despite comprehensive legislation promulgated to protect women against any form of

discrimination, including in the workplace. There is overwhelming evidence that suggests that gender diverse leadership delivers higher outputs, outperform non-diverse companies, and mixed gender teams produce up to 73% better business decisions (Garijo, 2019; Schmidt, 2018).

The SANDF has made great strides towards achieving racial and gender equality. The Minister of the Defence and the Chief Director of Transformation for SANDF both acknowledge that slow progress has been made in promoting women to decision-making positions (Defence Web, 2019a; PMG, 2015; PMG, 2016).

The DOD Transformation policy indicates that all Chiefs of Services and Divisions are responsible and accountable to ensure compliance with the policy as stipulated in Chapter 3, paragraph 14a-p (DOD, 2014). From the literature it can be deduced that the policies enacted by government and the SANDF are inclusive of all members. But there appears to be a lack of commitment and initiative from leaders in following the processes and procedures to achieve the objectives of the policy.

Armed forces globally face similar challenges in redressing gender inequality in decision-making positions. Armed forces across the world routinely introduce sound policies to include women in senior management positions and increase their participation towards equal representation, as they all acknowledge the significant role women they play in a diversified global work force across private and public sectors. Yet, there is a lack of commitment in implementing the processes and procedure as set out in the policies, hence the slow progress made in the advancement of women to executive level. Based on the research literature reviewed in this study, it is evident that managing diversity is a top down approach which requires commitment and initiative from leaders to ensure implementation of relevant policies. Diversity management is not once-off intervention or action; it is an ongoing process, a constant condition.

# CHAPTER 3 : RESEARCH DESIGN AND METHODOLOGY

## 3.1 INTRODUCTION

The purpose of this mixed-methods case study was to determine the enablers and constraints that women encounter in advancing to managerial positions in Military Health Institutions in the Western Cape. In this chapter, detailed strategies are explained that were devised to collect and analyse data in order to answer the main Research Question: "What are the enabling and constraining factors women encounter in advancing to senior managerial positions?" Senior managerial positions refer to Officer Commanding, Heads of Department/ Officers in Charge and Regimental Sergeant Majors Military Health Institutions in the Western Cape, according to the current study. The literature review has contributed significantly to the decision about research methods employed in this study, because the researcher was able to narrow down the focus of enquiry in order to achieve the objectives of this study. The mixed-methods case study approach formed the overall design of the study which involves the integration of qualitative and quantitative data collection and analysis in a single study (Creswell, 2014; Creswell, Fetters & Ivankova, 2004; Williams, 2007).

This study is primarily qualitative, but biographic information obtained from questionnaires was statistically analysed by means of a two-way frequency table and the Logit and Probit models to determine whether such information serves as constraints or as enablers to the career advancement of women.

For this study, qualitative data was collected by means of semi-structured interviews with key informants, open-ended questionnaires and SANDF document analysis (Policies, Instructions), and quantitative data was collected through post profiles of personnel, Unit post structures and biographical information of Military Health Institutions identified for this study. The rationale for using the aforementioned instruments is detailed in the subsequent subsections of Section 4: Data collection instruments.

This chapter begins by providing the scope, then the research design and methodology, followed by data collection instruments, participants, data analysis, sampling, trustworthiness, conflict of interest, ethical considerations, limitations of the study and finally, the conclusion.

## 3.2   SCOPE OF THE STUDY

The study was concentrated in the Western Cape and includes two Military Health Units, namely Institute for Maritime Medicine (IMM) situated in Simon's Town, and Area Military Health Unit Western Cape (AMHU WC) situated in Wynberg. IMM and AMHU WC are the only two units in the Western Cape that provide health services to military members and their dependants in the Province. The proposed study is confined to twelve Military Health Institutions in the Western Cape as they deliver similar health services.  2 Military Hospital has therefore been excluded due to its delivery of a broader scope of health services which are not available in Military Health Institutions identified for this study.

The OC of IMM together with the HODs of the various departments are physically present at the same location, whereas the OC of AMHU WC is stationed in Wynberg, but the various health centres and sickbays under his/her command are geographically dispersed over the entire Western Cape. Therefore, the five health centres with their respective sickbays are managed by OiCs. The organisational charts 3.1 and 3.2 below illustrate the managerial structure of IMM and AMHU WC respectively. They include only those members and departments identified for this study.

### 3.2.1 Institute for Maritime Medicine

IMM is commanded by an OC with HOD's in charge of the various Departments as illustrated below.
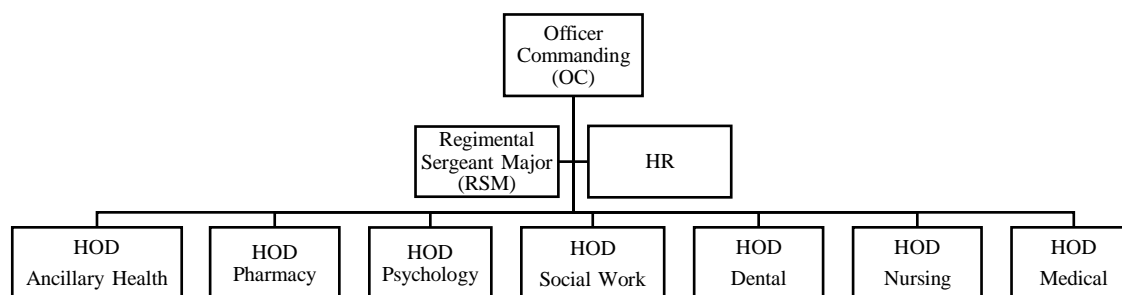


Figure 3.1: Organisational Chart IMM

### 3.2.2 Area Military Health Unit Western Cape

AMHU WC is commanded by an OC but comprises five Health Centres, each of which is managed by an OiC, who is also responsible for management of the respective Sick Bays as illustrated below:
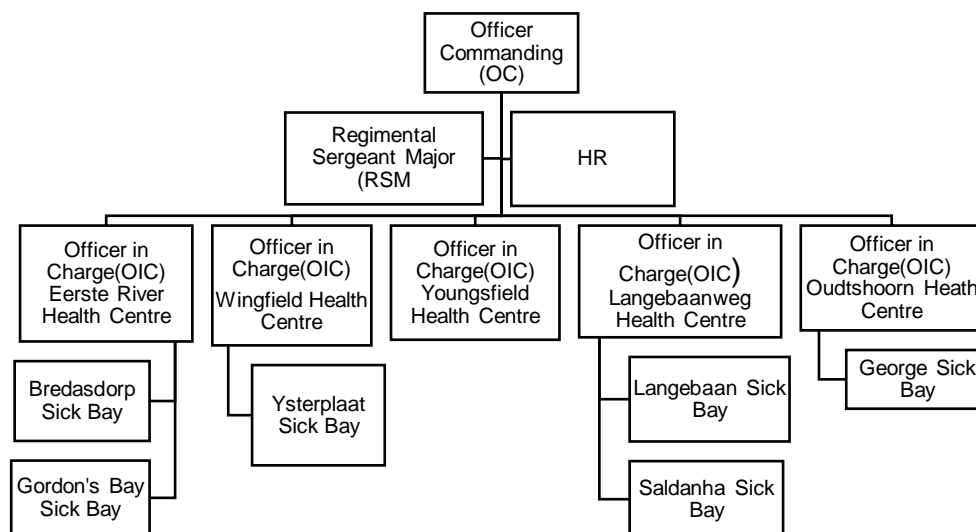
Figure 3.2: Organisational Chart AMHU WC

### 3.2.3 Permission to conduct research

The researcher has submitted a permission to conduct research letter for approval and signature by the Officers Commanding of IMM and AMHU WC, the General Officers Commanding of the two Units and Defence Intelligence. The letter requested permission to extract data from the Intranet and personnel databases and from policies, and also from documents not available in the public domain such as post profiles, structures of Units, personnel profiles and policies. Furthermore, permission was also requested to conduct key informant interviews and to administer open-ended questionaires among targeted employees of the DoD. Approval was granted by the gatekeeper to conduct research in the SANDF, and on 28 August 2020 the researcher obtained ethics approval (Ref Numer: MIL-2020-14785) from Stellenbosch University to proceed with the research study.

## 3.3 TOWARDS A SUITABLE RESEARCH METHODOLOGY

A mixed-methods case study was employed to answer the main research question: "What are the enabling and constraining factors women encounter in advancing to senior managerial positions?" According to this study senior managerial positions refer to Officers Commanding, Heads of Department, Officers in Charge and Regimental Sergeant Majors of Military Health Institutions in the Western Cape. Mixed-method involves the integration of qualitative and quantitative data collection and analysis in a single study (Creswell, 2014; Creswell, Fetters & Ivankova, 2004;

Williams, 2007); for the broad purposes of breadth and depth of understanding and corroboration (Johnson, Onwuegbuzie & Turner, 2007).

## 3.3.1 Research Design

The mixed method case study approach formed the overall design of the study which involves the integration of qualitative and quantitative data collection and analysis in a single case study (Creswell, 2014; Creswell, Fetters & Ivankova, 2004; Williams, 2007). The combination of methods allow the researcher to provide meta-inferences beyond what either approach could achieve on its own (Guetterman, 2017, p.1). Guetterman (2017, p.14) further concludes that mixed methods research is a powerful approach to integrate qualitative and quantitative research in a way that leads to inferences more than either would do by itself. According to Carolan, Forbat and Smith (2016) as cited in Cook and Kamalodeen (2019, p.5):

> "Case study and mixed-method research are not separate entities but rather the boundary between them is permeable and fluid allowing each other to support or lead in a research endeavour".

Furthermore, a case study provides a novice researcher with a great opportunity to gain immense insight into a case, allows for a variety of sources from which to obtain data and allows the researcher to combine the data to shed light on the case (Baxter & Jack, 2008). Case studies are applied to extract the details of the viewpoint of participants by using multiple sources of data (Tellis, 1997). Given (2008, p.68) further elaborates that a case study is the in-depth study of either one, or few instances of a phenomenon.

The type of research question has informed the mixed-methods single case study as a research approach. Yin (2003, p.5) explains that either of two possibilities arise if the research question is mainly focused on "what" questions. In this study the research question resonated with an exploratory study and therefore justified the use of an exploratory case study. Yin (2003, p.1) further asserts that case studies contribute towards acquiring knowledge of individual, group, organisational, social, political, and related phenomena. It was therefore assumed that the case study approach was appropriate for this research study as it attempted to explore the views, perceptions and experiences of women as senior and junior officers in respective military health institutions in the Western Cape.

The study is grounded on interpretivist epistemology that argues that truth and knowledge is subjective, culturally and historically situated based on live experiences and understanding of them (Ryan, 2018, p.9). The use of interpretive methods is not to dominate participants, but rather to gain insight and understanding of behaviour and explain actions from the participant's perspective (Scotland, 2012). According to Kivunja and Kuyini (2017, p.33), the interpretivist approach is used in an effort to understand and interpret the thinking of the subjects or the meaning they are making of the context, and therefore the emphasis is placed on understanding the individual and his/ her interpretation of the world around him/ her. Knowledge and meaningful reality are constructed as a result of human interactions and their world and are developed and transmitted in a social context (Crotty, 1998, p.42).

## 3.3.2 Research Methods

Qualitative data was collected by means of semi-structured interviews with key informants, open-ended questionnaires and SANDF document analysis. Quantitative data was collected through biographic and background information from interview schedules and questionnaires, and from Unit post structures of Military Health Institutions as detailed in subsequent subsections of Section 3.4: Data collection instruments.

## 3.3.3 Secondary research questions

- How much progress has been made in advancement of women to senior managerial positions in Military Health Institutions in the Western Cape in terms of legislative prescripts?

- What factors do women experience as enablers in advancing to senior managerial positions at Military Health Institutions in the Western Cape?

- Which factors do women experience as constraints in advancing to senior managerial positions in Military Health Institutions in the Western Cape?

- What are the implications of advancement of women to senior managerial positions for the strategic objectives of Military Health Institutions?

### 3.3.4 Purpose of the study

The purpose of this case study was to determine enabling and constraining factors women experience in advancing to senior managerial positions in Military Health Institutions in the Western Cape. From this empirical investigation, the objectives below were addressed.

### 3.3.5 Objectives of the study

- To determine progress made in advancement of women to senior managerial positions in Military Health Institutions in the Western Cape in terms of legislative prescripts.

- To identify factors that women experience as enablers in advancing to senior managerial positions in Military Health Institutions in the Western Cape.

- To identify factors that women experience as constraints in advancing to senior managerial positions in Military Health Institutions in the Western Cape.

- To highlight implications of advancement of women to senior managerial positions for strategic objectives of Military Health Institutions in the Western Cape

## 3.4   DATA COLLECTION INSTRUMENTS

Both the interview schedule and questionnaire were compiled by the researcher. The interview schedule consists of Section A, which requires demographic and background information of interviewees. Section B consists of open-ended questions (Addendum A). Similarly, the questionnaire also consists of a Section A, which requires the demographic and background information of survey participants, and Section B, which consists of survey items (Addendums D-1 and D-2 respectively). Thus, data collection instruments consists of both qualitative and quantitative data, as detailed in Section 3.6: Data analysis.

### 3.4.1 Interviews

Semi-structured in-depth interviews were conducted via telephone with two key informants each from "SAMHSI1" and "SAMHSI 2", in this study labelled KI 1, KI 2, KI 3 and KI 4. In-depth interviewing is deemed appropriate for this study as DeJonckheere and Vaughn (2019, p.1) state that it allows the researcher to collect open-ended data, insight into the thoughts, feelings and beliefs of participants about a particular topic, and  ability to probe ever deeper to attain rich data. Queiros, Faria and Almeida (2017) further eloborate that fewer participants are required through in-depth interviews to

provide useful and relevant insights on a topic, hence the selection of three key informants each from IMM and AMHU WC.

Marshall (1996, p.92) concedes that a key informant is an expert source of information. Marshall (1996) further states that key informants usually occupy positions of responsibility and influence and that their formal role exposes them to the relevant information required by the researcher. Thus, OCs as custodians of their respective Units should be knowledgeable about policies, laws, human resource processeses, strategic objectives of the mother organisation, the SANDF and Units under their command in particular. Together with the HODs of Human resources they should have first hand knowledge and access to career histories of members, the skills, military and educational qualifications of the members, and succession plan of the Unit.

The key informants from "SAMHSI 1" and "SAMHSI 2" were telephonically contacted to confirm their willingness to participate in the study. The aim was to interview three key informants each from "SAMHSI 1" and "SAMHSI 2". However, one key informant could not be reached and one key informant declined to participate due to personal issues. Hence, only four key informants partcipated. Participants were asked questions according to an interview schedule. Due to Covid-19, interviews were conducted via telephone, and took approximately 30 - 35 minutes. Permission was requested from participants to record the interview sessions. Interviews were conducted in English as it is the official language in the DOD. A copy of the consent form was emailed to participants that needed to be signed and returned to the researcher prior to telephone interviews. Recorded telephone interviews were transcribed by the researcher solely. Interviewees were informed they could receive a copy of their respective interview transcripts to corroborate its accuracy, and to decide whether to either have it used as research data, or have it withdrawn if so requested.

## 3.4.2 Questionnaire

The focus of the study was on enabling and constraining factors women encounter in advancing to senior managerial positions in Military Health Institutions in the Western Cape. Therefore, questionnaires were only administered to senior and junior officer women from "SAMHSI 1" and "SAMHI 2" as they are potential candidates to progress to senior managerial positions, which fits the context of this study. The fact that these positions are availed only within the officers rank group, civilian women and women as non- commissioned officers were excluded from this study.

Due to official Covid-19 restrictions, the questionnaire was completed online. The researcher contacted all available participants to request their participation in the study. After potential participants indicated their interest to participate in the study, a digital link was emailed to them which included the consent form and questionnaire. A total of 67 potential survey participants indicated their willingness to take part in the survey.

Confidential information such as service history (date joined, various occupations and posts held, educational level, military courses completed) were obtained from questionnaires and interview schedules. Said data was itemised and included in both interview schedule and questionnaire. The researcher is not interested in any identifiable information of participants; hence, such information that could potentially identify participants were de-identified at the time of writing up the report.

### 3.4.3 Documents

The SANDF Transformation policy and Macro structure of the DOD were retrieved from the DOD intranet portal. The latter documents were used to determine whether, and to what extent women have made progress in advancing to key senior positions in the DOD and SANDF. SAMHS as a microcosm of the SANDF is expected to adhere to the policies implimented by the SANDF. Hence, the request for Unit structures to determine the gender ratio and whether inroads have been made in elevating women to senior managerial positions. Unit structures of men and women as officers, which only include the members and departments listed below, were requested and subsequently provided by the respective HR departments of "SAMHSI" 1 and "SAMHSI 2":

- OCs

- HODs

- OiCs

- RSMs

- Ancillary Health Department which include Dieticians, Physiotherapists, Biokinetists and Radiographers.

- Pharmacy Department (Pharmacists)

- Psychology Department (Psychologists)

- Social Work Department (Social workers)

- Dental Department which include Dentists and Oral Hygienists

- Nursing Department (Nursing Officers)

- Medical Department (Doctors)

Structures of the various departments with total of men and women serving as officers in each department,were also obtained from various OiCs at the Health centres, and these structures were corroborated with primary structures of Units. The Unit structures and respective profiles of members against posts held by them are relevant SANDF documents to determine the ratio of men to women in various departments; their education, skills, experience, position. This information was required to ascertain whether progress had been made in the advancement of women in senior managerial positions in South African Medical Health Service Institutions in the Western Cape, in accordance with legislative prescripts.

These documents provided the researcher with the information required to determine the proportion of women on managerial level in Military Health Institutions in the Western Cape. It also allowed the researcher to determine whether the representivity of women on management level is in accordance with the ratio 70/30, as suggested by the Minister of Defence ( PMG, 2016). Furthermore, it gave an indication whether certain Military Health Institutions have an overrepresentation of women, which could possibly explain the underrepresentation of women on managerial level at other Military Health Institutions.

Journal Articles, books, Governmental reports, legislative and policy documents, newspaper articles, and reports of national departments and organisations available in the public domain were consulted in the literature review. Parliamentary Monitoring Group meetings and discussions on defence matters, information from StatsSA, gender statistics from SAPC, the various South African legislative documents, African Union and International legislative documents in public domain were obtained, and gender statistics from HPCSA were received via email correspondence. These documents were relevant to determine how the issue of gender equality has evolved in the international, regional, national and institutional spheres.

## 3.5   PARTICIPANTS

The target population comprised OCs, HODs of Human Resources, senior and junior female officers, and RSMs from Military Health Institutions in the Western Cape. Open-ended questionnaires were administered to women who are either senior or junior officers at "SAMHSI 1" and "SAMHSI 2", who were willing to participate in the study.

## 3.6   DATA ANALYSIS

Thematic content analysis was applied for identifying, analysing and reporting themes from the qualitative data collected through interviews and responses to open-ended items of the questionnaires (Braun and Clarke, 2006), and for interpreting and making sense of the data (Maguire and Delahunt, 2017). Codes were generated from interviews and open-ended items from questionnaires and subsequently categorised into potential themes (Vaismoradi, Turunen & Bondas, 2013). Quantitative data was analysed by using tables and graphs as well as statistical analysis by means of two-way frequency tables and the Logit and Probit models. Information sourced from the unit structures and post structures were tabulated according to the position, the total men/ women in various positions and within each department. All responses from open-ended questions of the questionnaire and from transcribed interviews were arranged according to the multi-level relational framework which consists of the Micro-individual level, Meso-organisational level and Macro level.

## 3.7   SAMPLING

### 3.7.1 Sample

Twelve Military Health Institutions within the Western Cape have been selected, as they provide similar services:

Two Military Health Institutions within southern suburbs of Cape Town

Two Military Health Institutions within northern suburbs of Cape Town

One Military Health Institution within the Oostenberg region

Three Military Health Institutions within the West Coast

Two Military Health Institutions within the South Coast

One Military Health Institution within the Helderberg region

One Military Health Institution within the Overberg region

### 3.7.2  Sampling method

According to Etikan, Musa and Alkassim (2016) purposive sampling is a non-random technique which is typically used in qualitative research. Purposive sampling technique is based on the researcher's judgement on who will provide relevant information, who are available and willing to participate and communicate their knowledge, experience and opinions (Etikan, Musa & Alkassim, 2016). According Dolores and Tongco (2007), purposive sampling technique does not need underlying theories or a set number of informants. Furthermore, it gives the researcher the freedom to choose people willing to provide the information needed by virtue of knowledge or experience. Therefore, purposeful sampling was appropriate for this study. For this study, purposeful sampling was applied in conducting key-informant interviews with OCs, HODs of Human Resource Department, and RSMs. In addition, an open-ended questionnaire was administered to women as senior and junior officers employed in institutions selected in this study.

## 3.8  TRUSTWORTHINESS

Trustworthiness refers to the extent to which data and findings reflect the views of the participants (Cohen, Manion & Morrison, 2013). In this study credibility was achieved through triangulation and also through member checks (Korstjens & Moser, 2017). Transcribed conversations of interviews were emailed to participants of "SAMHSI 1" and "SAMHSI 2" to confirm authenticity of their responses. The study findings were emailed to the participants for confirmation of accuracy of responses (Creswell, 2014).

## 3.9  CONFLICT OF INTEREST

The researcher declared that there was no personal or financial gain in conducting the study, and on the basis of his appointment level and function in no way open to conflict of interest.

## 3.10  ETHICAL CONSIDERATIONS

The researcher has obtained permission from Officer Commanding IMM, General Officers Commanding from IMM and AMHU WC respectively, and the Surgeon General of SAMHS (Addendum E-1: Institutional permission to conduct research). Finally,  after the relevant signatures were obtained, the letter was sent to Defence Intelligence for final authority. DI granted due

permission (Addendum E-2: Authority to conduct research in DOD). Ethical clearance obtained from Stellenbosch University (Addendum E-3: University ethics approval).

Before conducting interviews, interviewees were requested to sign an informed consent form which included the issues of confidentiality, non-maleficence and beneficence, as detailed below. The researcher is not registered on the Persal system, hence he had no authority to access information such as service history, educational qualifications and courses completed. The researcher gave interviewees and survey participants the assurance that data would be securely stored and only be accessible to the researcher and supervisors. To protect identity of interviewees and survey participants, no identifiable information was collected during interviews and the survey.

The researcher had no research interest in any identifiable information of participants; hence such information that could potentially identify participants was de-identified when writing up the research report. Pseudonyms were used, and interviewees were referred to as "Key Informant 1 (KI 1)", and subsequent interviewees were tagged in numerical order. No rank or gender was tied to interviewees due to small sample size, thus mitigating the risk of exposing the identity and gender of interviewees.

The researcher obtained telephone number lists of "SAMHSI 1" and personally contacted all available women officers as potential participants at Health Centres and Sick Bays. The consent form and a link to the questionnaire were emailed to all those woman officers who indicated their willingness to participate in the study. Consent forms were for recruitment of participants for the study and for participants to keep an electronic copy for their records. Completion of the questionnaire was anonymous. A broad rank bracket such as Cpl to Pte was used to mitigate the risk of identification. Participants were assigned pseudonyms such as "Senior Officer 1 (SO 1)", and "Junior Officer 1 (JO 1)", subsequent survey participants followed in numerical order. No specific rank within both the Senior (Col, Lt Col, Maj) and Junior (Capt, Lt, 2nd Lt, CO) officer groups was individually identified during data analysis. Instead, they were analysed as a collective, as a Senior officer group and Junior officer group respectively. Respective military Units were referred to as "SAMHSI 1" and "SAMHSI 2".

Collected data, both electronic and hard copies are securely stored in a password-protected computer, external hard drive with a password, and will be locked away in a safe of which the only key will be kept by the researcher. Hardcopy documents were scanned so that they could be electronically recovered in the event of theft or loss. Electronic documents were printed to allow recovering of

damaged or corrupted files. These documents are stored in a safe. Additionally, all data were electronically saved and stored on OneDrive. This will allow data to be easily recovered as an online resource. OneDrive is an official repository of the University, hence IT services will be easily accessible to ensure that files are backed up and easily recoverable in the event the researcher encountered any complications with recovery of files.

To prevent any harm to interviewees and survey participants, the researcher informed them that participation was completely voluntary, and should they wish to withdraw their participation or the products of their participation (data collected) at any stage, they were free to do so without any consequences. However, since completion of the questionnaire was anonymous, it would not be possible to withdraw a particular participant's contribution after the questionnaire has been submitted.

To mitigate any emotional distress and psychological discomfort participants may experience, the necessary arrangements have been made with military psychologists, in case any participant needed to make use of such services. The contact details of psychologists have been provided in the consent form. (Addendum C: Psychologists on standby for psychological services during and after data gathering for research study). Alternatively, participants had the choice to consult any military psychologist of any Military Health Institution where these services are available. These professional services are free for all uniformed military personnel.

## 3.11  LIMITATIONS OF THE STUDY

Taking into consideration the current Covid -19 pandemic, all military personnel of Military Health Institutions nationally were part of essential services. Staff employed at respective Military Health Institutions worked different routines and at different times. Consequently, participants were difficult to get hold of, which led to a delay in data collection. The researcher is not registered on the organisational Persal system, hence he could not access information such as participants' service history, educational qualifications and courses completed. The HR department at "SAMHSI 1" has only one employee registered on Persal, but due to Covid-19 the staff member was overwhelmed with work and could not assist the researcher in accessing the required information. Similarly, the HOD of HR department at "SAMHSI 2" was busy with budgeting and attending meetings, but accommodated the researcher in providing the structures and gender statistics of the Health Centres and Sickbays of "SAMHSI 2".

The results of the study could not be generalised to the wider population beyond institutions case studied. A further limitation was that the research was conducted solely by the researcher. To mitigate any bias, triangulation was employed as it is considered to provide an extensive understanding of the phenomenon under study and to increase the rigour of the study (Heale & Forbes, 2013).

Denzin (1978) as cited in Dang (2015) posits that triangulation is the process whereby multiple methods of data collection are used in a study. In the present study, the researcher opted to conduct a mixed-method approach (interviews, open-ended questionnaires and document analysis) in order to determine the enablers and constraints that women encounter in advancing to leadership positions in the Military Health Institutions in the Western Cape. Gender representavity of office bearers identified for key-informant interviewees were skewed due to an overrepresentation of men in those offices.

## 3.12 CONCLUSION

The study followed a mixed-methods single case study approach. It was conducted in the Western Cape and included only two Military Health Institutions that provides similar medical services. A mixed-method was employed to answer the main research question. Data was collected through administration of an online questionnaire, telephone interviews with key informants and SANDF documents. Participants for the study included OCs, HODs of Human Resources, women holding either senior or junior officer ranks, and lastly RSMs from Military Health Institutions in the Western Cape.

Purposive sampling technique was employed, thus allowing the researcher to select participants. Credibility was achieved through triangulation and through member checks. The relevant permission was obtained from targeted SANDF Units commanders, the SAMHS Surgeon General, Defence Intelligence and from the Research Ethics Committee (REC) from Stellenbosch University. Pseudonyms were used for both survey participants and interviewees to mitigate the risk of exposing the identity of participants, and prevent participants from being caused any indirect harm.

Due to Covid-19, the researcher had to amend the ethics application as face-to-face interviews and physical administration of questionnaires were not allowed. As a result, data collection was delayed. Potential participants for both data collection methods could not be reached easily due to all health

Units identified for this study working different schedules. The next chapter will introduce the reader to findings of the study.

# CHAPTER 4 :   FINDINGS AND DISCUSSION OF THE STUDY

## 4.1   INTRODUCTION

The previous chapter introduced the reader to the research design and methodology. A mixed-methods single case study is relevant for this research study as it allows for a variety of sources to obtain data and to combine data to shed light on a case (Baxter & Jack, 2008). Case studies are also applied to extract the details of the viewpoint of participants by using multiple sources of data (Tellis, 1997), as discussed in the previous chapter. Qualitative data was collected through open-ended questionnaires and interviews, and quantitative data was collected through close-ended questionnaires and Unit structures.

This chapter reports the findings of a mixed-methods single case study. It introduces the reader to the Unit structures, the demographic details of survey participants, demographic details of key informants (interviewees), and the findings of questionnaires and interviews. The findings presented in this chapter answer the main research question: "What are the enabling and constraining factors women encounter in advancing to senior managerial positions in Military Health Institutions in the Western Cape?"

## 4.2   ANALYSIS OF DATA COLLECTED FROM DIFFERENT SOURCES

Open-ended questions of questionnaires and interviews were similar, except where it is exclusively mentioned that questions are only applicable to women as senior officers and key informants. Key informant interviews were conducted via telephone over period 22 October 2020 – 11 November 2020. The individual structures of the different Health Centres were also requested from the various OICs, and received on 14 September 2020. They were used to corroborate Unit structures provided by the HR department. Questionnaires were completed over period September 2020 to November 2020. Information from audio-recorded interviews is used solely for educational purposes and would be kept for five years.

Biographic and background information was collected through close-ended questions in the questionnaire and interviews. Personnel post profiles and Unit post structures were sourced from the Units and reported as frequency statistics. Responses were statistically analysed as well because they emerged from literature (Chapter 2) as enabling and constraining factors. For example, responses on

marital status and number of children are required to determine whether these factors pose either as enablers or as constraints, as emerged from Chapter 2: Literature review. Data was obtained from Unit structures, responses from questionnaires and key informant interviews from SAMHS 1 and SAMHSI 2. Data from multiple sources were collected and integrated to determine the enabling and constraining factors women encounter in advancing to an organisational senior management position, whether Officer Commanding, Head of Department, Officer in Charge or Regimental Sergeant Majors in any of the Military Health Institutions in the Western Cape.

The multi-level relational framework comprising the micro-, meso-, and macro levels, (Syed & Ozbilgin, 2009; Tlaiss, 2013; Diehl & Dzubinski, 2016; Taylor & Wells, 2017) was used for this study, and themes generated from the data were classified accordingly.

Information sourced from the Unit structures and post structures were tabulated. It provided the overall gender statistics of the seven departments identified for this study. Gender status per department, i.e. the total number of men and women officers working in those departments, and the ratio of women to men as officers as illustrated in Fig 4.1.

Responses to open-ended questions from questionnaires were analysed through an inductive and iterative process. They were read closely, and whenever a segment of text appeared to represent a theme or issue relevant to the research question, the researcher would assign a code by highlighting or colour-coding the text (See Addendum F) according to relevant themes and subthemes (Zhang & Wildemuth, 2009; Marshall, 1999).

## 4.2.1 Unit structures

Unit structures include senior managerial positions of OCs, HODs, OICs and RSMs. Table 4.1 gives a detailed gender presentation of managerial positions of officers in the SAMHIs in the Western Cape. Gender statistics from both SAMHSI 1 and SAMHSI 2 serving in senior managerial positions, including departmental gender statistics as illustrated in Fig. 4.1 were requested from HODs from HR Department from the two Units Surveyed in this study. Data was analysed through tables and charts, as depicted in Table 4.1 and Fig 4.1.

### 4.2.1.1 Managerial positions

According to this study, senior managerial positions refer to OCs, HODs, OICs and RSMs. Two military Units in the Western Cape Province were sampled for this study. As with the DOD structure

level 2 (Chapter 2: Table 2.5), where no woman officer occupies a managerial position at that level, and no woman officer is appointed at Lieutenant General/ Vice Admiral level (Chapter 2: Table 2.2) (DefenceWeb, 2019), it was found in this study that no woman officer occupies an OC position. Yet, gender is equally (50%) distributed in the RSM position; three women (60%) as opposed to two men (40%) occupy positions as OIC, and four men (57.1%) as opposed to three women (42.9%) occupy HOD positions.

The total of men in managerial positions is nine (56.2%) and that of women, seven (43.8%). Thus, although decisions on promotions should focus on skills, knowledge and experience rather than race, age- or, as revealed by this particular study, gender, adherence to gender equality and equity targets (DOD, 2014) are clearly not met. As one participant stated (verbatim) when participants were asked their opinion on the main factors they have experienced as constraints for advancement of members to managerial positions: "Some people advance to management positions before any experience either based on "connections", race, gender, family member of higher rank, harassment" (JO 23, 2020). During a Parliamentary Committee meeting in 2015, it was indicated that the focus of the SANDF was on mentoring, coaching and leadership training that would assist in the increase of women at decision-making level (PMG, 2015), yet six years later no woman occupies the position of OC at either of the two military Units in the Western Cape. Table: 4.1 below indicates the gender distribution amongst OCs, OICs, HODs and RSMs positions as obtained from the official Unit structures.

Table 4.1: Gender representation of managerial positions of officers in SAMHS in the WC

| Position | Men | Women | Total | % |
|---|---|---|---|---|
| OC | 2 (100%) | 0 (0%) | 2 | 100% |
| RSM | 1 (50% | 1 (50%) | 2 | 100% |
| OIC | 2 (40%) | 3 (60%) | 5 | 100% |
| HOD | 4 (57%) | 3 (43%) | 7 | 100% |
| Total | 9 (56.25%) | 7 (43.57) | 16 | 100% |

It is a concern that 25 years into democracy, the sampled Units have not had, and still do not have a woman as OC in a professional field which, according to literature, is "women friendly". This could be a probable explanation why a participant would report: "In my experience in SAMHS thus far, I have observed the majority of managers are males [men] at the top structures. Women are not provided with top leadership roles, as they are stereotypically thought to be emotional and irrational"

(JO 8, 2020). However, a conflicting views arose via one participant reporting: "I personally do not think that all females are good management material" (JO 5, 2020).

## 4.2.1.2 Gender composition per department of the Military Health Institutions

The number of female officers in the departments identified in Fig 4.1 is 113. The number includes all junior and senior female officers as the structures provided by the HR departments of respective units and only provided the gender per department and did not specify total of junior or senior female officers. Females are the majority in all departments as illustrated in Fig 4.1 below.



**Departmental gender statistics**

| | Ancillary Health | Dental | Medical | Nursing | Social Work | Psychology | Pharmacy | Total |
|---|---|---|---|---|---|---|---|---|
| Men | 2 | 6 | 9 | 8 | 5 | 5 | 7 | 42 |
| Women | 8 | 14 | 20 | 35 | 16 | 11 | 9 | 113 |
| Total | 10 | 20 | 29 | 43 | 21 | 16 | 16 | 155 |
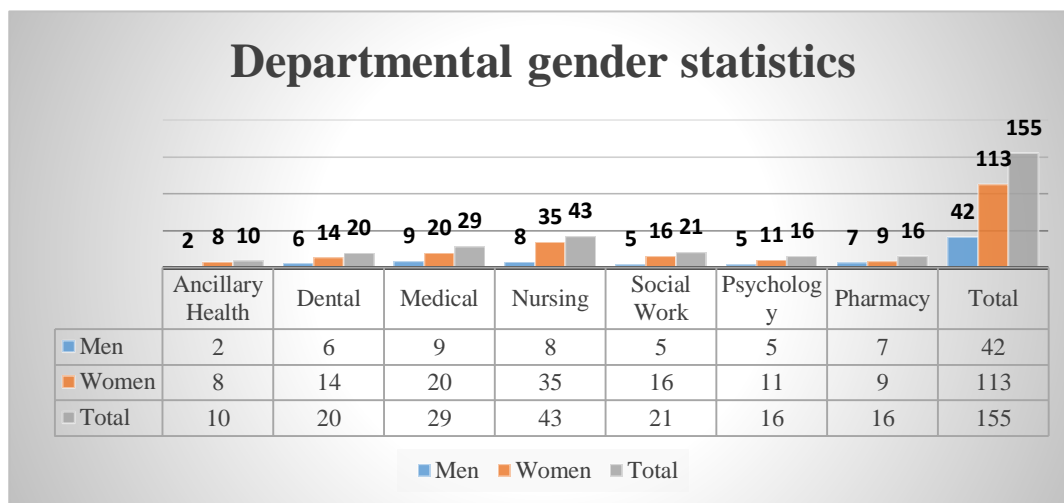
Figure 4.1: Departmental gender statistics

There are 113 (72.9%) women as opposed to 42 men (27.1%). This figure clearly shows that women far outnumber men. One would therefore assume that women would naturally occupy more senior positions. Yet this is the case only in OiC positions. When asked why in certain positions there are either more men or women, participants reported: "Traditionally careers such as social work, physiotherapist, nursing is female dominant, however, I think nursing should have more males as it's a physically demanding job as is physiotherapy. Stereotypes definitely plays a role" (SO 1, 2020). The numerical dominance of women was affirmed when participants reported: "I think that is normal in all hospitals. The nursing personnel form more than 50% of the officers" (JO 15, 2020). Participants further explained the rationale behind numerical dominance of women officers in the department by reporting: "It's a clinical unit so we have to remember that there is a certain demographic that applies for certain posts. So let's take for example Social work, it tends to be more women that apply for

those posts than men, therefore it might follow that because that's what you employing, that means that there will be more likely to be women in that post" (KI 4, 2020).

## 4.2.2 Findings from the questionnaires

Grounded in interpretivist epistemology (Ryan, 2018), this study sets out to not simply report the numerical status of gender in senior managerial positions, but to determine the enabling and constraining factors women encounter in advancing to those senior managerial positions in the Military Health Institutions in the Western Cape. The central concern was the under-representation of women officers in senior management positions in Military Health Institutions identified for this study.

### 4.2.2.1 Response rate

Figure 4.2 below is an indication of the total of potential participants the link of the questionnaire was sent to, the total of responses received and the number of participants who did not respond.
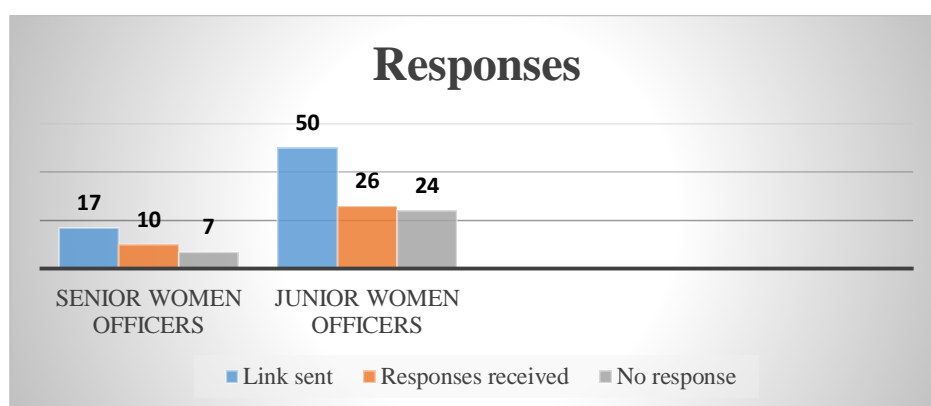


Figure 4.2: Number of responses from the questionnaire

Seventeen senior women officers and 50 junior women officers were personally contacted via telephone and asked whether they were willing to participate in the research study. Ethical considerations with regards to anonymity and confidentiality were discussed. They were informed that the required official permission and approval to proceed with the study were obtained. After participants indicated their willingness to participate, the researcher requested their email addresses. The link of the questionnaire and the electronic consent form were emailed to potential participants, with the permission letters from the gatekeeper attached, as well as REC approval letter from Stellenbosch University.  Only ten (58.8%) senior women officers responded, compared to 26 (52%)

responses received from the junior women officers. A total of 36 (53.7%) out of 67 responses were returned.

From the 10 responses received from senior officers, one participant completed Section A only: Declaration, item 11 in Section B: Demographic details, and item 19 in Section C: Survey questions. From the 26 responses received from the junior officers, one participant completed Section A only: Declaration, and Section B: Demographic details, and only item 12 in Section C: Survey questions. Their respective reasons for omissions are not known, and were not reported.

## 4.2.2.2 Demographic and background details of survey participants

The purpose for collecting demographic and background information was to establish whether it played a role in either enabling or impeding the career progress of women. The sample demographics are summarised below. It comprises numerical data of senior officers and junior officers.

### 4.2.2.2.1 Racial composition

As per SA government official designations, out of 36 participants, 5 (14%) were African, 15 (42%) were White, 14 (39%) were Coloured and 1 (3%) was Indian. One (3%) participant did not respond to this survey item.



**Racial Composition**

|  | Senior women officers | Junior Women officers | Total |
|---|---|---|---|
| ■ African | 1 | 4 | 5 |
| ■ White | 4 | 11 | 15 |
| ■ Coloured | 4 | 10 | 14 |
| ■ Indian | 0 | 1 | 1 |

■ African  ■ White  ■ Coloured  ■ Indian
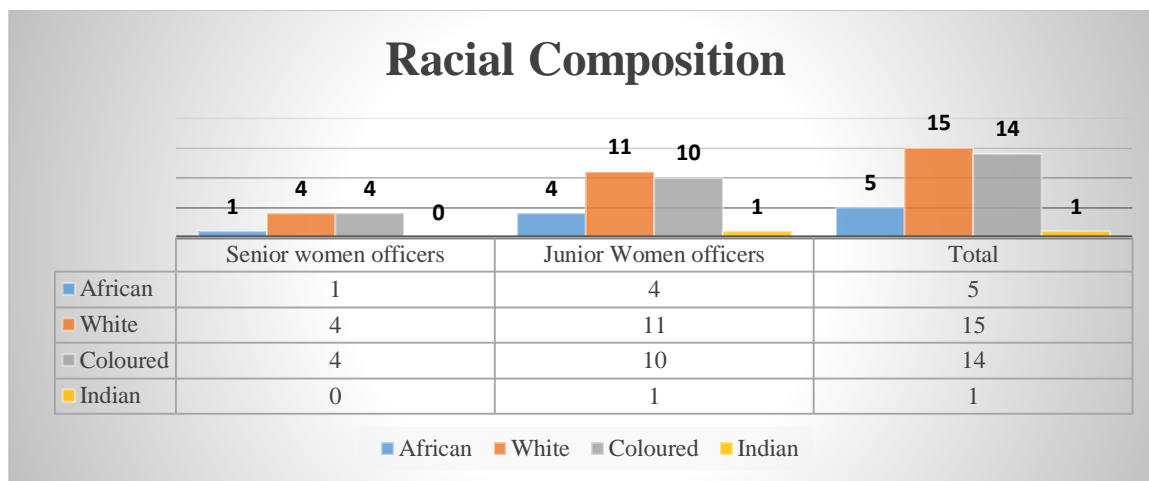
Figure 4.3: Racial composition

### 4.2.2.2.2 Marital status

Figure 4.4 reflects the marital status of participants.

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## Marital status

| | Senior women officers | Junior Women officers | Total |
|---|---|---|---|
| ■ Married | 5 | 17 | 22 |
| ■ Single | 3 | 8 | 11 |
| ■ In a relationship | 1 | 1 | 2 |

■ Married   ■ Single   ■ In a relationship
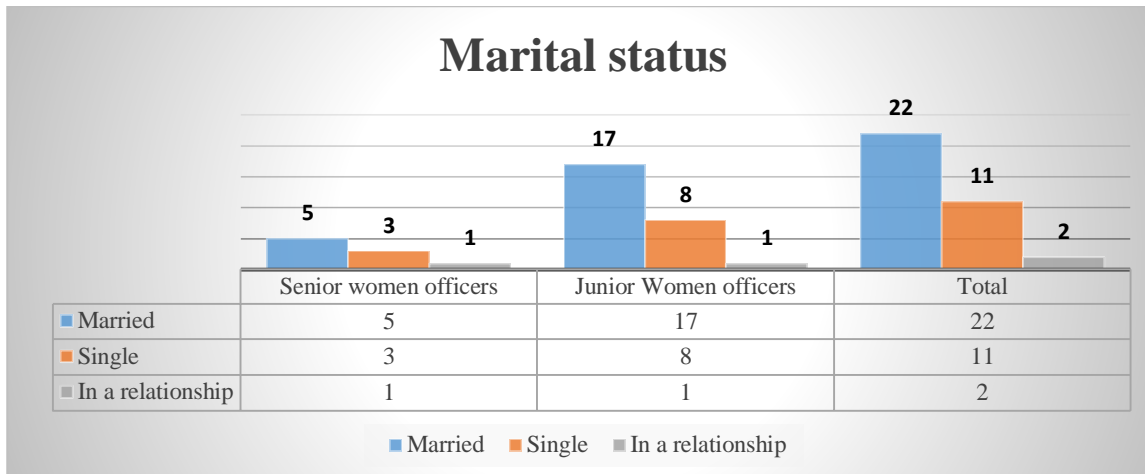
Figure 4.4: Marital status

The results indicated that the majority of participants (63%) were married which possibly explains why women prioritise family responsibility and commitments over career advancement. When asked what the main factors were that they experienced as constraints for advancement of members to managerial positions, family responsibility was confirmed by participants: "As much as a good father brings to the table in terms of family structure, there are just some responsibilities a mother has to take care on for her children, especially in the early years. Most women I have spoken to, who deployed or did promotional courses that were mothers, regretted the effect it had on their children as they were separated for many months or frequently. Many are just not willing to make these sacrifices" (JO 4, 2020).

The effect of family responsibility was further affirmed by another junior officer pointing out that it is a conscious decision or choice one makes: "I think as a women, having a family makes it hard to progress in the military as one needs to go away for courses and deployments to do well/ advance. As a mom it's my choice to put my relationship with my kids first and to rather not progress in rank but rather have more time with them as their mom. It's a choice I happily make, but am sure many struggle with" (JO 22, 2020). One participant did not respond to this survey item.

### 4.2.2.2.3 Children
Seven (19%) participants have one child, 11(31%) have two children, three (9%) have three or more children, and 14 (39%) have no children.

**Children**

| | 1 child | 2 children | 3+ children | None |
|---|---|---|---|---|
| ■ Senior women officers | 0 | 3 | 2 | 4 |
| ■ Junior women officers | 7 | 8 | 1 | 10 |
| ■ Total | 7 | 11 | 3 | 14 |

■ Senior women officers  ■ Junior women officers  ■ Total
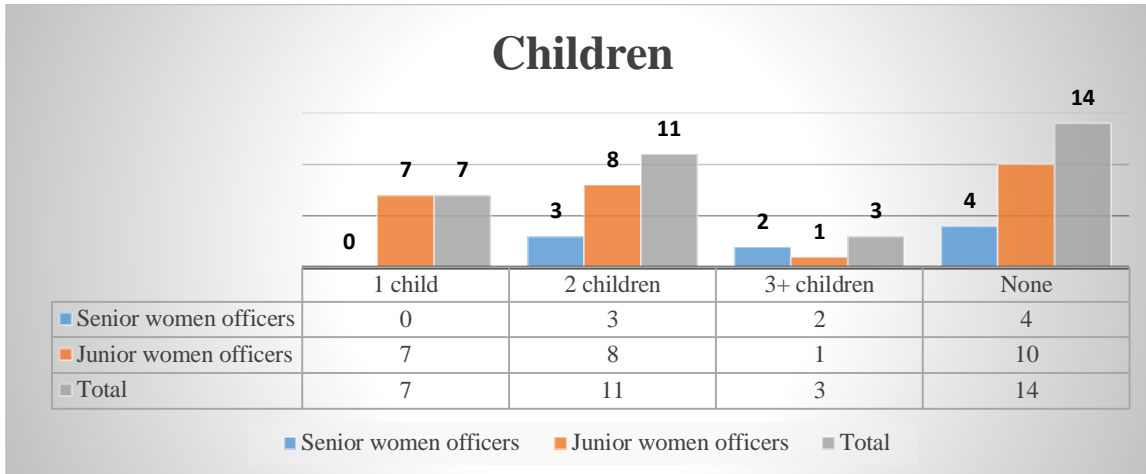
Figure 4.5: Children

### 4.2.2.2.4 Age of children

The results show that 55.6% of participants have children between ages 0-18 years. Figure 4.6 reflects the various age groups of children.



**Ages of children**

| | 0-5 yrs | 6-13 yrs | 14-18 yrs | 19+ yrs |
|---|---|---|---|---|
| ■ Senior women officers | 2 | 1 | 0 | 3 |
| ■ Junior women officers | 7 | 3 | 5 | 6 |
| ■ Total | 9 | 4 | 5 | 9 |

■ Senior women officers  ■ Junior women officers  ■ Total
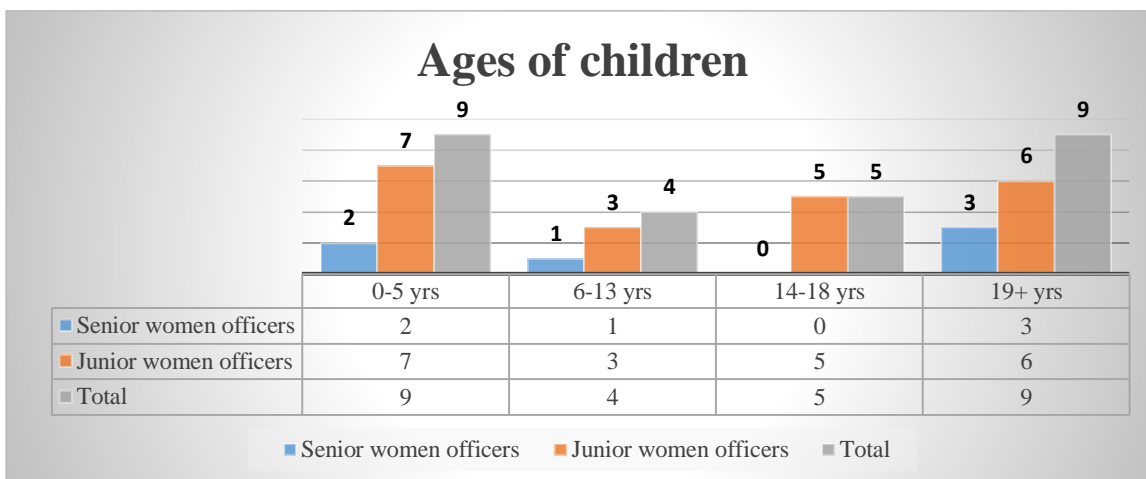
Figure 4.6: Ages of children

This could explain why certain women forgo promotion and stagnate their career in order to attend to their children as they view themselves as primary caregivers. This is evident when participants report: "Once a member has a family, many chose to stagnate their career and opt to forego promotional courses and responsibilities in order to attend to their family needs as a mother" (JO 4, 2020). It is clear that they do not compromise family responsibilities when it comes to their families: "The time it takes for a woman versus a man to become a manager takes many more years, due to

childbearing and their roles as primary caregivers… Thus, a woman's trajectory to career advancement is delayed by the fact that she fulfils many roles" (JO 8, 2020).

### 4.2.2.2.5 Years of service

Participants viewed years of service as an enabling factor to career advancement. This was evident when they indicated "Years in the military" (JO 26, 2020), and "Experience in both primary and tertiary health. Years of experience" (SO 9, 2020) as potential enablers. Fifty percent of senior woman officers have between 10-39 years of service, compared to 61.5% of junior woman officers. Therefore, it could be inferred that the results are contrary to the views of participants that years of service served as an enabling factor to career advancement. One participant did not indicate years of service. Figure 4.7 reflects the years of service of participants.

**Years of service**

| | Less than 5 yrs | 5-9 yrs | 10-19 yrs | 20-29 yrs | 30-39 yrs |
|---|---|---|---|---|---|
| Senior women officers | 0 | 4 | 3 | 1 | 1 |
| Junior women officers | 2 | 8 | 8 | 6 | 2 |
| Total | 2 | 12 | 11 | 7 | 3 |
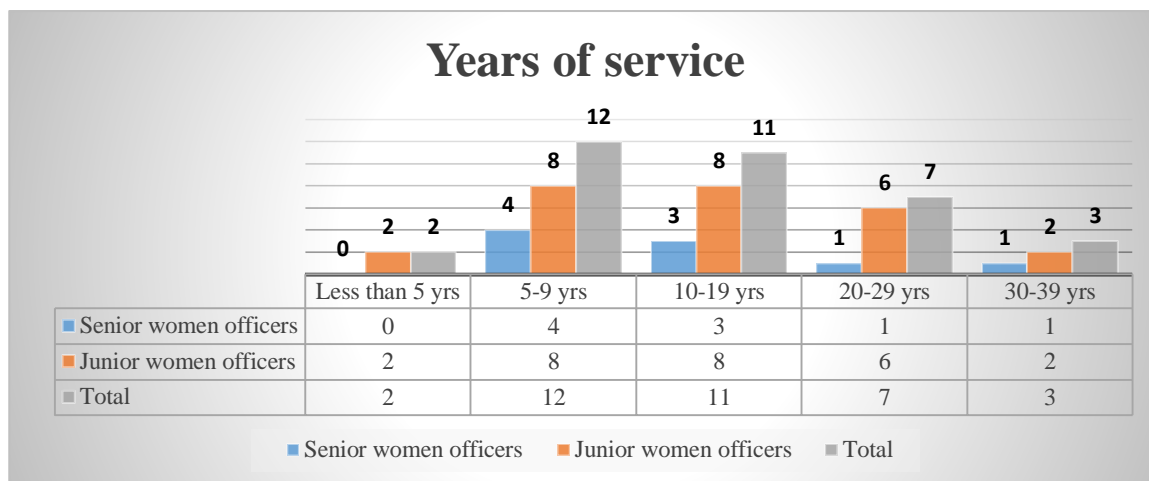
Figure 4.7: Years of service

### 4.2.2.2.6 Educational Qualification

The results show that 40% of women as senior officers possess a postgraduate degree compared to 30.8% of women as junior officers. It should, however, be noted that 57.7% of women as junior officers possess undergraduate degrees, compared to 40% of women senior female officers. Two participants did not indicate their level of qualification. Figure 4.8 indicates the educational qualification of participants.

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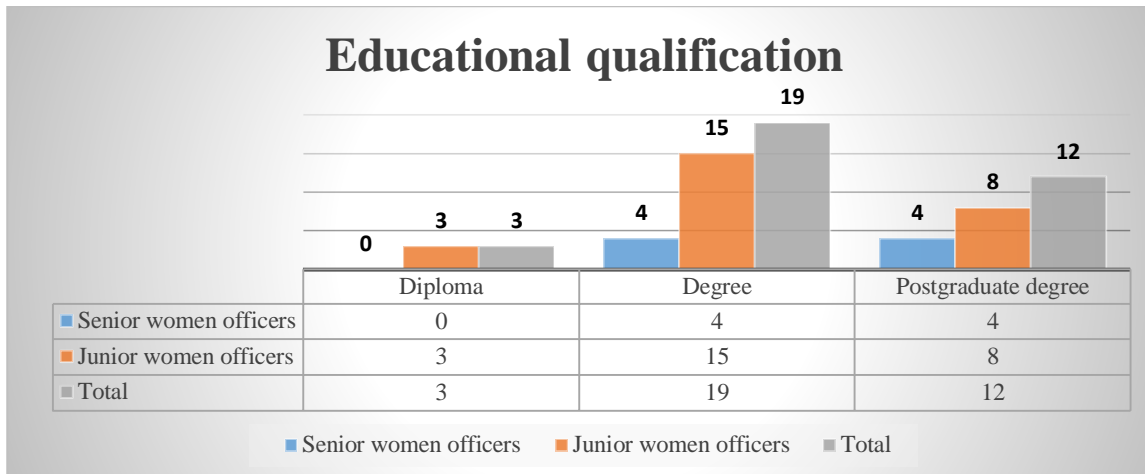
Figure 4.8: Educational qualification

Although participants indicated that qualification was an enabling factor ("I had the necessary qualifications for the job specification"; SO 10, 2020), ("B. Soc. Nursing degree and the Primary Health Care diploma"; JO 3, 2020), some participants pointed out that having a qualification does not guarantee promotion: "The fact that I had studied outside the Military, does not mean that one would get a promotion" (JO 6, 2020).

The results showed qualification is not the only factor considered for career advancement, as junior women officers possess the same level qualifications as senior women officers. This could be attributed to a limited post structure, as was evident from responses received: "Overall … post structure in Western Cape has only x 2 Lt Col posts" (SO 1, 2020). The effect of the post structure has been pointed at further by participants reporting: "There is limited posts available for the number of junior officers in my context" (JO 12, 2020); "[There exists a] bottle neck structure" (JO 27, 2020). This implies the pyramidic nature of career progress; that not all can be senior officers due to the structure and number of senior positions available.

Besides the availability of limited managerial posts, one participant pointed out that "The selection of a candidate best suited for the position is not always based on merit" (JO 11, 2020). Participants further reported: "Persons are identified most times by the senior management and the post ensued and filled. HR processes and procedure for fairness in terms of advertisement, application, interviewing and recruitment of the most suitable candidate are not consistent" (SO 10, 2020); "An already closed managerial structure. And an organogram that collapsed. Unfilled positions" (JO 24, 2020).

Responses on the effect of biographic information and background on advancement to senior managerial positions prompted the researcher to report frequency statistics to encompass statistical analysis. Hence data analysis was conducted through two-way frequency Tables, and the Probit and Logit models.

## 4.2.2.3 Statistical analysis

The analysis of a two-way frequency table between position and the educational qualification shows that it is statistically insignificant with Chi-Square of 5.23 and a probability of 0.155. Women as junior officers have more Higher Education (HE) qualifications with a total of 15 (75.7%) degrees compared to only 4 (40%) degrees held by women as senior officers respectively. Eight (30.8%) women as junior officers are in possession of a postgraduate qualification compared to the 4 (40%) postgraduate qualifications held by women as senior officers. Three (11.5%) women as junior officers are in possession of a vocational diploma or certificate.

Table 4.2: Position and Educational Level two-way frequency

| Educational Level | Position | |
|---|---|---|
| | Junior Officer (n=26) | Senior Officer (n=10) |
| Matric Certificate | 0 | 0 |
| Certificate/Vocational Diploma | 3 | 0 |
| Degree | 15 | 4 |
| Postgraduate | 8 | 4 |

Table 4.3 two-way Chi-Square of 2.58 and probability value of 0.763 shows that the frequency table is statistically insignificant. It makes sense that the total of senior officers is less than the total of junior officers, i.e. the higher the posts in the hierarchy (pyramid), the less posts become available. Therefore, not all junior officers as women will ascend to senior posts. There is only one woman as a senior officer and 2 women as junior officers with work experience of between 30 and 39 years of service. Six of the women as junior officers and one woman as a senior officer reported 20 to 29 years of service. Women as junior officers with years of service from 10 to 19 years are 8, women as senior officers are 3. Those with between 5 and 9 years of service are 8 women as junior officers and 4

women as senior officers. Only 2 women as junior officers have experience of less than 5 years of service.

Table 4.3: Years of Service and Position two-way frequency

| Years of service | Position | |
|---|---|---|
| | Junior Officer | Senior Officer |
| Less than 5yrs | 2 | 0 |
| 5-9 years | 8 | 4 |
| 10-19 years | 8 | 3 |
| 20-29 years | 6 | 1 |
| 30-39 years | 2 | 1 |

The two-way frequency table of marital status and position was analysed. There were about 35 women officers surveyed, of whom 22 were married. The variable was dropped due to one member not indicating marital status. The researcher aimed to determine how many are married, as he assumed it would be difficult for them to leave their own families to go to a different province for training towards potential promotion. Eleven women are single. However, that does not mean they can readily pack their bags and go to a different province for training. It begged the question, what would impede their mobility towards improving their expertise. Ten of the eleven women officers who are single do not have children. One single woman has one child. Under these circumstances, ten of those eleven women officers who are single and without children would not be able to legitimately use relocating to a new city as a constraint; other restraining factors, such as taking care of parents may be a factor, but that is a question for another study ( See Appendix C: Marital status and number of children).

Table 4.4 is statistically insignificant in explaining the two-way frequency table with a Pearson Chi-Square of 1.14 and with a probability of 0.564. There are 17 woman as junior officers who are married and five women as senior officers. There is one woman as junior officer and one woman as senior officer who are in a respective relationship. There are eight women as junior officers and three women as senior officers who are single.

Table 4.4: Marital Status and Position two-way frequency

| Marital Status | Position | |
|---|---|---|
| | Junior Officers | Senior Officers |
| Married | 17 | 5 |
| In a relationship | 1 | 1 |
| Single | 8 | 3 |

### *4.2.2.3.1 Assumptions of the study*

The nonlinear regression applied to the surveyed 36 women as officers in Military Health Institutions in the Western Cape. The dependent variable Y in the study is Job position of all surveyed women as officers. The value of variable Y equals 1 if the women officer is in a managerial position. The Probit and Logit models have been used to determine dependent variables of values lying in the two extremes of 0 and 1. The variables selected to be used in the dataset is "Years of Service", which means that the criteria for "experience of years of service" was created from 0 to 39 years of service, starting from 0 to 5 years of service, 5 to 9 years of service, 10 to 19 years of service, 20 to 29 years of service, and lastly, 30 to 39 years of service. A midpoint for the interval was created. For example, for years of service between 0 and 5, "2.5 years of service" was used. For years of service between 5 and 9, "7 years of service" was used as the midpoint of year of service. For years of service 10 and 19, "15 years of service" was used. For the category year of service between 20 and 29 years of service, "25 years of service" was used. 35 was used in year of service for the category of 30 to 39.

"Married" is another variable that was used as a constraint because women as officers who are married will not necessarily leave their home as they prioritise family responsibilities above to attending courses in another province. If a respondent selected "married", it is assumed that it meant the person is in fact officially married, and then their variable is equal to 1; if not married, then the person is assumed to be either single, or in a non-formalised relationship, therefore to be classified as zero.

Educational qualification was classified as equal to 1 if the woman as an officer had a minimum of a first degree. If the individual did not have a first degree, then her entry was classified as equal to zero. That is inclusive of women as officers who have a postgraduate degree. The majority of the women as officers surveyed have at least a first degree. Out of the 36 women as officers surveyed, only 5

were not in possession of a first degree. The personal attribute variable assumes that when women as officers agreed that any form of motivation, determination, willpower, endurance and anything agreeing to the importance of personal attribute is an enabler, it will equate to 1; if nothing is reported, it is to zero. The woman officers who reported that military courses were important in getting a managerial position was equated to the number 1; non-responses or blank spaces were classified as zero. All respondents classified as number 1 were agreeing that studying for a formal academic qualification and attending military courses will be beneficial to their getting a managerial position.

### 4.2.2.3.2 Logit Model

The assumptions listed by Christensen (1990) of the probability function is:

$$P_i = E(Y = 1 \mid X_i) = \frac{1}{1 + e^{-(\beta_0 + \beta'X_i)}}$$

The equation was modified for the purpose of the study:

$$P_i = E(JobPosition = 1 \mid X_i)$$
$$= \frac{1}{1 + e^{-(\beta_0 + \beta_1 Qual + \beta_2 Married + \beta_3 YrsOfService + \beta_3 PerAtt + + \beta_4 MilitCourse)}}$$

where $i$ is the $(i)th$ woman employee.

### 4.2.2.3.3 Probit Model

To estimate the unknown parameters of the Probit model, the cumulative distribution function of the standard normal distribution after substitution for the purpose of this study was used:

$$F(\beta_0 + \beta_1 Qual + \beta_2 Married + \beta_3 YrsOfService + \beta_3 PerAtt + + \beta_4 MilitCourse)$$
$$= \frac{1}{\sqrt{2\pi}} \int_{-\infty}^{\beta_0 + \beta_1 Qual + \beta_2 Married + \beta_3 YrsOfService + \beta_3 PerAtt + + \beta_4 MilitCourse} e^{\frac{-z^2}{2}} dz$$

On both the Logit and Probit models $Qual$ represents educational qualification, $YrsOfService =$ Years of Service and $PerAtt =$ Personal Attribute form the cumulative distribution function of the standard normal distribution after substitution for the purpose. $Militcourse$ represents military course taken by the woman employees.

## 4.2.2.3.4 Estimation Results

Below is a discussion of the estimated parameters of the nonlinear regression models. The Logit and Probit models are estimated, and the results concluded. The dataset shows that 62% of the participants are in managerial positions. Woman officers reported that educational qualifications contributed 97% to job position, personal attribute contributed 34%, and military course were the lowest contributor at 30%. Average years of service for respondents was 15 years. Based on information provided by the 35 participants on questionnaires, 13 (36.1%) woman as officers were not in any form of managerial position; 22 (61.1%) were in fact in a managerial position. One (2.8%) woman as an officer did not provide any information.

The Logit model shows that the constant coefficient will less likely decrease, and more likely to decrease for the Probit model. Results show "Years of service" for the Logit model is more likely to decrease, and less likely to decrease for the Probit model. Results for both the Logit and Probit model show "Educational qualification" will more likely increase. Marital status shows a less likely increase for the Probit model and less likely for the Logit model. Woman officers consider military courses as a constraining factor. Based on the Probit and Logit models, results show that for both the Probit and the Logit model it will less likely increase. "Personal Attribute" is more likely to increase for both the Probit and Logit models.

Table 4.5: Probit and Logit Results for Job Position

| Job Position | Model Results | |
|---|---|---|
| | Probit | Logit |
| Constant Coefficient | -0.388 | -0.614 |
| Years of Service | -0.029 | -0.042 |
| Educational Qualification | 0.966 | 1.582 |
| Marital Status | 0.003 | 0.280 |
| Military Course | 0.178 | 0.014 |
| Personal Attributes | 0.309 | 0.490 |

The marginal effects interpretation conclude that "Years spend in the service of Military Health Institutions in the Western Cape" is less likely to decrease by 10 percent of the jobs position for the Logit model, and less likely decrease by 1 percent for the Probit model. Educational qualification

shows that for the Probit model, the marginal effects will more likely increase by 36.6 percent, while the Logit model marginal effects will more likely increase by 37.5 percent. Marital status will more likely increase by 6.0 percent for the Probit model of marginal effects at means, while the Logit model will more likely increase by 6.6 percent, that are in managerial position. "Military course" will less likely decrease by 0.02 percent for the Probit and less likely increase by 3 percent for the Logit model.

Table 4.6: Probit and Logit Marginal Effects Results for Job Position

| Job Position | Marginal Effects at Means | |
| --- | --- | --- |
| | Probit | Logit |
| Years of Service | -0.010 | -0.110 |
| Educational Qualification | 0.366 | 0.375 |
| Marital Status | 0.060 | 0.066 |
| Military Course | -0.0002 | 0.003 |
| Personal Attributes | 0.107 | 0.1163 |

Table 4.7 with classification for "Job position" shows the results correctly predicted at 66.67 percent for both the Probit and Logit models respectively. The rest of the percentage falls under misclassification.

Table 4.7: Classification for Job Position

| Job Position | Model Results | |
| --- | --- | --- |
| | Probit | Logit |
| Correctly Classified | 66.67% | 66.67% |

## 4.2.3 Findings from key informant interviews

The interview schedule was semi-structured to allow for probing, and elaboration on certain responses. The first interview lasted 33 minutes, 17 seconds; the second interview lasted 38 minutes, 40 seconds; the third interview lasted 38 minutes, 28 seconds, and the final interview lasted 35 minutes, 19 seconds. The interview schedule consisted of two sections. Section A collected biographical details of interviewees and Section B consisted of open-ended questions. The interview commenced in that sequence. The interview commenced by recording the following demographic details: gender; race group; marital status; children, if any, and the age/s of child/ children;

educational qualification; years in service; rank group. The open-ended questions followed after demographic detail had been obtained. Open-ended questions were: "What is the position you currently hold, and can you please describe the main tasks of the position?"; "Which aspects or events do you consider having advanced your career the most?"; "In your opinion, what are the main factors that you experience as constraints for advancement of members to managerial positions?"

Interviews were analysed without using data analysis software. The interviews were voice recorded digitally and transcribed (Jain & Ogden, 1999). The transcripts were read and reread several times, and whenever a segment of text appeared to represent a theme or issue relevant to the research question, the researcher would assign a code by highlighting or colour-coding the text according to relevant themes and subthemes (Zhang & Wildemuth, 2009; Marshall, 1999). (See Addendum F).

### 4.2.3.1 Demographic details of interviewees

The researcher personally approached potential key informant interviewees in the Unit where he is employed, and asked them if they were willing to participate in the research study. Members who indicated their willingness to participate were informed that participation was voluntary. They were alerted to potential ethical concerns, and those concerns were verbally mitigated. Potential interviewees were informed that, due to Covid-19 mobility and contact restrictions, interviews would be conducted via telephone. Potential interviewees were also informed of permission and approval letters to conduct the research. The researcher physically produced such letters and emailed to interviewees to peruse. After members indicated their willingness to participate, consent forms were emailed to participants to inform themselves of its content and stipulations, and to return after having signed informed consent to participate in the study.

The researcher and interviewees agreed to a timeslot convenient for them to conduct a telephonic interview. Demographic details of key informant interviewees are presented in Table 4.8 below. The sample is very small, as the focus was on gathering insight from the perceptions and thoughts of woman as officers in Military Heath Institutions identified for the study. It is assumed relevant to include the details of key informant interviewees as it include 3 men as participants to gain their insights and perspectives as a means to enrich the data.

Table 4.8: Demographic details of interviewees

| Demographic category | Men | Woman |
|---|---|---|
| Composition | n=3 (75%) | n=1 (25%) |
| **Marital status** | | |
| Married | 2 | 1 |
| Single | 1 | 0 |
| **Children** | | |
| 1 child | 1 | 0 |
| 2 children | 1 | 0 |
| 3+ children | 0 | 1 |
| None | 1 | 0 |
| **Age of children** | | |
| 0-5 yrs | 0 | 0 |
| 6-13 yrs | 1 | 0 |
| 14-18 yrs | 1 | 0 |
| 19+ yrs | 0 | 1 |
| **Years of service** | | |
| 10-19 yrs | 1 | 0 |
| 20-29 yrs | 2 | 1 |
| **Educational qualification** | | |
| Matric | 0 | 1 |
| Degree | 3 | 0 |

## 4.3  RESULTS

Section C of the questionnaire and Section B of the interview schedule comprised open-ended questions which invited participants to articulate their thoughts. Rather than being primed for responses, questions were intentionally formulated to allow authentic experiences of participants to emerge from the discussion on factors they encounter as either enablers or constraints in advancing to senior managerial positions. Probes were used as targeted questions, as the need arose to determine whether factors experienced by participants could be understood through the Multi-level Relational Framework. For example, participants were asked to give their thoughts on factors to consider in advancing to managerial positions, which was followed by asking what the contributing factors are for those in lower ranks who might aspire to advance to managerial positions. At times, this question was posed differently and participants were often probed to elaborate on a response. For instance, when participants mentioned that years of service, coupled with knowledge of how to command a

Unit and manage their subordinates were factors to consider in advancing to managerial positions, the question was posed differently. Emphasis was placed on the factors that would advance officers lower in rank than themselves. In this study, multiple steps have been taken to reduce incidences of bias in order to establish credibility, among others, through triangulation and member checks (Korstjens & Moser, 2017), through which transcribed conversations of interviews were emailed to participants to confirm authentication of their responses. The summary of study findings were consequently emailed to the participants for their confirmation of its accuracy (Creswell, 2014).

## 4.3.1 Enabling and constraining factors to career advancement of women

In total, 537 codes were generated for both enablers and constraints, which were then clustered into fourteen themes and fifteen subthemes. Enablers elicited 34 responses and constraints 70 responses. The themes were identified from responses of the open-ended questions of the questionnaires and interviews. The analysis of results revealed that these themes are interdependent and interrelated. As a result, the findings are presented as such.

### 4.3.1.1 Micro-individual level

#### 4.3.1.1.1 Personal attributes and agency

In responding to the factors that enabled participants to advance to senior managerial positions, twelve (33.3%) survey participants and three (75%) interviewees were of the opinion that personal attributes and agency contribute to career advancement. According to Chyamurindi (2016), drive, motivation and individual strategies such as educational and professional attainment lead to career success. This was evident from both the open-ended responses from questionnaires and interviews when participants reported: "Being eager to learn and advance in my career lead me to doing Officers Formative almost immediately after joining" (SO5, 2020). They pointed out that they took initiative to study at own cost, and not only wait to study at state expense: "My own will power and endurance to study part time on my own, with my own funds to better my life" (JO 2, 2020). Using their initiative to study part time and funding their own studies is a probable explanation why 40% of women with postgraduate qualifications are in senior managerial positions. It should be noted, however, that eagerness to learn does not necessarily translate into promotion, because it has been found that 30.1% of participants with postgraduate qualifications are still junior officers.

Participants also regarded personality, determination and ambition as driving forces behind career advancement: "I think the aspects that have propelled me to not accept being stunted in my career have been my personality, determination and ambition for continuous growth and development" (JO 8, 2020); "… if I hear of something that is a problem, I need to solve it, that is part of my personality and I think one of the other things is because I don't give up. I keep on doing the same thing until I get it right" (KI 2, 2020).

Nine (25%) survey participants and two (50%) interviewees stated that personal reasons and lack of agency constrained career advancement: "Lack of assertiveness…" (JO 19, 2020) and "They do not want to advance academically" (JO 26, 2020) were some of the responses from survey participants. Contrary to Betron et al. (2019) who dismiss factors such as lack of interest, difference in career commitment, or years of education as reasons for the absence of gender equality in healthcare leadership, findings from this study support the findings from the study conducted by Hora (2014) who asserts that individual factors such as lack of education, lack of adequate skill, lack of confidence and willingness of women themselves, and lack of years of service, affect women participation in leadership and public institutions. Participants reported: "I'm actually still not course qualified for … post, but the fact remains that was self-imposed, I didn't nominate myself for the required courses, because I was not really interested in doing the courses I felt that it was a waste of time" (KI 2, 2020), "I have not done Senior Staff Course that would be the biggest hurdle for me being promoted is not having Senior Staff Course. I however have declined the course on more than one occasion because of social reasons" (KI 4, 2020).

*a) Alignment of personal vision with that of SANDF*

Two (13.3%) survey participants indicated that there exist opportunities to grow in the military but it depends on the individual. Participants reported: "I think there is a fair chance for a woman in the military to advance her career in management if that is truly what she wants. If it is a priority to her over having a family" (JO 4, 2020); "There are more opportunities to grow in the military but it is up to individuals to grab the opportunity" (JO 26, 2020). The views of participants are aligned with the DOD Transformation policy (2014) which state: "Equal opportunities and exposure to training for all DOD officials regardless of age, gender, disability, culture." Considering the views of the participants, that it depends on the individual, it could be argued that there are women who possess the necessary academic and military qualifications who aspire to advance their careers. Although the

Transformation policy (2014) makes provision for all employees to be afforded equal opportunities to advance their careers, yet, the results of this study show that no woman occupies an OC position. Thus, it is assumed that the Military Health Institutions in the Western Cape neglected to comply with the stipulated section on equal opportunities as contained in the Transformation Policy, or, as Betron et al. (2019) assert that gender bias, which is still deeply entrenched within the healthcare and other sectors, the existence of a glass ceiling, and lack of opportunity for advancing to leadership positions, constrain women from advancing to leadership positions.

### 4.3.1.1.2 The role of Continuous Professional Development

*a) Professional qualifications*

It was further evident from the survey participants' perspective that both military and academic qualifications were considered as enablers for advancement to senior managerial positions. Ten (27.8%) survey participants and one (25%) interviewee indicated that possessing the relevant minimum qualifications and post graduate qualifications enabled them to advance in their careers. One participant reported: "Obtaining battle handling and Primary Health care" (SO 1, 2020). Another mentioned that she met the requirements for the post she was holding: "I had the necessary qualifications for the job specification" (SO 10, 2020). One participant mentioned the actual qualifications she in fact holds: "B. Soc. Nursing degree and the Primary Health Care diploma" (JO 3, 2020). The responses to the question on what participants perceived as enablers to advancement to senior managerial positions, were mostly single words or phrases, the researcher assumed that participants were referring to what has enabled them to advance their careers, hence the insertion of the response when another participant reported the importance of being qualified for the position she holds: "The fact that I had to study outside the Military" (JO 6, 2020). These views are consistent with the findings of a study conducted by Vos, Ros, Morgan and Theobold (2019) wherein healthcare workers identified capacity and qualifications as enabling factors for women to advance to leadership roles.

Three (8.3%) survey participants indicated that lack of qualifications served as a barrier to career advancement. The views of participants seemed to be contrary to the result of this study as 40% of women as senior officers held first degrees and 40% of women as senior officers held postgraduate degrees. 57% of women as junior officers held first degrees, and 30.8% of women as junior officers held postgraduate degrees.

Qualitative evidence suggest that senior women officers and junior women officers equally have the necessary qualifications. Despite having the qualifications, participants remain in junior positions. The data shows education is insignificant in term of career advancement. Education is not the burning issue, but could be seen rather as structural, i.e. structure only allows for certain number of senior posts.

*b) Military courses*

It was found that attendance of military courses has a significant effect on the career progression of an individual. Evidently, ten (27.8%) survey participants and two (50%) interviewees indicated that attending the necessary courses for promotion served as an enabling factor in advancement of their career. Participants reported: **"**Officers Formative military course advanced my Defence Force career" (SO 2, 2020); "Completing Officers Formative course allowed me to be promoted at the unit I am currently at" (SO 6, 2020). The DOD Transformation policy makes provision for equal opportunities and exposure to training for all DOD officials regardless of age, gender, disability, culture, etc.

However, 20 years into the new democracy, the SANDF through its Transformation Policy acknowledged that potential barriers in managing diversity could adversely affect the image and working relationships, confidence and work performance and pointed out that unfair distribution of developmental and promotional opportunities as one of the potential barriers (DOD, 2014). Yet, one participant in this study reported: "Access to promotional courses are [sic] zero" (SO 4, 2020). Conversely, it appears that even though the DOD provides individuals opportunities to attend courses, they do not want to proceed on courses due to family commitments and an array of personal reasons. Respondents confirm this assumption: "Once a member has a family, many chose to stagnate their career and opt to forego promotional courses and responsibilities in order to attend to their family needs as a mother" (JO 4, 2020); "I have not done Senior Staff Course that would be the biggest hurdle for me being promoted is not having Senior Staff Course. I however have declined the course on more than one occasion because of social reasons" (KI 4, 2020).

Three (8.3%) survey participants and two (50%) interviewees concluded that, although not attending military courses is a barrier to career advancement, they are often left without choice, or simply do not see the benefit of sacrificing family responsibilities for promotional courses. The views of the participants could either relate to the result of an individual barrier, or an organizational barrier. This

assumption could be found in the following responses by participants: "Females from Western Cape mostly have to postpone/delay attending military courses due to family commitments or pregnancy" (SO 5, 2020); "that I wasn't course qualified, I'm actually still not course qualified for … post, but the fact remains that was self-imposed, I didn't nominate myself for the required courses, because I was not really interested in doing the courses I felt that it was a waste of time" (KI 2, 2020).

*c) Deployment/ exercises/ operations*

Only two (5.6%) survey participants and one (25%) interviewee indicated that being deployed, and willingness to participate in organized military exercises and operations are enabling factors to career advancement. Participants opined: "Being open to deployment and attending courses" (JO 21, 2020); "Uhm, having knowledge of subject matters, willingness to do courses, willingness to partake in exercises and operations, and I think most importantly, willingness to be a Staff Officer, it's a very difficult task, it's not the easiest task in the world to be a Staff Officer" (KI 4, 2020). Participants had conflicting views on whether deployments/ exercises/ operations served as an enabler to career advancement as indicated by literature. Some participants appear disillusioned about the benefits of deployment for career advancement: "None. I have deployed five times, from Burundi (x2) to DRC (x3). Last deployment in .2015/16 was 1 year. No recognition except a medal 10 years after my 1st deployment. No career advancement or rather payment for post occupied" (JO 5, 2020).

### 4.3.1.1.3 Years of experience

Five (13.9%) survey participants and one (20%) interviewee indicated that years of service served as an enabler to their career advancement. A survey participant reported as follows: "This was at a time when there weren't many senior officers in our department and those that were there had less work experience than me, putting me at an advantage" (SO 5, 2020). Participants regarded experience in their field as an enabler: "Experience in both primary and tertiary health. Years or experience" (SO 9, 2020), "Several years of Nursing experience in Community Nursing, Occupational nursing and Training and development" (SO 10, 2020); "Years in the military" (JO 26, 2020). These views resonate with the findings of a study conducted by Tlaiss (2013) in which it emerged that the number of years of (international) experience serves as one of the enabling factors to career advancement.

A study conducted by Hora (2014) indicated that lack of education, lack of adequate skill, lack of confidence and willingness of women themselves and lack of adequate years of services are all individual factors that affect women's participation in leadership and decision-making. However, the

result of this study showed that years of service or experience did not serve as enabler to career advancement, as 50% (n=5) of women as senior officers and 61.5% (n=16) of women as junior officers had between 10-39 years of service, yet did not manifest in promotion. Statistically there is no association between "years of service" and career advancement. Perceptions of participants that "years of service" is an enabler, is not supported by the data. The data shows that it is insignificant in terms of career advancement.

### 4.3.1.1.4 Family and domestic responsibilities

Six (16.7%) survey participants indicated that women find it difficult to leave their children behind and proceed on courses for promotion, hence they forgo opportunities to advance their careers. According to Bismarck et al. (2015), from findings from semi-structured interviews under the theme "Perceived capacity", parenthood is perceived as a common barrier to women taking up leadership roles: "As much as a good father brings to the table in terms of family structure there are just some responsibilities a mother has to take on for her children, especially in the early years. Most woman I have spoken to who deployed or did promotional courses that were mothers, regretted the effect it had on their children as they were separated for many months or frequently. Many are just not willing to make these sacrifices" (JO 4, 2020); "I think as a woman having a family makes it hard to progress in the military as one needs to go away for courses and deployments to do well/ advance. As a mom it's my choice to put my relationship with my kids first and to rather not progress in rank but rather have more time with them as their mom. It's a choice I happily make but am sure many struggle with" (JO 20, 2020).

Conservative social norms and androcentric career pathways pose a challenge for women to find a balance between the pressures and demands from maternity leave, child-rearing, caregiving, domestic responsibilities and leadership (Bismarck et al., 2015, p.7) as confirmed by one participant: "The time it takes for a woman versus a man to become a manager takes many more years, due to childbearing and their roles as primary caregivers… Thus, a woman's trajectory to career advancement is delayed by the fact that she fulfils many roles" (JO 8, 2020). Interviewees in a study conducted by Chinyamurindi (2016) cited that the triple role of being a mother, wife and career women impede career success.

In a study conducted by Hora (2014), 80.28% of participants indicated that overburden of domestic responsibilities affect women participation in leadership and decision-making. This was evident from

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the responses from current participants who reported: "Since having children I haven't been as ambitious about advancing, need more time with my kids" (JO 20, 2020); "Once a member has a family, many chose to stagnate their career and opt to forego promotional courses and responsibilities in order to attend to their family needs as a mother" (JO 4, 2020).

The survey participants express their perceptions that marital status is a constraint to career advancement, yet the available data does not seem to support this as there is no statistical significant association between marital status and career advancement.

### 4.3.1.1.5 Geographical relocation

Four (16.7%) survey participants indicated that in order to be promoted they have to relocate to other provinces or Units. They then are compelled to weigh the advantages of promotion against the disadvantages of being socio-geographically dislocated: "Relocation to other province for promotion is difficult so I am comfortable in the current post" (SO 9, 2020); "For me to be promoted I have to be transferred" (JO 9, 2020). These statements made by participants indicate that opportunities exist in the SANDF for advancement, but they are not willing to make the sacrifices. Participants also use family commitments as reasons for declining promotions: "If I want to be promoted, I must relocate to 2Mil hospital or 1Mil hospital, but I am area bound due to marriage" (JO 15, 2020); "Complicated post structure that inconvenience and forced lifestyle changes. Having to uproot and reestablish somewhere else" (JO 17, 2020).

### 4.3.1.1.6 Perceived gender-specific careers

Ten (27.8%) survey participants and three (75%) interviewees perceived the medical health environment as woman dominant. When asked why there are either more women or men in certain posts or positions, participants responded: "Traditionally careers such as social work, physiotherapist, nursing is associated as and is Female dominant, however I think nursing should have more males as it's a physically demanding job as is physiotherapy. Stereotypes definitely plays a role" (SO 1, 2020); "I think that is normal in all hospitals. The nursing personnel form more than 50% of the officers" (JO 15, 2020); "And I assume, and also nursing one could say frequently will have more females than males because that's just the demographic of the post" (KI 2, 2020). Sue and Rounds (2015) conducted a meta-analysis, the results of which revealed that women were underrepresented in men-dominated STEM fields such as engineering and computer science, and overrepresented in women dominated STEM fields like medical and health services.

*a) Career choices*

On the question, why certain positions or post are occupied either by more women or men, six (16.7%) survey participants and two (50%) interviewees viewed the wilful choice of career as a plausible explanation to why certain posts are dominated by a specific gender. It is argued that cultural influence determines the choice of work and the field of education women pursue (Haveman & Beresford, 2012), as confirmed by participant responses: "In other posts for example it is more male-dominated, let's look at the Ops department for example, I think in total there might be 4 or 5 women out of say 20, I can't give the exact number, it's the lowest percentage it's not that it's a barrier to appointment of women, it's just that they might not see it as the career option that they want to choose" (KI 4, 2020). Concentration of women in communal occupations persists as a result of gender stereotypes that consider men more agentic than women (Heilman, 2012). Participants corroborated this view: "It's a clinical unit so we have to remember that there is a certain demographic that applies for certain posts. So let's take for example Social work, it tends to be more women that apply for those posts than men, therefore it might follow that because that's what you employing, that means that there will be more likely to be a woman in that post" (KI 4, 2020).

Fear of backlash from society, men and women, may also contribute to the lack of interest from women to pursue careers perceived to be reserved exclusively for men and vice versa (Rudman et al., 2012) as is evident from the following responses: "I wouldn't agree to say that it is skewed either way, there is probably more female members than male members, that's why we don't, well certainly in terms of the planning don't put any requirement that we need to actively recruit this in personnel or female gender" (KI 3, 2020). One participant pointed at the effect of absence of a pool of competitive, suitably qualified applicants for a specialized post in a military institution as reason for a skewed representation in those posts: "At this moment the military basically takes who they can and specifically in the medical field, we very frequently sit with a situation where there is like 6 posts available but there is only one application and then usually that application is successful because it's uncontested. We seldom sit with a situation where, well amongst the professional people of the Unit maybe not the NCO's and so on, but definitely with the professional people, we very frequently sit with a situation that we have to take who applies for the post because there's only one application and make it more than one post where that then leads to a situation where one of the gender group can benefit" (KI 2, 2020).

## 4.3.1.2 Meso-organisational level

### 4.3.1.2.1 Support structure

Four (11.1%) survey participants and one (25%) interviewee indicated that support and encouragement by superiors, role models and mentoring are enabling factors to career advancement.

*a) Support from others*

In terms of support from others, participants stated: "Role models that I look up to who inspire and motivate me" (SO 3, 2020), "I would say in terms of the greatest impact, I would say are individuals, mentors, individuals that I could look up to that supported me" (KI 3). During in-depth interviews with women as managers from Asia and America, it emerged that role modelling is a crucial success factor for advancement to leadership roles (Peus et al., 2015).The results from a study conducted by Vong et al. (2019) reveal that the support of gender working groups and women's associations have resulted in an increased empowerment of women in healthcare.

*b) Support from organisation*

Participants also affirmed support from organisation as an enabling factor to career advancement: "My career would not have developed if the directorate did not recommend further studies" (JO 12, 2020); "Support from superiors" (SO 8, 2020). A qualitative study which comprised of semi-structured interviews identified unconscious biases, sexist micro-aggression and a "club culture as barriers to leadership roles for women (Bismarck et al., 2015). This could result in lack of organisational support and absence of mentors and role models as senior management positions are occupied by men, and they appear to favour mentoring other men rather than women (Tlaiss, 2013).

*c) Mentoring*

One (2.8%) survey participant and one (25%) interviewee indicated that mentoring in the work place assists in career advancement: "It is important that women in power start mentor women in the workplace to aspire to senior managerial roles and create a network of support in order for women to establish equal opportunity to be advanced in spite of their gender and because of their skill level" (JO 8, 2020). This view of the participant re-affirmed the statement made during a Parliamentary Committee on Defence meeting in 2015, when the Chief Director indicated that the focus of the SANDF was on mentoring, coaching and leadership training that would assist in the increase of women at decision-making level (Parliamentary Monitoring Group, 2015). This view is further

supported by Downs et al. (2014) who posit that proactive interventions could be successful in increasing the proportion of women in leadership positions within government and business. They propose mentorship of women in leadership in global professions as an enabler to the advancement of more women to leadership position. Dhatt et al. (2017) further emphasize that mentorship should be given greater attention in the mid-career level, as the risk for women to leave the talent pipeline at this level is likely to be high.

One (2.8%) survey participant reported: "[l]ack of women mentors" (SO 3, 2020) as a constraint to career advancement. This view of the participant is consistent with findings from a study conducted by Tlaiss (2013), which revealed that the lack of organizational support and absence of mentors and role models also serve as hindrances as senior management positions are occupied by men, hence their preference to mentor other men. The findings of Tlaiss (2013) also support the findings of Kalaitzi et al. (2017) and Doubell and Struwig (2014) about the lack of mentoring impeding the career advancement of women.

*d) Grooming*

One (25%) interviewee reported the importance of grooming to advance women in managerial and leadership positions: "grooming, somebody needs to be groomed to take a position, you need to be exposed to it in an Acting capacity, or as maybe a lower rank, so for example it is an SO1 post you should be, maybe for certain key posts, there should be an SO2 which allows a person to develop, be developed under somebody who is in a SO1 post, that means that they can obviously act within that capacity and they can then learn from somebody as to how to be a manager and how to take the job forward, but unfortunately we, because of our post structures we don't always have an SO2 below an SO1" (KI 4, 2020).

## 4.3.1.2.2 Working relationships and creation of enabling environments

Two (5.6%) survey participants maintained that having good working relationships with seniors could lead to advancing their careers: "I have found that a collaborative approach with the OC and my previous OIC, has enabled me to be a spokesperson for the unit and allowed me to develop good working relationships with my seniors" (JO 8, 2020); "The ability to have direct access to Officer Commanding of the Unit, and forge a good working relationship" (JO 19, 2020).

## 4.3.1.2.3 Biographic information as a constrain

*a) Race*

Thirteen (20%) survey participants viewed race as constraining factor in advancing in their careers. Van den Heever et al. (2019) conducted a cross-sectional descriptive survey to explore the views of nurses in the Western Cape about promotion to managerial positions in view of the EEA and the possible influence of race, class and gender of which 573 nurses participated. In their main findings they indicate the dissatisfaction of coloured women and white nurses with the EEA in that, according to respondents, it only benefits the African black nurses. This perception is confirmed prevalent by some respondents in the study: "Currently as a white person limited or none opportunities to move forward. Access to promotional courses are zero" (SO 3, 2020); "The DOD should seriously treat individuals equally when it comes to promotions and not use demographics and affirmative action as an excuse to advance a certain race. Individuals should all apply for the post and the best candidate should then be appointed for the job" (JO 2, 2020). Conversely, African (black by SA government designation) nurses are displeased with their under-representation in managerial positions in the public and private sectors in the Western Cape (Van Den Heever et al., 2019).

From the results it is inferred that, regardless of the implementation of the EE Act, African black and coloured women are under-represented in managerial positions in the public sector of the Western Cape, and nationally in the private health sector of South Africa. Respondents support this view explicitly: "One couldn't overlook the fact that … is still white dominated area, race in this case still plays the most significant role" (JO 9, 2020); "There are 12 sections at, Only two of those sections have females [women] of colour as HODs. Me being one of them but even so I do not have a delegation for this portfolio, I was just instructed by the OC, as at the time I was the most senior in the department. So technically there is only one (9%) as I to date still do not have a delegation but am expected to do the work" (JO 17, 2020).

The results in this study, within its research scope, indicate that women are fairly equitably represented within OIC/ HOD positions, but because no woman holds the office of OC, the results were skewed as it showed that women were represented at 43.57% of total, as opposed to men at 56.25%. The only position not occupied by a woman is that of OC. The DOD Transformation Policy states that one of the initiatives in managing diversity in the DOD is that decisions on promotions should be guided by appropriate skills, knowledge and experience, rather than demographic factors

of race, age, culture, gender, or any kind of partiality, yet still recognise the centrality of gender equality and equity targets (DOD, 2014). However, the findings of this study contradict the "suitably qualified" clause as one participant reported the precedence taken by race and partiality in that "[d]emographics and promotions [are] given to individuals based on who they know in the Career Management Section and not on qualifications and experience" (JO 2, 2020). Other participants pointed out primary focus on race as a constraint: "At this stage I feel the only constrain is the colour of your skin" (JO 7, 2020), "In the WC, race, unfortunately, still place (sic) a big role" (JO 16, 2020). However, this is not the exclusive view of participants, as another reported: "Even though I had many doubts, people warning me against my "demographics" in the Military, I have never experienced any unfair treatment" (JO 13). As the study focuses on the representation of women in managerial positions, regardless of race, as explicitly stated in the research objectives, it can be assumed that concerning OC positions, the DOD failed to achieve its gender targets (Table 4.1).

It can therefore also be inferred that, MHIs in the Western Cape at least are not acting in accordance with either Subsection 1 of Section 6 in Chapter 2 of the EE Act, 55 of 1998 which stipulates: "No person may unfairly discriminate, directly or indirectly, against any employee, in any employment policy, on one or more ground, including race, gender" or Section 13(1) of Chapter 3 which states: "Every employer must, in order to achieve Employment equity, implement Affirmative Action (AA) measures for people from designated groups in terms of this Act (RSA, 1998). Yet, these stipulations have not been complied with in institutions surveyed in this study, as women are not equally represented in senior managerial positions.

*b) Gender*

Seven (19.4%) survey participants perceived gender as an obstacle to career advancement. According to Gouws (2019), the establishment of various structures in coalition with feminist activists and feminist academics were seen as an intentional means of enforcing gender equality. Poor career management (Sexton et al., 2014 cited in Kalaitzi et al., 2017), gender-related stereotypes, unequal career opportunities (Newman, 2011 cited in Kalaitzi et al., 2017) prove to be some of the primary barriers responsible for gender inequality. Participants reported: "There are also political reasons, quotas based on race and gender put in place that may put some members at a disadvantage" (JO 4, 2020), "Being female" (JO 5, 2020); "Socio-cultural and organizational conflicts, and gender discrimination" (JO 9, 2020); "Some people advance to management positions before any experience

either based on "connections, race, surveyed in this study, as illustrated in fig 4.1. This dominant representation statistic would lead one to infer that at least one woman should occupy the position of OC.

*c) Gender stereotypes*

Five (13.9%) survey participants viewed gender stereotypes as constraints to the career advancement of women. When asked what the main factors were they experienced as constraints for advancement of women to managerial positions, participants stated: "Women are not provided with top leadership roles, as they are stereotypically thought to be emotional and irrational. Women have a long way to go in dispelling the myths that they make inherently poor leaders because they are "nurturers", "carers", or "hysterical" (JO 8, 2020). This view of the participant is supported by Heilman (2012) who asserts that concentration of women in communal occupations continues as results of gender stereotype that consider men to be more agentic than women. The authors further assert that men and women switching societal gender roles are more likely to receive backlash than those confirming to stereotypes (Rudman et al., 2012).

In support of Alqahtani (2019) who asserts that the unequal relationship between men and women is the result of gender stereotypes which place men in a superior position over women in society, one participant reported: "I personally do not think that all females are good management material. Don't know if it is due to lack of leadership training and investment in female officers or if it is still the Old Boys Club whereby a man is identified and groomed to become the next...whatever" (JO 5, 2020). When women perform roles incongruent with their gender stereotypes, they face lack of support and negative reaction for violating stereotypical gender roles (Alqahtani, 2019, p.38). One participant revealed the same sentiment: "I think nursing should have more males as it's a physically demanding job as is physiotherapy. Stereotypes definitely plays a role" (SO 1, 2020). Eagly and Wood (2012b, p.468) affirm that both men and women who conform to gender roles are rewarded, conversely, penalised for deviating from gender-specific roles.

In response to the question on why in certain posts or positions there are either more women or more men appointed, six (16.7%) survey participants and one (25%) interviewee indicated that stereotyping is a reason why certain posts or positions within the Health profession are occupied mostly by women, and certain others again mostly by men. Literature confirms that women are perceived to be more caring, nurturing and emotional beings than men. Some participants confirmed existence of

stereotype: "Male counterparts and society at large always think that females are emotional and cannot make rational decisions. Males also think that women should not be in a managerial position because they get maternity leave for 3 months and if a female leader/manager fell pregnant than she will be absent during that time"; "There is still a lot of stereotyping where woman have been seen to be good at certain types of jobs, i.e. patient admin, nursing and cleaning etc." (JO 2, 2020).

### 4.3.1.2.4 Location and duration of courses

Three (8.3%) survey participants and one (25%) interviewee indicated that promotional courses are only presented in provinces other than the Western Cape, and over extended periods. These are constraining factors for women who are primary caregivers and thus region and home-bound. Participants reported their practical exclusion of such courses based on their inability to mitigate the location and duration of such courses: "Promotional Military courses being held only in Gauteng only. Females from Western Cape mostly have to postpone/delay attending military courses due to family commitments or pregnancy. The females who reside in Gauteng province do not necessarily leave their families" (SO 5, 2020); "Courses and deployment required for promotion to managerial positions often require women of child bearing age to be away from their infants for long periods of time" (JO 4, 2020). Participants also reported that social reasons prevented them from attending courses in North-West Province and Gauteng Province over long periods: "Senior staff course is a year-long course and it is held in Pretoria and only Pretoria. I have not done Senior Staff Course that would be the biggest hurdle for me being promoted is not having Senior Staff Course. I however have declined the course on more than one occasion because of social reasons" (KI 4, 2020).

### 4.3.1.2.5 Patriarchy

Three (8.3%) survey participants indicated that patriarchy is a barrier to the advancement of women to managerial positions. Dunn (1999) asserts that the integration of women in the military has been interpreted by men as a nuisance that is intended to dilute male culture through feminine traits; they considered it feminising of the armed forces (Van Creveld, 2000).This claim is affirmed by Mitchell (1989), who is if the opinion that the inclusion of women in the military has softened the American Security Forces, because women are considered as nurturers and their nurturing quality compromises their masculine warrior qualities. As a result, women have to prove their masculinity by adopting masculine personality (Sasson-Levy, 2003), yet when women display masculine traits, they face backlash in return, as opined by a participant in this study: "My opinion is that the military continues

to be a strong patriarchal environment. It at times seems as if females are not acknowledged for their own strengths, but unconsciously required to show more 'male' characteristics to be accepted in the environment. E.g. an assertive female manager is seen as a 'bitch', whilst a male manager is seen as a 'good leader' for the same characteristic" (SO6, 2020). This perception is confirmed by Egnell (2013) who sees the inclusion of women in the military as a reduction of military performance and fighting strength, because it is assumed that women do not have fighting skills. One participant reported affirmatively: "Overall the environment is military and needs more males than females. Everyone got a role in our organisation, males matter most" (SO 8, 2020).

Government acknowledges that there still remains significant challenges associated with protecting the rights of women (RSA, 2019). It is reported that patriarchal values still persist in a society which renders women incapable of decision-making and assumption of responsibility outside prescribed patriarchal norms. This consequently leads to economic, legal, political, and social discrimination against women and girls on individual, household, community and organisational levels (RSA, 2019).

*a) The Military as a male-dominated environment*
Three (8.3%) survey participants and one (25%) interviewee perceived the military a predominantly masculine or man-centric environment. According to Cilliers and Heineken (2000), women are considered as nurturers, maternal, not built to withstand the harsh physical demands of the military environment and thus considered not fit enough to be in the frontline. According to the initiative of recruitment and selection contained in the SANDF Transformation policy, the SANDF should endeavour to attract applicants from all sections of society to ensure fair treatment throughout recruitment and selection processes.

Apart from one participant who stated that "Overall the environment is military and needs more male than females. Everyone got a role in our organisation, males matter most" (SO 8), other participants opined as follows: "In the units I worked in, the majority were male officers. I feel it's an inherent culture of the SANDF and the broader political arena in South Africa" (SO 10, 2020); "There are more males in the structure maybe because military has for many years been a male dominated field" (JO 21, 2020); "Especially in the higher positions there are more males than females. That is the retro in the DOD" (KI 1, 2020). It could be that participants considered the entire population in their Unit to make a general assumption. However, contrary to participant statements offered above, relevant to the theme "gender ratio of officers", eight participants indicated that there are more women than

men as officers at their respective places of work. The views of the participants are further supported in Fig 4.1, the total departmental gender statistics, which shows that there are collectively 113 women as officers compared to 42 men as officers in Military Health Institutions in the Western Cape.

## 4.3.1.2.6 Lack of planning and transparency

One (25%) interviewee reported the prevalence of poor planning at Headquarters: "Unhappiness at Unit level is due to the fact that there is no planning and that causes a lot of disharmony, because of that. Unit OC's, Unit SO1's are then taken to task by members because they feel that those people are in control, but they're not really in control. So, this lack of planning and transparency from a higher level to a lower level leads to a lot of unhappiness at Unit level" (KI 4, 2020). Succession planning in this case, entails the process of identifying candidates well in advance who are suited to function in a senior management position, such as an OC or higher, should a post becomes vacant. It can therefore be assumed that in the case of Military Health Institutions in the Western Cape, where no woman occupies either of the two OCs positions, could be attributed to a lack of proper succession planning.

## 4.3.1.2.7 Gender ratio of officers and representation of women in Military Health Institutions

*a) Gender ratio of officers*

Ten (27.8%) survey participants and two (50%) interviewee indicated that there are more women than men as officers at their respective places of work. Participants, when asked their opinions on whether in certain posts or positions there are more women or men, participants responded: "I would say there are more female officers" (JO 12, 2020); "In our unit most officers are women" (JO 18, 2020); "We have more female officers than male officers" (JO 15, 2020); "In my unit there are more female officers, I think it is because ladies are open to studying and uplifting themselves academically" (JO 26, 2020). Fig 4.1 clearly shows that women are the majority in the specified departments. These results are consistent with those of the SANC, HPCSA and SAPC statistics, which clearly show that women represent the majority of workers in the healthcare sector (SA Nursing Council, 2017; Y. Daffue, personal communication, August 13, 2019; and SAPC, 2020).

*b) Representation of women in SAMHS*

As with the gender ratio of officers, one (6.7%) participant affirmed that women are well presented in senior managerial positions:

"For the rest you know if I'm thinking about OIC's we got more female OIC's than we got male OIC's, in terms of staff officers we have more female staff officers as department head than we have male staff officers. And I think simply by the nature of the South African Military Health Service and the qualification for the post, the fact that you have to have your tertiary qualification, you need to be appropriately registered with the statutory body, in most case the HPCSA or otherwise the Pharmacy Council, that's a very clear delineation in terms of whether you're eligible for the post or not. So provided you meeting those criteria and the fact that we're predominantly female gender wise, that spread seem throughout from the lowest to the highest level" (KI 3, 2020).

The participant's view is partially supported by the findings of this study, as women represent 60% of OiC positions in MHIs in the Western Cape, compared to 40% men. Yet, gender distribution is skewed in HOD positions as women represent 43%, men 57%, with no women occupying any OC position.

### 4.3.1.3 Macro level

4.3.1.3.1 Posts and post structures limit career advancement

It was evident from the responses that posts and post structures hinders women to progress to managerial positions. Thirteen (36.1%) survey participants opined that limited posts in general, and few posts at managerial level prevent women from advancing in their careers: "Overall … post structure in Western Cape has only x 2 Lt Col posts" (SO 1, 2020); "There is limited posts available for the amount of junior officers in my context" (JO 12, 2020). It could be assumed that, although there exists a limited number of managerial positions, a related impairment present itself in that participants are of the opinion that selection of a candidate is not always based on merit "Limited number of managerial posts available. The selection of a candidate best suited for the position is not always based on merit" (JO 11, 2020).

## 4.4   CONCLUSION

This chapter reported on the results obtained from a survey questionnaire and key informant interviews with employees from the South African Military Health Institutions in the Western Cape. Survey participants were selected from women serving as either senior or junior officers, whereas

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key informant interviewees were selected from OCs, HODs of HR departments, and RSMs regardless of gender.

Results were obtained from demographic details of participating members and subsequent open-ended questions. These questions were similar for both survey participants and key informant interviewees except where reference is made to specific questions for senior officers only. The aim was to obtain the opinions, perceptions and thoughts of participants on aspects which they perceive to have advanced their careers the most, the factors which they have experienced as constraints for women to advance to managerial positions, factors which could possibly assist women in advancing to managerial positions, and reasons why certain posts or positions are predominantly occupied either by men, or women as officers.

On the micro-level, based on the results of this study, it was evident that personal attributes and agency contributed to career advancement. Eagerness to learn, will-power and endurance, personality, determination and ambition were some of the aspects participants reported as contributing to career advancement. However, it was also evident from the results that personal reasons and lack of agency could serve as constraints to career advancement.

Furthermore, the results indicated that the role of continuous development, specifically improving professional qualifications and attendance of military courses contribute positively to the promotion of women. This indicates that in order to be considered for promotion or career advancement, woman is required to be qualified both on the micro level and the meso level. This could not be assumed true for all members who are suitably qualified or are eligible for promotion, as the number of posts and institutional post structure also needs to be considered. Evidently, as the results indicated on the macro level, the limited number of posts and institutional post structure constrain women to advance to management positions. In the case of this study there are only two OCs posts, two RSM posts and twelve OIC/HOD posts, which could explain why women who are eligible could not ascend to management positions, as there were no vacancies.

From the results it emerged that on the meso level, stereotypes was also viewed as a constraining factor for advancing to managerial positions. Due to accepted societal norms and roles, men are largely seen as superior to women, thus generally placed in superior positions. The military as male-centric industry is not likely to deviate from this norm. In MHIs, as institutions of care, even though affiliated to the military, one would expect, stereotypically, that women would be in ascendency in

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managerial positions. Yet, this study revealed that not to be the case. The results revealed that not all women are good managerial material. The converse is implied, yet not explicitly stated, i.e., that men are naturally, good managerial material. Furthermore, the stereotypical thought of women being emotional and irrational lead to them not being provided with top management roles.

The following chapter will discuss the findings of the study, draw a conclusion and make recommendations.

# CHAPTER 5 : SUMMARY OF THE FINDINGS, CONCLUSION, RECOMMENDATIONS, LIMITATIONS AND IMPLICATIONS

## 5.1 INTRODUCTION

The findings on data collected through interviews and a survey questionnaire were presented in Chapter 4. This chapter commence with the discussion and interpretation of the findings. The interpretation of the results relates to the research problem addressed throughout the study. The interpretation is grounded by the literature review conducted in Chapter 2. The findings of this study are discussed and interpreted according to the multi-level relational framework (Syed & Ozbilgin, 2009; Tlaiss, 2013; Diehl & Dzubinski, 2016; Taylor & Wells, 2017) adopted in this study. Recommendations for future research will be made next, followed by a discussion of the limitations of this study, and lastly, implications of the study. The purpose of this case study was to determine both the enablers and constraints that women encounter in advancing to managerial positions in Military Health Institutions in the Western Cape.

The study made use of a mixed-methods single case study to answer the main research question: "What are the enabling and constraining factors women encounter in advancing to senior managerial positions?"

## 5.2 SUMMARY OF FINDINGS

Fifteen themes and fourteen subthemes emerged from the findings. For this chapter only six themes and four subthemes on enablers and constraints will be discussed as they elicited the most responses. Not only does it provide insight into what the most pertinent issues are in advancing women to managerial positions in Military Health Institutions in the Western Cape, but also what these institutions have achieved in terms of gender equality. A summary of findings is discussed within the multi-level relational framework.

## 5.2.1 Enablers

## 5.2.1.1 Micro-individual level

5.2.1.1.1 Personal attributes and agency

In responding to the question of factors that enabled participants to advance to senior managerial positions, participants were of the opinion that personal factors and agency contribute to career advancement. This was evident from both the open-ended responses from questionnaires and from interviews when reported their eagerness to learn. Eagerness to learn is evident from the participants who hold postgraduate qualifications (33% of *n*), those with undergraduate or first degrees (53% of *n*) and those with diplomas (8% of *n*).

 The fact that both women senior and junior officers have similar qualifications, affirms the general eagerness to learn across seniority levels. This shows that women are eager not only for advancement into managerial positions, but also to possess the qualification and experience required to effectively contribute to their own development, and towards achieving the goals of their employer, the DOD. Their eagerness is a probable explanation why 33% of participants have postgraduate qualifications. Fifty eight percent of woman officers have between 10 and 39 years of service, which make them equal contenders for senior management positions. Taking into consideration that 63% of participants are married, with 50% of participants having children aged between 0 and 18 years, it confirms that being married and having children are not in itself insurmountable constraints to career success

According to Chyamurindi (2016) drive, motivation and individual strategies such as educational and professional attainment lead to career success. A qualitative study conducted by Tlaiss (2013) which comprised of in-depth semi-structured face to face interviews with women managers, affirms that personality characteristics, agency and persistence and desire for advancement are all factors that contribute to career advancement. Krawiec (2016) asserts that personal characteristics, including intellectual capabilities, emotional intelligence, temperament and competitive likability, power of persuasion and set of personal beliefs are the most impactful endogenous determinant to the economic activity and career progress of women.

## 5.2.1.1.2 The role of Continuous Professional Development

*a) Qualifications*

Participants indicated that qualifications contributed to their career advancement. However, looking at the background information in terms of educational qualification, those who are senior officers possessed similar qualifications as those of their junior counterparts. This showed that possessing the necessary qualification did not guarantee automatic advancement or promotion, because of limited managerial positions available in military Units.

It is concerning that none of the Officer Commanding positions are occupied by women. It is questionable that no woman meets the requirements in the decades since integration of armed forces, post democratic period. The most probable cause is that military is equated with masculinity, especially at the higher managerial/ leadership levels.

A breakdown of the number of women in the rank of Lieutenant General/ Vice Admiral (Table 2.1), presented in Chapter 2, reveals no woman is appointed in this rank range. It is concerning that after 25 years since the establishment of the new integrated SANDF inclusive of all races and genders, and in spite of various related legislations, no woman could be considered for promotion to aforementioned rank group.

*b) Military courses*

It was found that successful attendance of military courses has a significant effect on the career progression of individual women. This view was shared by 70% (n=7) of women in senior positions, only by 11.5% (n=3) of women of junior status. Thus it can be assumed that women as senior officers have already completed the military courses required for their current advanced positions. Junior officers might not consider this factor equally important, firstly, because they do not yet qualify for certain courses, secondly, because they have not experienced its impact as senior officers had done. Promotion is dependent on the availability of posts. Doing, or having done all the prescribed military courses do not automatically guarantee promotion. However, being course qualified does increases the possibility of promotion.

*c. Deployment/ exercises/ operations*

In this study participants reported that deployment and willingness to do exercises and operations away from home Unit and home are considered enabling factors to career advancement. Participants

had conflicting views on whether deployments/ exercises/ operations in fact served as an enabler to career advancement.

Solomon (2019) asserts that women account for 22% of civilian peacekeeping posts, but are poorly represented in military roles; women account for less than 4% of military personnel in the seven peacekeeping operations in Africa. The results of this study have shown that deployment or operations would not necessarily lead to career advancement. According to Mlambo-Ngcuka and Zewde (2020) there still exists a blunt implementation gap concerning women's participation in peace processes at the highest levels, although existing evidence suggests that gender perspectives drive the sustainability of peace and security processes. Evidence provided by Mlambo-Ngcuka and Zewde (2020), paint the stark picture of women constituting only about 4% of signatories of peace agreements, 2.4% of chief mediators, 3.7% of witnesses or observers to peace negotiations, and 9% of negotiation team members.

One of the policy commitments as set out in the AU Gender Policy (2009) indicates: "Maintaining peace, security, settlement of conflicts, reconstruction and promotion of effective participation of women in peacekeeping and security, including efforts aimed at reconciliation in post conflict reconstruction and development", hence, increasing women's participation in deployments or operations would probably result in complying with legislative prescripts by "getting the numbers right", but will not necessarily lead to advancement to higher positions or ranks.

## 5.2.2 Constraints

### 5.2.2.1 Micro-individual level

#### 5.2.2.1.1 Personal attributes and agency

Participants stated that personal reasons and lack of agency constrained career advancement. Such personal reasons can be attributed to women as officers limiting themselves (Peus et al., 2015, Hentschel, et al., 2019). A study conducted by Hora (2014) indicated that lack of education, lack of adequate skill, lack of confidence, lack of willingness of women themselves to advance in careers, and lack of adequate years of services are all individual factors that affect women's participation in leadership and decision-making. This is not entirely true, as the women in this study possessed the necessary qualification, skills and years of service to be in contention for higher positions, yet were not considered for promotion, for reasons stated earlier. Betron et al. (2019) dismissed factors such

as lack of interest, difference in career commitment, or years of education as reasons for the absence of gender equality in healthcare leadership. Instead, the authors argued that the existence of ingrained gender bias, lack of opportunity to advance to leadership positions, and a glass ceiling within health-care and other sectors constrain females from advancing to leadership positions.

The result of this study showed that 50% percent of women as senior officers have between 10-39 years of service, compared to 61.5% of women as junior officers. Therefore, it could be inferred that the results were contrary to the views of participants that years of service served as an enabling factor to career advancement. However, the results are consistent with the factors of lack of confidence and willingness of women themselves, as participants indicated that lack of assertiveness and the fact that they do not academically want to advance are constraints to career advancement. The results were not consistent with factors such as lack of interest, difference in career commitment being contributors to the absence of gender equality in healthcare leadership, as indicated by Betron et al (2019). Therefore, it could be argued that the views of participants on personal reasons and agency were different from those in previous studies.

### 5.2.2.1.2 Family and domestic responsibilities

The results of this study were consistent with previous research on the impact that family and domestic responsibilities have on the career advancement of women (Bismarck et al., 2015, p.7; Chinyamurindi, 2016; Hora, 2014). Discriminatory cultural values, gendered social roles and expectations are constraints to the career advancement of women (Tlaiss, 2013). Women are expected by their families and they expect it of themselves to keep their role of care-giver unchanged, irrespective of their work obligations (Eagly & Wood, 2012a).

The results further implied that opportunities existed for women to advance their career, but they made an individual choice not to accept these opportunities, as they prioritise their roles as mother and primary caregiver. They place family above promotions, as participants explicitly stated. They claim that they chose to stagnate their career and declined to go on promotional course to care for the wellness of their families. The views of participants could be understood within the context of the results on marital status, the ages of the children and support structures. Twenty-two (63%) women as officers are married, with 18 (50%) women as officers having children between 0-18 years of age, thus having to perform the triple role as mother, wife and career woman could be a plausible explanation why they decline opportunities to career advancement. Participants reported that social

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reasons prevented them from attending courses, as most of these courses are being presented in northern provinces (Tshwane, primarily) and have long durations. Their choice is contextually understandable, if one accepts that child-rearing remains feminized labour performed mostly by women whereas men perform activities less associated with childcare, but which requires strength and force (Eagly & Wood, 2012a).

## 5.2.2.2 Meso level

### 5.2.2.2.1 The effects of biographical information on constraints of women to leadership positions

*a) Gender*

Gouws (2019) and Gwele (2009) argued that though South Africa was on the forefront of creating state institutions that represented the interests of women in the legislature, the executive and state, the reality is that the anticipated new dawn of equal opportunities remains an elusive dream. Meyer (2017) points out that government and unions advocated and were leading forces behind the implementation of equity in the work-place, but despite the efforts made by government and the unions, performance by businesses in transforming work-places failed dismally.

Contrary to the preceding views by Gouws (2019), Gwele (2009) and Meyer (2017), it can be argued that the Health Institutions in the Western Cape has proved that the gender equity efforts initiated by government and unions have in fact achieved the desired results in terms of the scope of this study as women are fairly well distributed amongst managerial positions identified for the study, with more women than men employed across the departments identified for this study. Thus it can be said Military Health Institutions in the Western Cape are compliant in terms of legislative prescripts. However, gender diversity in terms of higher managerial positions, such as OC of Unit positions is skewed, as no woman occupies any OC position.

### 5.2.2.2.2 Patriarchy

The results show that patriarchy is a barrier to the advancement of women to managerial positions. Patriarchy can be attributed to socio-cultural factors, such as that the military is designed for men (Heineken, 2016). The concentration of women as officers in the respective departments of Military Health Institutions in the Western Cape can be attributed to social roles assigned to men as being innately agentic, while women are still concentrated in the occupational roles that require communal

qualities (Bryce, 2017). Mitchell (1989), opines that the inclusion of women in the military has softened the American Security Forces, because women are considered as nurturers and cannot assume the role of nurturers and male warriors. As a result, women have to prove their masculinity by adopting masculine personality traits (Sasson-Levy, 2003), yet when women display such masculine traits, they face backlash from both men and women. Egnell (2013) views the inclusion of women in the military as a potential cause of the reduction of military performance and fighting strength, because it is assumed that women do not have either similar or superior fighting skills.

### 5.2.2.3 Macro level

5.2.2.3.1 Posts and post structures limit career advancement

The results showed that limited posts in general, and few posts at managerial level prevent members from advancing in their careers. This is not a unique condition, as budget constraints make it impossible to create additional senior managerial posts to the structure. However, when there exists an opportunity for promotion, some members decline or do not accept the opportunity due to family commitments. In many instances in the military, it is expected of members to relocate if they want to be promoted. Although there is a limited number of senior managerial posts, and although some women decline posts for reasons given, it does not explain why there are more men than women occupying senior managerial positions. Engendered positions, a result of cultural influence, could contribute to the belief that managerial positions are exclusively for men as these positions and their functions are routinely associated with masculinity (Haveman & Beresford, 2012). Looking at the gender distribution across the departments identified, as visible in Fig 4.1, there are 113 (72.9%) women compared to 42 (27.1%) men as health-care professionals employed in the respective departments in MHIs in the Western Cape. It may therefore be assumed that women should occupy more senior managerial positions than men, purely numerically speaking, at least.

## 5.3   CONCLUSIONS

From the results of this study, it is evident that factors on the three levels of the multi-relational framework are interdependent in most cases in terms of enablers and constraints for women to advance to senior managerial positions. For some women, factors on the micro level enabled them on an individual level to advance to senior managerial positions. In other cases, factors on the micro level were not the ones to be considered for career advancement; availability of posts should also be

considered. On meso level, the organisation is responsible to staff eligible members in available or vacant posts, yet the structure of the organisation is approved on the macro level.

Some factors on the micro level are also found on the meso level, such as courses for promotion or career advancement. Women who might have applied or self-nominated for courses, might not have been accepted. Therefore, it could be argued that factors on the meso level prevented potential career advancement for women. It could also be argued that, even if women are given the opportunity to complete occupation-specific (military) courses, completion does not guarantee promotion to senior position.

Considering the respective enablers and constraints women encounter in advancing to senior managerial positions, as it emerged from the results, women are relatively well represented in OiC and HOD positions, but no woman is appointed in any of the two OC posts. According to their demographic information, women in this study possess the qualifications required for said post, have the relevant number of years' experience and service to the organisation, and therefore satisfy the factors identified as enablers on the micro level for advancement to senior management positions. Fifty percent of women as senior officers have between 10-39 years of service, compared to 63.3% of women as junior officers. It could therefore be inferred that the research results were contrary to the views of participants that years of service served as an enabling factor to career advancement. Furthermore, various legislative prescripts, as discussed in Chapter 2 (Literature review) explicitly state that gender parity in all spheres of society should be attained. Policies are in place, so it is expected of all organisations and businesses to comply, including the SANDF and its affiliated MHIs. Thus, it can be argued that on the meso level the organisation neglected to comply with the legislative prescripts introduced on the macro-level.

The research methodology employed for this study was appropriate, as it was able to achieve all the study objectives. The researcher was able to determine whether progress was made in advancement of women to senior managerial positions in Military Health Institutions in the Western Cape accordance with legislative prescripts. The results in Table 4.1 showed that HOD/ OiC positions are equally distributed among genders, with 50% of these positions being occupied by women. Women also occupy 60% of OiC positions, and women occupy 43% of HOD positions. Women and men also share equally all RSM positions relevant to this study. However, no woman occupies any OC position.

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The researcher was also able to address both objectives on the enabling and constraining factors respectively. Based on responses from survey participants and interviewees, the majority of themes and subthemes that emerged were echoed by the literature review for this study. Most of the views of participants were consistent with literature; some were contrary. Similar to Chyamurindi's (2016) assertions that drive, motivation and individual strategies such as education and professional attainment lead to success, participant responses in this study reflected that personal attributes and agency were an enablers of advancement of women to managerial positions. Participants also viewed reasons of a personal nature and lack of urgency as constraints to career advancement; views which resonated with the findings by Hora (2014) who asserts that lack of education, lack of adequate skill and lack of confidence and willingness of women themselves serve as constraints. The findings from the current study and that of Hora (2014) are contrary to the findings by Betron et al. (2019) who dismisses factors such as interest, difference in career commitment, or years of education as reasons for the absence of gender equality in healthcare leadership. Participants indicated that continuous professional development through improved academic qualifications contributed to career advancement. This is concerning, as evidence from this study shows that none of the OC positions are occupied by women in spite of their advanced academic qualifications.

Lastly, the objective to highlight the positive impact of advancing women to senior managerial positions on the strategic objectives of MHIs in the Western Cape was addressed through relevant literature reviewed in this study as no data emerged from either data collection methods. Evidence from literature highlights the positive impact of having a diverse leadership and benefits of having gender-mixed teams. As Garijo (2019) argues that companies that value diverse leadership deliver higher outputs and increased performance than less diverse companies (Garijo, 2019). The author further states that gender-mixed teams make better business decisions up to 73% of the time. Bismarck et al (2015, p.7) inferred that the benefits of gender equity at an organisation through the inclusion of women in leadership roles lead to stronger and more inclusive decisions.

There exists opportunity to expand the study to military health institutions in all other provinces to explore the enablers and constraints women encounter in advancing to senior managerial positions, ultimately, gaining a holistic view of the experiences and perceptions of all women at the different institutions across all provinces. This will allow to determine by means of comparing which enablers

and constraints are shared across all provinces, and which are geographically unique to a specific province.

## 5.4 RECOMMENDATIONS

- The focus of this study was on women in senior managerial positions at Unit level. Presumably Units and Directorates are in a better position to provide input into the gender ratio of senior managerial positions under their command, thus, it is recommended that Units and Directorates identify and provide motivations to their respective HQ's/ Formations of women officers eligible for promotion.

- Units and Directorates to conduct audit of all women with outstanding senior courses, and in collaboration with the Human Resource Department ensure that they are nominated and accepted for the courses.

- Units, Directorates and HR to ensure that all courses are equally presented by both men and women.

- Formations to introduce mentoring programmes at Units to prepare women officers for senior managerial positions and OC's of Units must be compelled to submit monthly or quarterly compliance reports to their respective Formations.

- HR to consider the information on the gender ratio in senior managerial positions received by the Units and Directorates to comply with equity targets and ensure parity when conducting staffing as adherence to gender equality and equity targets is paramount as stipulated in the DOD Transformation policy of 2014.

- It is recommended that future research should focus on whether the DOD and SANDF (SA Army, SA Air Force, SA Navy, SA Military Health Service) comply with legislative prescripts in terms of gender equality on all managerial levels. The focus should also be to determine the challenges causing non-compliance, and which remedial actions could be taken to mitigate these challenges.

- The researcher still maintains that a mixed-method approach was relevant for this study, hence in order to support the process further, it is suggested to continue the research by including 2 Military Hospital and all women as officers in all areas of specialisations, not only the departments identified for this study. This would provide a conclusive representation of women as officers in various capacities within the Western Cape.

## 5.5   LIMITATIONS

The total population consisted of 113 women as officers. Due to Covid-19 restrictions, Units worked staggered hours. Furthermore, some potential participating women were on deployment, on special leave, or on course. As a result, the researcher only managed to reach 67 members who indicated their willingness to participate in the study. Only 36 members eventually responded. The number of participants in this study is not representative of general Military Health Institutions nationally. As a result, the findings cannot be generalised, but may be used to inform strategic decision-makers to consider the implications of limiting factors on the career advancement of women, adherence to national legislative prescripts.

The low response rate could be due to the administration of an open-ended questionnaire which required a considerable amount of time to complete. Given the fact that the majority of participants were married and have kids, this was a distinct disadvantage to obtaining more responses

Due to Covid-19 restrictions, the survey could only be administered online. As a result, participants might not have read or understood the questions, and could not readily seek clarity, or refrained from doing what a face to face session might have mitigated. Furthermore, as frontline workers, they might have been overworked, and might have experienced fatigue, thus reluctance to participate as they otherwise might have.

## 5.6   IMPLICATIONS

The implications in compliance with legislative prescripts will ensure gender parity and recognition of diversity on all senior managerial levels, thus giving women the opportunity to contribute to the strategic management of the country, the DOD, the SANDF, its affiliated institutions, inter alia MHIs nationally

Furthermore, it will lead to inclusive decision-making through women and men collaborating in the creation of an environment accommodative of all citizens, which will dispel the myths that certain positions are the exclusive domain of a particular gender.

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**DOD MACRO STRUCTURE:**

**Level 0 Ministry**

| | |
|---|---|
| Minister of Defence and Military Veterans (Female) | Deputy Minister of Defence and Military Veterans (Male) |

**Level 1**

| Defence Force Service Commission (Male) | Military Ombud (Male) | Secretary for Defence and Military Veterans (Male) | Chief of SANDF (Male) |
|---|---|---|---|
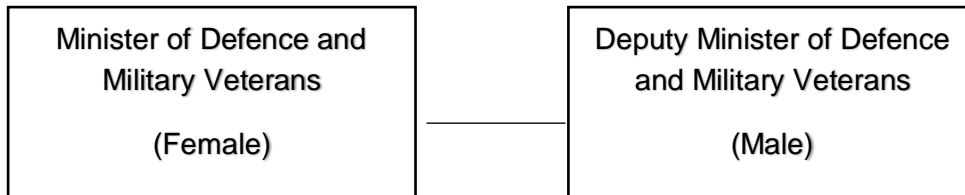
**Level 2: Defence Secretariat**

| Defence Policy Strategy and Planning Division (Female) | Financial Management Division (Male) | Defence Material Division (Male) | Defence International Affairs (Male) |
|---|---|---|---|

| Internal Audit Division (Female) | Defence Enterprise Information Management Division Commission (Male) |
|---|---|
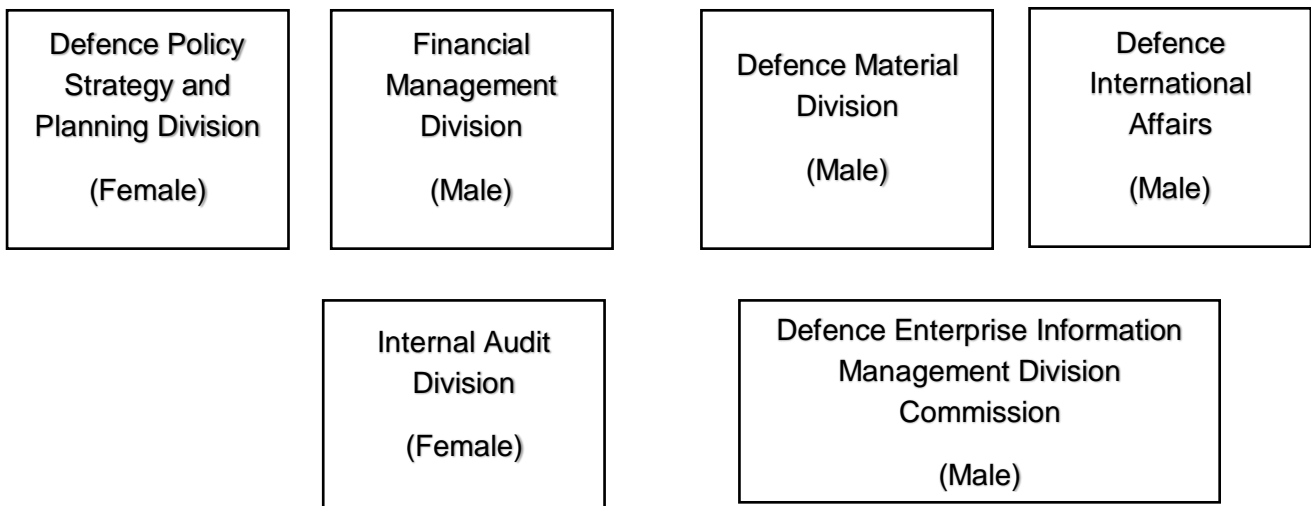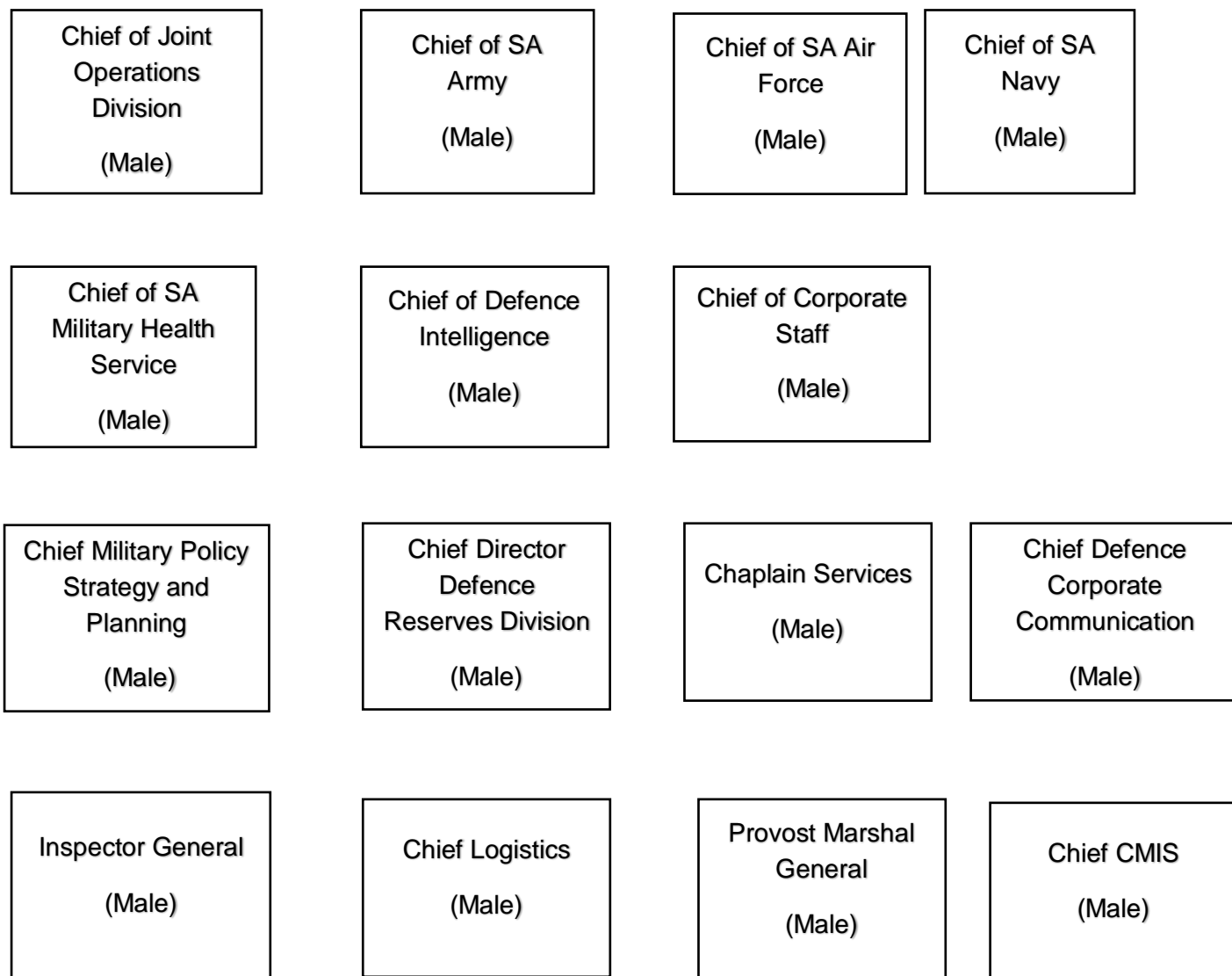
Source: DOD Intranet (2019)

APPENDIX: B

**DOD MACRO STRUCTURE:**

**Level 2 SANDF**

| | | | |
|---|---|---|---|
| Chief of Joint Operations Division (Male) | Chief of SA Army (Male) | Chief of SA Air Force (Male) | Chief of SA Navy (Male) |
| Chief of SA Military Health Service (Male) | Chief of Defence Intelligence (Male) | Chief of Corporate Staff (Male) | |
| Chief Military Policy Strategy and Planning (Male) | Chief Director Defence Reserves Division (Male) | Chaplain Services (Male) | Chief Defence Corporate Communication (Male) |
| Inspector General (Male) | Chief Logistics (Male) | Provost Marshal General (Male) | Chief CMIS (Male) |

Source: DOD Intranet (2019)

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**MARITAL STATUS AND NUMBER OF CHILDREN**

| Marital Status | No of Children | | | |
|---|---|---|---|---|
| | **0** | **1** | **2** | **3+** |
| **Married** | 3 | 6 | 10 | 3 |
| **In a relationship** | 1 | 0 | 1 | 0 |
| **Single** | 10 | 1 | 0 | 0 |

*Source: (Cox, 2020)*

**INTERVIEW SCHEDULE FOR KEY INFORMANTS (OC's, HOD'S HR DEPT, RSM's): AMHU WC AND IMM**

**SECTION A:    DEMOGRAPHIC DETAILS**

Please tick (√) appropriate box

**Gender:**      Male ☐      Female ☐

**Marital status:**   Married ☐  Single ☐  In a relationship ☐

Prefer not to say ☐

**Children:**   1 Child ☐      2 Children ☐   3+ Children ☐

**Age of child/ children:**  None ☐   0-5 yrs ☐   6-13yrs ☐   14-18yrs ☐

19+Yrs ☐

**Years in Service:**   1-4yrs ☐   5-9yrs ☐   10-19yrs ☐   20-29yrs ☐

30-39yrs ☐   40+yrs ☐

**Education:**   Matric/Senior Certificate ☐   Vocational Diploma/ Certificate ☐

Degree ☐   Postgraduate Degree ☐        Other: please specify:_____

*Biographical information with reference to marital status and children is required to determine whether it pose as enablers or constraints as it emerges in Chapter 2: Preliminary literature review.*

## SECTION B:  INTERVIEW QUESTIONS FOR KEY INFORMANTS (OC's, HOD'S HR DEPT, RSM's)

1.    What is the position you currently hold, and can you please describe the main tasks of the position?

- Key information to obtain:
    - ➤ Period in current position

2.    Can you give me a general overview of your career to date? The positions you held and the respective responsibilities.

- Key information to obtain:
    - ➤ Career life cycle
    - ➤ Placement (lateral, horizontal, promotional)
    - ➤ Management/ non-management capacity

3.    Which aspects or events do you consider having advanced your career the most?

4.    Which aspects or events have you encountered as barriers or obstacles in your career? If any?

- Key information to obtain:
    - ➤ Barriers congruent with literature review and additional barriers i.e. family, culture, engendered positions, discrimination, etc

5.    What would you say are the characteristics an individual should have to be an effective manager?

- Key information to obtain:
    - ➤ Perceptions of both male and female

6.    In your opinion, what are the main factors that you experience as constraint for advancement of members to managerial positions?

7.    To what extent has the Unit managed to reach its strategic objectives? If it has (not) reached it objectives, what could be the contributing factors?

8.    What do you think are the contributing factors for advancing to managerial positions?

9.    Looking at your Unit's structure and profiles of members against posts held, I cannot help but noticed that in certain positions there are more male/ female officers.

    i.    Is it possible to explain and help me understand why it is like that?

10.    Can you please explain the objectives of your Unit's succession plan?

11.     What are the challenges you face in achieving the objectives of your Unit's succession plan?

12.     Is there anything more that you would like to add?

That concludes our interview. Thank you very much indeed for your time.

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jou kennisvennoot • your knowledge partner

ADDENDUM B-1

STELLENBOSCH UNIVERSITY

## CONSENT TO PARTICIPATE IN RESEARCH: PARTICIPANTS (KEY INFORMANTS) FOR INTERVIEWS (AMHU WC AND IMM)

You are invited to take part in a study conducted by Rashaad Cox, from the Faculty of Military Science at Stellenbosch University in completion of the Master's in Military Science qualification. You were approached as a possible participant because the researcher would like to know your opinion as a member of the South African Military Health Services, whether women have made progress in advancing to senior managerial positions such as OC's, HOD's, OIC's and RSM's since 1994 to date.

## 1. PURPOSE OF THE STUDY

The purpose of this study is to gain insight into your opinions as to what are the factors that women encounter as enablers to advance to senior managerial positions of Officers Commanding (OC's), Heads of Departments (HOD's), Officers in Charge (OIC's) and Regimental Sergeant Majors (RSM's) at the Military Health Institutions in the Western Cape; or what are the factors constraining women from advancing to aforementioned positions.

## 2. WHAT WILL BE ASKED OF ME?

You will be asked questions according to an interview schedule. You will also be asked for your permission to access your personal information from Persal system such as your service history (date joined, various occupations and posts held, educational level, military courses completed); and to sign the declaration of consent if you agree to participate in this study.

### Participants (Key informants) for Interviews (AMHU WC and IMM)

If you agree to take part in this study, you will be asked questions according to an interview schedule. Due to Covid-19, interviews will be conducted online via Microsoft Teams, and will take approximately 45 - 60 minutes. Permission is requested to record the interview sessions. Interviews will be conducted in English as it is the official language in the DOD. A copy of the consent form will be emailed to you that need to be signed and returned to the researcher prior to online interview.

## 3. POSSIBLE RISKS AND DISCOMFORTS

To mitigate the emotional distress and psychological discomfort participants may experience due to the sensitive issues of race and gender, the necessary arrangements has been made with military psychologists in the event you need to make use of their services. The contact details of the psychologists: Capt N. Firfirey at (021) 787-4534 and Capt P. Z. Majola at (021) 787-4844 will be given upon your request. Alternatively, you may choose to consult any military psychologist at any military health institution where these services are available. These professional services are free for all uniformed military personnel.

## 4. POSSIBLE BENEFITS TO PARTICIPANTS AND/OR TO THE SOCIETY

There are no direct benefits to the participants, but it will provide the Organisation with the results and recommendations afterwards.

## 5. PAYMENT FOR PARTICIPATION

There will be no compensation for taking part in the study.

## 6. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information you share with me during this study and that could possibly identify you as a participant will be protected. This will be done by securely store the data and will only be accessible to the researcher and supervisors.  No identifiable information will be asked during interviews to protect identity of interviewees. Biographical information such as race obtained from document analysis is for descriptive statistics of the sample only.

The names of the members identified for interviews will not be explicitly mentioned and to maintain anonymity when reporting results members will be referred to as "Key informant 1 (KI 1) to 6 (KI 6)". No rank or gender will be tied to interviewees due to small sample size, thus mitigating the risk of exposing the identity and gender of interviewees. Interviews will be audio-recorded and will only be accessible to the researcher and the supervisors. Information from such audio-recorded interviews will solely be used for educational purposes and will be kept for five years.

Collected data, both electronic and hard copies will be securely stored in a password-protected computer, external hard drive with a password, and a safe of which the only key would be kept by the researcher. Hardcopy documents will be scanned that could be electronically recovered in event of theft or loss. Electronic documents will be printed which will allow recovering of damaged or corrupted files and stored in a safe. Additionally, all data will be electronically saved and stored on OneDrive. This will allow data to be easily recovered as an online resource. OneDrive is an official repository of the university, hence IT services will be easily accessible to ensure that files are backed up and easily recoverable in the event the researcher encounter any issues with files.

The researcher has no intention to inferentially analyse racial differences. All data will be analysed at the aggregate level so that no single participant can be identified from the project output. Since race is a sensitive issue, and to prevent any harm, you are under no obligation to participate. Participation is completely voluntary, and should you wish to withdraw at any stage, you are free to do so without any consequences.

The names of the Institutions will not be used but will be referred to as "SAMHSI 1" and "SAMHSI 2" when reporting the results. The abbreviation SAMHSI refers to South African Military Health Service Institution.

A summary of the results will be shared with General Officers Commanding and Officers Commanding of the Units where research will be conducted.

## 7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. You may also refuse to answer any questions you don't want to answer and remain in the study.

## 8. RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about this study, please feel free to contact Rashaad Cox at (021) 787-4551 and/or the supervisor Dr L. M. Khoza at (022) 702-3064.

## 9. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty.  You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

## DECLARATION OF CONSENT BY THE PARTICIPANT

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.

- I have had a chance to ask questions and all my questions have been answered.

- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I _____ agree to take part in this research study, as conducted by Rashaad Cox.

_____        _____

**Signature of Participant**                                        **Date**

## DECLARATION BY THE PRINCIPAL INVESTIGATOR

As the **principal investigator,** I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition I would like to select the following option:

| | |
|---|---|
| | The conversation with the participant was conducted in a language in which the participant is fluent. |
| | The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent. |

_____        _____

**Signature of Principal Investigator**                        **Date**

ADDENDUM B-2

STELLENBOSCH UNIVERSITY
## CONSENT TO PARTICIPATE IN RESEARCH: PARTICIPANTS (FEMALE SENIOR OFFICERS) FOR SURVEY (AMHU WC AND IMM)

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You are invited to take part in a study conducted by Rashaad Cox, from the Faculty of Military Science at Stellenbosch University in completion of the Master's in Military Science qualification. You were approached as a possible participant because the researcher would like to know your opinion as a member of the South African Military Health Services, whether women have made progress in advancing to senior managerial positions such as OC's, HOD's, OIC's and RSM's since 1994 to date.

## 1. PURPOSE OF THE STUDY

The purpose of this study is to gain insight into your opinions as to what are the factors that women encounter as enablers to advance to senior managerial positions of Officers Commanding (OC's), Heads of Departments (HOD's), Officers in Charge (OIC's) and Regimental Sergeant Majors (RSM's) at the Military Health Institutions in the Western Cape; or what are the factors constraining women from advancing to aforementioned positions.

## 2. WHAT WILL BE ASKED OF ME?

You will be asked to complete a questionnaire. You will also be asked for your permission to access your personal information from Persal system such as your service history (date joined, various occupations and posts held, educational level, military courses completed); and to sign the declaration of consent if you agree to participate in this study.

### Participants (Female Senior Officers) for Survey (AMHU WC and IMM)

If you agree to take part in this study, you will be asked to complete a questionnaire. The questionnaire will contain Biographical details (Section A); and eight (8) open-ended questions which will take approximately 15-20 minutes to complete. Due to Covid-19, the questionnaire is to be completed via the online platform. The consent form and link of the questionnaire will be forwarded to you. You are to electronically sign the consent form and keep a copy before completing the questionnaire. Permission is also requested to access personal information from Persal system with regards to your service history (date joined, various occupations and posts held, educational level, military courses completed.

An email survey is a method of data collection whereby a survey instrument, in this case, an questionnaire is send to a participant via email, and upon completion return to sender via email.

## 3. POSSIBLE RISKS AND DISCOMFORTS

To mitigate the emotional distress and psychological discomfort participants may experience due to the sensitive issues of race and gender, the necessary arrangements has been made with military psychologists in the event you need to make use of their services. The contact details of the psychologists: Capt N. Firfirey at (021) 787-4534/ Capt P.Z. Majola at (021) 787-4844. Alternatively, you may choose to consult any military

psychologist at any military health institution where these services are available. These professional services are free for all uniformed military personnel.

## 4. POSSIBLE BENEFITS TO PARTICIPANTS AND/OR TO THE SOCIETY

There are no direct benefits to the participants, but it will provide the Organisation with the results and recommendations afterwards.

## 5. PAYMENT FOR PARTICIPATION

There will be no compensation for taking part in the study.

## 6. PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information you share with me during this study and that could possibly identify you as a participant will be protected. This will be done by securely store the data and will only be accessible to the researcher and supervisors. No identifiable information will be included in questionnaires to protect your identity. Biographical information such as race is requested for descriptive statistics of the sample only.

The names of the members identified for the survey will not be explicitly mentioned and to maintain anonymity when reporting results members will be referred to as "Senior Officer 1 (SO 1)" and 2. No specific rank within the Senior officer group (Col, Lt Col, Maj) will be individually identified during data analysis but will be collectively analysed as Senior officer group. Information from questionnaire will solely be used for educational purposes and will be kept for five years.

Collected data, both electronic and hard copies will be securely stored in a password-protected computer, external hard drive with a password, and a safe of which the only key would be kept by the researcher. Hardcopy documents will be scanned that could be electronically recovered in event of theft or loss. Electronic documents will be printed which will allow recovering of damaged or corrupted files and stored in a safe. Additionally, all data will be electronically saved and stored on OneDrive. This will allow data to be easily recovered as an online resource. OneDrive is an official repository of the university, hence IT services will be easily accessible to ensure that files are backed up and easily recoverable in the event the researcher encounter any issues with files.

The researcher has no intention to inferentially analyse racial differences. All data will be analysed at the aggregate level so that no single participant can be identified from the project output. Since race is a sensitive issue, and to prevent any harm, you are under no obligation to participate. Participation is completely voluntary, and should you wish to withdraw at any stage, you are free to do so without any consequences.

The names of the Institutions will not be used but will be referred to as "SAMHSI 1" and "SAMHSI 2" when reporting the results. The abbreviation SAMHSI refers to South African Military Health Service Institution.

A summary of the results will be shared with General Officers Commanding and Officers Commanding of the Units where research will be conducted.

## 7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. You may also refuse to answer any questions you don't want to answer and remain in the study. However, it will not be possible to withdraw after the questionnaire has been submitted, because completion of questionnaire is anonymous.

## 8. RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about this study, please feel free to contact Rashaad Cox at (021) 787-4551 and/or the supervisor Dr L. M. Khoza at (022) 702-3064.

## 9. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

| DECLARATION OF CONSENT BY THE PARTICIPANT |
|---|

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.

- I have had a chance to ask questions and all my questions have been answered.

- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I _____ agree to take part in this research study, as conducted by Rashaad Cox.

_____       _____

**Signature of Participant**                                    **Date**

| DECLARATION BY THE PRINCIPAL INVESTIGATOR |
|---|

As the **principal investigator,** I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition, I would like to select the following option:

| | |
|---|---|
| | The conversation with the participant was conducted in a language in which the participant is fluent. |
| | The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent. |

_____       _____

**Signature of Principal Investigator**                         **Date**

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ADDENDUM B-3

STELLENBOSCH UNIVERSITY
**CONSENT TO PARTICIPATE IN RESEARCH: PARTICIPANTS (FEMALE JUNIOR OFFICERS) FOR SURVEY (AMHU WC AND IMM)**

You are invited to take part in a study conducted by Rashaad Cox, from the Faculty of Military Science at Stellenbosch University in completion of the Master's in Military Science qualification. You were approached as a possible participant because the researcher would like to know your opinion as a member of the South African Military Health Services, whether women have made progress in advancing to senior managerial positions such as OC's, HOD's, OIC's and RSM's since 1994 to date.

## 1.     PURPOSE OF THE STUDY

The purpose of this study is to gain insight into your opinions as to what are the factors that women encounter as enablers to advance to senior managerial positions of Officers Commanding (OC's), Heads of Departments (HOD's), Officers in Charge (OIC's) and Regimental Sergeant Majors (RSM's) at the Military Health Institutions in the Western Cape; or what are the factors constraining women from advancing to aforementioned positions.

## 2.     WHAT WILL BE ASKED OF ME?

You will be asked to complete a questionnaire You will also be asked for your permission to access your personal information from Persal system such as your service history (date joined, various occupations and posts held, educational level, military courses completed); and to sign the declaration of consent if you agree to participate in this study.

### Participants (Female Junior Officers) for Survey (AMHU WC and IMM)

If you agree to take part in this study, you will be asked to complete a questionnaire. The questionnaire will contain Biographical details (Section A); and seven (7) open-ended questions which will take approximately 15-20 minutes to complete. Due to Covid-19, the questionnaire is to be completed via the online platform. The consent form and link of the questionnaire will be forwarded to you. You are to electronically sign the consent form and keep a copy before completing the questionnaire. Permission is also requested to access personal information from Persal system with regards to your service history (date joined, various occupations and posts held, educational level, military courses completed.

An email survey is a method of data collection whereby a survey instrument, in this case, an questionnaire is send to a participant via email, and upon completion, return back to sender via email.

## 3.     POSSIBLE RISKS AND DISCOMFORTS

To mitigate the emotional distress and psychological discomfort participants may experience due to the sensitive issues of race and gender, the necessary arrangements has been made with military psychologists in the event you need to make use of their services. The contact details of the psychologists: Capt N. Firfirey at (021) 787-4534 and Capt P. Z. Majola at (021) 787-4844 will be given upon your request. Alternatively, you

may choose to consult any military psychologist at any military health institution where these services are available. These professional services are free for all uniformed military personnel.

## 4.   POSSIBLE BENEFITS TO PARTICIPANTS AND/OR TO THE SOCIETY

There are no direct benefits to the participants, but it will provide the Organisation with the results and recommendations afterwards.

## 5.   PAYMENT FOR PARTICIPATION

There will be no compensation for taking part in the study.

## 6.   PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information you share with me during this study and that could possibly identify you as a participant will be protected. This will be done by securely store the data and will only be accessible to the researcher and supervisors. No identifiable information will be included in questionnaires to protect your identity. Biographical information such as race is requested for descriptive statistics of the sample only.

The names of the members identified for the survey will not be explicitly mentioned and to maintain anonymity when reporting results members will be referred to as "Junior Officer 1 (JO 1)"and 2 (JO 2). No specific rank within the Junior officer group (Capt, Lt, 2nd Lt, CO) will be individually identified during data analysis but will be collectively analysed as Junior officer group. Information from questionnaire will solely be used for educational purposes and will be kept for five years.

 Collected data, both electronic and hard copies will be securely stored in a password-protected computer, external hard drive with a password, and a safe of which the only key would be kept by the researcher. Hardcopy documents will be scanned that could be electronically recovered in event of theft or loss. Electronic documents will be printed which will allow recovering of damaged or corrupted files and stored in a safe. Additionally, all data will be electronically saved and stored on OneDrive. This will allow data to be easily recovered as an online resource. OneDrive is an official repository of the university, hence IT services will be easily accessible to ensure that files are backed up and easily recoverable in the event the researcher encounter any issues with files.

The researcher has no intention to inferentially analyse racial differences. All data will be analysed at the aggregate level so that no single participant can be identified from the project output. Since race is a sensitive issue, and to prevent any harm, you are under no obligation to participate. Participation is completely voluntary, and should you wish to withdraw at any stage, you are free to do so without any consequences.

The names of the Institutions will not be used but will be referred to as "SAMHSI 1" and "SAMHSI 2" when reporting the results. The abbreviation SAMHSI refers to South African Military Health Service Institution.

A summary of the results will be shared with General Officers Commanding and Officers Commanding of the Units where research will be conducted.

## 7.   PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. You may also refuse to answer any questions you don't want to answer and remain in the study. However, it will not be possible to withdraw after the questionnaire has been submitted, because completion of questionnaire is anonymous.

## 8.   RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about this study, please feel free to contact Rashaad Cox at (021) 787-4551 and/or the supervisor Dr L. M. Khoza at (022) 702-3064.

## 9.    RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty.  You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

| DECLARATION OF CONSENT BY THE PARTICIPANT |
|---|

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.

- I have had a chance to ask questions and all my questions have been answered.

- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.

By signing below, I _____ agree to take part in this research study, as conducted by Rashaad Cox.

_____              _____

**Signature of Participant**                              **Date**

| DECLARATION BY THE PRINCIPAL INVESTIGATOR |
|---|

As the **principal investigator,** I hereby declare that the information contained in this document has been thoroughly explained to the participant. I also declare that the participant has been encouraged (and has been given ample time) to ask any questions. In addition, I would like to select the following option:

|  | The conversation with the participant was conducted in a language in which the participant is fluent. |
|---|---|
|  | The conversation with the participant was conducted with the assistance of a translator (who has signed a non-disclosure agreement), and this "Consent Form" is available to the participant in a language in which the participant is fluent. |

_____              _____

**Signature of Principal Investigator**                    **Date**

**sa military health service**
Department
Defence
REPUBLIC OF SOUTH AFRICA

# MEMORANDUM

ADDENDUM C

Telephone: (021) 787-4534
Extension: 4534
Enquiries: Capt N. Firfirey

26 June 2020

From: Capt N. Firfirey
To: Whom It May Concern

## PSYCHOLOGISTS ON STANDBY FOR PSYCHOLOGICAL SERVICES DURING AND AFTER DATA GATHERING FOR RESEARCH STUDY

1.      Abovementioned has reference.

2.      The following Military Psychologists will be available for standby psychological services throughout and after the data gathering process for the study "Enablers and constraints women encounter in advancing to senior managerial positions: Case of South African Military Health Service Institutions in the Western Cape" as conducted by PO R. Cox:

    a. Capt N. Firfirey, Clinical Psychologist, HPCSA number – PS 0115525, contact number 021 787 4534
    b. Capt P.Z. Majola, Counselling Psychologist, HPCSA number – PS 0111813, contact number 021 787 4844

3.      Research participants will be able to contact Military Psychologists independently of the Researcher and the necessary assessment and management will be followed up.

4.      For your further attention.

**(N. FIRFIREY)**
**CLINICAL PSYCHOLOGIST INSTITUTE MARITIME MEDICINE: CAPT**

**(P. Z. MAJOLA)**
**COUNSELLING PSYCHOLOGIST INSTITUTE MARITIME MEDICINE: CAPT**

*"Health Warriors Serving the Brave"*
*Lefapha la Baiphemelo, Umnyango wezokuVikela, Kgoro ya Tshireletso, iSebe lezo Khuselo, Department of Defence, Mushaso wa Tsiriledzo, UmNyango WezokuVikela, Ndzawulo ya swa Vusireheleri, Lehapha la Tshireletso, Departement van Verdediging, LiTiko le Tekuvikela*

**Enablers and constraints women encounter in advancing to senior managerial positions: Case of South African Military Health Service Institutions in the Western Cape**

## 5. PURPOSE AND OBJECTIVES OF THE STUDY

### 5.1 Purpose

The purpose of this case study is to determine enabling and constraining factors women experience in advancing to senior managerial positions at the Military Health Institutions in the Western Cape. From this empirical investigation, the following objectives will be addressed.

### 5.2. Objectives:

(i) To determine progress made in advancement of women to senior managerial positions at the Military Health Institutions in the Western Cape.

(ii) To identify factors that women experience as enablers in advancing to senior managerial positions at Military Health Institutions in the Western Cape.

(iii) To identify factors that women experience as constraints in advancing to senior managerial positions at Military Health Institutions in the Western Cape.

(iv) To highlight implications of advancement of women to senior managerial positions on strategic objectives of Military Health Institutions in the Western Cape.

### 5.3 Research Question

What are the enabling and constraining factors women encounter in advancing to senior managerial positions of Officer Commanding, Head of Department and Officer in Charge at the Military Health Institutions in the Western Cape?

### 5.3.1 Sub Questions

(i) How much progress has been made in advancement of women to senior managerial positions at the Military Health Institutions in the Western Cape?

(ii) What factors do women experience as enablers in advancing to senior managerial positions at Military Health Institutions in the Western Cape?

(iii) What factors do women experience as constraints in advancing to senior managerial positions at Military Health Institutions in the Western Cape?

(iv) What are the implications of advancement of women to senior managerial positions on the strategic objectives of the Military Health Institutions?

## ELECTRONIC SURVEY: FEMALE SENIOR OFFICERS AT AMHU WC AND IMM

1.      The questionnaire consists of four (4) pages and two (2) sections (Sections A & B):

   a.      Section A: Demographic details for statistical purposes.
   b.      Section B: Survey items (8 questions).

2.      If you need any clarity feel free to contact me on 072 5000 304/ coxrashaad@yahoo.com

## SECTION A:    DEMOGRAPHIC DETAILS

Please tick (√) appropriate box

**Race group:**  African        White ☐        Coloured ☐        Indian ☐

**Marital status:**  Married ☐        Single ☐        In a relationship ☐        Prefer not to say ☐

**Children:**   1 Child ☐        2 Children ☐        3+ Children ☐        None ☐

**Age of child/ children:**  0-5 yrs ☐        6-13yrs ☐        14-18yrs ☐        19+Yrs ☐

**Years in Service:**    1-4yrs ☐        5-9yrs ☐        10-19yrs ☐        20-29yrs ☐        30-39yrs ☐
40+year ☐

**Education:**    Matric/Senior Certificate ☐        Vocational Diploma/ Certificate ☐

Degree ☐        Postgraduate Degree ☐              Other: please specify:_____

**Rank:**   Col ☐        Lt Col ☐        Maj ☐

**Unit:**   AMHU WC ☐        IMM ☐

*Biographical information with reference to marital status and children is required to determine whether it poses as enablers or constraints as it emerges in Chapter 2: Preliminary literature review.*

## SECTION B:  SURVEY ITEMS

(Please add more lines if you require additional space)

1.      What is the position you currently hold, and can you please describe the main tasks of the position?

_____

_____

_____

_____

2.      Can you give me a general overview of your career to date? The positions you held and the respective responsibilities, including Units served.

_____

_____

_____

_____

3.      Which aspects or events do you consider having advanced your career the most?

_____

_____

_____

_____

4.      In your opinion, what are the main factors that you experience as constraint for advancement of members to managerial positions?

_____

_____

_____

_____

5.      What would you say are the characteristics an individual should have to be an effective manager?

_____

_____

_____

_____

6.      What do you think are the contributing factors for advancing to managerial positions?

_____

_____

_____

_____

7.      Looking at your Unit's structure and profiles of members against posts held, I cannot help but noticed that in certain positions there are more male/ female officers.

        i.      In your opinion, why do you think that is the case?

_____

_____

_____

_____

8.      Is there anything more that you would like to add?

_____

_____

_____

_____

Thank you very much indeed for your time!!!

## ELECRONIC SURVEY: FEMALE JUNIOR OFFICERS AT AMHU WC AND IMM

1.      The questionnaire consists of four (4) pages and two (2) sections (Sections A & B):

   a.      Section A: Demographic details for statistical purposes.

   b.      Section B: Survey items (7 questions).

2.      If you need any clarity feel free to contact me on 072 5000 304/ coxrashaad@yahoo.com

---

### SECTION A:    DEMOGRAPHIC DETAILS

Please tick (√) appropriate box

**Race group:**  African [ ]  White [ ]  Coloured [ ]  Indian [ ]

---

**Marital status:**  Married [ ]  Single [ ]  In a relationship [ ]  Prefer not to say [ ]

---

**Children:**  1 Child [ ]  2 Children [ ]  3+ Children [ ]  None [ ]

**Age of child/ children:**  0-5 yrs [ ]  6-13yrs [ ]  14-18yrs [ ]  19+Yrs [ ]

---

**Years in Service:**  1-4yrs [ ]  5-9yrs [ ]  10-19yrs [ ]  20-29 yrs [ ]  30-39yrs [ ]

40+yrs [ ]

---

**Education:**  Matric/Senior Certificate [ ]  Vocational Diploma/ Certificate [ ]

Degree [ ]  Postgraduate Degree [ ]  Other: please specify:_____

---

**Rank:**  Capt [ ]  Lt S/Lt [ ]  CO [ ]

---

**Unit:**  AMHU WC [ ]  IMM [ ]

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*Biographical information with reference to marital status and children is required to determine whether it pose as enablers or constraints as it emerges in Chapter 2: Preliminary literature review.*

## SECTION B:  SURVEY ITEMS

(Please add more lines if you require additional space)

1.      What is the position you currently hold, and can you please describe the main tasks of the position?

_____

_____

_____

_____

2.      Can you give me a general overview of your career to date? The positions you held and the respective responsibilities, including Units served.

_____

_____

_____

_____

3.      Which aspects or events do you consider having advanced your career the most?

_____

_____

_____

_____

4.      What would you say are the characteristics an individual should have to be an effective manager?

_____

_____

_____

_____

5.      In your opinion, what are the main factors that you experience as constraints for advancement of members to managerial positions?

_____

_____

_____

_____

6.      Looking at your Unit's structure and profiles of members against posts held, I cannot help but noticed that in certain positions there are more male/ female officers.

   i.      In your opinion, why do you think that is the case?

_____

_____

_____

_____

7.      Is there anything more that you would like to add?

_____

_____

_____

_____

Thank you very much indeed for your time!!!

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jou kennisvennoot · your knowledge partner

**NBS/IMM/897210**

ADDENDUM E-1

| | |
|---|---|
| Telephone: | (021) 787 4551 |
| Facsimile: | (021) 787 4377 |
| Enquiries: | R. Cox |

Faculty of Military Science
Frans Erasmus Drive
Military Academy
Stellenbosch University
Saldanha
7459
|2 November 2019

## MASTER'S IN MILITARY SCIENCE DEGREE: REQUEST PERMISSION TO CONDUCT RESEARCH STUDY

### Enclosure 1: Research Proposal

1.      I am a MMIL student at the Military Academy in Saldanha, and I would appreciate your assistance with one facet of my research project. The title of the study is:" **Enablers and constraints women encounter in advancing to senior management positions: Case of South African Military Health Service Institutions in the Western Cape".**

2.      The purpose of the study is to determine the factors that enable and constrain the advancement of women to senior managerial positions - in this case Officers Commanding (OC), Officers in Charge (OIC), Heads of Department (HOD) and Regimental Sergeant Major's (RSM's) - at the Military Health Institutions in the Western Cape. It is thus my responsibility under the supervision of Dr L. M. Khoza (Faculty of Military Science, Stellenbosch University, RSA) and co-supervisor, Mr W. O. Dalton (Faculty of Military Science, Stellenbosch University, RSA) to obtain permission and apply for ethics clearance before commencing with the study.

3.      I am hereby seeking your permission to conduct semi-structured interviews with seven (7) key informants, consisting of OC, HOD of Human Resource Department (HR) and five (5) OIC's of the different Health Centres and Sick bays under the command of OC Area Military Health Unit Western Cape, and semi-structured interviews with two (2) key informants (OC and HOD HR Department) from IMM. I also request permission to administer questionnaires to all available uniformed and civilian male and female personnel. The data collection process will be conducted with time and place as determine by Officer Commanding in collaboration with OIC's of various Health Centres and Sick bays as not to disrupt activities of the Unit, alternatively, questionnaires will be handed to members to complete in their own time and within a specific time frame of which will be communicated to members. With permission from OC and HOD of HR, a sealed box with a slot will be made available at the HR department wherein members will be requested to deposit completed questionnaires.

Fakulteit Krygskunde
•
Faculty of Military Sciences

Dekaan's Kantoor • Dean's Office

Tel: +27 (0) 22 702 3003                                                  Faks/Fax: +27 (0) 22 702 3050

Militêre Akademie / Military Academy
Privaatsak/Private Bag X2 • Saldanha, 7395 • Suid-Afrika/South Africa

4.      Participation is voluntary and those who consent may refuse to answer some of the questions and may withdraw at any given time without any consequences. A summary of the results will be shared with General Officer Commanding and Officer Commanding of the Unit where research will be conducted.

5.      I also request permission to access information concerning the Unit structure and profiles of members against posts held, Unit history, demographical details of all OC's, OIC's of the various Health Centres and Sick bays, HOD's and Regimental Sergeant Majors 25 years before 1994 and 25 years after 1994, including level of education, experience, years of service, skills, military and functional courses pertaining to career advancement and post profile. Access to any training and programme registers pertaining to diversity training of members who underwent or participated in diversity training and programmes.

6.      On the issue of confidentiality and anonymity, biographical information has advertently been omitted to protect identity of participants who will complete questionnaires. The names of the members identified for interviews will not be explicitly mentioned and to maintain anonymity when reporting results members will be referred to as Key informant 1, and 2.

7.      For quality and verification purposes when collecting data, the names of the Institutions will be used, thereafter it will be referred to as "SAMHSI 1" up to "SAMHSI 12" when reporting the results. The abbreviation SAMHSI refers to South African Military Health Service Institution.

8.      Collected data, both electronic and hard copies will be securely stored in a password-protected computer and a safe respectively.

9.      If you have any further questions or concerns about the research, please feel free to contact me via email (coxrashaad@yahoo.com) or telephonically (0725000304). Alternatively, feel free to contact my supervisor, Dr L. M. Khoza, via email at lindiwe.khoza@ma2.sun.ac.za or telephonically on (022) 702-3064.

**(R. COX)**

**MMIL STUDENT FACULTY OF MILITARY SCIENCE STELLENBOSCH UNIVERSITY: PO**

Fakulteit Krygskunde

Faculty of Military Sciences

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**MASTER'S IN MILITARY SCIENCE MIL DEGREE: REQUEST PERMISSION TO CONDUCT RESEARCH STUDY**

**COMMENTS BY OC IMM**

The chosen topic could be beneficial in informing on gender equality issues in Management. OC Imm will not have any objections, provided that ethical committee and DI approval is obtained.

Rank: Col                         Name: C. Herrold

Designation: OC · IMM

Signature: _____        Date: 2019/11/13

**COMMENTS BY GOC TMHF**

Recommended for the member to be given Permission to Proceed with the research Proposed.

Rank: BRIG GEN                    Name: M. SIMELANE

Designation: GOC TMHF

Signature: _____        Date: 2020/05/08

Fakulteit Krygskunde
•
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**MASTER'S IN MILITARY SCIENCE MIL DEGREE: REQUEST PERMISSION TO CONDUCT RESEARCH STUDY**

<u>COMMENTS BY ACTING GOC AMHF HQ</u>

Recommended

Rank: B/Gen     Name: K T Ndaba

Designation:

Signature: Kndaba     Date: 17 05. 2020

<u>COMMENTS BY SURGEON GENERAL</u>

APPROVED – ETHICAL AND MILITARY PRESCRIPTS MUST BE OBSERVED

Rank: Maj Gen     Name: Noel Nanou

Designation: DEPTY SURGEON GENERAL

Signature:     Date: 03 JUNE 2020

MAJGEN N NDHLOVU
98146491PE
DEPUTY SGCO Jun 20 A

Fakulteit Krygskunde

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## MASTER'S IN MILITARY SCIENCE MIL DEGREE: REQUEST PERMISSION TO CONDUCT RESEARCH STUDY

## COMMENTS BY CHIEF DEFENCE INTELLIGENCE

_____

_____

_____

_____

Rank:_____     Name: _____

Designation:_____

Date:_____

## DISTR

For Action

| | |
|---|---|
| SG | (Attn: Lt Gen Z. W. S. Dabula) |
| CDI | (Attn: WO1 Skweyiya) |
| GOC TMHF | (Attn: Brig Gen M. Simelane) |
| Acting GOC AMHF HQ | (Attn: Brig Gen K. T. Ndaba) |
| OC IMM | (Attn: Col A. Arnold) |

For Info

Acting OC AMHU WC          (Attn: Lt Col S. Siboya)

OICs:

| | |
|---|---|
| Youngsfield Health Centre | (Attn: Lt Col N. Gwarube) |
| Military Health Centre West Coast | (Attn: Lt Col L. Van Heerden) |
| Military Health Centre South Coast | (Attn: Lt Col S. Henrico) |
| Eerste River Health Centre | (Attn: Maj J. Davids) |
| Wingfield Health Centre | (Attn: Maj I. Britz) |

IMM SO2 Support Services          (Attn: Maj D. Boniface)

Fakulteit Krygskunde

Faculty of Military Sciences

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defence intelligence
Department:
Defence
REPUBLIC OF SOUTH AFRICA

ADDENDUM E-2

DI/DDS/202/3/7

Telephone: (012) 315-0660-
Fax:          (012) 326-3246
Enquiries:   Col J. van Wyk

Defence Intelligence
Private Bag X337
Pretoria
0001
19 June 2020

## AUTHORITY TO CONDUCT RESEARCH IN THE DEPARTMENT OF DEFENCE (DOD) PETTY OFFICER R. COX

1.      A telephonic discussion between Lt Col R.M. Sathekge of and WO1 K. Skweyiya of the Defence Intelligence (DI) on 19 June 2020, as well as a receipt of a request letter NBS/IMM/89721021PE dd 12 November 2020 to conduct research in the DOD with a Research Proposal attached as per requirement is acknowledged.

2.      PO Cox is hereby granted permission from a security perspective to conduct research in the DOD on the topic entitled **"Enablers and Constraints Women Encounter in Advancing to Senior Management Positions: Case of South African Military Health Service Institutions in the Western Cape,"** submitted in partial fulfilment of the requirements for the Degree in Master of Military Science under the tutelage of the University of Stellenbosch as requested.

3.      After the completion of the research, the final research product must be forwarded to Defence Intelligence (DI), Sub-Division Counter Intelligence (SDCI) for a final authorisation before it may be published or distributed to any entity outside the DOD.

4.      Access to DOD information is however granted on condition that there is adherence to inter alia Section 104 of the Defence Act (Act 42 of 2002) pertaining to protection of DOD Classified Information and the consequences of noncompliance.

5.      For your attention.

**(T.G. BALOYI)**
**DIRECTOR DEPARTMENTAL SECURITY:  BRIG GEN**
KS/KS (PO R. Cox)

**DSTR**

For Action

GOC Training Military Health Formation

(Attention: PO R. Cox)

File:  DI/DDS/R/202/3/7

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## NOTICE OF APPROVAL

ADDENDUM E-3

REC: Social, Behavioural and Education Research (SBER) - Initial Application

28 August 2020

Project number: 14785

Project Title: Enablers and constraints women encounter in advancing to senior managerial positions: Case of South African Military Health Service Institutions in the Western Cape

Dear Mr Rashaad Cox

Your response to stipulations submitted on 12 August 2020 was reviewed and approved by the REC: Social, Behavioural and Education Research (REC: SBE).

Please note below expiration date of this approved submission:

**Ethics approval period:**

| Protocol approval date (Humanities) | Protocol expiration date (Humanities) |
|---|---|
| 23 July 2020 | 22 July 2021 |

## SUSPENSION OF PHYSICAL CONTACT RESEARCH DURING THE COVID-19 PANDEMIC

Due to the Covid-19 pandemic and resulting lockdown measures, all research activities requiring physical contact or being in undue physical proximity to human participants has been suspended by Stellenbosch University. Please refer to a formal statement issued by the REC: SBE on 20 March for more information on this.

This suspension will remain in force until such time as the social distancing requirements are relaxed by the national authorities to such an extent that in-person data collection from participants will be allowed. This will be confirmed by a new statement from the REC: SBE on the university's dedicated Covid-19 webpage.

Until such time online or virtual data collection activities, individual or group interviews conducted via online meeting or web conferencing tools, such as Skype or Microsoft Teams are strongly encouraged in all SU research environments.

If you are required to amend your research methods due to this suspension, please submit an amendment to the REC: SBE as soon as possible. The instructions on how to submit an amendment to the REC can be found on this webpage: [instructions], or you can contact the REC Helpdesk for instructions on how to submit an amendment: applyethics@sun.ac.za.

## GENERAL REC COMMENTS PERTAINING TO THIS PROJECT:

## INVESTIGATOR RESPONSIBILITIES

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

**If the researcher deviates in any way from the proposal approved by the REC: SBE, the researcher must notify the REC of these changes.**

Please use your SU project number (14785) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

## CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

You are required to submit a progress report to the REC: SBE before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary).

Once you have completed your research, you are required to submit a final report to the REC: SBE for review.

**Included Documents:**

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| Document Type | File Name | Date | Version |
|---|---|---|---|
| Proof of permission | Institutional Permission Letter (12 Nov 20) | 12/11/2019 | Final |
| Proof of permission | Authority to conduct research in the DOD - PO R. Cox | 19/06/2020 | Original |
| Letter of support_counselling | Letter- Psychologists | 26/06/2020 | Original |
| Data collection tool | Revised Interview Schedule | 08/08/2020 | Final |
| Data collection tool | Revised Survey female sen officers | 08/08/2020 | Final |
| Data collection tool | Revised Survey female jun officers | 08/08/2020 | Final |
| Data collection tool | Revised Interview Schedule | 08/08/2020 | Final |
| Informed Consent Form | Revised Key Informants Consent Form | 10/08/2020 | Final |
| Informed Consent Form | Revised Survey Consent Form ( Fem Sen Off) | 10/08/2020 | Final |
| Informed Consent Form | Revised Survey Consent Form (Fem Jun Off) | 10/08/2020 | Final |
| Default | REC Response letter (Revised) | 11/08/2020 | Revised |
| Research Protocol/Proposal | Revised Proposal (Final Rev1) | 11/08/2020 | Final |

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Social, Behavioral and Education Research

# Principal Investigator Responsibilities

## Protection of Human Research Participants

As soon as Research Ethics Committee approval is confirmed by the REC, the principal investigator (PI) is responsible for the following:

**Conducting the Research**: The PI is responsible for making sure that the research is conducted according to the REC-approved research protocol. The PI is jointly responsible for the conduct of co-investigators and any research staff involved with this research. The PI must ensure that the research is conducted according to the recognised standards of their research field/discipline and according to the principles and standards of ethical research and responsible research conduct.

**Participant Enrolment:** The PI may not recruit or enrol participants unless the protocol for recruitment is approved by the REC. Recruitment and data collection activities must cease after the expiration date of REC approval. All recruitment materials must be approved by the REC prior to their use.

**Informed Consent:** The PI is responsible for obtaining and documenting affirmative informed consent using **only** the REC-approved consent documents/process, and for ensuring that no participants are involved in research prior to obtaining their affirmative informed consent. The PI must give all participants copies of the signed informed consent documents, where required. The PI must keep the originals in a secured, REC-approved location for at least five (5) years after the research is complete.

**Continuing Review:** The REC must review and approve all REC-approved research proposals at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period.** Prior to the date on which the REC approval of the research expires, **it is the PI's responsibility to submit the progress report in a timely fashion to ensure a lapse in REC approval does not occur.** Once REC approval of your research lapses, all research activities must cease, and contact must be made with the REC immediately.

**Amendments and Changes:** Any planned changes to any aspect of the research (such as research design, procedures, participant population, informed consent document, instruments, surveys or recruiting material, etc.), must be submitted to the REC for review and approval before implementation. Amendments may not be initiated without first obtaining written REC approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.

**Adverse or Unanticipated Events:** Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research-related injuries, occurring at this institution or at other performance sites must be reported to the REC within **five (5) days** of discovery of the incident. The PI must also report any instances of serious or continuing problems, or non-compliance with the RECs requirements for protecting human research participants.

**Research Record Keeping:** The PI must keep the following research-related records, at a minimum, in a secure location for a minimum of five years: the REC approved research proposal and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence and approvals from the REC.

**Provision of Counselling or emergency support:** When a dedicated counsellor or a psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.

**Final reports:** When the research is completed (no further participant enrolment, interactions or interventions), the PI must submit a Final Report to the REC to close the study.

**On-Site Evaluations, Inspections, or Audits:** If the researcher is notified that the research will be reviewed or audited by the sponsor or any other external agency or any internal group, the PI must inform the REC immediately of the impending audit/evaluation.

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# Final Analysis

## DATA ANALYSIS: ENABLERS

| | | SADDEENIOR OFFICERS | |
|---|---|---|---|
| **NO** | **SO** | **CODES** | **THEMES** |
| 1 | | Obtaining Battlehandling 1994 and Primary Health care.<br><br>Motivation. Competence Experience | Professional Qualification<br><br>Courses<br><br>Personal agency<br><br>Years or experience |
| 2 | | Officer's Formative military course advanced my Defense Force career. I have also done Diplomas and certificates in Dentistry in the private sector | Courses<br><br>Professional Qualification |
| 3 | | Role models that I look up to who inspires and motivates me. Attending developmental military courses. Overcoming difficulties: for example, work-life balance.<br><br>Social skills/interpersonal skills Expertise Professional qualification Ability to assert oneself LUCK: in the right place at the right time HARD WORK Passion for your job | Support structure<br><br>Courses<br><br>Personal agency<br><br>Professional Qualification |
| 4 | | Post Graduate achievements Military courses for promotion | Professional Qualification<br><br>Courses |

| | | | |
|---|---|---|---|
| 5 | | My experience in management before coming into the SANDF and my post graduate diploma in surgery also prior to joining. Being eager to learn and advance in my career lead me to doing Officers Formative almost immediately after joining. This was at a time when there weren't many senior officers in our department and those that were there had less work experience than me, putting me at an advantage<br><br>Promotional courses | Qualification<br><br>Courses<br><br>Personal agency<br><br>Years or experience |
| 6 | | Completing Officers Formative course allowed me to be promoted at the unit I am currently at. However, up until approximately six years into my position I was kept under the impression that I will not be promoted at Health Centre West Coast. It is only after completion of Formative that I became aware that I was staffed in a Major's post. Unfortunately, there is no opportunity for further promotion at the unit. There is also limited opportunity to be promoted in the department as I would like to continue functioning as a psychologist. | Courses |
| 7 | | No answer | |
| 8 | | Support from superiors<br><br>Hard work, achieving your personal goals<br><br>Yes, I thank the support I received both from my unit and HQ | Support structure<br><br>Personal agency |
| 9 | | Experience in both primary and tertiary health. Years or experience.<br><br>Knowledge and willing to take responsibility. | Years or experience<br><br>Personal agency |
| 10 | | An opportunity presented itself in terms of a vacancy. I had the necessary qualifications for the job specification (Viz: B Tech Occupational health, Nursing Education, Diploma in management). Several years of Nursing experience in Community Nursing, Occupational nursing and Training and development. In my opinion my professional and personal attributes, excellent interpersonal skills, team player, good leadership qualities, negotiating skills played a huge role in my advancement.<br><br>Excellent communication skills. Leadership style that embraces participative management and not autocratic. Passion for working with people. Continuous upskilling of himself/herself both professionally and personally. Stays abreast of latest career developments. . Enrolled and qualified in the military courses necessary for promotion. Being able to deal effectively with conflict and disciplinary issues. Understands transformation required in the Military arena.<br><br>A very interesting research. I am of the opinion that insufficient training particularly in personal and professional development is lacking within the SANDF. A question in relation to exactly how much and what type of personal and ongoing professional courses over what | Personal agency<br><br>Professional Qualifications<br><br>Years or experience<br><br>Courses |

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| | | time frame besides formative courses could have been posed to ascertain the preparedness of an individual for advancement purposes. In my opinion lifelong learning is a key factor in the making of excellent leaders. | |
|---|---|---|---|
| | | **JUNIOR OFFICERS** | |
| 11 | JO1 | | |
| 12 | JO 2 | My own will power and endurance to study part time on my own, with my own funds to better my life and support from my sister. | Personal agency<br><br>Support structure |
| 13 | JO 3 | B. Soc. Nursing degree and the Primary Health Care diploma. | Professional Qualification |
| 14 | JO 4 | Taking the step to apply privately for medical school. Asking directly for a transfer to NAVCOL<br><br>I think there is a fair chance for a woman in the military to advance her career in management if that is trully what she wants. If it is a priority to her over having a family. As much as a good father brings to the table in terms of family structure there are just some responsibilities a mother has to take on for her children, especially in the early years. Most woman<br><br>I have spoken to who deployed or did promotional courses that were mothers, regretted the effect it had on their children as they were separated for many months or frequently. Many are just not willing to make these sacrifices. Employing women in managerial positions also creates challenges for a work place in terms of maternity leave, especially if there is more than one female officer simultaneously pregnant. Organizational and economic structures don't always provide for these circumstances and so I would also say that from an organizational aspect there I do not consider it sexist or bias should there be constraints on management positions for females still in the process of completing their families. | Personal agency<br><br>Opportunity for growth |
| 15 | JO 5 | None. I have deployed 5 time, from Burundi (x2) to DRC (x3). Last deployment 2015/16 was 1 year. No recognition except a medal 10 years after my 1st deployment. No career advancement or rather payment for post occupied | |
| 16 | JO 6 | The aspects that I had study outside the Military | Professional Qualification |
| 17 | JO 7 | Doing the necessary courses | Courses |
| 18 | JO 8 | I think the aspects that have propelled me to not accept being stunted in my career have been my personality, determination and ambition for continuous growth and development. In my experience, I have had poor examples of leadership, both males and females, and thus from the beginning of my career I initiated projects at work, both military and in my profession. I have found a collaborative approach with the OC and my previous OIC, has enabled me to be a spokesperson for the unit and allowed me to develop good working relationships with my seniors. I have good work ethic, work hard and I believe that I manage challenges in the work place well and am keen to learn the military culture. Due to my work ethic, I have been nominated for numerous commendations, from my previous OIC, | Personal agency<br><br>Working relationships |

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| | | | |
|---|---|---|---|
| | | my current OC, units I have presented in, and an SG commendation. Although I don't think commendations have advanced my career, it has been good motivation to continue working hard for the organization and has been an honour to have my efforts acknowledged. Hence, in the DoD, you have to actively position yourself in a favourable manner to become eligible for promotion.<br><br>It is important that women in power start mentoring women in the workplace to aspire to senior managerial roles and create a network of support in order for women to establish equal opportunity to be advanced in spite of their gender and because of their skill level. | Mentoring |
| 19 | JO 9 | | |
| 20 | JO 10 | Nothing specific | |
| 21 | JO 11 | Appointment in SANDF and promotion to captain rank | |
| 22 | JO 12 | My career would not have developed if the directorate did not recommend further studies. Work responsibilities stays the same if you do not obtain further training at a university | Organisational support<br><br>Professional Qualification |
| 23 | JO 13 | Leadership, definitely | |
| 24 | JO 14 | If it was not for my Professional promotion that continued, I would have been stuck. Luckily Professional promotion and rank does not run parallel | |
| 25 | JO 15 | | |
| 26 | JO 16 | | |
| 27 | JO 17 | Delegated position as HOD has exposed me to the broader SAMHS environment and the Navy in general ie. Meetings, BOIs. Being the only dietician in naval environment provided lot of exposure | |
| 28 | JO 18 | I was the next person responsible. advanced to responsible pharmacist by retirement of the previous responsible pharmacist | |
| 29 | JO 19 | Gained immense knowledge and skills working with different Arms of Service. The ability to have direct access to Officer Commanding of the Unit, and forge a good working relationship in capacity of advisor on social work matters | Personal agency<br><br>Working relationships |
| 30 | JO 20 | My deployment to DRC, the fact that I deployed gave me leverage, when I was asked to move, I haven't done formative, although I was asked to | Deployment |

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| 31 | JO 21 | Being open to deployment and attending courses | Deployment<br><br>Courses |
|---|---|---|---|
| 32 | JO 22 | Determination, did courses, extended functions. Goal driven and motivated. Passion for what you do | Personal agency<br><br>Courses |
| 33 | JO 23 | My own conscientious effort, perseverance and enthusiasm | Personal agency |
| 34 | JO 24 | qualification | qualification |
| 35 | JO 25 | No answer | |
| 36 | JO 26 | Years in the military<br><br>They are more opportunities to grow in the military but it is up to individuals to grab the opportunity | Years of service<br><br>Opportunity for growth |
| | | **KEY INFORMANT INTERVIEWEES** | |
| 37 | KI 1 | And then to do all the courses, necessary courses | Courses |
| 38 | KI 2 | Well, to think firstly, I'm a problem-solver, if I hear of something that is a problem, I need to solve it, that is part of my personality and I think one of the other things is because I don't give up. I keep on doing the same thing until I get it right.<br><br>Well, to a certain extent years of service in the military is definitely got benefits, but I would say somebody that is energetic, have got a good bearing, somebody who can obviously do public speaking, as I have said, have got good communication skills and it must be somebody who has got knowledge of how a unit functions and how all the departments interact with each other and also have got a bit of knowledge of what the processes are in those departments, that they have to commanded at some point, like for instance I have used this analogy before an Officer Commanding who tells a person to do a job, and the job takes 2 days but the Officer Commanding expects them to do it in 2 hours, it's just going to make that person negative. So you have to know what it takes, or what the member is capable of before you give an order, because if you start giving orders that is undoable, then that will just lead to negativity and inability of the members to accomplish their tasks, but if you give them realistic orders based on your knowledge of how long it should take to do a task then they also get respect for you and they will try to do the task in the time that is needed.<br><br>in the past we always use to say that experience is one of the most important things. I think that there has been a shift in the new millennium, that the shift is towards qualification, so at this moment I know that during advancement a lot of emphasis is put on | Personal agency<br><br>Years of service<br><br><br>Professional qualifications |

| | | | |
|---|---|---|---|
| | | qualifications, people must have the right qualifications and maybe additional courses and IT courses and so on become so much more important in deciding who is going to be advanced or not. I do not always agree with that, but qualifications and then the ability to do the job, the energy to do the job, those things are certainly extremely important | |
| 39 | KI 3 | Well, I think I will have to start probably at Western Province Medical Command where I started as a very junior officer and our GOC Brigadier General Du Preez basically took me under his wing, he recognized my potential and so he exposed me to levels of functioning which I wouldn't be expected normally of a junior officer, and then I think subsequent to that, my time at Human Resource Support Satellite Youngsfield where I worked under the Lieutenant Colonel Narista Muir and she was also an individual that put a lot of focus on the development of the individual that work for her and the recognition of that individual, and also where career management under the SA Army is far superior to the career management of the South African Military Health Service, they tend to work on a global picture and also, when they decentralized regionally, she was responsible for career management of HR function within the Western Cape. That was also the concept of the satellite, the Human Resource Support Satellite is a smartie box concept. What I mean by that, is that individuals of any Arm of Service could be staffed in a Human Resource Support Satellite post. So that just provided far more career opportunities. I think then my move to 2Military Hospital in terms of my personal development as an individual working for Lt Colonel Sandy Becks at 2Military Hospital also somebody with a similar, very similar work ethics to myself and was somebody who was very much vested in the personnel that worked for her. So those individuals, and then also Brigadier General Smith and then later Major General, he was the Deputy Surgeon General of SAMHS, he was an individual who took personal interest in an individual's career. I would say in terms of the greatest impact, I would say are individuals, mentors, individuals that I could look up to and that supported me<br><br>Well I think the reality, there is no doubt for me, well in my experience in any case, the ability lastly determine your advancement. So the more involved you are in unit level in the management of the unit, the more that you contribute and take on tasks not necessarily strictly within your appointment and the role you take on, the more visible you are and the more aware people are of you. | Personal agency<br><br>Organisational support/<br><br>Mentoring |
| 40 | KI 4 | You not giving me options I must talk? Ok which aspects do I think has advanced my career the most? Uhm, having knowledge of subject matters, willingness to do courses, willingness to partake in exercises and operations, and I think most importantly, willingness to be a Staff Officer, it's a very difficult task, it's not the easiest task in the world to be a Staff Officer.<br><br>Uhm, grooming, somebody needs to be groomed to take a position, you need to be exposed to it in an Acting capacity, or as maybe a lower rank, so for example it is an SO1 post you should be, maybe for certain key posts, there should be an SO2 which allows a person to develop, be developed under somebody who is in a SO1 post, that means that they can obviously act within that capacity and they can then learn from somebody as to how to be a manager and how to take the job forward, but unfortunately we, because of our post structures we don't always have an SO2 below an SO1, | Personal agency<br><br>Courses<br><br>exercises and operations<br><br>Grooming |

Responses =34

Courses 12-2=10 (15) Personal agency 15-3=12 (53) Professional Qualification 11-1=10 (27) Years or experience/ years in military 6-1=5(8) Working relationships 2 (2)

Deployment/ exercise/ operations 3-1=2 (4) Support structure Other/ Organsational support 5-1=4(10) Mentoring 2-1=1 (4) Opportunities for growth 2 (10) Grooming 1(2)

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**DATA ANALYSIS: CONSTRAINTS**

| | | SENIOR OFFICERS | |
|---|---|---|---|
| **NO** | **SO** | **CODES** | **THEMES** |
| 1 | SO1 | Overall Nursing post structure in Western Cape has only x 2 Lt Col posts, but luckily due to OSD salary not linked to military rank. | post structure |
| 2 | | Gender and political constraints | Gender |
| 3 | | Lack of relevant qualification; Lack of Experience; Discrimination; Family responsibilities; Lack of women mentors; Lack of Networking. | Mentors<br><br>Personal reasons<br><br>Family resp<br><br>Professional qualification |
| 4 | | Currently as a white person limited or none Opportunities to move forward. Access to promotional courses are zero. | Race |
| 5 | | Promotional Military courses being held only in Gauteng only. Females from Western Cape mostly have to postpone/delay attending military courses due to family commitments or pregnancy. The females who reside in Gauteng province do not necessarily leave their families. The lack of senior posts - There just isn't enough room for growth. The constant lack of funds for studying.<br><br>There are still certain professions that are dominated by a particular gender due to inequality in the past or sometimes (eg, regional works) due to the nature of the work. That gap has not been bridged yet. I suppose 26yrs of democracy cannot fix 100s of years of inequality. It will take a lot more time. | Location & duration of courses<br><br>post structure<br><br>Military Courses<br><br>Family resp<br><br>Patriarchy |
| 6 | | Lack of posts especially within the Psychology department. | post structure<br><br>Stereotypes |

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| | | It at times seems as if females are not acknowledged for their own strengths, but unconsciously required to show more 'male' characteristics to be accepted in the environment. E.g. an assertive female manager is seen as a 'bitch', whilst a male manager is seen as a 'good leader' for the same characteristic.<br><br>My opinion is that the military continues to be a strong patriarchal environment. | Agentic traits/ Patriarchy |
| 7 | | No answer | |
| 8 | | Lack of resources | |
| 9 | | Relocation to other province for promotion. Comfortable in current post. | Relocation<br><br>Personal reasons |
| 10 | | Persons are identified most times by the Senior management and the post ensued and filled. HR processes and procedure for fairness in terms of advertisement, application, interviewing and recruitment of the most suitable candidate are not consistent. In my opinion too Few senior positions exist in nursing for the purposes of promotion. | post structure |
| | | **JUNIOR OFFICERS** | |
| 11 | JO 1 | | |
| 12 | JO 2 | Demographics and promotions given to individuals based on who they know in the Career Management Section and not on qualifications and experience. Also managers pushing their own agendas not having integrity and honesty when recommending or writing individual reports to head quarters. For example you not getting promoted because of you being a good and hard worker always considering your work and the clients first.<br><br>Certain individuals in high positions does not deserve the post they occupy. The DOD should seriously treat individuals equally when it comes to promotions and not use demographics and affirmative action as an excuse to advance a certain race.<br><br>Male counterparts and society at large always think that females are emotional and cannot make rational decisions. Males also think that women should not be in a managerial position because they get maternity leave for 3 months and if a female leader/manager fell pregnant than she will be absent during that time | Race<br><br>Stereotypes |
| 13 | JO 3 | In nursing you need an admin degree or diploma to advance to managerial position. And it is on own expenses | Personal reasons<br><br>Professional qualification |

| 14 | JO 4 | Courses and deployment required for promotion to managerial positions often require women of child bearing age to be away from their infants for long periods of time. Often these members are on waiting lists for these course for years before they are married and have children. Once a member has a family, many chose to stagnate their career and opt to forego promotional courses and responsibilities in order to attend to their family needs as a mother. Many may no longer meet the physical requirements needed for the promotional course once they are able to leave their families for this time. There are also political reasons, quotas based on race and gender put in place that may put some members at a disadvantage. People who chose to pursue a professional career also have to spend a considerable amount of time in their career in academics and training. Many chose for this reason to refrain from managerial position for some time after completing their academic qualifications to first build experience in their field<br><br>As much as a good father brings to the table in terms of family structure there are just some responsibilities a mother has to take on for her children, especially in the early years. Most woman<br><br>I have spoken to who deployed or did promotional courses that were mothers, regretted the effect it had on their children as they were separated for many months or frequently. Many are just not willing to make these sacrifices. Employing women in managerial positions also creates challenges for a work place in terms of maternity leave, especially if there is more than one female officer simultaneously pregnant. Organizational and economic structures don't always provide for these circumstances and so I would also say that from an organizational aspect there I do not consider it sexist or bias should there be constraints on management positions for females still in the process of completing their families. | Family responsibilities<br><br>Race<br><br>Gender<br><br>Personal reasons<br><br>Location & duration of courses |
| 15 | JO 5 | Being female. Being from the Western Cape. Being White.<br><br>I personally do not think that all females are good management material. Don't know if it is due to lack of leadership training and investment in female officers or if it is still the Old Boys Club wereby a man is identified and groomed to become the next...whatever | Race<br><br>Gender<br><br>Stereotypes |
| 16 | JO 6 | | |
| 17 | JO 7 | At this stage I feel the only constraint is the colour of your skin | Race |
| 18 | JO 8 | In my experience in SAMHS thus far, I have observed the majority of managers are males at top structures. Women are not provided with top leadership roles, as they are stereotypically thought to be emotional and irrational. Women have a long way to go in dispelling the myths that they make inherently poor leaders because they are "nurturers", "carers", or "hysterical". The time it takes for a woman versus a man to become a manager takes many more years, due to childbearing and their roles as primary caregivers. I have often heard of experiences where the female partner, no matter her rank, qualification or seniority has to take sick leave when a child is sick, in comparison to the male partner who continues with work. Thus, a woman's trajectory to career advancement is delayed by the fact that she fulfils many roles in addition to her professional role. Another point of contention, is that due to how male dominated the military is, it is usually male counterparts that have the power to either advance or stunt your career as a female. For example, both top structure posts, OC IMM and OC Area are currently held by males. These are the same managers that would sit on a panel for PMDS reviews, would recommend a woman's promotion, or even opportunities to attend courses in the military. | Stereotypes<br><br>Family responsibilities<br><br>Agentic traits/ Patriarchy |

| | | . Women in positions of power are not equally respected and thought to be 'transformational' advancements, whereas as men are thought to earn their advancements in their career. Women in the military are subjected to many obstacles in their career and often ambition and strategic pursuing of career advancement are thought to be male qualities. The message that we all learn is that either you conform to become a 'masculine' female leader or remain stunted.<br><br>I think we have inherited a culture of patriarchy that has had a pervasive reach on future generations of women aspiring to become leaders. Although unspoken, much of the power lies in the hands of male colleagues, even if the males are juniors. Women are undermined, or their ideas appropriated by male colleagues. Hand-in-hand with patriarchy is the hierarchical structure of the military | |
|---|---|---|---|
| 19 | JO 9 | Socio-cultural and organizational conflicts, and gender discrimination<br><br>One couldn't overlook the fact that … is still white dominated area, race in this case still plays the most significant role | Gender<br><br>Race |
| 20 | JO 10 | Budgeting. There is always no money and also the structure. For me to be promoted I have to be transferred | post structure<br><br>Relocation |
| 21 | JO 11 | Limited number of managerial posts available<br><br>The selection of a candidate best suited for the position is not always based on merit but rather on race and gender profiles. | post structure<br><br>Gender<br><br>Race |
| 22 | JO 12 | There is limited posts available for the amount of junior officers in my context. Decisions of senior officers that must occupy an office at HQ but are sitting at Area which means there is even less opportunity to advance to managerial posts | post structure |
| 23 | JO 13 | Many people complain that due to their race, they cannot advance. I have honestly never ever experienced this. I have absolutely nothing keeping me back | Race |
| 24 | JO 14 | Somewhere in the 1990's, there was a policy regarding military and functional promotion. I was clear. You knew what you had to do to advance. Then the policy fell away | |
| 25 | JO 15 | The post structure. If I want to be promoted, I must relocate to 2Mil hospital or 1Mil hospital, but I am area bound due to marriage | post structure |

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|---|---|---|---|
| | | | Relocation |
| | | | Family responsibilities |
| 26 | JO 16 | In the WC, race, unfortunately, still place a big role. Older managers not willing to move from WC. | Race |
| 27 | JO 17 | Complicated post structure that inconvenience and forced lifestyle changes. Having to uproot and reestablish somewhere else. Limited posts | Relocation |
| | | There are 12 sections at IMM, Only two of those sections have females of colour as HODs. Me being one of them but evenso I do not have a delegation for this portfolio, I was just instructed by the OC, as at the time I was the most senior in the department. So technically there is only one (9%) as I to date still do not have a delegation but am expected to do the work. | Personal post structure |
| | | There is still a lot of stereotyping were woman have been seen to be good at certain types of jobs. ie patient admin, nursing and cleaning etc. So it's visible that there are very few females of colour in leadership positions. | Stereotypes Race |
| 28 | JO 18 | The post structure is outdated. Was a Capt in a managerial post, was paid the same salary, nothing more being a manager with all the responsibilities added. Received the same pay as a pharmacist that had no managerial responsibilities. | post structure |
| 29 | JO 19 | Lack of assertiveness, or sometimes too assertive and it's you who become a threat. Nepotism | Personal |
| 30 | JO 20 | Since having children I haven't been as ambitious about advancing, need more time with my kids, in order to advance I would need to go away on courses in Gauteng. My SO1 was a women, I don't necessarily feel that women are disadvantaged | Family responsibilities Location & duration of courses Courses |
| | | I think as a woman having a family makes it hard to progress in the military as one needs to go away for courses and deployments to do well/ advance . As a mom it's my choice to put my relationship with my kids first and to rather not progress in rank but rather have more time with them as their mom . It's a choice I happily make but am sure many struggle with | Personal |
| 31 | JO 21 | Members not attending courses, delays in processing documents on time, vacant posts on top, people in management not dedicated enough to do their jobs. Lack of knowledge from some managers as they might not have the right qualifications and qualities required from a management position | post structure Personal/ Course |
| 32 | JO 22 | Colour, gender, "no contacts", Directorate not willing to fight for us for rank promotion | Race gender |

| 33 | JO 23 | Some people advance to management positions before any experience either based on "connections", race, gender, family member of higher rank, harassment | Race<br><br>gender |
|---|---|---|---|
| 34 | JO 24 | An already closed managerial structure. An organogram that collapsed. Unfilled positions | post structure |
| 35 | JO 25 | No answer | |
| 36 | JO 26 | They do not want to advance academically | Personal<br><br>Professional qualification |
| 37 | JO 27 | A "bottle neck" structure. 2. Favouritism in terms of years of service and not qualifications and ability. 3. Racial bias<br><br>I assume it is because of racial and professional bias. Certain race groups are advanced faster then others. | Post structure<br><br>Race |
| | | **KEY INFORMANT INTERVIEWEES** | |
| 38 | KI 1 | I don't have | |
| 39 | KI 2 | That's very difficult to say, because I can't really see that I have any obstacles in my career. There were some obstacles but they were probably self-imposed, like for instance that I wasn't course qualified, I'm actually still not course qualified for Officer Commanding post, but the fact remains that was self-imposed, I didn't nominate myself for the required courses, because I was not really interested in doing the courses I felt that it was a waste of time. | Personal/ lack of agency<br><br>Course |
| 40 | KI 3 | I think, I would certainly say the in position of politically agendas in the organization where we have individuals that don't have the interest of the Organisation at heart, but rather where you have factions which get pitted up against one another, so depending on who is in charge at that particular moment in time anybody occurs to be in the other faction is considered as persona non grata. I would probably say that has been the greatest obstacle in careers for myself, and the greatest source of frustration in the Organisation | |
| 41 | KI 4 | Senior staff course is a year-long course and it is held in Pretoria and only Pretoria. I have not done Senior Staff Course that would be the biggest hurdle for me being promoted is not having Senior Staff Course. I however have declined the course on more than one occasion because of social reasons.<br><br>Unhappiness at Unit level is due to the fact that there is no planning and that causes a lot of disharmony, because of that. Unit OC's, Unit SO1's are then taken to task by members because they feel that those people are in control, but they're not really in control. So, this lack of planning and transparency from a higher level to a lower level leads to a lot of unhappiness at Unit level. | Location & duration of courses<br><br>Courses<br><br>Personal/ lack of agency<br><br>Lack of planning and transparency |

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Responses 33+(3)+36

Posts and Post structure 13 (18)   Race 13 (39)   Gender 7 (9)   Family responsibilities 6 (42)   Geographical Relocation 4 (9)   Location and duration of courses 4-1=3 (15)   Personal factors 11-2=9 (21)

Stereotypes 5 (33)   Military qualification 5-2 =3 (9)   Professional qualification 3 (6)   Lack of planning and transparency 1(8)   Mentors 1(2)   Patriarchy 3 (19)

**DATA ANALYSIS: OPINIONS ON CERTAIN POST MORE MALE/ FEMALE OFFICERS**

| | | SENIOR OFFICERS | |
|---|---|---|---|
| NO | SO | CODES | THEMES |
| 1 | SO1 | Traditionally careers such as social work,physiotherapist, nursing is associated as and is Female dominant, however nursing should have more males as it's a physically demanding job as is physiotherapy. Stereotypes definitely plays a role | Traditional careers<br><br>Stereotypes |
| 2 | | It is career dependable. Some occupations has more qualified females or males. | Traditional careers<br><br>Career choice |
| 3 | | Currently, I do not think that I am affected at this professional level by gender inequality. | |
| 4 | | The medical field is known to be female driven. Therefore more females at our health centre. | Traditional careers<br><br>Gender ratio |
| 8 | | Overall the environment is military and needs more male then females. Everyone got a role in our organisation, males matter most. | Male-dominated environment |
| 9 | | This is tough. I think that females are more likely to leave work place once started families or retire earlier. | |
| 10 | | In the units i worked the majority were male officers. I feel it's an inherent culture of the SANDF and the broader political arena in South africa. | Male-dominated environment<br><br>Gender ratio |
| | | JUNIOR OFFICERS | |

| 12 | JO 2 | Male counterparts and society at large always think that females are emotional and cannot make rational decisions. Males also think that women should not be in a managerial position because they get maternity leave for 3 months and if a female leader/manager fell pregnant than she will be absent during that time | stereotype |
|---|---|---|---|
| 13 | JO 3 | More female in our unit. Women is more caring, especially in medical profession. | Traditional careers <br><br> Gender ratio |
| 14 | JO 4 | Health Care fields tend to attract more females. The contracts offered by SAMHS are attractive to female health care workers in that they are usually long term contracts with good maternity benefits and negotiable overtime as well as fixed income. The clinics also have a lower patient load than state or private and so health care workers tend to have more time with patients and a more flexible work day ( As opposed to most Private Health Care employment). This means that working mothers are able to meet more of their family-role responsibilities. This does however mean that one does not gain the same quality of experience that you would most in private or state care facilities. Woman tend to renew their contracts with the Military repeatedly for the above reason. I have found that many of my male colleagues have left hoping to advance their career development earlier in specialities or if they remain in the Military are more willing to deploy and move into managerial positions. | Career choice |
| 15 | JO 5 | I personally do not think that all females are good management material. Don't know if it is due to lack of leadership training and investment in female officers or if it is still the Old Boys Club wereby a man is identified and groomed to become the next...whatever | stereotype |
| 16 | JO 6 | Not a lot of men are interested in doing nursing. | Career choice |
| 17 | JO 7 | I think it is because of the members who applied for the positions. | Career choice |
| 19 | JO 9 | In my opinion, it might be due to preconceptions and gender bias, the issue of race, lack of networking, and exclusions from informal networks of communication. | stereotype |
| 20 | JO 10 | It might be that the majority of people meeting the criteria to join the military are males | |
| 22 | JO 12 | I would say there are more female officers and this is because they must have tried balance the ratio of more males in a context. Now it's more imbalanced then ever. | Gender ratio |
| 23 | JO 13 | I have never noticed this, as we are in Oudtshoorn, where this is not the case. However, considering your statement, my guess would be that the males in this case were: - best suited for the title. - made up for the other units who perhaps had it the other way around | |
| 24 | JO 14 | In Nursing it is common to have more females than males. That is how the profession is. Males don't normally think of Nursing as a career. In our unit, we are way more females. We do have a male nurse in charge though. Another example is the Log dept. Traditionally it is more males that choose this direction. Females are also entering the field. I am still of the opinion that certain careers are not meant for females because that is how we were made to be. | Stereotypes <br><br> Traditional careers |

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| | | | Gender ratio<br><br>Career choice |
|---|---|---|---|
| 25 | JO 15 | We have more female officers than male officers, because there are more female nurses than male nurses (we only have 1 male nurse compared to 8-10 female nurses). I think that is normal in all hospitals. The nursing personnel form more than 50% of the officers. | Traditional careers<br><br>Gender ratio |
| 26 | JO 16 | Females, which is to be expected, because majority of Medical Professionals are females. | Traditional careers<br><br>Gender ratio |
| 28 | JO 18 | In our unit most officers are women. The reason I would believe is the advancement of females pursuing the medical field as a study major, as it will be a sustainable job with more work offers around South Africa. The benefits of paid maternity leave is also a major plus point being a young female officer. | Traditional careers<br><br>Gender ratio |
| 29 | JO 19 | In social work we are more females, I suppose women are more drawn, based on nurturing aspects. Just like nursing you find more females to men. | Traditional careers |
| 30 | JO 20 | I haven't really noticed this But it could be that certain genders lend themselves more to certain careers/ roles Especially historically | Traditional careers<br><br>Career choice<br><br>stereotype |
| 31 | JO 21 | There are more males in the structure maybe because military has for many years been a male dominated field. | Male-dominated environment |
| 32 | JO 22 | There are more females at our unit but I honestly can't say why. Our medical team, nurses and doctors is the biggest group of health professionals and I think that there isn't enough male nurses yet to occupy these positions and even if there is, the members currently in their posts won't leave as to even in their field there isn't also much room for rank promotions. | Gender ratio |
| 33 | JO 23 | I did not take note of this and therefore have no opinion except that I see all people as equal and connected. | |
| 34 | JO 24 | I really have no idea n | |

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| 36 | JO 26 | In my unit there are more female officers, i think it is because ladies are open to studying and uplifting themselves academically | Gender ratio |
|---|---|---|---|
| | | **KEY INFORMANT INTERVIEWEES** | |
| 38 | KI 1 | Especially in the higher positions there are more males than females. That is the retro in the DOD. You know, I think females are taken as people that cannot or have, especially in the DOD they cannot have a say, and you'll be surprise there are women that are stronger than men that can actually be good managers and leaders. | Male-dominated environment stereotype |
| 39 | KI 2 | I think that if I remember correctly in the last statistical summary that I've seen, is that the SAMHS I think is 54% female, in other words there's more females than males in the South African Military Health Service. So I'm not 100% sure what you are talking about. I think from the perspective of having been a Staff Officer of Medicine and having done a lot of interviews trying to get people into posts. At this moment the military basically takes who they can and specifically in the medical field, we very frequently sit with a situation where there is like 6 posts available but there is only one application and then usually that application is successful because it's uncontested. We seldom sit with a situation where, well amongst the professional people of the Unit maybe not the NCO's and so on, but definitely with the professional people, we very frequently sit with a situation that we have to take who applies for the post because there's only one application and make it more than one post where that then leads to a situation where one of the gender group can benefitted. If we look at the medical department here I think we are more females than males simply because the people who put in their applications were females. And I assume, and also nursing one could say frequently will have more females than males because that's just the demographic of the post. It is not my observation that there's more males than females. I mean look at our Ancillary health department, also more females than males. Our oral Health department is 3 females 2 males. | Gender ratio

Traditional careers

Career choice |
| 40 | KI 3 | In my experience here at as well as for 2Military Hospital as well, the South African Military Health service or at least our strength are predominantly female, I would say anything between 60 to 70% of the Unit strength is female, and yeah, I also pretty much see it distributed through all functional appointments, I wouldn't agree to say that it is skewed either way, there is probably more female members than male members, that's why we don't, well certainly in terms of the planning don't put any requirement that we need to actively recruit this in personnel or female gender.

Obviously I'm familiar with what your subject matter is about and I would say largely I tried having been read what your topic was about, and I tried go through my career and my experience and I would probably say to you now that I was trying to think in terms of my Officers Commanding how many female Officers Commanding have I worked under, and there was only 1 and that was Lt Col Narista Muir, but her title wasn't an Officer Commanding, although she was in charge of the Human Resource Support Satellite Youngsfield, but certainly she ran that satellite, but for the rest they have been male, and then in terms of RSM's, my own experience of a female RSM was the most recent appointment of RSM at 2Military Hospital, here at Area Military Health Unit, we are without an Officer Commanding, we've had 2 acting appointments in the time that I've been here the first which was female, and the current one is male. For the rest you know if I'm thinking about OIC's we got more female OIC's than we got male OIC's, in terms of staff officers we have more female staff officers as department head than we have male staff officers. And I think simply by the nature of the South African Military Health Service and the qualification for the post, the fact that that you have to have your tertiary qualification, you need to be appropriately registered with the statutory body, in most case the HPCSA or otherwise the Pharmacy Council, that's a very clear delineation in terms of whether you're eligible for the post or not. So providing you meeting those criteria and the fact that we're predominantly female gender wise, that spread seem throughout from the lowest to the highest level. | Traditional careers

Gender ratio |

| 41 | KI 4 | It's a clinical unit so we have to remember that there is a certain demographic that applies for certain posts. So let's take for example Social work, it tends to be more women that apply for those posts than men, therefore it might follow that because that's what you employing, that means that there will be more likely to be a woman in that post. In other posts for example it is more male-dominated, let's look at the Ops department for example, I think in total there might be 4 or 5 women out of say 20, I can't give the exact number, it's the lowest percentage it's not that it's a barrier to the employment of women, it's just that they might not see it as the career option that they want to choose. Now if you stuck with many men in the capacity, then obviously, you know, a man will be chosen to lead because there is more of them. But it's not decided at unit level, and a lot of these decisions are not made at Unit level, they're made at Director level, so the careers of people, seniority, courses completed, all of those factors will play into whether they'll get promoted or not. | Traditional careers<br><br>Career choice |
|---|---|---|---|

Males vs females 31+(4) =35 responses

Perceived gender-specific careers 13-3=11 (41)  Gender ratio 12-2=10 (35)  Female representation in management (1) (6)  Career choices 8-2=6 (34)  Stereotypes 7-1=6 (36)  Male-dominated environment/  4-1=4 (17)

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