UNIVERSITY OF HULL

Gender influence on career progression to leadership for Maltese Female Nursing Managers

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Dedication

I cannot submit this Thesis without dedicating it to a very special woman – My Mum, who passed away on 3rd. March 2016. Her special memories shall remain to inspire me and guide me throughout the rest of my life. A very dedicated and exemplary mother who at a tender age of twenty-four years suffered the loss of my dad and was destined to nurture and shoulder solely the full responsibility of her two fully dependent daughters, ……the third one was still on her way into this world. Mum, you succeeded all along to wonderfully make us feel the presence of our beloved and solemnly missed dad in our life through sharing with us your very brief but happy loving memories of him. Filling up the emptiness and make us feel complete in every sense.

I love you very much with all my heart dear Mum. You are so unique and special in every way. You were always the drive behind me to continue developing my academic potentials. I owe you everything in my life.

May God bless your soul and reward you for your great loyalty to Him and to your family.

Acknowledgements

Foremost, I would like to express my gratitude to the participants of this study. Without their feedback this research would not have been possible. I would like to express my appreciation towards the intermediaries who have expertly identified the participants and distributed my study material. In times of the Covid-19 pandemic, despite being overwhelmed with the continuous evolving situation, they remained committed to their role. Without their support response rate would not have been so satisfactory. Thanks also to those who have expertly helped me pilot my study tools.

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Along this journey many people have coloured my life. In particular, I would like to thank one of my best friends and a colleague of mine, Michael, who was always very supportive, full of worthy suggestions and practical solutions during difficult times, and Stephania who I nicknamed ‘My Angel’ for always being ready with IT solutions when I got stuck.

Last but not least, I have no words to thank enough my son Yevegene Joseph who endlessly have offered me practical and inspirational support to accomplish this important milestone in my life.

You are all big stars who always lit and guided my way when it got dark.

Of course, nothing would have been possible without God’s will…… GRAZZI MULEJ.

Abstract

Title: *Gender influence on career progression to leadership for Maltese Female Nursing Managers: An Explanatory Sequential Mixed Methods Inquiry.*

Aim: The aim of this study is to explore what gender issues hamper the career progression of Charge Nurses and Deputy Charge Nurses to leadership positions in the Maltese State Healthcare System.

Background: Women are underrepresented in headship positions in the Maltese state healthcare industry. Although the literature strongly indicates that gender barriers are well known to contribute to this anomaly as they have an impact on the career advancement of women worldwide, there is no knowledge as to which gender barriers are causing their underrepresentation in top leadership roles in a Maltese context. With a focus on three main overarching gender barriers: *Governmental and Socio-cultural barriers, Organisational barriers,* and *Personal barriers,* female Charge Nurses and Deputy Charge Nurses are investigated to identify those gender barriers that persist in holding for them an unbreakable glass ceiling.

Design: This study follows an Explanatory Sequential Mixed Methods design. A survey was conducted across the entire state healthcare organisation involving the total population of female Charge/Deputy Charge Nurses. The design of the questionnaire was based on a conceptual model developed from the literature review. The survey was followed by one-on-one interviews with a purposive sample from the surveyed population.

Method: Participants completed a self-administered questionnaire. The response rate was 77.3%. Quantitative analysis was undertaken using a SPSS package. Results from the quantitative phase were further examined by interviewing eight respondents. Interviews were thematically analysed.

Results: Socio-cultural, organisational and personal barriers influence the career progression of Charge and Deputy Charge Nurses. Work-family balance emerged as the toughest obstacle for the managers.

Conclusion: Based on the findings, the conceptual model was reviewed to present the contemporary glass ceiling that impact the career progression of first-line female managers.

Contents

List of Figures

List of Tables

Declaration

I declare that I have conducted this research and that this thesis is entirely my own work. When the work of other authors features in the text, this is formally indicated by referring to the original source. This thesis has not been previously submitted to this university or any other academic body in fulfilment of a degree and it has not been published.

Signed: _____

Dated: 15th August 2023

Glossary of Abbreviations

Abbreviation	Description
AACC	Active Ageing and Community Care
CEO	Chief Executive Officer
CM	Charge Midwife
CN	Charge Nurse
CNM	Chief Nursing Manager
COO	Chief Operations Officer
CPD	Continuing Professional Development
DDO	Day, Day, Off duty
DDODO	Day, Day, Off duty, Day, Off duty
CPD	Continuing Professional Development
DG	Director General
DCN	Deputy Charge Nurse
EDPW	Electronic Directory of Professional Women
EIGE	European Institute for Gender Equality
EN	Enrolled Nurse
EU	European Union
FFM	Family friendly measures
FREC	Faculty of Research Ethics Committee
GDPR	General Data Protection Regulation
GGH	Gozo General Hospital
HR	Human Resources
HRH	Human Resource for Health
ICC	Intra-class correlation

IPA	Interpretative Phenomenological Analysis
KGRH	Karen Grech Rehabilitation Hospital
MCAST	Malta College of Arts, Science and Technology
MCQ	Multiple Choice Question
MHS	Mental Health Services
MDH	Mater Dei Hospital
MS	Member states of the European Union
MUMN	Malta Union of Midwives & Nurses
MCQ	Multiple-Choice Question
NCPE	National Commission for the Promotion of Equality
NHS	National Healthcare System
OECD	Organisation for Economic Cooperation and Development
OPM	Office of the Prime Minister
PHC	Primary HealthCare
PIP	Pillar Integration Process
RN	Registered Nurse
SAMOC	Sir Anthony Mamo Oncology Centre
SHS	State Healthcare System
SME	Small & Medium-sized Enterprises
SN	Staff Nurse
SSN	Senior Staff Nurse
SNM	Senior Nursing Manager
SVP-long term care	St Vincent de Paule Long Term Care
TA	Thematic analysis
UK	United Kingdom
UoM	University of Malta

US	United States
UoH	University of Hull
UREC	University Research Ethics Committee
WLB	Work-life balance

Definition of terms

Definitions of the key terminology used in this thesis are given for the benefit of better interpretation and understanding of the context.

Career progression/advancement/enhancement	Movement from a lower grade into a higher grade (Oxford Dictionary).
Competencies	Meaning properly qualified, suitable and skilful for the job. By suitable and skilful it is meant that the individual has the appropriate and relevant credentials and qualities for the job. According to Schippman et al. (2000) these competencies interacted with his/her behavioural characteristics that are thought to be related with successful performance of the job, thus contributing to the success of the organisation. At an organisational level a competent leader can help to articulate the behavioural implications of a strategic vision.
Female dominated	Nursing is said to be a female dominated profession because the practitioners working in this field are mainly women.
First-line nursing managers	In this project, the term first-line nursing managers refers to Deputy Charge Nurses and Charge Nurses who are in the early stages of their management career. Their role is to manage a ward/unit.
Gender	Gender refers to the socially constructed roles of women and men, that is, behaviours, responsibilities, activities, opportunities, privileges, expectations and attributes that a given society considers appropriate for men and women while sex and its associated biological/physiological functions are programmed genetically. The gender roles and the power relations they reflect are a social construct – they vary across cultures and through time, and thus are amenable to change. When individuals or groups do not 'fit' the established norms they are likely to face discrimination, stigma and social exclusion (World Health Organisation (WHO), 2016).
Gender discrimination	Gender discrimination refers to distinction, exclusion, or restriction made based on socially constructed

	gender roles and norms, those that prevent individuals from experiencing full human rights. In simple words gender discrimination is unfair treatment of an individual or a group on the basis of prejudice (Kouta & Kaite, 2010). When discrimination is encouraged and consistently exercised by those in power, it causes unequal access to opportunities. Discrimination and bias are used interchangeably in this thesis.
Gender roles	Are the traditional 'dos and don'ts that society assign to both sexes (Lindsey, 2015).
Gender Stereotype	gender stereotyping are beliefs held about character, traits and activity-domains that are "deemed appropriate" for men and women (Diekman & Eagly, 2000). These stereotypes are mainly cultural in nature.
Glass ceiling	Glass ceiling is the term used to describe a 'transparent' barrier which occludes career advancement, mainly in male-dominated jobs. This phenomenon is frequently faced by women in their journey to achieve higher levels of leadership roles in organisations, thus hindering them from acquiring positions of higher authority, power and decision making (Powell, 2012). These employees who are experiencing the 'glass ceiling' barrier are already holding a fairly good job, usually in middle management, as compared to those experiencing a 'sticky floor'. The metaphor means allowing the person to see where s/he might go but does not permit him/her to get there.
Glass cliff	The term 'glass cliff' describes a leadership situation, mostly occupied by a woman, in a company that is performing poorly and hence in a higher state of crisis; meaning the organisational performance is on a downward trend, the opportunities are great, but the chances of failure are also high (Ryan & Haslam, 2010).
Glass escalator	The 'glass escalator' is another stumbling block in the career progression pathway of a women. It refers to the theory that while women climb the ladder in a female-dominated profession, their male counterparts glide past them on an invisible escalator, shooting straight to the top (Amudha et al., 2016).
Glass walls/elevator	The glass walls and glass elevators refer to that barrier which discriminate women, for example, from moving

	to a position that has a promotional ladder. It blocks any lateral promotional opportunities. Those discriminated are only allowed to progress within the same department and are barred from achieving higher leadership positions(Malin & Wise, 2018)
Leaders	Refers to persons who occupy a formal position of leadership in organisations.
Leadership style	How the leader behaves in terms of their attitude, manners and cultural norms.
Management Leadership	These two words are used interchangeable in this context and refer to the process of influencing others about what needs to be done. They refer to the process of facilitating individual and collective efforts to accomplish the shared objectives (Yukl, 2010).
Sex	Sex refers to the different biological and physiological features of males and females, for example, the reproductive organs (WHO).
Social Role	Social role refers to activities that society associates with men and women (Eagly & Wood, 1012).
Stereotype	Refers to the characteristics that society labels a group of individuals.
Sticky floor	A metaphorical phrase to describe a discriminatory employment pattern that prevents a specific group of people, in this case women, to move forward in their work career. Literally glued to the ground (Christofides et al., 2010).
Top leadership post/position	In this thesis, top leadership post/position refers to top level management roles like CEO, COO, Director General, Director, Assistant Director, Chairperson and Chief Nursing Manager.
Transactional leadership	It focuses on the role of supervision where the leader emphasizes compliance of his employees through rewards and punishments (Odumeru & Ifeanyi, 2013) .
Transformational leadership	It enhances the motivation of employees as it inspires them to take ownership for their work (Odumeru & Ifeanyi, 2013).

Chapter 1: INTRODUCTION

Setting the scene

1.1 Introduction

Every journey starts with the first step. My commitment to this project was the first step to this long academic expedition. Gender barriers faced by women are pressing issues which create incessant debate even though women have made great strides in their workplace. This study investigates gender barriers that interfere with the career progression of Maltese Charge and Deputy Charge female first-line nursing managers to leadership roles within the State Healthcare System through the application of an Explanatory Sequential Mixed Methods Design.

1.2 My research motivation and professional background

In this chapter I want to state my perspectives about the research topic. The intention is to develop reflexivity by being truthful and transparent about my perspective in relation to this study, which opinion is mainly formed or influenced by my career experience and professional background.

1.2.1 My research motivation

From my experience as a nurse manager, I have quite often participated in decisions affecting nursing staff even when at times the opportunity to do so was not explicitly made possible. This involvement in such decisions about staff came not only from my professional viewpoints and experience, but particularly from my managerial obligations toward my nursing staff who often, are not present to voice their opinion, particularly when it comes to selection decisions related to their career progression. Throughout this time, I have noticed

that patriarchy is still strong in Malta and plays a major part in how things are done (Times of Malta, 2019). I believe nurses, predominantly women, who work closest to patients and understand their holistic needs should form part of strategies and important decisions that affect patients. Their representation in senior managerial roles has the potential to bring about significant benefit. Worldwide, women present 49.58% of the population (United Nations, 2021), meaning that the chance for potential female patients stands at approximately fifty percent. However, female nurses lag behind their male colleagues when globally, female nurses heavily tip the gender balance in nursing (Elkins, 2015). I believe, the management should represent the staff whom they are managing. Yet, the proportion of female nurses in top managerial positions does not mirror the proportion of female nursing staff in the workforce. Their representation in top management within the state healthcare organisation is regrettably very scarce to non-existence (Ministry of Health, 2017).

Throughout my experience, I have noticed that not all my female colleagues are eager to take a proactive role, particularly in assisting in decision-making associated with the careers of their staff. Few appeared enthusiastic when they were appointed to sit on selection boards. Rather, most preferred not to be involved.

Boards are always strongly represented by men who appear to prefer candidates of their same sex to fill vacant posts (Ridgeway & England, 2007; Holm, 2005). This situation prompted my curiosity to explore in depth the negative effect of gender stereotypes in the career progression of female nursing managers, since lack of their representation is palpable. I fear our strong culture is dampening their motivational spirit and inhibiting their career aspiration. My intention in this study is not to diminish in anyway men in nursing or discriminate against any other health professionals, but to bring to the forefront the existence of gender bias and representation imbalance of nurses in top leadership positions. After all,

research shows that female nurses are academic achievers just as their male peers (Chan et al., 2014).

This study gives me the opportunity to explore the glass ceiling Maltese nursing managers are facing. Both genders should be treated with equal rights and dignity and given the same opportunities to progress in their career. Scholars point out that diversity investment yields good dividends to the industries (George & Bettenhausen, 2013) and to have a fair representation of female nurses in decision taking roles is a good investment for all health care entities.

1.2.2 My experience and professional background

I am Maltese, and I engaged myself in nursing study at the School of Nursing in Malta in February 1976. As a qualified nurse, I started working at the Intensive Therapy Unit in the critical care area, where my colleagues were mainly male by gender. In the first few years as a junior nurse, a major reshuffle took place in the nursing team in which I worked. Experienced senior nurses were transferred out from the unit to operate two new units: The Coronary Care Unit and the Special Care Baby Unit. Within a very short time from when I qualified as a nurse, I found myself engaged in dual roles: heading the nursing shift while doing also clinical practice. It was at that time when my administrative involvement made me realise that males and females were not equally viewed and valued within the organisation where I worked. For instance, meetings were mainly dominated by men who took the lead over the discussions that evolved. Often than not, decisions were highly influenced by their input, whereas those female nurses present, if any, contributed mainly to head counts.

At that time, a culture of gender inequality disadvantaged working women. For instance, female colleagues had to resign when they got married. Those reinstated could not choose

to work in their preferred area of interest. They were employed part-time, and their role was simply to replace others during leave, or temporary fill in vacancies until new nurses qualified. Female nurses who were married had no career to follow. As I became more familiar with my work responsibilities and more involved in management, my awareness and experiences of gender discrimination continued to prevail.

Although there have been improvements, it seems that gender discrimination in nurses' career development still exists. As a woman, who in the circumstances consider myself having had fewer opportunities, and who has the impression that she had to work harder than many of my male colleagues to progress, I have always felt the desire to explore more about gender barriers and the glass ceiling in nursing. My wish to explore this phenomenon in greater depth to support my female colleagues grew stronger with time until I decided to take up this research.

Driven by my research and professional background motivations a preliminary research question is developed which states: *What barriers are restricting female nurses from achieving roles in administrative top ranks in the state healthcare organisation?*

1.2.2.1 My previous academic experience in research

My previous experiences in research included a mix of quantitative and qualitative methods, which I have used either simultaneously or separately in the final dissertations of my post-graduation diploma and both my masters' courses. However, it is my first time conducting a study using explicitly an Explanatory Sequential Mixed Methods Research Design with a Thematic Analysis approach. The investigation starts with a survey and is followed by semi-structured interviews. My professional enrolment with the organisation and my acquaintance with the research setting are potentially beneficial especially in building a researcher-participant rapport, thus, facilitating the process of building knowledge about a

specific research field in collaboration with employees who are directly involved in it (Taylor, 2011).

Nonetheless, it is very important not to let my personal views and experiences influence the generation of rich data from the informants, thus ensuring critical reflexivity in managing any predetermined ideas. For this reason, this thesis writing is initiated by clearly declaring my own views about the research topic, followed by information related to my professional and academic background.

1.3 The research setting

This study is conducted in the State Healthcare Organisation within the Maltese Islands. It excludes the private healthcare settings and the public-private partnership sector because of their different promotional structures. Besides, private healthcare entities and public-private partnership are very small and limited in number, and their managerial hierarchical formation does not exist or else is found to be rather flat. Many of the nurses within these sectors are employed part-time as most of them occupy a full-time job with the government. Nurses in Malta are a very scarce resource and the State Healthcare Industry, the largest health employer on the Islands (Azzopardi Muscat et al., 2017), offers a wider selection of specialities and more job security to health care professionals. The State healthcare entities which form the entire system include:

i. Active Aging and Community Care (AACC)

ii. Gozo General Hospital (GGH)

iii. Karen Grech Rehabilitation Hospital (KGRH)

iv. Mater Dei Hospital (MDH)

v. Mental Health Services (MHS)

vi. Primary HealthCare (PHC)

vii. Sir Anthony Mamo Oncology Centre (SAMOC)

viii. St Vincent de Paule Long Term Care for the Elderly (SVP Long Term Care).

While AACC and SVP Long Term Care fall under the Ministry for the Family, Children's Rights and Social Solidarity, the rest of the entities fall under the Ministry of Health. These entities vary in size, mission, and hierarchical tiers, and operate by different levels and grades of administrative and professional health care providers. By including all the healthcare entities within the State Healthcare System, the possibility of capturing a wider view on the research topic is more likely.

1.4 The rationale behind the research

Maltese female nurses remain absent in roles of strategic decisions and policy making. They remain concentrated in lower-status jobs (Royal College of Nursing 2007). Scant representation of female nurses exists in senior management, with their existence diminishing in executive posts (Launder 2019), even though the distribution by professional occupation tends to be skewed in favour of nurses, the majority of which are female (World Health Organisation (WHO), 2020).

In Malta, female nurses make up 72.5% of the nursing population while men in nursing form 27.5% (Saliba, 2021). The management career of a nurse within the nursing hierarchy is very limited. The new agreement of the MUMN (2018) indicates that a nurse can only progress to a Charge Nurse (scale 7), Senior Nursing Manager (Scale 6) and Chief Nursing Manager (Scale 5). Furthermore, information provided by the Ministry of Health (2022) indicates that out of 13 posts of Chief Nursing Managers (the highest rank in nursing), only four are occupied by females. The other nine posts are occupied by males.

Like all other healthcare professionals, nurses with the relevant accreditations and experience can enhance their management career by applying for a top headship position outside the nursing management hierarchy. They can seek a leadership career within the corporate hierarchy of the healthcare organisation. In this way, their leadership career can be enhanced since more opportunities to escalate higher headship ranks outside nursing are available. Applications for such posts are open to all competent employees working in the organisation. These opportunities range from Assistant Director (Scale 5) to CEO (Chapter 2: Section 2.5, Table 2.1).

The high proportion of men in nursing, when compared to other countries, and a strong gender stereotypical culture ingrained in our behaviours may pose bigger challenges to Maltese female nurses. According to Punshon et al (2019), men occupying a nursing job in a female dominated occupation, are still favoured by patriarchal culture, despite their small numbers, giving them high status and thus privileging them over women. With this high status comes power. Very often, the demands of a male-dominated society and lack of support encourages and reinforces the imbalance of power that may enhance the subordination of female nurses to another layer of male dominance and make it even harder for them to achieve leadership roles (Sultana, 2011). A situation that may result in losing talented and skilled female nurses. This reflects the current situation in Malta.

A lack of female representation in decision making limits the possibility of a wider selection of competitive human skills in the management team (Taylor, 2013). A report by McKinsey Global (2010) refers to a direct connection between gender diversity and enhanced organisational performance, where women are promoted to executive leadership. The report states that the availability of qualified women in leadership roles is a unique strength, particularly when one considers the transformational leadership capabilities that women leaders are more likely to bring to organisations, affecting employees' collective impact and

performance. This continues to encourage investigations into the State Healthcare System, not only to defend the rights of female nurses but to also identify gaps for improvement that can cascade benefits to the organisation.

1.4.1 Career progression and motivation

The concepts of motivation, satisfaction, personal growth, and career enhancement are vital requisites for psychologically and morally healthy beings, and have been intensely researched by many scholars, particularly Abraham Maslow. According to Maslow's Hierarchy of needs several biological (physiological and safety) and psychological needs are imperative to the development and wellness of humans (Maslow, 1954). The rationale behind this theory is that unless one level of needs is satisfied to at least some extent, one cannot progress to accomplish the next level, with the result that an individual will never be able to reach the self-fulfilment stage at one point in time. This is supported by other researchers, such as Taormina and Gao (2013). People normally follow a path known as growth motivation that leads them to self-actualize and help them realise their actual potential as they mature and grow in their expertise, thus, becoming potentially fulfilled and aspire to achieve more of what one can achieve.

This fundamental wellbeing needs theory establishes how important it is for employees, irrespective of gender, to be equally supported and empowered to accomplish their emerging needs to become satisfied, motivated, and more productive in the organisation (Saunders et al., 1999). This has been taken further by Ileis et al (2019) while analysing data of the Longitudinal Internet Studies for the Social Sciences panel collected by Tilburg University, The Netherlands. They tested a model that specifies distinct paths from education to life satisfaction through three domain satisfaction: financial; health satisfaction and job fit. Disabling career advancement of employees may affect their emotional and behavioural

responses which consequently may negatively influence their job satisfaction and performance (Martinko et al., 2011).

Employees feel they should be cared for, both by their workmates and employers. Staff empowerment continues to evolve with time and is never completed. Gender barriers cause the glass ceiling effect and interfere with developing a positive relationship between measures of women's empowerment and other dimensions of human advancement (McGillivray, 2005).

Research on the glass ceiling has been evident in the management literature since the 1970s and alludes to an indirect, invisible barrier which thwarts women from advancing in their career (Powell & Butterfield, 2015). The literature sustains that the glass-ceiling exists also in predominantly female occupations such as nursing (Rick, 2019). Attempts to satisfy their emerging needs become compromised since gender opportunities are unequal. Employers, very often, erect barriers to hold back women from progressing further into a better job position (Ellis, 2013). Sometimes women opt out of a career development because they feel they cannot balance the work hours expected with the new job or with their caring responsibilities (Rick, 2019). This leaves no choice for first-line female nursing managers, fearing such limitations in their career opportunities, but to become disheartened.

If female nurses are as qualified, skilled, and experienced as their male counterparts, then it is only just to get equal share of chances when it comes to recruiting new staff into higher leadership roles. On the other hand, it is a waste of talented resources and risks not employing the most suitable candidates in the right jobs, thus limiting organisational opportunistic challenges in today's competitive market. The right fit (Ileis et al., 2019) is precisely to match the right people with the right jobs while creating a supportive environment for the employees to continue developing their abilities parallel with the company's own growth, both personally and professionally. This is becoming increasingly

necessary in a society where women need to sustain their economic independence as sole or main breadwinners of their family and later in life as pensioners.

1.4.2 The Maltese perception on career and progression

Disappointingly, the Maltese stereotypical society expects the woman to bear most of the family caring duties at the expense of having to give up promotion opportunities. Female nurses who have no family support are likely to find it harder to retain their full-time job and advance in their career.

Nevertheless, the attitude of the Maltese people is apparently changing, yet very slowly. The cultural shift success is the result of continuous political propaganda towards equal rights and employment opportunities for both genders, and the need to attract more women to join the labour market to sustain our economy. Fathers of the new generation are getting more involved and sharing family responsibility with the mothers as they are understanding more the need for a second financial income to raise a family (Times of Malta, 2016).

Malta is a very small country, with a population of approximately 450,000 people, resulting in its citizens being either family related, interrelated through marriages, or know each other because of close friendship. This relationship may unfortunately entice those in power to influence any promotional and/or recruitment processes in the labour market. Nepotism, cronyism, favouritism, and political patronage plague the southern European states, especially those bordering the Mediterranean, Malta included (Borg, 2017). This uncontrolled exploitation has unfortunately been embedded in the mentality of many people for many and many years (Mangion, 2017). People believe they are lost without friends in high places, so they seek to invest in a ‘political saint’ that can make their lives easier in a micro country where politicians have a say in everything that is happening.

The primary responsibility rests with the government of the day to ensure governance over policies execution. This slippery slope only leads to undeserved social benefits, for example, preferences and promotion in the workplace, and job placements. Nonetheless, it demotivates, demoralises, and devalues those employees who really deserve such appointments. Meritocracy should be respected as a social system in which advantage should be based on merit and not privilege, where talent and hard work predominates, irrespective of the individual's gender, who the parents are or who the individual knows. Meritocracy emphasizes that in real meritocratic systems everybody has an equal opportunity to progress and attain rewards based on their individual capabilities and efforts, irrespective of any non-merit factors, such as, gender (Scicluna, 2014). Although the concept of nepotism is of great concern on the islands, this study will focus only on gender discrimination which is also an issue of concern.

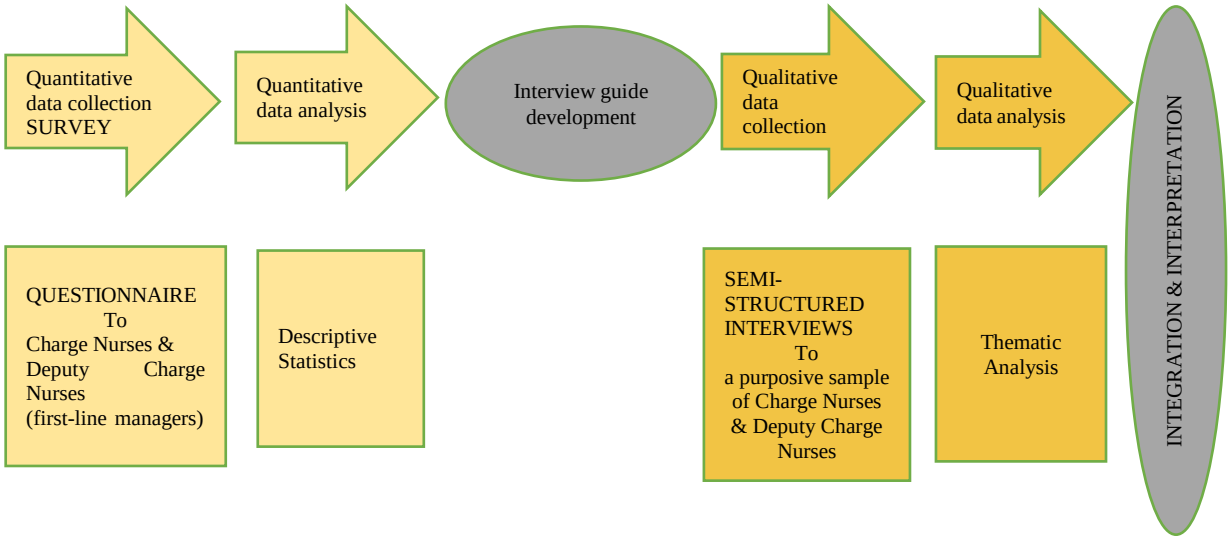
In view of the strong affinity between career progression, motivation, and job satisfaction (Borrel et al., 2010) one cannot ignore the state of dissatisfaction of those, who despite their efforts to progress, end up facing a gender barrier. Underrepresentation of female Maltese nurses in leadership roles is apparent and consequently a worrying situation that calls for an investigation. My study will help to define those gender barriers that are impacting negatively on the rights of female nurses. Scientifically based evidence is necessary to challenge the status quo and start seeing competent Maltese female nurses access the opportunities necessary to achieve their full potential in their professional career.

1.5 The study design

Considering this study is innovative, the use of methods that explores the phenomenon both extensively and in-depth is important to grasp a comprehensive view of the local scene. A bi-phased methodological approach in an explanatory sequential mixed methods design will assist to generate data. The total population of female Charge and Deputy Charge Nurses in

all the health entities will be included in a survey by completing a questionnaire. Findings from statistical analysis obtained from the quantitative phase will indicate what information needs to be collected from the qualitative phase of the study. Semi-structured interviews conducted among a few participants from the same cohorts of surveyed participants will be instrumental to data generation. The intent of the mixed approach is to generate rich knowledge from interviewees that can explain further the numerical results from the survey and give a complete picture of the situation (Creswell & Plano Clark, 2017). The methodological process is explained in Figure 1.1.

Figure 1.1: Investigating the effect of gender barriers on female nurses' career development



Quantitative data collection took place between November 2020 and February 2021, while qualitative data was gathered between June and August 2021. More details about the study design, strategy, data collection instruments etc. are discussed in Chapter 5: ‘Methods and Methodologies’.

1.6 An outline of the chapters of this thesis

Chapter 1: opens with a reflection on what inspired me to undertake this study. It explains the rationale behind my interest to investigate the influence of gender discrimination in the

career progression of female nursing managers and guides the reader through the structure of this thesis which is developed in various stages.

Chapter 2: discusses the local background where the research is conducted. It informs about the critical situation of top posts occupied by women, particularly female nurses in the Maltese healthcare organisation. The socio-cultural context that plays an important role in people's life, influencing their thinking and behaviour and shaping their attitudes, emotions, and perceptions is discussed. Reference is also made to the educational system for nurses and opportunities that supports continuing professional development. A short description of the State Healthcare System is delivered to understand the environment where Maltese nurses work and seek their career niche.

Chapter 3: Informs on gender barriers and provides a backdrop of knowledge classified under *Society's expectations and stereotyping barriers, Intra-business barriers, and Individual barriers.* Here, reference is made to the rich knowledge captured during a scoping process of the literature prior to the literature review.

Chapter 4: highlights step by step the systematic review process of the literature on gender barriers that cause a glass ceiling and influence the progression of female nurses' career. It analyses the articles and presents them on the PRISMA Flow Chart for discussion. Discussion proceeds after selected articles are categorised under three main domains that emerge from the process, namely: *Socio-cultural and governmental barriers, Organisational barriers, and Personal barriers.*

Chapter 5: presents the research question and purpose of this study together with the methodological decisions taken. In this chapter I reflect on my ontological and epistemological assumptions that influence my study and the methods and methodologies used in the quantitative and qualitative phases of the study design. Details on the ethical

considerations taken, the selection of participants and quality assurance measures are also presented.

Chapter 6: focuses on results emerging from the survey. It exhibits these results in tables and figures to help the reader understand findings from this study. Some significant differences emerge between the groups of managers.

Chapter 7: presents the perceptions and experiences of female nursing managers that are captured, analysed, and interpreted from interviews undertaken with female nursing managers to learn more about the findings that emerged from the survey.

Chapter 8: integrates and compares findings from both quantitative and qualitative arms for similarities and differences by applying the guidelines by Johnson, Grove and Clarke (2019). This is illustrated in a joint display where the two sets of results, through a side-by-side comparison, assess the fitness of the two types of data in terms of coherence. Findings from the quantitative and qualitative data demonstrate confirmation, expansion, or discordance (Mccrudden et al., 2021). However, the concept of a joint display was added to the main text – throughout.

Chapter 9: discusses the main key findings of the study and the quality of such findings in terms of validity and reliability, credibility, transferability, dependability, confirmability, and reflexivity. It also highlights the strengths and limitations of the study and explains what it contributes to research and to female nurses within the state healthcare system.

Chapter 10: rounds up this research work. Recommendations are formulated based on the findings and suggestions presented by the respondents. It poses a few implications that lead to proposing further research. It also reflects on my own learning experience gained throughout this journey.

Chapter 2: BACKGROUND OF THE STUDY (Part 1)

Socio-cultural aspects and nursing in Malta

2.1 Introduction

This chapter aims to enhance knowledge about the Maltese environment where the research problem is being investigated, thus providing an informative platform for the study. This is done in an effort to help the reader develop a deeper understanding of the situation and grasp the emerging outcomes and decisions taken throughout the study.

2.2 Socio-cultural factors in the Maltese context

Different people in different places can interpret the social implication of the researched phenomena in various ways (Gurieva et al., 2022). Consequently, to familiarise with the local scene in which this study is conducted, some important social aspects that are influential in the life of the Maltese people are discussed. This chapter also presents an overview of the nurses' education and training they receive and the health organisation where they work.

2.2.1 Traditional habits

The Maltese culture is the result of a nation that fought hard to keep aggressors away from its shores, sometimes succeeding, other times failing to do so. A nation that spent several years under the rule of foreign leaders before it could finally claim independence and govern its own country. This has undoubtedly left a legacy on various aspects of the Maltese culture particularly, strong stereotypical beliefs related to patriarchal mentalities (Malta Cultural Association, 2009). Malta was for a very long time under the British colony and has adopted most of the British systems.

The Maltese family is highly valued and still closely united, extending good relationship to grand and great grandparents, aunties, uncles, and cousins. Despite being amicable, the Maltese people are rather more reserved than their Mediterranean neighbours. This characteristic may be attributed to a direct influence from the British. English, together with Maltese form the common national spoken languages of the residents. Although the country acknowledges freedom of religion, 93.9% of the population adheres to Catholicism (Malta Today, 2019)**.**

2.2.2 Employment

The social aspect of Malta is very challenging to the economic activity, mainly due to the expected significant ageing of its people over the next 20 years with the number of persons of working age per pensioner dropping from just under four to slightly above two, thus exerting more pressure on public finance (Briguglio & Cordina, 2018).

Female employment

Although Malta has the lowest rate of female participation in the labour market, there has been an increase in their participation in the job market, their ability to juggle career, work and family duties and their involvement in politics (Azzopardi & Bezzina, 2014). Watson (2019) states that currently women in Malta's parliament holds only 14% of the seats. However, amendments in the Maltese Constitution which will see an addition of 12 more seats for women if they fail to attain a share of 40% of the seats in the general election (Cordina, 2022) came into effect in the 2022 elections.

In 2019, the rate of Maltese women in the labour market among 20-64 years-old was 66.7% when compared to 86.7% of man, out of a total of 77.2% of employed people within the specified age group (European Commission, 2020). Like men, women also need to contribute their share to the Maltese economy to guarantee a sustainable economy in the

future especially in view of the demographic shift (Brown et al., 2011). Eurostat (2016) alerts that shifting in demographics is very rapid in Malta. As part of the general labour force, female nurses also form part of the country's economic contribution. Hence, female nurses need to be encouraged to stay in the workforce by giving them same rewarding career opportunities as their male colleagues. This may halt further depletion of the nursing profession and avoid aggravating future crises in the Maltese healthcare sector.

While female employment continues to increase steadily, the labour market remains gender segregated. In 2016, 26.7% of Malta's female employees worked part-time, while only 7.4% of the male workers worked in part-time jobs. This has allowed for more flexible work arrangements and gave rise to higher female employment rate since part-time work engagement for young mothers could compromise sufficiently for the lack of childcare support that they claim as being one of the major reasons for not entering the labour market or seek to develop their career. Childcare facilities are for children between three months and three years. While helpful, these measures are only effective short-term (Farrugia, 2017). Therefore, establishing measures to sustain support for working women throughout their career is very important.

One must note the unequal sharing of family responsibilities between women and men that is still a major barrier that hinders women's full participation in the labour market and in pursuing a career prospective. Married nurses who retain their work on full time basis, try to seek convenient hours and suitable rosters that support a work life balance. By the third quarter of 2016, 32.2% of employed women worked in the Services and Sales sector and 14.9% performed clerical and support duties (National Statistics Office Malta, 2017).

Maltese women account for only a 5% of CEOs (European Commission - Justice, 2016) and 11% of female representation on publicly listed company boards in Malta (Laiviera, 2020). Although the representation of women in executive leadership roles in large entities and

SMEs has increased, it is still considered substantially low. An article by Eurogender (2016) also states that significant challenges in the domain of power are being faced by the country. Malta scored 28.3 out of 100 in 2015 on The Gender Equality Index developed by the European Institute for Gender Equality (EIGE) for underrepresentation of women in decision-making positions in the political and economic spheres, and in the unequal division of time women and men dedicate to care, domestic duties, and social activities. Maltese women spend little time on sporting and leisure because they are strongly committed to their caring duties. Times of Malta (2019) reports how Marceline Naudi, Head of Department of Gender Studies, expresses her opinion on Times Talk how the Maltese women are still viewed by society:

> *"Women are perceived as less important, not as leaders but followers, as having to be submissive to the man. Women are there to serve the needs of the family and the man. We 'allow her' to go out and get paid. At the end of the day, in the vast majority of cases, women still bear the responsibility of the family and household." (Naudi 2019)*

Gender pay gap in Malta

With more Maltese women accessing the labour market, a widening of the gender pay gap is becoming more apparent due to several reasons, example, labour segregation and unequal pay for equal work. The gender pay gap rose from 7.2% in 2010 to 11% in 2019 and is expected to widen with the increase of women joining the workforce unless both genders are given same opportunities in the economy and treated equally in the labour market (Azzopardi, 2017). The gap widens particularly for employees between 40 and 49, when career promotions occur most. A time when persons should accomplish the peak of their career and reach the upper levels of their echelons (Azzopardi, 2017).

The gender pay gap does not only stop the Maltese population from having an inclusive economy and proper spreading of wealth but creates gender inequality at working age, thus affecting women's pension. Over the years, the effect of gender pay gap accumulates and by retirement age, a third more women are in poverty when compared to men. Considering that women live longer, they spend more years in retirement, thus risking not being able to live a decent life due to the long-lasting impact of the gender pay gap (Carabott, 2018a).

2.2.3 Towards gender equality

Within the employment sector, the Maltese government continued to set up different structures to bridge the gender gap. These include free childcare facilities for all parents who are working or studying. From this initiative 3,020 children were benefiting a service from 93 childcare centres, as of December 2016, (Department of Education, 2016). Another implemented measure in July 2015 included the setup of a maternity leave fund to eliminate discrimination against women at recruitment stage in any organisation, be it governmental or private. With the help of this fund, employers of private entities get reimbursed the salary of the 14 weeks' maternity leave paid to their workers (Legal Notice 257, 2015).

Gender issues in Malta are overseen by The National Committee for the Promotion of Equality (NCPE). Its primary task is to monitor the implementation of diverse legal acts and raise awareness on the rights and responsibilities regarding equal treatment in the different spheres of Maltese society. The committee has devoted itself to several initiatives to improve gender problems that are still posing big challenges. For instance, the NCPE launched a campaign to increase awareness on the necessity of men's role in gender equality, to balance a fair share of work-family obligations between the two sexes. This was followed by another initiative, the launching of public consultation on the National Children's Policy (in accordance with Directive 2014/54/EU of the European Parliament) aimed to improve the lifestyle and sustainable future of the younger generation in the areas

of personal development of the child, the family structure, the involvement within the community and State participation. The Equality Mark Certificate is another project targeted towards gender equality awareness at the workplace. This certificate is awarded to those companies whose ideology and structures are based on gender equality, and the recognition and promotion of the potential of all women and men alike (National Committee for the Promotion of Equality, 2016). This gives more opportunities to women to advance in their professional career. To address gender imbalance, the NCPE has also developed an electronic Directory of Professional Women to promote their professionality and their competence, thus exposing them to better opportunities of being appointed in higher up decision-making senior positions.

2.2.4 Family-friendly measures in Malta

In Malta, family-friendly measures such as free childcare, time off for care responsibilities and paternal/parental leave have been established to encourage women to remain in their job and others to enter the labour market. Yet, structures need to be strengthened to increase the participation of a wider segment of women (Mallia, 2019).

The first beneficial measure implemented in the Maltese public sector was the maternity leave in 1984. Over the years, other policies and measures were enacted for example, Adoption Leave, Appointment of Public Officers on Maternity or Parental Leave, Leave to Foster Children, Marriage Leave, Teleworking, Unpaid Leave-General Condition, and Urgent Family Leave (Employment Relations Department, 2008). Several state and private childcare services, such as childcare facilities, the breakfast club and Klabb 3-16 are available on the Islands (NCPE, 2019).

With more men accessing family-friendly measures to share in the responsibilities of their family, women can get the support they need and consequently their opportunities to career advancement increase.

In a society where Maltese women are still struggling hard for their rights, it is even more difficult for them to attain deserving posts in higher echelons, posts they should have earned through hard work. experience, and competence. The situation in the nursing profession needs to be explored to shed more light on the limited knowledge that there is available, with the intention of designing and adapting appropriate supportive measures.

2.3 Education

Tertiary education attainment of the Maltese women has increased significantly over the past 15 years (14.1%) but is still below EU average of 24.8% for women. Records reveal that female students are surpassing males in tertiary education. For instance, 57.4% of students graduated from the University of Malta (UoM) and 51.7% graduated from the Malta College of Arts, Science and Technology (MCAST) in 2016 (National Committee for the Promotion of Equality, 2016). The UoM and the MCAST are currently the two only tertiary educational level institutions in Malta.

Today, however, almost 60% of Malta's graduates are females, and more women than men have graduated from the University of Malta since 1997. Yet the top positions in the major top categories of employment remain dominated by men (Malta Independent, 12 June 2018).

2.3.1 Nursing education in Malta

The Faculty of Health Sciences, University of Malta, is the sole educational body responsible for nursing education and training in Malta. It was established as a faculty in August 2010 and is constituted of 12 departments, each offering a degree programme leading to a health care profession. Courses in various specialisations are offered and some

of them also offer MSc. and PhD. programmes. Before 2010, it was the Institute of Health care, set up in 1987 as a University Institute that was responsible for developing health care professionals. Before 1987 nursing training was delivered by the Nursing School which was situated on St. Luke's Hospital campus, the only teaching, acute general hospital at the time (Faculty of Health Sciences, 2017). Initially, students were mainly clinically supervised by foreign lecturers and the nursing managers of the clinical areas. In the 1990s, the nurses who graduated from the UoM took over the nursing training programmes of the students.

Figures 2.1 and Figure 2.2 show annual statistics of qualified nurses by gender released from the Institute of Health and the Faculty of Health Sciences (UoM) into the nursing stream from year 2002 to 2020.

Figure 2.1: Qualified nurses from IHC by gender

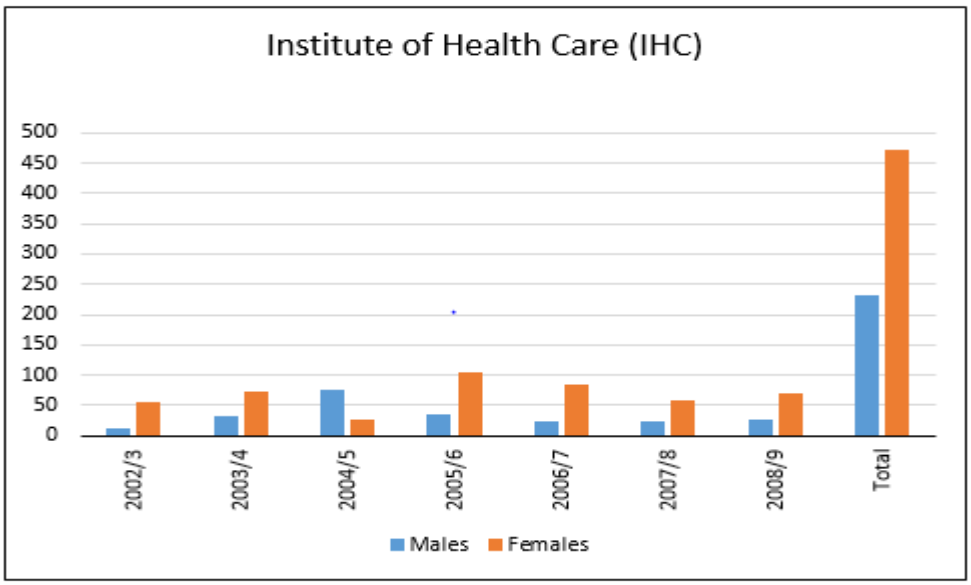
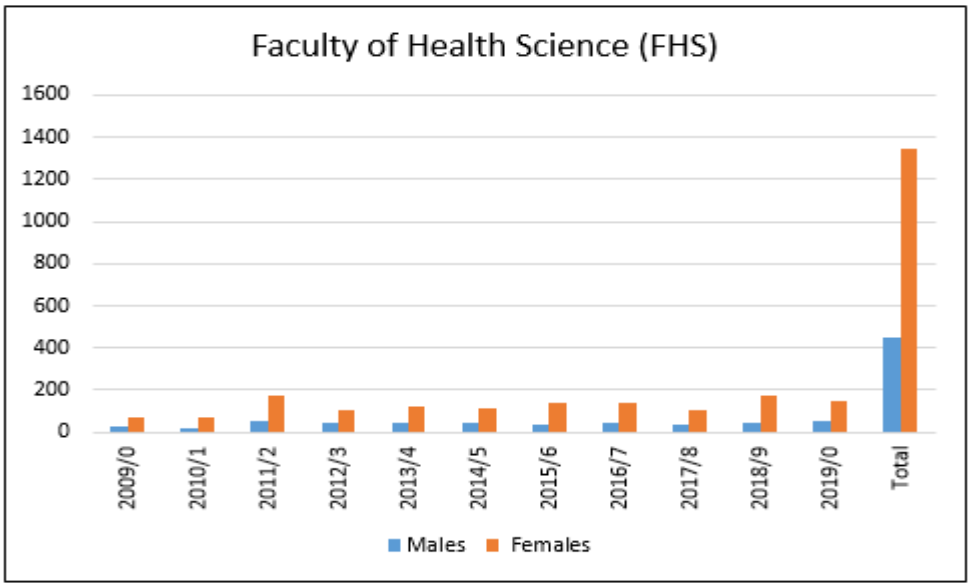


Figure 2.2: Qualified nurses from FHS by gender



Both figures show a regular distribution pattern of more female nurses than male nurses qualifying each year from the UoM. Only during year 2004/5 more males graduated than females. No concrete evidence accounts for this cause, though explanation from the Directorate of Nursing, attributes this phenomenon to the EN to SN Conversion Courses opportunities and the aggressive nursing career opportunity campaigns launched in the previous years to attract as many young talent as possible for the new and larger acute national hospital which was still under construction. At the time, both the Ministry of Health and the MUMN were conscious that the migration of St. Luke's Hospital to the newly built Mater Dei Hospital was going to prompt a high demand for nurses (Debono Galea, 2010). Roughly, twice as much female nurses than male nurses graduated from IHC between 2002 and 2009, whereas about three times as much female nurses graduated than male nurses from FHS between 2009 and 2020 (University of Malta, 2017).

Like most of the other countries the demand for nurses in the Maltese healthcare market greatly exceeds the supply which currently comes from a single academic source - the UoM. The need for the nursing profession has increased remarkably over the last few decades in relation to opening new services and taking up new initiatives to meet the public demand.

Notably, in the Maltese healthcare system the medical model is dominant, although professional diversity is slowly gaining more popularity in the Maltese healthcare sector and more coordination and team collaboration is featuring among the multi-professional teams. When it comes to promotions, the stressful feeling of competing can be experienced by the applicants. Being a very small country, over-populated and limited in opportunities make career advancement competitions a big challenge. However, its patriarchal belief, which is a major issue, makes it even harder for female nursing managers to pursue their career pathways.

2.4 Brief overview of the healthcare system

The health care services in Malta, as well as other social services like pensions, are primarily funded by the government through taxation and national insurance and is centrally organised and regulated (Azzopardi Muscat, et al., 2014). Services such as, specialists' interventions, hospitalization, medicinal prescriptions for vulnerable societal groups and those people suffering from chronic health conditions which are included in the government's formulary list are free at the point of use for the Maltese citizens.

It is mainly constituted of three directorates: The Directorate for Policy in Health, the Directorate for Health Care Services and Health Regulation. The Health Care Services are mainly divided into primary health care, acute and tertiary care, rehabilitation, mental health services, care of older people and community care. Newly qualified nurses are asked to give their first three preferences for where they would like to be deployed. However, most of them are deployed to Mater Dei Hospital which is the main Maltese acute hospital where most of the vacancies are created. After a year in the relievers' pool where the nurses are exposed to a wealth of experiences and training, they are then given a fixed post, possibly suiting their preferences. Many of them find their niche in that clinical area and seek a career

pathway that fulfils their lives, mainly specialising and advancing in clinical areas, or taking opportunities in venturing into managerial careers.

2.5 Top positions in the Maltese State Healthcare Organisation

Gender barriers in Malta are of greater concern (Carabott, 2018b). Almost all ranks of top corporate positions in the Maltese state healthcare industry are predominantly occupied by men. These include particularly posts of a Chief Executive Officer (CEO), Chief Operations Officer, Chairperson, Director General, Director and Assistant Director as can be seen in Table 2.1. It can be noted that the number of women occupying top level positions decreases as the position level increases. Moreover, according to information provided by the Ministry of Health (2022) two men in nursing occupy a headship position of a director, but no female nurses are among those women who occupy a top position in any of the positions within the corporate hierarchy of the healthcare organisation.

Table 2.1: Senior management positions in the state healthcare system by gender

Gender	CEO		COO		Chairperson		DG		Director		AD	
	POT	Call	POT	Call	POT	Call	POT	Call	POT	Call	POT	Call
Female	2	0	0	1	9	1	1	2	0	8	0	21
Male	5	0	6	1	10	19	0	3	0	16	0	11

2.6 Summary

This chapter initiates by introducing the socio-cultural perspective of the Maltese and highlights a brief background information on the education received by nurses while indicating some of the opportunities they have to further their academic prosperities. An overview of the health care system where nurses train, learn and practice their clinical skills, share their professional expertise, grow, and plan their future career is illustrated.

Chapter 3: BACKGROUND OF THE STUDY (Part 2)

Familiarizing with gender barriers

3.1 Introduction

This chapter aims to provide background knowledge on gender barriers which the literature presents as obstacles to women's career progression. Gender discrimination in the workplace is a common denominator to all women's experiences. Therefore, situations faced by other women outside nursing are likely to be like those that Maltese female nurses are currently experiencing in their workplace. While information on gender barriers is in abundance in the economic market outside the nursing profession, it is limited in nursing (Downs et al., 2014).

3.2 Method

The information exhibited in this chapter has emerged during an initial scoping review of the literature at the beginning of the project which aimed to enhance the knowledge on the topic. The search was conducted using keywords derived from the initial research question. Terms, such as glass ceiling, were also used. Searches were conducted by accessing databases including Academic Search Premier, Web of Science and contemporary literature. The intention of presenting this knowledge in this chapter is to raise awareness about gender barriers for the reader. Since this study is undertaken among nurses, reference is made to information related to gender discrimination in nursing if available. With a clear picture of the consequences that gender barriers create in the life of female employees, the reader can better understand the outcome of this study.

Guided by the overall knowledge that exists on gender barriers, these barriers are organised in this chapter under *Society's expectations and stereotyping barriers*, *Intra-business barriers* and *Individual barriers*.

3.3 Section A: Society's expectations and stereotyping barriers

The different biological composition of men and women influenced by cultures and traditions have together created the platform on which the perceptions and expectations of society are built. This is part of the nature/nurture debate which forms the main agenda of women activists (Levitt, 2013). Moulded together they determine the roles people are expected to play. Therefore, men and women in nursing face the same ordeals. Although men may suffer the consequences of gender barriers, it is mainly women who suffer gender barriers.

3.3.1 Gender roles

In the prehistorical times of the hunter-gatherer family, people expected the woman to be a mother and a carer while the man was expected to play the bread winner role of the family. The habitual sharing between a male, a female and their offspring forms the basis for the human family as we still see it today (Babcock & Laschever, 2012). However, feminist anthropologists have criticised this theory saying the concept of prehistoric society is constructed from a gendered lens, by not acknowledging the role women play and giving an interpretation that the whole complex of economic reciprocity that dominates much of human life is unique to man. Thus, placing women in a subservient position to men (Parker & Stepler, 2017). Humans interpret the past and nature in relation to their own perceptions or according to influences from dominant cultural concepts, consequently allowing these perceptions to condition their life patterns. In modern society, gender inequality still exists,

and the concept of the hunter-gatherer sociology is reflected in the sexual division of work (Parker & Stepler, 2017).

Theories of gender differences

The Human Capital Theory explains women's scarcity in management as it favours men when it comes to building a personal competitive portfolio (Emrullah, 2014). It focuses on the investment made by the human towards the acquisition of education, training, and experience. The theory predicts that the greater investment in the human capital, the greater are the chances of better job opportunities. This highlights the different job opportunities posed to men and women and subsequently gender inequality at work which is still evidently in existence. Women's employment can be intermittent because of domestic responsibilities that are considered outside the jobs market and do not add to market value. The theory compares capital achievement of skills and knowledge to the effect of the economical calculations in terms of costs and benefits paid back to an individual.

This theory argues that since women and men differ in their capital investment, because childbearing and housework responsibilities are perceived to be a woman's job, then one expects that women and men should receive different treatment at work as a natural result of the labour market (Cvencek et al., 2014). Today this rationale is no longer acceptable. Economically, the world cannot afford to count on only 50% of its population contributing to labour productivity when women are now achieving academic credentials that sometimes even exceed those achieved by men (Mather, 2017).

Culture, however, is changing as more women are entering into the paid workforce. Yet, women are not progressing at an equivalent stride as men. Gender stereotype attitude represent a socio-cultural construct which fluctuates across time and nations (Kagesten et al., 2016). Returns on investment in human capital are more advantageous for men than for women even when their investment is alike (Law, 2019). This issue is reflected in the wage

gap that still exists as can be noticed in the financial earnings gap of women and men in European Union countries (EU). In the EU, women earn 13% less than men (European Commission, 2022).

In conclusion, Human Capital Theory bases its assumptions solely on the individual's rationale and voluntary options in terms of investing in human capital but fails to account for social and cultural factors that unfortunately differentiate and discriminate against women as opposed to men in terms of voluntary choices in training, education, and experience investment. Although in many countries effective policies have been enacted for equal educational opportunities for both genders and for developing talented women into leadership positions, some countries may still need to enforce these measures to counteract from an early-stage societal sex-role expectation and subsequently improve the situation at work by creating opportunities for both genders alike (Bian et al., 2017).

Gender discrimination is not limited to just loss of opportunities for women that they must succumb to, but because of discrimination a domino effect of unwanted and unpleasant repercussions proliferates (Bian et al., 2017). A leadership position, for example, has strong masculine connotations as highlighted in the following section.

Perceptions of a leader

Over the last few decades, leadership has been constantly viewed as a job position which favours men and discriminates women (Biddle, 2018; Eagly & Carli, 2007; Jogula & Wood, 2006) since leadership is closely tied with the concepts of power, authority, status and position, and believed to be effective if attached to the masculine gender... *think manager – think male* (Schein, 1973), thus 'manager equals male'. For instance, in their meta-analysis Koenig et al. (2011), investigated three paradigms, that of Schein's (1973), *think manager – think male*, Powell and Butterfield's (1979), *agency – communion paradigm* and Shinar's (1975), *masculinity – femininity paradigm*. All the paradigms supported masculine

stereotypes of leaders. People perceived leaders to be like men but not like women, as more agentic than communal, and as more masculine than feminine. In contrast, one study on substantive gender differences in leadership behaviour by Kaiser and Wallace (2016) precludes any bias against women leaders. Analysis indicates that women apply more forceful operational style associated with the tactical management of implementation, while men adopt a more strategic-enabling style associated with senior organisational leadership.

As researchers continue to explore leadership, different theories continue to emerge, and different definitions are established for leadership. Throughout the years, leadership continues to be defined and redefined to reflect the dynamic changes and needs of the organisations. As defined by Ayub et al (2014) leadership is the ability to develop and communicate a vision to a group of people that will make that vision true. It is a process by which a person influences others to accomplish an objective and directs the organisation in a way that makes it more cohesive and coherent.

Today organisations have embraced more women within their hierarchy, yet again, the numbers of female leaders in the top posts are still incomparable to those occupied by men. Catalyst (2019) reports that women are underrepresented in the labour market sphere, even though they may have the appropriate qualities to lead. In corporate America, for instance, women occupy only 20% of the executive places (McKinsey & Company, 2019).

3.3.2 Gender perceptions and expectations in nursing

Socio-cultural perspectives have always played an important part in workplace conduct. For decades, stereotypically opinionated people perceived men in nursing as anomalies, effeminate, homosexual, deviant, or weird (Barrett-Landau, 2014). It was impossible for people to accept a man engaging in what is considered women's work. These assumptions which are not based on the personal assessment of lifestyle and sexual orientation, are

derived from beliefs connoted with masculinity (Cottingham et al., 2016). Yet, throughout the years, this perspective about men in nursing gradually started to turn into a historical event on varying levels worldwide. The proportion of men in nursing has almost tripled since 1977. Today, men in nursing represent 11% of the global nursing population (Auerbach et al., 2017).

Florence Nightingale's role, in the 19th century, firmly established nursing as a female job. Nightingale viewed every woman to be a nurse as she perceived women as having the natural attributes of a nurse, such as gentle, docile and empathic. Thus, women entering nursing was simply an extension of their domestic roles. Some researchers like Barrett-Landau and Henle (2014) insist that some people still view nursing as a job more appropriate for women because they are seen as more caring and compassionate. Florence Nightingale believed women needed no education prior to working in hospitals, since the required training could be obtained from hands-on practice under the guidance of men physicians. Today, patient's care plan is the responsibility of the multi-professional team. Hands-on-practice is no longer sufficient and health organisations invest financial fortunes in training and educating nurses (Patel, 2018).

More men are entering the nursing profession (Carson-Newman University, 2018; Pierman, 2017). However, this does not necessarily indicate progression in the integration of masculine and feminine sex roles. In female-dominated occupations like nursing, patriarchal gender relations show a high valuation of all that is male and masculine. This reflects in a disproportionate number of men in the administrative and elite specialty positions (MacWilliams et al., 2013).

Men in nursing are perceived to have more physical strength and to be better at dealing with machines than their female colleagues (McDowell, 2015; Cook-Krieg, 2011) with the result that they are assigned to a limited number of special units. These special units are mainly

chosen by men because they align with masculine traits. These jobs offer increased pay and enhanced prestige (McDowell, 2015). Huppatz and Goodwin (2013, p. 291) call this 'gender capital', where the characteristics of masculinity often act as an advantage for men entering feminized occupation.

Some scholars, for example Wojciechowske (2016), denote that although men benefit from the glass escalator phenomena, in female dominated careers they face gender discrimination, job discrimination and high levels of work-related stress. Men in nursing tend to suffer several challenges to their masculinity, both through working alongside women and from performing roles considered by society as one woman normally undertakes (Cottingham et al., 2016). For example, men in nursing are prohibited from completing personal procedures on female patients such as cervical smears without being chaperoned by a female nurse. Furthermore, men in nursing may be denied the opportunity to work in certain areas such as labour wards (Golden, 2018). In Malta, for example, men (nurses) are not allowed to work in the maternity wing and midwifery. More female nurses are recruited in the nursing homes for older people because men are not allowed to carry out certain intimate caring duties unless accompanied by a female nurse. Older Maltese female residents in the Homes belong to a generation brought up in a strong gender stereotypical culture and refuse the assistance of males when bathing or need to have their nappy changed.

It is believed that men in female-dominated professions have limited role models and mentors because they are fewer in number than their female colleagues (Rischer, 2019). This statement makes sense only for those working in the clinical areas because there are more female nurses in these areas than there are males. However, when considering managerial positions, men have an advantage since their representation is much greater than that of women (MacWilliams et al., 2013). Yet, the literature indicates that gender discrimination does not occur only towards women, but men may also be victims of

discrimination. However, it indicates that women suffer most from discrimination at work (Geiler & Renneboog, 2015).

3.4 Section B: Intra-business barriers

The future career of women is shaped by several factors that strongly influence their progression. For instance, the assessment of the organisation's needs and the performance are both strong influencers. Consequently, this section discusses mainly the intra-business barriers that impact women's career.

3.4.1 Family friendly measures

Couples where both the man and the woman work, need to maintain an open and constant dialogue to keep a healthy balance between two important commitments in their life, that is work and family. Doubtless, welfare state policies are also another important factor that support the development of the relationship between family and work (Liu et al., 2019). Notwithstanding a rapid increase in women's level of participation (Berg et al., 2014) and an increasing number of single parents having to raise their children and work at the same time, companies need to develop innovative ways to organise work and create new organisational and public policies (Bakker & Karsten, 2013). Introducing family-friendly measures is often unclear and may impact the employee and the company, both positively and negatively. However, the coordination of the dual roles of a dedicated parent and a loyal employee entails an interplay between issues at three different levels that include the government and the individual apart from the company (Beruf und Familie., 2015).

Given the current economic situation, it might appear inappropriate for companies to invest in family-friendly practices, but research has shown that the effective introduction of such practices can bring many tangible advantages to organisations as well (European Commission, 2018). For instance, the European Commission (2018) highlights that flexi

working resulted in increased productivity, On the other hand, employees were more committed and identified better with their company since they were more satisfied with the opportunities that they were offered to reconcile work and family life (Chou & Cheung, 2013). Execution of family-friendly measures benefit both employees and managers if implemented well. Employees can manoeuvre better to make ends meet and maintain work-life conflicts at manageable levels, while managers can potentially accomplish better performance results overall.

Family-friendly measures include a wide range of practices to help balance work and personal life demands, such as *flexible working arrangements* (Rondaviers, 2013): for example, job sharing, teleworking; *supportive arrangement*: for example, financial contributions, work-family coordinator; *childcare arrangement:* for example, childminding, summer schools, summer camps; *additional family related leave*: for example, maternity leave, career break scheme.

Despite the beneficial intention that these measures have, organisations may suffer additional costs from absenteeism, staff turnover, poorer quality of work and accidents at work if employees fail to balance their work-life commitments (Antai et al., 2015). Awareness of the shifting circumstances where different kinds of support at different points in life and career are needed by the individual workers is essential.

If family-friendly measures are to be practically efficient, employees must be included more in the design of family-friendly conditions and policies. It is critical to have a comprehensive view of the 'family' extending beyond childcare duties for women, to include others dependent on any worker, male or female, for care and support, such as a disabled or older family member when designing work-life practices.

3.4.2 Networking and socialising

Successful networking and socialising are often seen as facilitating promotion prospects. Networking and socialising assist employees understand the political and cultural aspects of a company (Jouharah & Barbara, 2015). They empower employees and influence career growth (Mardelli Haroun, 2017).

Formal selection process of a new employee constitutes just a part of the hiring process. Along with it is an informal mechanism which involves drawing personal opinions from a third party, thus influencing the selection process. Opinions may be based on objective information about an applicant, for example, examination results, but can also be related to the employer's subjective assessment of the applicant's motivations, skills, and likelihood of success (Barthauer & Kauffeld, 2018).

Informal groups and networks of powerful employees are crucial to career advancement (Kandola, 2019) and apparently, women suffer a limited or denied access to these links. The 'old boys' networks, for example, is a known active network. Kandola (2019) claims that the network helps with choosing people within the network for a job or a position. The effect can be observed in a study by Menasce-Horowitz et al (2018) where women made up only 22 percent of Fortune board members and 5 percent of CEOs. Men often downplay the importance of the networks and the benefit they derive from them (Dambawinna, 2016).

3.4.3 Mentoring and role modelling

Potential managers often require undertaking training sessions which facilitate their transition into their new position. Training gives them the opportunity to learn more about their role and what is expected of them, enhance existing skills and learn new ones, as well as gain confidence and independence (Engetou, 2017).

Athey et al (2014) indicate that homogenous trainers are preferable because the trainer and trainee can enjoy more rewarding mentoring relationship and increase the potential of lower-level worker. Yet again within the present circumstances where females are few at top levels, this provides minimal opportunities for their lower scale colleagues to signal their competences. Conversely, men have an advantage because their representation at the top is denser, exposing them to more male mentors and models (Martineau & Mount, 2018). Besides, male leaders tend to subconsciously seek out mentees who remind them of themselves, women often get left behind in this process and are under-promoted (Goldstein, 2016). Yet with women earning more qualifications than men, it should follow that employers should see that every effort is taken to recruit, train and develop women's career (National Center for Education Statistics, 2019).

3.4.4 Chauvinism and sexual harassment

Sexual harassment, such as unwanted behaviour, are still common in this era and account for a significant part of the obstacles that women face today. Barriers, that can make it difficult for women to move on in their career (ILO, 2019). The impact of sexual harassment and chauvinism is one of fragmentation and destruction of the victim's identity and self-morale. Consequences include humiliation, self-blame, anger, loss of self-confidence, low output, resignation, transfer, demotion, loss of jobs, job dissatisfaction, damage to interpersonal work relations, various economic losses, and progression barrier (McLaughlin, 2017). Most of the complainants about gender sensitivity and sexual intimidation are females. Possibly men do not admit incidents of this type simply because they do not acknowledge being in a weaker position. Literature shows that at any point in time almost all women suffer sexual harassment at work (McLaughlin, 2017). Some women may feel embarrassed and find it difficult to speak about it, hence they choose to endure the

situation and suffer in silence. Those who decide to report the abuse may not find the support and end up more victimised or ostracized at work (ILO, 2019).

Power-threat theories state that women in authority are more frequent targets than men in authority (Langer, 2017). The author contends that women in leadership may be harassed in a way as to equalize against their power conferred to them by their job position. Male supervisors are more likely to harass female subordinates, more so if they do not feel as competent (Halper & Rios, 2018). Sexual harassment has negative connotations for women as they may be reminded that they are not equal to their male peers. On the other hand, this behaviour gives men the sense of entitlement and the illusion that the public sphere really belongs to them and not to women.

3.4.5 Unequal opportunities for female nurses – Male tokens

Historically female nurses have reportedly suffered discrimination. A report published by Statistics Canada (2010) on registered nurses in Canada, U.S., U.K, and Australia establishes that despite the massive, skewed numbers towards the female gender in nursing, the male representation in senior management positions is high, such that 45% of senior management positions in U.K. are held by men. Furthermore, in his survey conducted on 1,500 nurse leaders from New Zealand, Canada, China and Saudi Arabia, Regan (2012) states that the future of the nursing profession is increasingly developing into an occupation divided between men managers and women ward workers. Men advance into management at a younger age and faster than women (Launder, 2019). With a focus on female-dominated occupations such as nursing, Ross (2019) claims that while women in male-dominated occupations suffer discrimination, men in female-dominated occupation enjoy advantage over women, although the researcher states that the situation is changing.

The attributes of feminine values of professional female nurses, that is to care and to nurture, continue to support their male colleagues' status and power (Clow et al., 2014). This is supported by the female nurses in the context of oppressed group behaviour which is derived from the virtue of their subordinate status in patriarchal society (Barrett-Landau, 2014). Besides, the characteristics of the powerful group are perceived as being the best that can be achieved, ending up with the oppressed groups admiring the oppressor behaviours and strive to be like them (Palmer et al., 2018).

Discriminative barriers that effect career progression bring about other adverse consequences that victimise women, such as for example difference in wages. Lack of supportive measures and gender stereotypical behaviours, for instance, hold back women from occupying high income executive roles that bring with them high financial earnings (Scheider & Gould, 2016).

3.5 Section C: Individual barriers

Individual characteristics, values and abilities are often attributed to career enhancement because employers look for job candidates with personal aspects that positively contribute to the organisation (Avub et al., 2018). In this section, some of these aspects will be discussed.

3.5.1 Leadership style

The complex changes occurring in healthcare today, such as a steady increase in population, health advancement, and a more integrated model of care, mandates a more collaborative and transformational leadership style (Iqbal et al., 2019).

Preference for transformational leadership is historically recorded. Lai et al. (2020) emphasize the need for transformational health professional leaders, who are likely to serve as catalysts for expanding a holistic perspective, empowering health personnel at all levels

and maximizing use of technology in the movement beyond even patient-centred health outcomes. She states that professional healthcare leaders must participate as activists in the shaping of healthcare policy, in the political and organisational decisions surrounding its implementation, outcomes and rewards. Urden and Monarch (2002) specify that female nursing leaders are perceived to be knowledgeable risk takers guided by their operational professional experience. Nurses are viewed as integral to providing patient care services, a virtue necessary for the survival of the health organisation.

Over the years, research has shown a variation of public opinions, both positive and negative toward the image of nurses. For instance, Porter O'Grady (2011) believes that the professional self-image of nursing portrays the nurse as a significant influencer and key player in public policy, politics and healthcare leadership and therefore should be seen by policy makers as essential and equal partners in policy decisions at the national, regional, local, institutional, and practice levels.

Heightened by the knowledge that women are recognised as the gender associated with ascribed transformational traits (Begum et al., 2018; Eagly et al., 2003), then it is a privilege for better prosperities of health organisations if trajectories into strategic headship posts are made more patent and flexible for female nurses.

Effective, influential, and transformational leaders are recognised through catalysing their teams to deliver at higher levels to achieve the organisational breakthroughs required in today's healthcare settings (German & Lemak, 2016). According to German and Lemak (2016) breakthroughs are not the result of managing change, motivating people, or creating alignment, but the revolution of transformation flows from the evolution of a capable individual into a contributing team member, a competent manager into an effective organisational leader. The focus on visions, strategy structure, and tactic will not transform the industry; only leadership will. Recognising and defining the leaderships between and

among leadership and organisational performance is the key component to the creation of high-performing systems and cultures of the future.

Throughout the years the literature also highlights how businesses with unhealthy workforces may suffer the consequences of high absenteeism (Whitehead, 2006), poor output (Musich et al., 2004), negligence (Rodham & Bell, 2002), higher rates of accidents (Johnson et al., 2004), high levels of stress and burnout (Olofsson et al., 2003), and more incidents associated with health-related litigation (Kessler et al., 2004).

With reference to the local healthcare industry, the biggest of all industries on the Islands, one can understand how important it is to dissociate gender from leadership but be well versed with identifying the right mix of personal attributes to assist in the achievement of very demanding, dynamic, competitive, and complex missions. Gender diversity offers opportunities to appoint the best managers on the market, since female healthcare professionals, like their male colleagues, also have valued characteristic attributes to offer. As leadership situation becomes more complex and varied, the personal traits play a substantial role in predicting success. Effective leadership is particularly crucial to high quality care, patient's safety, and attitude-positive staff development in healthcare (George & Bettenhausen, 2013).

3.5.2 Career aspiration

Career goals provide the internal drive that can help us achieve goals in our career development. Connley (2020) points out that scarcity of US women representation in the executive places is not associated with lack of ambition since a survey among 1,068 women indicated that 54% said they were 'very ambitious' to advance in their career and 35% said they were 'somewhat ambitious'. However, women may have low ambition because they have different career preferences than those of their male counterparts (Parker, 2015). Lack

of confidence is believed to be another issue which impact negatively on ambition and suppresses women from advancing (McKinsey & Company, 2014).

In their report, McKinsey and Company (2014) state that women and men have similar career ambitions. Out of 1,400 managers from a wide range of companies worldwide, 79% of all mid-level or senior-level women state that they wish to reach a top management position over the course of their careers compared with 81% of men who worked in similar jobs. The report adds that female senior executives who are close to the top posts strongly agree, more than their male peers, that they have top management aspirations and want to advance in their organisations. However, they were much less certain that they would achieve such top positions. Only 69% of interviewed middle and senior female managers were confident they will achieve their aspirations, as compared to 83% of their male colleagues. This report supports a relatively old study by Riley and White (1994) where they attempted to analyse the obstacles encountered in the successful leadership pathways of 15 British women from among 404 CEOs in local authorities. An observation by the four internally appointed CEOs was that although they were prepared and knew they could take the next challenge and step into the CEO post, they felt surprised when they were short-listed. Women tend to be ambitious but may feel less confident in attributing their promotion to their own capacity. May be, the strong believe that very few women make it to top posts makes them project themselves as lacking self-confidence in view that they never expect it could happen to them.

Brands and Fernandez-Mateo (2017) describe how senior female executives who were competing for top management jobs in the UK, became very reluctant to apply for a job if they were rejected for a similar job in the past. The effect of rejection was felt more strongly by women than by men (1.5 times as strong). The authors could not offer any explanation to this phenomenon. Yet, they believe that rejection is a routine scenario of corporate life

where regular promotions, important project assignments etc. get rejected. One must play the game as many times as necessary, irrespective of any repeated disappointments as this will help. Such challenges are continuously being met in real life and many employees have already had similar experiences at one time or other.

Stories have also been heard where women drop out after being selected for the job because of risk aversion or a lack of confidence. Possibly they did not think they were not competent enough but maybe because they thought they would not be valued or truly accepted at the highest grades, thus sending subtle messages that the highest echelons of the progression ladder are intended only for men (Brands & Fernandez-Mateo, 2017). Instead of withdrawing from these challenges, women who know they have the right capabilities for the job should feel more certain about themselves and confident that they too belong in the upper echelons of organisations. Kamala Harris, the first female vice president in U.S. history is doubtlessly a living idol to women in today's world. Quoting her powerful speech from LAID Law Scholars (2020 p. 1), she stated "Dream with ambition, lead with conviction". A strong statement that gives women courage and self-esteem, never to compromise on oneself or one's beliefs.

3.5.3 Preferences

Traditionally, women are perceived to possess homogenous preferences towards family, but Hakim's preference theory (Hakim, 2003) denotes that women have heterogeneous preferences regarding family-work balance. Some women value family, others work, while some are in between, meaning that women make their career and family choices based on their personal preferences. Despite noteworthy progress achieved in gender equality, especially in education and employment, many women, particularly mothers, still prefer to take on most of the household and familial duties (Andrew et al., 2021). Traditionally, the gender role model prescribes that men engage in household tasks that involve physical work

with objects, such as home fixes and maintenance and women take the responsibility for childcare and domestic tasks (Kuo et al., 2018).

Across countries, even among those actively promoting equality of the sexes, the labour force participation rates of women, while substantially higher than the past, remain below those of men. Employment rates generally decline for women during parenthood and increase for men (Chamie, 2018). Women most often are the ones who prefer to make compromises when the needs of children and other family members collide with work (Parker, 2015).

Despite these theories, gender preference differences feature in other aspects of their behaviour, for example, the desire to compete. Although both genders have similar abilities, Buser (2019) sustains that men have a more competitive attitude than women. This can be viewed as either that women dislike competition or have lower self-confidence in their skills than men. Women shy away from competition because they are less willing than men to compete against others (Kesebir, 2020; Mollerstrom & Wrohlich, 2017). According to Migheli (2019) promotion to top echelons is like a tournament game with only one winner. If women shy away from competition, then the gender gap in advanced management roles may be increased. Similarly, other researchers believe that women do not often get what they want because they do not ask for it. Women are less likely than their male work mates to promote their own interest and negotiate salary increases because they fear they will violate societal norms, communal female behaviour and be punished for it (Konnikova, 2014). Poor negotiating skills of some women coupled with social bonding among men, help men move up the ranks of their companies faster (Cullen & Perez-Truglia, 2020).

3.5.4 Competence

Employees' competences are critical to career advancement (Chen et al., 2019). Gender stereotypes not only affect how men and women are perceived by others, but they also affect how people view themselves. Women have been found to perceive themselves as less competent, especially in areas traditionally regarded as masculine (Telhed et al., 2017). Having lower trust in one's competence has detrimental effects. It has been shown that being exposed to the risk of being discriminated against lowers the individual's belief in one's performance capability (Quinn et al., 2013). In the case of women, performance was particularly reduced in leadership and managerial tasks (Hoyt & Murphy, 2016).

Einarsdottir et al (2018) interviewed 11 experienced women in Iceland in middle management positions of some of the largest organisations in the country to explore why they are not overcoming barriers to move up to top management levels. Findings do not indicate lack of competence. They indicate that women find a closed network to top management because such jobs are mainly created by men for men and that they do not fit the gender stereotype of the male executive role, thus feeling pressurised to adapt to the masculine gender role if they want to advance. Report of another survey by Brookfield Inc. (2016) shows that women account for only 25% of International Assignments which are considered key requirements for career advancement. Lack of international experiences may be an obstacle to the career progress of women. In general, the literature clearly indicates the common glass ceiling experiences that women must endure in their carer progression.

3.5.5 Work-family interface

The dual role of the woman as an employee and carer has inevitably brought about conflicting responsibilities and commitments, a double bind situation that cannot be avoided. A balance in the roles can only be achieved if family members and organisations

offer their support. Finding the right balance between work demands and family life is likely to engage more female workers in their job. An imbalance in the dual role of female workers may threaten a negative spill-over effect (Gragnano et al., 2020). Therefore, member states (MS) of the EU have offered several helping schemes to support families and reduce work-life conflicts. The Directive (EU) 2019/158 of work-life balance, which was introduced recently by all member states, sets new or additional measures for parents and carers of both sexes. The directive aims to achieve equality of treatment and opportunities in the workplace for all employees (EU Directive Work-Life Balance for Parents and Carers, 2019). Beneficial schemes take various forms, such as leave types, sharing schemes, financial support and mechanisms, and family friendly measures at work (UNICEF, 2019) to support families and reduce work-life tensions.

Traditionally, the woman is considered the caring person who looks after the family, nurture her children, care for close older relatives, and carry out the house errands. To-day women still tend to designate greater priorities to and spend more time in their family responsibilities. Things have not changed much in the 21st century. There still exists the long-hours culture or child-blind organisational time schedule which supports the habit of early morning and evening meetings, which eat into out-of-hours and domestic time, potentially making attendance difficult for women, or makes their lack of attendance embarrassing (Kodagoda, 2018). These are reported common experiences in the life of female managers. The authors states that work-life balance is very strenuous for women with young children since they are their main carers. These mothers find it difficult to balance their responsibilities especially when assigned additional responsibilities in the organisation. When the job becomes demanding and encroach into family boundaries, women may experience conflict which impact not only on their career outcomes but also on their physical and mental health.

Besides, career advancement policies stipulate the age period from 30 to 40 years as the perfect time for career enhancement, the same intense age period when most women are rearing their children (Moritz & Karve, 2018). In other words, women taking career breaks to manage their family responsibilities will automatically be eliminating themselves from any career competition. If like women, men also make use of work-life balance practices, family-friendly measures will no longer be viewed as an obstacle to female employment and promotion opportunities.

Business career success is grounded on a male career model which ignores the influence of marriage, pregnancy and children, and household duties. While it can be extremely rewarding in many ways, it can have unintended consequences for mothers who want to pursue a career while raising a family. The motherhood penalty can affect women as they attempt to make a steady climb up the career ladder. The struggle between family responsibilities and work commitment, caused by lack of social support to balance the life role of women, reflects the absence or shortage of top management positions (Kossek & Lee Kyung, 2017). Women feel obliged to opt between their family and career as they feel unable to cope with their dual role responsibilities. A report by Jones (2019) established that female employees want to work for companies that offer more flexible work, such as remote or hybrid-work options to be able to overcome their difficulties to balance their dual roles.

However, this additional work-family stress may have some cultural connotations. For instance, in 2004 Spector et al (2004) found association between longer working hours and work-family stress such as in Anglo cultures. However, the authors report that inverse study results emerged when the study was carried out in China. The results indicate that there is job satisfaction and psychological well-being, meaning that circumstances affect people in different countries differently. The authors argue that one possible reason could be that because in China there is a societal mentality that dual income families are a necessity,

spouses understand and accept readily this concept, thus share their responsibilities, and support each other's career. Subsequently other studies by Greenhaus (2009) and Ford et al (2013) also show that work-family roles integration and support from both work and family domains yield positive outcomes to cross-domain satisfaction. Frone (2013), for instance, suggests that those women who can redefine their role as wife, parent, and employee, and restructure their life priorities are more in control of their life and are able to successfully balance out their competitive roles. For example, one can understand that it is not necessary to do all the housework, childcare and a career. According to Cheung and Halpern (2010) outsourcing some of the work, such as hiring a cleaning assistance, or a nanny will take away some of the pressure stress.

However, Brown (2014) found that although women surgeons reported great efforts to achieve a good work-life balance, the respondents noted that surgical culture was indeed changing. Such changes effected not only work-life-balance because surgeons were no longer expected to devote every waking hour to their job but affected also attitudes towards childminding responsibilities. The younger generation of surgeons is seeing more and more male surgeons committed to family responsibilities, having to leave early to pick up their children because their wife works too.

Work-family balance is perceived as dependent on the working conditions. Globally, public sector employees tend to benefit more from favourable working conditions compared with those in the private sector for instance, as reported by Wan-Yu et al (2018). The state's employment protection and compliance to policies and regulations exert tight legal pressure on the public sector.

3.6 The Glass Ceiling

The socio-political metaphor used for glass ceiling is well known among academic and practicing management groups and is used to interpret the unequal treatment towards employed women who although they can clearly see the top of the corporate hierarchy a transparent upper barrier caused by gender discrimination stops them from progressing upwards (Babic & Harnsez, 2021).

3.6.1 Breaking the glass ceiling in healthcare

Breaking the glass ceiling in healthcare is complex and requires actions from several important key players: governments, employers, academic institutions, female health professionals themselves and nonetheless their male colleagues. The government can actively promote gender equality perspectives and practices by enhancing awareness on the benefits of gender equality and diversity, and the adverse repercussions gender inequality can have on female healthcare providers. Laws and policies can break down discrimination and artificial barriers (OECD, 2018). Legal enforcement tools should be well implemented and monitored by a non-biased gender diverse team to dismantle barriers that hold professional women back. More so, female inclusive strategies will provide female health professionals, particularly nurses with equal chances as their male counterparts and expose them to opportunities within all the health organisational sectors, give them access to all management ranks and involve them in organisational growth and development. Comprehensive health organisational specific initiatives should be made to target breaking down structural, organisational, and cultural barriers. For example, set goals for female nurse representation on boards, executive committees, and senior management, engaging in active outreach and recruitment of female nurses and executing training needs analysis for them to pursue management careers. Dismantling structural obstacles requires establishing

flexible work arrangements, work-life balance policies and create effective channels that identify, develop, and promote female nurses (ILO, 2017).

Female nurses must set up and enforce their own social capital by developing support networks, seek sponsors within their workplace, secure mentors, promote themselves and communicate the value that they bring to the organisation (Institute of Leadership and Management, 2011). The differences in the qualities that men and women bring to the workplace must be significantly acknowledged and that neither of the genders need to comply with the traditional stereotypical traits (Radu et al., 2017). Discrimination is highly embedded in organisations. Incremental actions towards changing bias can help to erode the barriers that keep female nurses from advancing into senior positions. Adopting a diversity culture is not only the CEO's business but of the entire entity right down to the bottom line (McKinsey & Company, 2018).

Educational leadership programs often embrace leadership theories and influence students to refuse narrow structural models and fight issues of social justice, diversity, and gender. For any changes in this direction, leadership programmes must be designed and developed by educational institutions that focus mainly on diversity and equality values and transformational leadership to change preconceived ideas, bias and negative impressions about women's leadership abilities as recommended by McKinsey and Company (2012).

3.7 Summary

In brief, this chapter highlights a wide view of the discriminative barriers that form a glass ceiling for female employees. This chapter encompasses knowledge on gender differences, leadership style discussion on differences that may exist between males and females, obstacles, predominantly gender inequality, inequitable treatment, and gender

discrimination. It highlights specifically gender issues pertaining to nurses, particularly the scantiness of top female nursing managers in healthcare.

3.8 Research question

Given the background outlined above, therefore, the research question guiding this study is:

What gender barriers influence the career advancement of female Charge and Deputy Charge first-line nursing managers leaving women underrepresented in top leadership position?

Chapter 4: LITERATURE REVIEW

Systematic search process

4.1 Introduction

This chapter outlines the systematic literature review process, how the articles were identified and decisions surrounding the selection of literature. The retrieved studies and the approach toward critically appraising these studies are described. This is followed by a discussion of the retrieved articles. Also, featuring in this chapter are the keywords used and the databases searched for the review.

4.2 The search strategy

A scoping review prior to a systematic literature review revealed that studies about career barriers faced by female nurses were found to be scarce on a global level. Therefore, the term ‘woman’ was used instead of the term ‘nursing’ for a more successful outcome.

The search review had to focus on studies relative to career barriers that impact women’s career enhancement opportunities in leadership roles, as a base to understand barriers in nursing. To this end, a literature search guided by the question: *What gender barriers influence the career progression of women in leadership?* was conducted. Keywords were identified and a set of search strings was created (Figure 4.1) to search the literature for relevant documents.

The systematic review follows the guidelines suggested by Bettany-Saltikov (2012, p.116). The author states that for transparency and to facilitate the possibility to replicate a study, the procedure for a systematic approach should be followed. The retrieved articles went

through various filters and finally the selected ones were organised according to the PRISMA flow diagram (Moher et al., 2009).

4.2.1 Databases and date limits

The following databases available via EBSCO were searched that included Academic Search Premier; Business Source Premier, CINAHL and Medline. The Web of Science was also included in the search. Search dates ranged between 2009 and 2019 for academic English journals. For the search, the keywords female, woman, gender, career, headship and barrier were used together with their synonyms to net in a wider selection of studies. Boolean Operators 'OR' and 'AND' and 'truncation' were also used.

4.2.2 Search terms and combinations

The keywords and their synonyms were combined to form the search strings as shown in Figure 4.1. Searches also included the terminology glass ceiling, glass escalator and sticky floor.

Figure 4.1: Search strings

1	promot* OR career* OR ladder* OR executive OR "top position*" OR headship OR CEO or success* or advancement or lead* or principal*
	AND
	female* OR women* OR woman* OR gender* OR "glass ceiling" OR "glass escalator" OR "sticky floor*"
	AND
	barrier* OR obstacle* OR issue* OR problem* OR factor* OR underrepresent* OR bias* OR inequal* OR stereotypical OR impede* OR conflict* OR discriminat* OR break*

4.2.3 Inclusion and exclusion criteria

Prior to the search, the eligibility for inclusion was determined to guide which articles will motivate this study. The inclusion and exclusion criteria are described in Table 4.1.

Table 4.1: Inclusion and Exclusion criteria

Inclusion criteria	Exclusion criteria
1. Of an original version to enhance reliability	1. Secondary sources
2. Available in full text	2. Articles not available in full text
3. Studies related to management/ leadership in corporate administration	3. Studies related to clinical nursing management
4. With a focus on glass ceiling (gender barriers) that impact women's leadership career progression	4. Glass ceiling not related to women's career progression in leadership, example limited access to a specific surgical intervention
5. Written in English	5. Written in any other language than English
6. Related to gender discrimination	6. Studies related to non-gender discrimination such as disability, colour etc.
7. Mixed methods design, qualitative design, quantitative design	

Based on the selected criteria, the articles were screened as follows:

1. Screening by title and abstract
2. Assessing full text eligibility for inclusion.
3. Reviewing full text for quantitative and qualitative content

Where eligibility for inclusion in the review was ambiguous from the study abstract, the full text was retrieved and read through to test the suitability of the doubtful study (Ferreira Gonzalez et al., 2011). However, I am aware that this can cause biased identification of articles, since other articles that are not presented in full text are eliminated. The article had to be written in the English language.

4.2.4 Outcome

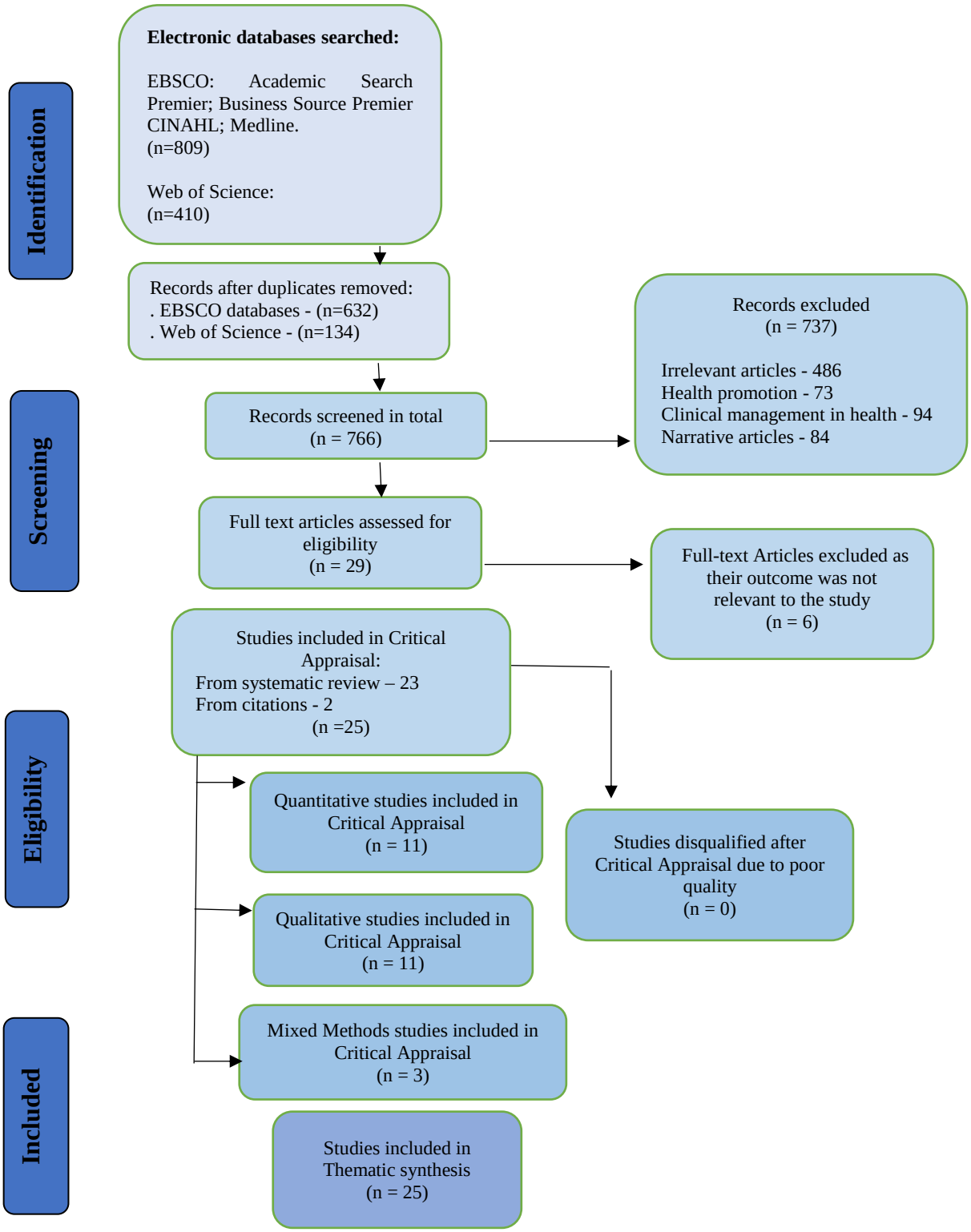
The literature search generated 809 articles from EBSCO databases. The number of articles was reduced to 632 after removing the duplicates. From the Web of Science 410 articles were identified. After removing duplicated articles, the number of the remaining articles was 134. Therefore, 632 (EBSCO) plus 134 (Web of Science) articles were left for screening by reading the title and abstract.

Studies with ineligible interventions were removed. Following screening, 29 articles were selected for a full text read. After reading full texts another six articles were removed because their outcomes were found irrelevant to my study, bringing the number of studies down to 23. However, added to this number were another two articles that were retrieved from citations, making the total number of studies 25. Hence, 25 articles remained for the final thematic synthesis as shown in Figure 4.2. None of the generated results focused on gender barriers research specific to women or nurses in the Maltese context.

The systematic review evidently indicated that a scarcity of studies on female nurses endeavouring to navigate career barriers exists. However, a few studies conducted in the healthcare sector were identified and will be analysed in this study. The selection process of the generated studies is illustrated in Figure 4.2 using the PRISMA 2009 Flowchart of Moher et al. (2009) .

4.2.5 PRISMA 2009 Flow Diagram

Figure 4.2: Search strategy



4.2.6 Quality assurance

The quality of each study was assessed using the framework developed by Caldwell et al. (2011) (Appendix 7) as cited by Bettany-Saltikov (2012, p.116). Following the recommendation of the author, each article was graded by giving a number from 0 to 2 "0 = poor quality; 1 = good quality; 2 = very good quality" for each of the questions stated in the framework to determine the overall quality level of the article, based on the appraiser's subjective judgement. The framework consisted of 18 questions. Therefore, the maximum value (points) an article could get was 36 points. For the review, only those studies of good or very good quality were included. According to Bettany-Saltikov (2012, p.116) "any studies achieving fewer than 20 points" are to be eliminated. In this case, none of the articles were eliminated.

4.3 Study characteristics

Overall, the quality of the studies ranged from 'good' to 'very good' but none of the studies attained the maximum value of 36 points. The scores ranged between 24 and 34 points. Quality variation resulted mainly from inadequate information, for example, response rate, ethical considerations, and lack of details on the population under study.

The studies come from a wide range of countries in Europe, USA, Africa, Australia and Asia. Some studies were undertaken in a single country, such as the study by Reimann and Alermann (2018). The authors conducted their study in Germany - *Female doctors in conflict: How gendering processes in German hospitals influence female physicians' careers*. Some other studies involved many countries in their research, such as the study by Boone et al. (2013) *Rethinking a glass ceiling in the hospitality industry*. The latter study included a worldwide company and investigated people from several countries: US, Belgium, Canada, China, India, Indonesia, Ireland, Italy, Kenya, Lebanon, Portugal, Russia,

Singapore, Switzerland, United Arab Emirates, UK, and Ukraine. A few of the selected studies were undertaken among healthcare professionals, such as nurses and doctors, while some other studies were undertaken in various sectors of the labour market, for example the education, hospitality industry and global food services. Eleven studies (44.4%) used a quantitative design, another 11 studies (44.4%) used a qualitative design while three studies (12%) applied a quantitative and qualitative approach as illustrated in Table 4.2.

Table 4.2: Summary of the reviewed studies

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
1	A "leaky pipeline"? Factors affecting the career development of senior-level female administrators in NCAA Division 1 athletic departments.	Hancock & Hums (2016) Cited by 126	Qualitative	Semi-structured interview protocol Face to face or over the phone interviews	Purposeful sample of 20 female senior level administrators from an intercollegiate athletic administration in the US	Thematic analysis	To identify factors that may influence women's career development.	- readiness, skills acquisition are important requisites for career success - gender stereotype organisations - organisational structure (male-dominated) - women prefer non-managerial jobs - low perceptions of women capabilities - relationships with supervisors and mentors, - lack of professional development opportunities, - lack of personal support and values - existence of the 'old boys' network - face a glass ceiling
2	An Exploration of stereotypical beliefs about leadership styles: Is transformational leadership a route to women's promotion?	Vindenburg et al., (2011) Cited: 610	Quantitative	Questionnaire (2 surveys)	Survey 1: 271 females (122 US & 149 Dutch) who work in business travellers' settings (airport departure lounges & first-class compartments of commuter trains) Survey 2: 514 (237 US & 277 Dutch) who work in settings that include managers and other professionals (airport departure lounges, business centre food courts, commuter trains and	Descriptive statistics Percentiles, Mean, Standard Deviation, Chi-square	Survey 1: To investigate gender stereotypes related to the typical leadership styles attributed to women and men. Survey 2: To investigate stereotypes regarding desirable attributes that are perceived to be ideal for a leadership career.	Survey 1: - Participants perceived that a difference exists in leadership styles between women and men. - women lead more by a transformational and contingent reward behaviours while men lead more by a transactional/laissez-faire style of leadership Survey 2: - Inspirational motivation is perceived to be more important for men than women for top positions especially a CEO post

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
					meetings of professional organisations)			- Individualised consideration is perceived as more important for women than men for senior management posts Women interested in promotion may be well advised to blend individualized consideration and inspirational motivation behaviours
3	Barriers to and facilitators of female deans' career advancement in higher education: an exploratory study in Vietnam.	Nguyen (2013) Cited by 176	Qualitative	Face-to-face interviews	Six out of nine female deans employed in six university members of one (of two) Vietnamese national universities. - three male university leaders and two male HR managers from the same educational entities (promotion selection decision makers)	Not specified	1. To examine the perceptions of university leaders and female deans' on barriers to female academic deanship. 2. Female deans' reflections on the facilitators for their career development	- strong family obligations - negative gender stereotypes towards female leaders - women do not support other women - Female academics' unwillingness to enter managerial roles. - low perceptions of women leaders' capability -multiple roles - socialising impacts family FACILITATORS: - self-effort, strong family support & 'lucky' selection context.
4	Barriers to career advancement of female engineers in Australia's civil construction industry and recommended solutions	Bryce et al. (2019) Cited by 28	Quantitative	Questionnaires	Phase 1 & 2 – 90 Female engineers and site officers employed in leading Australian civil construction companies (91% & 80% response rate respectively) Phase 3 - 158 men and women in management and HR employed in the Australian	Descriptive statistics	Phase 1 - to document experiences and perspective on the construction workplace culture Phase 2 - examine trends in views on women retention rates and career progression Phase 3	Phase 1 & 2 - long working hours (55-65/week) - male dominated - more men than women employees - no female engineering managers - Majority state no role models at work - Mothers claim limited job choice after returning from maternity leave. - Mothers state family negatively impact career

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
					civil construction companies. (Response rate of 47%)		- to identify their perceptions on flexible and part time work acceptance.	- Work-family balance impede their career - Discriminated in promotions - lack of roles and job opportunities - workplace culture Phase 3 - Flexible options and part time do not exist. Will retain more women in the workplace if implemented - Not all jobs can be fulfilled with part time workers or on flexible options
5	Barriers to women leaders in academia: Tales from science and technology	Howe-Walsh & Turnbull (2016) Cited by 401	Qualitative	In-depth interviews	10 women working in science faculties and 10 women working in technology faculties in three UK universities	Interpretative Phenomenological Analysis	To examine women's experiences on perceived barriers to leadership in Science and Technology faculties in UK universities	- underrepresentation of women leaders discourage female workers to develop their career - Gendered culture against women because of the possibility of becoming pregnant, - successes are left uncelebrated - lack of career guidance and support, - lack of role models - male networks that exclude women - differential treatment between temporary and full-time staff. - harassment - women have lack of sense of belonging and low belief in their capabilities - work-family conflict - Sacrifices - Work extends beyond working hours

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
6	Bosses' perception of family-work conflict and women's promotability. Glass Ceiling Effects	Hoobler et al., (2009) Cited by 689	Quantitative	Two questionnaires: one for the managers and one for the subordinates	178 participants from one Midwestern-US division of a global Fortune 100 transportation firm. Sample made up of 52 managers (84.1% men) and 126 subordinates (65.9% men) Response rate: Managers 100% Subordinates 83%	Harman's single factor test, Confirmatory Factor Analysis (CFA), Incremental Fit Index (IFI), Comparative Fit Index (CFI), Standardized root-mean-square residual (SRMS)	To investigate one potential reason for the glass ceiling by examining the bosses' perceptions about their female subordinates' work-family conflicts	1. Managers' perceptions of family-work conflict jeopardise upward mobility as they see that such conflicts impact on the right fit for the job, organisation and performance. 2. Managers assume that women experience greater family-work conflict and hence are seen as having inadequate fit. This was found to be directly related to promotions and promotability.
7	Career barriers faced by Turkish women academics: Support for what?	Bakioglu & Ulker (2017) Cited by 12	Qualitative	Face-to-face interviews Semi-structured interviews	20 academically married women: 9 professors; 1 assistant professor; 2 doctors; 8 instructors from two state universities in Turkey. 17 participants had children.	Content analysis using thematic codes	To identify the barriers women academics face	- Only informal mentoring exists - Lack of trust between women - Support from spouse for most women (71%) which decreases after the birth of a child, while the responsibilities of domestic work for women increases - Most respondents had a career break following childbirth. - Are penalised for being mothers. - The majority have significant self-confidence. - Stated prejudice due to gender stereotyping. - 35% state how difficult it is to handle both roles. - Dual roles affect their career development - Forced to choose between family and career and expected to make sacrifices thus making them feel strained - lack of support

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
8	Career obstacles faced by female nurse academicians in Turkey	Alacam & Altuntas (2017) Cited by 2	Quantitative	1. Personal Information form 2. Female Academics' Career Obstacles Scale	132 (88% of 150 population) female academics from 11 nursing schools in Turkey (Eastern Anatolia) that provide under-graduate nursing education	Frequencies, percentages, descriptive statistics and Kruskal-Wallis test	To determine difficulties faced by female nursing academics in their career progression	- Organisational male dominated culture and politics exist. Hold multiple professional roles. - Women face multiple roles - Stereotypical prejudices -Inadequate infrastructural facilities - Unfair management practices - Discriminative organisational conditions - lack of mentors - being married and with children is an obstacle to career progression - perceived as having insufficient leadership skills - conform with traditional practice and prefer family over career development - low level of professional satisfaction - higher ranked and more experienced academics perceive less career obstacles
9	Do women's network help advance women's careers?	O'Neil et al., (2011) Cited by 163	Qualitative: Exploratory examination	Telephone Interviews	21 members from an intra-firm women's network and 6 members from the executive leadership team (6 men, 1 woman) of a global food services organisation GFS.	Thematic analysis	To examine how potential differences in the perceptions of the firm's executive leaders and of the network members may impact on women's career enhancement.	Unlike executive leaders, women's network members established that network could contribute to the individual's progress and the firm's strategic goals. Lack of network, support and opportunities exist that hinder women's career success Lack of confidence
10	Exploring barriers that lead to the glass ceiling	Clevenger & Singh (2013)	Quantitative	Alumni from a major US	Males (23%) and females (77%)	Percentiles and t-tests	To explore the barriers (internal business structural,	**1. Internal business structural barriers**

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
	effect for women in the US hospitality industry.	Cited by 106		Hospitality and Tourism College, currently working in the hospitality industry. In the post of managers at different levels with highest % having 5 to 10 years of experience in their role 150 surveys were retuned. Data gathered from 60 complete surveys (12%)			societal and governmental) that could lead to the glass ceiling for women in the US hospitality industry.	- Glass ceiling exists – there are fewer female managers in their organisation - the presence of the 'Good Old Boys' network - women not equally promoted to management post. - Women perceive they are competent and skilful **2. Societal barriers** there are differences in gender-status beliefs that negatively affect women's performance **3. Governmental barriers** - there is inadequate reporting and propaganda on glass ceiling issues.
11	Exploring women healthcare leaders' perceptions on barriers to leadership in Greek context	Kalaitzi et al. (2019). Cited by 21	Quantitative	Questionnaire (online)	Purposive sample of 30 women healthcare leaders	Descriptive statistics	To explore gender barriers perceptions	Findings highlight mainly **organisational** and **socio-cultural barriers:** - gender stereotypes - Unequal career advancement - lack of confidence and ambition - gender gap and bias in career opportunities - Work-life balance
12	Factors influencing career progression of working women in health services: A case from Kathmandu Valley in Nepal	Rijal & Wasti (2018) Cited by 11	Mixed-method study (concurrent)	Questionnaire Interview checklist and probes	- Quantitative survey among 125 female employees working in 32 different healthcare organisations	QUANTITATIVE: Frequencies, percentages, and descriptive statistics QUALITATIVE: Thematic analysis	To assess issues impacting the career advancement of female employees in health service organisations	**1. Individual factors:** - individual's skills, tenure and hard work significantly affect career progression - career goal changed after marriage - career was affected after having children

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
					- In-depth interviews with 15 female employees from managerial ranks			- those supported have better prosperities **2. Social factors:** - Work-life balance difficult without support from spouse - Social gender roles expectations indicate that women must be obedient wives, sisters and mothers, and be there for the family 24 hours. **3. Organisational factors:** - male-dominated - gender discrimination - the organisation provides no flexible working schedules to support women - Having a male supervisor negatively affects a woman's career progression - 44.5% state they were sexually harassed. - lack of training and a support system at work
13	Factors influencing attainment of CEO position for women.	Hurley & Choudhary, (2016) Cited by 113	Quantitative Cross-sectional study of published data	Published data	123 CEOs (24 women and 99 men) from S&P 500 companies (USA)	Descriptive statistics and correlations.	To determine gender differences in causes or characteristics that influence the attainment of a CEO position in large public listed companies in USA	- Increased number of years in education and number of children lower the possibility of a woman rising in the post of CEO - increased number of employees raises the likelihood that a woman achieves a CEO post.

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
14	Female doctors in conflict: How gendering processes in German hospitals influence female physicians' careers	Reimann & Alfermann (2018) Cited by 10	Qualitative (Longitudinal-over 5 years)	One-on-one interviews	20 female physicians were selected - partly by a snowball method and partly through a purposive method	Content analysis	To determine the extent to which female medical careers may be influenced by various factors, particularly by the working structures and the women's private/family life	- Interviewees perceive German hospitals to be typically gendered organisations - male dominated - stereotypical attitudes and actions. suggest what is expected of the female category. - Organisational structures and procedures, such as employment conditions, time-limited contracts and work schedules also suggest what role society expects from the female gender category. - Excluded from training - Female doctors are confronted with the dilemma of choosing between career and family - Female doctors have difficulty to access career opportunities even when they have no children. - pregnant women and mothers are discriminated - long working hours
15	Female managers career success: the importance of individual and organisational factors in South Korea	Rowley et al (2016) Cited by 56	Quantitative and qualitative	Questionnaire In-depth face-to-face interviews	202 (77.7%) of 260 female managers from female dominated firms from four industries: manufacturing, education and business, financial intermediation and wholesale and retailing in Seoul and Kyngee Province. 10 female executives	Descriptive statistics and correlations Analysis of the interviews was not specified	To examine the influence of **Individual** versus **Organisational** factors on career success	- Male-dominated organisation - Male bias decisions and organisational culture orientation impacted on childbirth and childcare and consequently on a woman's career - Lack of mentoring. Mentoring (organisational factor) influences work experience and their participation in training and development programmes which are important for career success. - Lack of mentors. Mentors could help females expose themselves to

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
								work experience in diverse departments. - Females did not have strong networks thus limiting their support from superiors and the acquisition of important information. - Masculine leadership traits have positive effects on promotion. - Women are meticulous and considerate but lack the drive and other aggressive management skills that men have. - Work-family conflict has a negative effect on management level and career success. It leads to lack of job tenure and hence career progression because many women leave work due to childbirth and childcare. - multiple responsibilities - perceive diverse experience important for career development
16	Female Principals in Education: Breaking the Glass Ceiling in Spain	Diez Gutierrez, (2016) Cited by 23	Quantitatively and qualitatively	Questionnaire semi-structured interviews, focus group discussions and autobiographical narratives.	1. Questionnaires (2022 female teachers; 430 female principals and 322 male principals) 2. Semi-structured interviews held with 60 female principals 3. Focus group discussions held with female principals and	QUANTITATIVE: descriptive and inferential statistic. QUALITATIVE: content analysis	The study analyses the reasons why in a female-dominated occupation, men proportionately, hold more leadership positions. to determine the motivations and barriers that women encounter in attaining and exercising these positions of greater responsibility and power	Results highlight structural aspects linked to the patriarchal worldview that is still dominant in society and culture - social roles expectations - Lack of role models - The existence of the ‘old boys’ network - traditional structures, e.g. long working hours, full time work contributes to career advancement - family responsibilities threaten career prosperities

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
					4. autobiographical narratives with female principals and school inspectors. Participants are Spanish employed in schools			- patriarchal culture leads to glass ceiling
17	Gender bias in hospital leadership: a qualitative study on the experiences of women CEOs	Soklaridis et al. (2017) Cited by 63	Qualitative	In-depth face-to-face interviews (one interview conducted on phone)	Purposive sample of 12 women hospital CEOs from across Ontario, Canada	Nvivo 10	To examine the experience of gender bias among women hospital CEOs and the factors attributing to their success	Grp 1 - state that gender **inequality** is alive and active. Gender issues range from individual to systemic - male dominated cultures creating gender discrimination Grp 2 - gender **inequity** is not significant. Participants experienced gender bias but not sure if this affects the leadership trajectory Sub-group within group 2 claims they never faced gender issues in their leadership career
18	Gender bias in leader selection? Evidence from a hiring simulation study.	Bosak & Sczesny (2011) Cited by 193	Quantitative:	Questionnaire	54 female and 53 male German undergraduate student (business, economic, management)	Descriptive and inferential statistics Mean, Standard Deviation; ANOVA	To investigate whether gender biases are evident in the screening and hiring stage of the personnel selection process depending on the applicants' social role and evaluators gender.	- social role can be a barrier since it is influential in the selection process. - male participants selected more male applicants. - gender barrier in selection. Participants perceived masculinity in leadership roles.

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
19	Problems faced by female doctors regarding career development	Akram et al., (2016) Cited by 2	Quantitative	Non structured questionnaire	A convenience sample of 60 female House Officers from Mayo Hospital in Pakistan	Frequencies and percentages	To determine the barriers that female doctors encounter in their career.	- male dominated - female doctors (68%) face barriers: - sexual harassment - gender based cultural constraints - gender-based issues - work-family life constraints
20	Rethinking a glass ceiling in the Hospitality industry	Boone et al., (2013) Cited by 136	Quantitative:	Online survey	54 male and 45 female executives from global industry: largest hotels, restaurants, gaming, and cruise companies around the world (US, Belgium, Canada, China, India, Indonesia, Ireland, Italy, Kenya, Lebanon, Portugal, Russia, Singapore, Switzerland, United Arab Emirates, UK, and Ukraine.	Descriptive and inferential statistics Mean, Standard Deviation, p-value	To investigate if **Personal** priorities hold greater influence over career advancement than the traditional work barriers	Self-imposed barriers over work barriers are major obstacles to women's advancement. Both men and women emphasized these views - complex roles hinder women's career progression
21	Saudi women's work challenges and barriers to career advancement	Al-Asfour et al., (2017) Cited by 188	Qualitative	Semi-structured interviews conducted by phone	A convenience sample of 12 women from a range of industries, mainly Education and Health	Phenomenological approach	To explore women's experiences on the career barriers and challenges they face at work.	Findings highlight organisational structural and attitudinal barriers, mainly: - lack of jobs and opportunities - Inequality - Gender discrimination – some women delay pregnancy - excessive workload caused by lack of work-family balance - stereotypes - are expected to fulfil all roles

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
22	Social factors as career obstacles for female oral and maxillofacial surgeons in three Middle Eastern countries	Dar-Odeh et al., (2019) Cited by 15	Quantitative	A questionnaire to male and female oral and maxillofacial surgeons (OMFS) in Egypt, Jordan and Saudi Arabia	All OMFS males and females	Cross-tabulation with Fisher's exact test	To identify and compare factors faced by all genders in career progression	- Long hours; physical exertion, hostile work environment, personal illness, marriage, children, society and sexism. - Females, unlike males, state that their spouse's occupation hinders their career progression - lack of mentors Major barriers for the women: - sexism - marriage and children - societal attitudes
23	The glass ceiling and executive careers: Still an issue for pre-career women	Ezzedeen et al., (2015) Cited by 134	Qualitative	14 focus groups of 2-8 participants (69 in total)	69 multicultural Canadian undergraduate women in business on voluntary basis	Thematic discourse analysis	To examine: 1. women's attitudes towards executive roles 2. perceived barriers to accessing executive roles 3. career goals considering barrier perceptions	Participants felt: - disconnected and eliminated from men's circles - difficult to identify with women leaders - working with another woman can be a barrier - executive job at odds with a woman's identity. The role requires masculine traits. - management has an impact on personal time, family, - career stress - cultural constraints - women are ambitious - media messages: Falsely project executive men as responsible fathers and good providers, while executive women are unstable, emotional and negligent mothers. Female characters seen as failing at marriage and parenting

No	Study Title	Author/s	Design	Tool	Participants	Statistical Tests/Data analysis method	Outcome measure	Results
								- some participants prefer family to a career while some others give priority to career
24	The organisational factors influencing women's underrepresentation in leadership positions in Community Secondary Schools (CSSs) in rural Tanzania	Mbepera (2017) Cited by 8	Qualitative An embedded single case design	Interviews and focus groups	Purposive sample of 182 participants: 20 school heads (13 men; 7 women), 160 of 454 teachers (68 women; 92 men), 1 Regional Educational Officer (male), 1 District Educational Officer (male)	Thematic analysis	To explore **Organisational** factors that lead to under-representation of women in senior leadership roles in Education	- gender inequality - sexual harassment - favouritism - promotional selection discrimination - gender biased training policies - lack of organisational structures - sexually harassed by male school heads before they were recommended for promotion. - no support from female heads - lack of role models - use autocratic leadership style due to lack of self-confidence - male authorities have low perceptions of female leaders' ability
25	The persistence of gender inequality in Zimbabwe: factors that impede the advancement of women into leadership positions in primary schools	Chabaya et al., (2009) Cited by 232	Qualitative	Semi-structured, open-ended interviews and focus group discussions	9 female school heads (semi-structured, open-ended interview protocol) 4 women deputy heads (focus grp) and 9 female senior teachers (2 focus groups discussions)	Thematic analysis	To investigate and analyse the factors that women teachers consider as barriers to their advancement to headship positions in Zimbabwean primary school	Barriers: 1.family attachment 2. low self-esteem and 3. lack of support - must seek husband's consent to enhance their career - must carry all the work-family responsibilities that discourage them from seeking a career - underrepresented in senior posts

4.4 Synthesis

The studies included in the synthesis process highlight the existence of various gender barriers that are of interest to this study. Notably, different authors have classified the same barriers under different themes, depending on which perspective the author viewed and investigated the potential barrier/s. For example, in the selected studies, work-family life balance was classified under 'Role conflict' by Bakioglu and Ulker (2017), 'Organisational and Socio-cultural barriers' by Kalaitzi et al. (2019) and 'Individual factor' by Rowley et al. (2016).

Adopting the same idea for this study, I identified themes to organise, pool together and portray barriers with similar concepts that emerged from the articles by the various researchers.

The findings from the qualifying studies were, therefore, thematically synthesised and presented as a narrative to show corroboration or contrast between findings. A mixed research analysis and synthesis of the studies was conducted by using the integrated design (Sandelowski et al., 2006). Findings from the synthesised studies will later be used to compare and contrast with findings from my study during the final discussion in Chapter 9 when both quantitative and qualitative results are debated.

4.4.1 Gender stereotypes

A study by Hancock and Hums (2016) that investigated the career development of senior female managers in an athletic industry found that gender stereotype is a major barrier to career progression. Most women assume that being a woman is a barrier because of the way men perceive a woman's capability in a leadership role – a role which they believe to fit men best. The respondents believe that gendered power in the organisation may exclude women from progressing. In the study, female managers feel that men think a female

manager cannot supervise football or handle a football coach. Male colleagues perceive their personality traits as negative simply because they are women. These findings are supported by other studies. For instance, Rowley et al. (2016) highlighted that male-dominated organisations significantly impact career satisfaction and career development of female managers in South Korea. In another study conducted by Ezzedeen et al. (2015) among multicultural Canadian undergraduate women in business, the researchers highlighted that their respondents view executive work at odds with their identity as women, resulting in them speculating whether they are suited for the masculine fundamentals of the leader role. The respondents also argued that media messages falsely showcase them as unstable, emotional, negligent mothers and not suitable for marriage and parenting. Similarly, Diez Gutierrez (2016) reported that interviewees from his study highlighted the traditional social roles that people expected women and men to play in their life, with men assuming positions of responsibility, as leaders, and women assuming domestic roles. Otherwise, it is perceived that women risk neglecting other responsibilities, such as, domestic chores, spouse and family members. Findings from a study by Chabaya et al. (2009) uphold the argument. Women teachers and heads of primary schools in Zimbabwe stated that they needed to take their husband's permission to apply for a headship post as otherwise their spouses and society would query their moral respectability because a woman's promotion is viewed with suspicion.

Similarly, most of the academic Turkish women that were interviewed from two state universities (Bakioglu & Ulker, 2017) claimed they face prejudice in their leadership career trajectory because of the different jobs that society assumes for men and women. Besides, another study by Alacam and Altuntas (2017) among Turkish female nursing academics found that the nurses are also of the opinion that they face prejudice because they are viewed as not having sufficient talent, unable to manage problematic situations and dislike working

overtime which subsequently affect their motivation and productivity. Another study by Clevenger and Singh (2013) reinforce the previous findings because they found differences in gender-status beliefs which ultimately negatively influence women and their performance.

Nonetheless, Mbepera (2017) found that interviewees from Community Secondary Schools in rural Tanzania highlighted that there were no organisational promotional procedures. Selection interviews do not exist, and the procedures are based on ethnicity, favouritism, nepotism, religion and gender rather than qualifications. They further claimed that those who recommend candidates to the organisation and appoint heads of schools have a negative attitude towards women's ability in leadership. This is supported by findings from studies by Bosak and Sczesny (2011) and Howe-Walsh and Turnbull (2016). In both studies evidence show gender bias during a promotion selection process because masculinity is perceived as an important feature in leadership roles. Moreover, female respondents from the latter study also claim that unlike their male counterparts their successes are not recognised, thus believing that they receive differential treatment.

Additionally, Howe-Walsh and Turnbull (2016) explained that women in Science and Technology academic faculties in UK universities suffered from discriminative structural practices during the recruitment and selection process because of the likelihood that female candidates can get pregnant and because of childcare responsibilities. In addition, they were offered short-term work contracts and temporary jobs which inhibit tenure and experience, and consequently limit their career options. These findings are further supported by another study by Reimann and Alfermann (2018) among female doctors in German hospitals. The authors explored how gendering processes influence female physicians' careers. They found that stereotypical attitudes and behaviours suggest what is expected from the female

physicians. In addition, the female doctors claimed that they face difficulties to access career opportunities even if they had no children.

Nguyen (2013) described how male university leaders, who participated in her study on the perception of barriers to female academic deanship in Vietnam, perceive female academics. They think female academics are indecisive, less active, limited in thinking and do not take risks. In their majority they are perceived as having limited vision and thinking and seen as less capable. More studies continue to emphasize gender stereotypical behaviours that discriminate against women's career advancement, such as a study by Kalaitzi et al. (2019). In their study, the researchers found lack of equal career progression, gender gap and gender bias.

Nonetheless, Rijal and Wasti (2018) contended that their study which was conducted among working women in health services in Kathmandu Valley, Nepal, revealed that women perceive they are victims of societal gender roles expectations. The women stress that they must be obedient wives, sisters and mothers and must be there for the family 24 hours-a-day. In addition, findings indicate that female healthcare workers face gender bias when it comes to promotion, performance bonus and training issues. Female doctors working at Mayo hospital in Pakistan who were studied by Akram et al. (2016) also lamented that they face gender based cultural constraints and gender issues. Al-Asfour et al. (2017), authors of *Saudi women's work challenges and barriers to career advancement* observed that female workers from different industries face gender discrimination, inequality and stereotypes that result mainly from cultural practices that come from Saudi men towards Saudi women. For instance, Saudi male patients refuse to be cared for by a Saudi female nurse. Also, Saudi male employees refuse to communicate with Saudi female employees. In view of the latter claim, respondents argued that women face a challenge when they apply for a promotion. They cannot market themselves and prove their capabilities with their male bosses because

males do not communicate with females. Furthermore, study by Dar-Odeh et al. (2019) revealed that surgeons working in Egypt, Saudi Arabia and Jordan, stressed that their occupation is hindered by their spouse occupation. As women, they are expected to give a priority to their family needs and suspend their career.

4.4.2 Policies

In a study – *Exploring barriers that lead to the glass ceiling effect for women in the US hospitality industry*, Clevenger and Singh (2013) found that many respondents believed that the US government has no support programmes and policies that attempt to make career success a reality for everyone, irrespective of gender. In addition, the study highlights that in the US there is lack of awareness on gender bias due to insufficient reporting and publication of information related to glass ceiling issues. In her study, Mbepera (2017) revealed lack of gender equality policy in the secondary schools which has contributed to a scanty representation of women leaders in leadership positions.

4.4.3 Family-friendly measures

Among the organisational factors Rijal and Wasti (2018) explored in health service entities, they found that two-thirds of the women argued that the organisation does not offer flexible working times to support female employees. However, in the study, it was specifically expressed that men do not find problems with working long hours and that the organisation values those who work late hours, that is, men. Furthermore, in their study, Reimann and Alfermann (2018) highlighted that female physicians working on a part-time basis has had their specialisation prolonged, their salary decreased and were excluded from significant training that was considered important for their ability to progress to leadership roles. Consequently, the authors claimed that unlike male counterparts who dare not take paternal leave, pregnant female doctors suffer educational and career setbacks. Also, pregnant doctors are awarded temporary contracts which offer little job security. The authors

documented that female physicians raising small children encounter challenges in their career enhancement because the hospitals expect them to work overtime, are restricted on part-time work, and face unpredictable working hours and schedules. Similarly, Al-Asfour et al. (2017) highlighted experiences of difficult times encountered by several pregnant women because they had to resort to time off from work. Mothers among female engineers investigated by Bryce (2019) have also expressed concerns about the limited job choices they have within the civil construction industry after returning from maternity leave because they face lack of roles and job opportunities. Another study by Bakioglu and Ulker (2017) corroborates with the previous studies. The researchers highlighted the hardship women with children encounter. The researchers indicated that most of the women academics with children (65%) had to go on a career break after childbirth to care for the baby. The mothers claimed that they are forced to choose between family and career with many of them stating that they opt to delay childbirth intentionally in order not to interrupt their career. Moreover, respondents also stated that they plan to have shorter career breaks following childbirth and choose not to extend their maternity leave to ensure the least career disruptions since prolonged time away from work will result in severing their career progression.

4.4.4 Networking and socialising

All respondents in the study by Hancock and Hums (2016) indicated they were in their current positions because of their professional networks. They described these networks as providing opportunities to develop new relationships with colleagues, mentors and potential employers while strengthening old ones, even though they worked within the constraints of a male-dominated industry. Conferences were also identified as important networking opportunities with individuals in powerful roles.

Contrary to the study by Hancock and Hums (2016), O'Neil et al. (2011) found that networks for women were lacking in the organisation where they conducted their study. Yet, all the

respondents unanimously perceive that the existence of a women's network in their organisation would see more women achieving leadership roles. They perceive networks as an opportunity for mentoring and skill enhancement. The group of respondents from the women's network members that participated in the study perceive networking as a lever for both their individual and organisational development.

Despite the positive impact that networking and socialising have on career, Rowley et al. (2016) also lamented that the managers who participated in their study have no strong human networks within the organisation which limited them from obtaining important information and receiving the relevant support.

4.4.5 Mentoring and role models

All the female respondents that participated in the study by Hancock and Hums (2016) believe that mentors are critical to their career enhancement and progression. They claim that it is mainly male mentors who are in headship roles and who serve as their career guidance. However, respondents revealed that they prefer to discuss difficulties with female mentors when they felt pressured with family responsibilities. Findings indicate that the respondents also found mentors among their colleagues.

Incongruently, Nguyen (2013), who studied barriers to female deans' career in Vietnam, highlighted that women do not support other women. This finding is supported by another study conducted among Turkish women academics (Bakioglu & Ulker, 2017). Most Turkish academic women lament that they had to pave their own way because other women were not helpful. They tend to hinder other women. They claim that they do not trust other women in the workplace. Similar finding emerged from the study by Mbepera (2017). Teachers and heads of schools report that they do not receive support and encouragement from female heads of schools to develop their career. Instead, they claim that they have seen women

being humiliated. The teachers added that female leaders are jealous of female teachers. Female leaders are reported as hateful towards female teachers. The teachers further state that the female leaders are unfriendly and deny them opportunities when these are available.

Additionally, female respondents from a study by Howe-Walsh and Turnbull (2016) revealed that they lack female role models, career guidance and support, and are ill-informed about what is going on within their organisation. They feel discouraged when trying to align their career pathway to the next rung of seniority. Congruently, Bryce (2019) also reported that within the Australia's civil construction, there are no female engineers and most state that there are no role models at work.

Lack of mentors for female surgeons (oral and maxillofacial) in Egypt, Jordan and Saudi Arabia is also reported by Dar-Odeh et al. (2019). Moreover, Rijal and Wasti (2018) discovered that male supervisors find it awkward to mentor female subordinates which consequently restrict their knowledge and their career development. Rowley et al. (2016) obtained similar patters from interviewed female managers in South Korea. Lack of mentoring affect their training and development. Both of which are factors considered important for their career growth. Furthermore, Diez Gutierrez (2016) highlighted the lack of role models in Spanish schools for female principals. Similar findings were obtained by Mbepera (2017). Teachers argue that there is lack of role model leaders and mentors from whom they can learn leadership skills and who can motivate them to get involved in leadership. They claim this is one obstacle among several other organisational factors that contributes to women's underrepresentation in school leadership. Those women in leadership positions claim that it is their personal effort and determination that help them gain confidence into aspiring for leadership.

4.4.6 Old boys' network

Findings from study by Ezzedeen et al (2015) and Hancock and Hums (2016) established the existence of the 'old boys' network'. The study of Howe-Walsh and Turnbull (2016) supports this finding. During the investigation, the respondents lamented that daily working practices are dominated by male networks. Subsequently, they perceive that these networks negatively impact their career development opportunities because they feel excluded from research projects, publication and other research outputs. Furthermore, Clevenger and Singh (2013) also detected the existence of the old boys' network among their respondents when they investigated a US hospitality industry. Similarly, Diez Gutierrez (2016) reported the existence of invisible networks that support men as they move up the rungs of power. Networks that are claimed to be governed and understood by men.

4.4.7 Chauvinism and sexual harassment

According to Howe-Walsh and Turnbull (2016) female workers from the Science and Technology faculties within three UK universities highlighted the occurrences of bullying behaviour by some male peers. The female workers insist that they face harassment and state that current policies are failing to control these incidences. Thus, they feel threatened and believe the situation is impacting upon their ability to remain within the faculties to rise to senior positions. Rijal and Wasti (2018) also concluded that male chauvinism and sexual harassment are the key barriers to women's career progression in healthcare. Akram et al. (2016) support these findings. Some female doctors claim that they have encountered sexual harassment in their workplace. Sexual harassment was also reported by Mbepera (2017). Teachers denote that sexual relationships with male heads are a precondition for those women who are interested in progressing to leadership.

4.4.8 Leadership style

Two studies conducted by Vindenburg et al. (2011) that explored the gender stereotypical beliefs about leadership styles indicated that transformational and contingent reward behaviors are generally effective. However, the researchers found that society favours leadership styles that are attributed to men more than leadership styles that are attributed to women. In their first study, they found that a difference exists in gender leadership style beliefs. Women are perceived to manifest more transformational and contingent reward behaviors than men. Findings from the second study that investigated what leadership style is considered important to move up the managerial ladder, indicated that an inspirational motivation approach is preferred, especially when aiming for a CEO post. Men, more than women, are perceived to lead by inspirational motivation because they demonstrate more optimism and excitement about goals and future state of the organisation in their behavior. Therefore, the researchers highlight that men are more likely to be promoted to top positions. Findings add that these perceptions make it difficult for women to advance higher in their career.

The studies by Vindenburg et al (2011) are supported by a survey undertaken by Rowley et al. (2016) whereby interviewees significantly indicated that masculinity is positively related to career satisfaction, promotion and management level. On the other hand, women were viewed as emotional, considerate and meticulous but lack the drive and aggressive management skills that are attributed to men.

Diez Gutierrez (2016) also found that traditional leadership traits, such as working full time and long hours that are factors attributed to men are important for achieving a leadership position. Moreover, Mbepera (2017) specifically found that female heads of secondary schools in Tanzania use an autocratic type of leadership due to lack of confidence and because they are solely interested in achieving their goal. In addition, the author observed

that female heads do not involve teachers in decision making and do not consider their advice.

4.4.9 Career ambition

Bakjoglu and Ulker (2017) described how women academics emphasized their self-confidence as being an important factor that contributes to their creativity and ambitions that help them progress in their career. Similarly, Ezzedeen et al (2015) discovered that several women who participated in their study had a strong ambition to progress to executive jobs despite the many obstacles that they face. On the contrary, O'Neil et al (2011) and Kalaitzi et al. (2019) reported lack of confidence among their respondents which respondents claim to have diminished their ambition to develop their career.

4.4.10 Preferences

Hancock and Hums (2016) found that because of their gender, many women with a family who work in an athlete organisation prefer to work in positions not related to executive ranks such as an Athletic Director, even though they may possess the right skills. This is supported by Nguyen's study (2013). Female deans expressed that a woman's primary role is expected to be a homemaker, therefore some women are happy with remaining in a low-ranking job. They are unwilling to enter a managerial role to have more time for their family. Compatibly, Alacam and Altuntas (2017) found that female nursing academics are required to take on too many roles in their workplace causing working women domestic problems. In the circumstances, they prefer to take precedence over their career by staying loyal to their husband and children and fulfilling their caring responsibilities. Therefore, they choose to suspend their career.

Similar findings were found by Rijal and Wasti (2018) and Ezzedeen et al (2015) when they investigated female employees in the health service and women surgeons, respectively.

Most women from both studies sustain that although they must advance in their career, they believe that family responsibilities come first for them. Therefore, they had to give up career opportunities. Same findings emerged from a study conducted by Chabaya et al. (2009). Female teachers and heads of primary schools in Zimbabwe suggest that preference for dedicating oneself for the family discouraged women teachers from applying for school headship roles. They claim they feel attached to their family and believe that it is a woman's role to look after the children and not the role of a man. Furthermore, they indicate that their country culture continues to exert pressure on them.

4.4.11 Competence

Hancock and Hums (2016) expressed how their study respondents referred to learning and acquiring technical skills as important competences for career success. These technical skills include decision making, effective problem solving, compliance and eligibility, and work operations. Budgeting, fund raising and finance were perceived by female participants as a set of 'masculine' skills. Respondents claim that their initial experiences at various divisional levels within their organisation have exposed them to gaining competences because they could learn multiple aspects of their work operations.

Furthermore, Clevenger and Singh (2013) revealed that most of the respondents do not perceive that women lack professional knowledge, skills and abilities to compete for career success when compared to men. Similarly, in a study where female healthcare workers were examined by Rijal and Wasti (2018), the researchers found that individual's skills, tenure, reputation and hard work have helped them gain competence and progress in their career.

However, Howe-Walsh and Turnbull (2016) inversely found that their respondents have low belief in their abilities and a sense of not belonging. As a result, respondents claim that they preclude themselves from applying for promotion for fear of failing, thus, their career

is suppressed and stifled. Similarly, as indicated by Chabaya et al. (2009), female teachers and heads of primary schools attribute the lack of representation of women in senior leadership positions to their low self-esteem, lack of confidence and not having the courage to accept headship roles. They further claim that women's underrepresentation in higher leadership positions is a result of their cultural belief that leadership roles are for men. Notably, Diez Gutierrez (2016) documented that the competences considered relevant to a leadership position in Spanish schools are linked to traditional qualities that are mainly attributed to men, that is, control, hierarchical authority, respect and obedience to one's superior, determination, self-confidence, competitiveness and social success.

4.4.12 Experience

Alacam and Altuntas (2017) sustained that as age and experience of female nursing academics increases, respondents claim to have progressed in their career. They have fulfilled their self-actualisation, increased their respectability and encouraged their thinking about retirement plans. Similarly, Rowley et al. (2016) reported that their interviewees perceive diverse work experience as relevant to career success

4.4.13 Commitment

As reported by Nguyen (2013), the individual's efforts and ability, strong family support from the spouse, the family and in-laws kept female deans strongly committed to learning and gaining high level qualifications that enabled them to enhance their career.

4.4.14 Work-family life balance

As highlighted by Nguyen (2013) balancing work with family responsibilities are perceived to be the most common barriers to women seeking academic management positions. This was unanimously agreed by the male university leaders and the female deans, believing that getting involved in too many social activities at the risk of neglecting their family would

create problems. They state that fulfilling both roles while working as a dean is a challenge. Similarly, study by Howe-Walsh and Turnbull (2016) emphasized the spill-over of work and life responsibilities causing conflict. As women, respondents stressed they face challenges – day-to-day work hours, job security and career breaks. For those with kids, the challenges are overwhelming because the mothers must become accustomed to the informal working hours, for example, breakfast meetings, which are deemed normal practice by the organisation. Same problem was revealed by Bryce et al. (2019) who studied female engineers in Australia's civil construction industry. Mothers state that balancing work and family is a challenge; the family impact negatively on their career and they must work very long hours.

Similarly, Alacam and Altuntas (2017) who studied female nursing academics in Turkey found that married nursing academics with children rate work-family balance as second most significant barrier in their career because they must play multiple roles. Again, same could be said to mothers employed in health services who reported that their career goal changed after getting married and particularly after having children. Only those with supportive husbands had less difficulties with their career growth (Rijal & Wasti, 2018). A study by Bakioglu and Ulker (2017) also indicated that most respondents with children (71%) acknowledge the importance of family support to be able to progress in their career. They claim that after the birth of the baby their responsibilities as women increase, yet their partner's support in sharing domestic responsibilities decreases. Additionally, they state that both the family and the spouse play a significant role in supporting or obstructing the choices of academic women. Those who share responsibilities at home perceive themselves luckier than those who do not and stress that they would never have achieved their position if it had not been for the support they receive. Likewise, in their study among CEOs, Hurley and Choudhary (2016) revealed that the number of children lower the possibility of a woman

rising in the post of a CEO. Similar patterns were reported by Reimann and Alfermann (2018). The researchers indicated, even when opportunities to promote women's careers are available, female doctors are confronted with the dilemma of choosing between career and family. Same concept was expressed in two separate studies conducted by Rowley et al. (2016) and Dar-Odeh et al. (2019). Interviewees point out the burden of childbirth and childcare as significant obstacles. Nonetheless, a significant finding that emerged from a study by Rowley et al. (2016) indicates that work-family conflict obstructs career progression. According to Diez Gutierrez (2016), almost all men participating in his study agree that family responsibilities pose the greatest barrier for the female workers. Hence, the women who are in leadership positions claim that before they moved into their leadership post they sought the necessary arrangements to help them cope with their multiple roles. The researcher also found that after marriage women dedicate more time to domestic and family issues than to professional and academic work. In addition, findings from study by Al-Asfour et al (2017) provided more evidence about the work-family barrier that women with a family face. The respondents stress that balancing work and family duties is a critical issue for Saudi women since they will still retain the full responsibility for household matters when they keep their job. Therefore, they are expected to do sacrifices to support their families. The respondents describe experiencing stress and burnout from juggling between their dual roles. Sometimes, they even delay getting pregnant.

4.4.15 Glass ceiling

Female respondents from Hancock and Hums' study (2016) stated that they perceive a glass ceiling because they must compete for few upper-level leadership positions. They further claimed that they contribute to the glass ceiling because they cause barriers for each other. They fail to give each other career support, fearing they diminish their own chance to progression. Moreover, according to Howe-Walsh and Turnbull (2016), female respondents

working in science and technology faculties in three UK universities expressed their concern about the scarce representation of senior female academics in their workplace. They fear that the lack of inspiration from their institute due to the lack of women in leadership provides scant support for their own progression to seniority. Study by Hoobler et al. (2009) that focuses on the glass ceiling emphasized that the bosses at a US firm of Fortune 100 are inclined to perceive women as the gender that experience greater family-work conflict. Hence, the managers view female employees as the gender that demonstrates poorer fit with the organisation and job. Subsequently, the bosses' assumptions of fit are claimed to be directly related to promotions and promotability. Similarly, Clevenger and Singh (2013) reported that almost half of the respondents perceive a glass ceiling in their organisation. They alleged that there are fewer female managers than male managers in their entity. Same argument is stressed by Spanish female principals in education when Diez Gueirrez (2016) investigated the glass ceiling effect in their workplace. Spanish women highlight a patriarchal worldview that still dominates their society, thus, negatively impacting their career trajectories. In their study, Ezzedeen et al (2015) also revealed that their respondents perceive issues such as, career anxieties, parental pressures, cultural constraints and media messages as contributing factors to glass ceiling.

In another study by Hurley and Choudhary (2016) that investigated the glass ceiling among 123 female and 99 male CEOs, the authors reported that increased time spent in education and the number of children limit the chances of women to escalate to a CEO position. Furthermore, both male and female CEOs indicate that self-imposed barriers as opposed to organisational barriers are the main obstacles to women's advancement. The authors documented that personal priorities of women hold greater influence over career progression than do traditional workplace barriers.

However, on considering the views of women CEOs of hospitals from across Ontario, Canada, on gender bias in hospital leadership, Soklaridis et al. (2017) documented a mixture of experiences. The first group of CEOs claim that gender inequality still exists in leadership that ranged from individual to systemic. The level of gender bias varies with the type of hospital where they work. For instance, the CEOs of large academic hospitals are almost all male doctors. However, in other areas, for example, community care settings, there are more female physicians occupying the position of a CEO. Respondents from the second group state that gender inequity in hospital leadership is non-significant. Although both groups admit that they have experienced gender bias, the second group of participants is not sure if gender bias affects the leadership trajectory. Nevertheless, a subgroup within the second group completely denies they ever faced gender issues in their leadership career.

4.5 Discussion

The synthesised studies provide evidence of an array of barriers that challenge the career trajectory of employed women in several countries across the world. It was an undisputed issue voiced by almost all researchers that the organisations, being healthcare organisations, educational organisations or any other type of organisation are powered by a male-dominant culture. Subsequently, women suffer multi-levelled barriers. Amongst others, they suffer the salience of gender stereotypes; structural anomalies in the workplace, like for instance mentoring and sexual harassment; biased policies; limited opportunities for growth, development and career progression; and the dual roles imbalance caused by lack of support and gender discrimination.

As described in the synthesis section (Synthesis 4.4), these obstacles repeatedly provided evidence of their existence as they emerged from the various studies that were undertaken in different countries, sectors of the labour industry and among different professionals. Obstacles that ultimately create an invisible but a tough barrier that prevent most women

from fulfilling their leadership career - the glass ceiling. This is an undeniable factor which is evident in the literature (such as Ricon et al. 2017) that women are underrepresented at all levels of management, especially in the top ranks. Their representation is believed to decrease as the level of management increases (Radu et al., 2017).

According to theorists Powel and Mainiero (1992) women have two overriding concerns in their lives - for their career and for others, indicating that their model incorporates the influence of personal, organisational and social factors to manage their roles. Some researchers, for example Dahaghani et al (2013) and Johns (2013) also associate gender barriers with governmental and socio-cultural, organisational and personal barriers.

Moreover, it is worth noting that these overarching themes were also recognised and often used by some of the authors in their academic articles that were purposely synthesised for this project. For instance, societal perceptions and expectations of the genders' behaviour and cultural values are mainly described in the articles as social or cultural attributes, such as in the studies by Rijal, and Wasti (2018), Kalitzi et al 2019 and Clevenger and Singh (2013).

Barriers such as the 'Old Boys' network', networking and socialising, career opportunities, working conditions, mentoring and role modelling are mainly referred to by the authors as organisational/structural barriers. For example, studies by, Kalaitzi et al. (2019) and Clevenger and Singh (2013). Furthermore, skills, preferences for family or career, tenure/experience, for instance, are referred to in the studies as self-imposed/individual (personal) factors, such as the studies by Rijal and Wasti (2018) and Boone et al., (2013).

As indicated by the studies, a list of multi-factorial barriers has surfaced from the synthesised articles that cause a glass ceiling in a woman's career. For example, on examining the glass ceiling effect in the career of women employees, Hoobler et al. (2016) observed that at global Fortune 100 Firm women experience greater work-family conflict

than men. Diez Gutierrez (2016) found patriarchal culture that created a glass ceiling to Spanish female principals in Education and Ezzedeen (2015) found cultural constraints and career anxiety the cause of a glass ceiling to Canadian women in business.

Findings from the synthesis are supported by many other researchers. Some of these researchers claim that these complex barriers have existed for many generations. These barriers are deep-seated in society and create a glass ceiling that withholds women from fulfilling a career in their upward struggle (Akpinar-Sposito, 2013; Dahaghani et al., 2013; Johns, 2013; Sokhanawar & Mahya, 2019; Babic & Harnsez, 2021). Gender barriers in the labour market are therefore the driving force behind the glass ceiling (Bertrand, 2018).

The glass ceiling can, therefore, be defined as subtle but persistent barriers/impediments underpinned by discriminatory, conscious and unconscious practices and attitudes that violates women's rights as it hinders access to top/senior management positions for qualified women (Bendi & Schmidt, 2016; Zeng, 2011; Jackson & O'Callaghan, 2009). Despite significant strides in women's career, women still face a glass ceiling as has been expressed in Section 4.4 (Synthesis).

Therefore, based on the principle of Powel and Mainiero (1992) and guided by the synthesised studies, the themes/barriers are further organised and batched under broader themes, that is, *Governmental and Socio-cultural*, *Organisational* and *Personal barriers* and developed into a conceptual framework to lead the investigation of this study. An investigation which will seek to understand what gender barriers Maltese female nursing managers perceive as glass ceiling in their leadership career. The conceptual framework is illustrated in a schematic figure under section 4.6 (Conceptual framework).

For the purpose of this study, policies, which will be investigated in this academic project will be included under *Governmental barriers* since the Maltese state healthcare organisation pertains to the government and the policies that are implemented within the

organisation cascade from the Ministry of Health. This theme is ultimately combined with the *Socio-cultural barriers* theme to reduce them into one category.

In conclusion, women account for more than 40% of the labour force in many countries (Fetterolf, 2017). Hence, selection by gender has become risky for those organisations seeking a competitive edge. The market offers talented employees that have the right qualifications and aptitude for the job of which many are women (Rick, 2019). We can try to make changes by addressing these challenges. However, it takes the collective efforts of both men and women coming together and taking a common front to bring about a favourable change.

4.6 Conceptual framework

The model (Figure 4.3) emphasizes three main domains, namely *governmental and socio-cultural barriers, organisational barriers,* and *personal barriers* which result in *glass ceiling* effects (Zeng, 2011). The framework "informs the first phase of the design – the quantitative phase [and] help[s] to identify the measures that need to be collected" (Creswell & Plano Clark, 2017 p. 78).

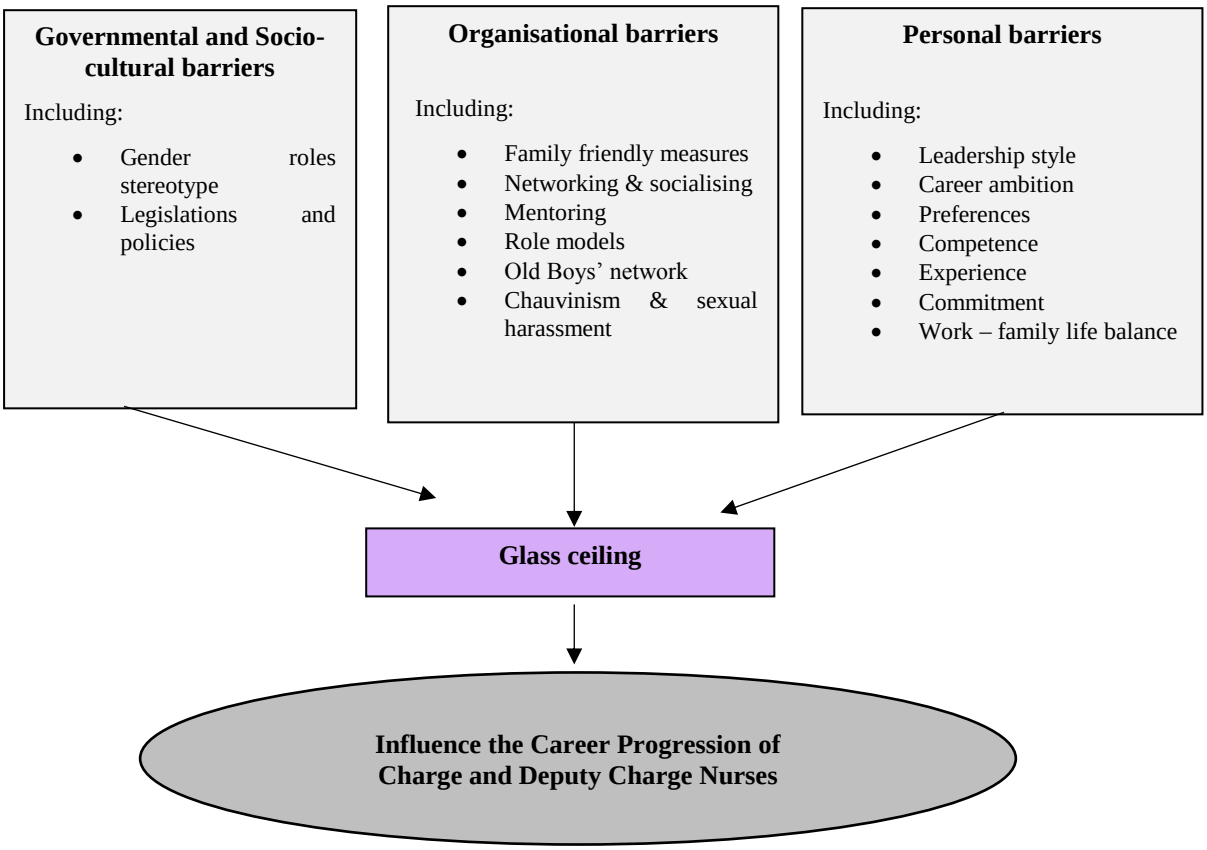
Governmental and Socio-cultural Barriers: These aspects reflect the extent to which female nurses' career development is affected by societal perceptions and expectations. Barriers include gender stereotypes, legislations, and policies.

Organisational Barriers: These issues relate to those gender barriers posed by the workplace as perceived by employees. Such barriers include the extent to which the organisation execute measures like family-friendly practices, networks, role modelling and mentoring to assist in the nurses' management career progression, chauvinism, and sexual harassment.

Personal Barriers: These barriers are related to personal factors, such as leadership styles, ambition, preferences, competence, experience, commitment, and the ability to maintain work-family balance.

Glass ceiling: The above barriers contribute to a glass ceiling effect which describes the hardship that nursing managers face in their upward mobility.

Figure 4.3: Conceptual Framework



4.7 Limitations

Only those studies written in English were included in the review. The scarce research in nursing on this topic creates a gap in knowledge, especially within the Maltese SHS. Moreover, limitation of knowledge is greater since it is aggravated by a global dearth of research on female nurses attempting to break through the gender barriers that they encounter along their leadership career trajectories (Andrews et al., 2012).

4.8 Summary

This chapter presents a systematic review of the literature. Through the synthesis of the selected studies multi-levelled barriers have been identified. These barriers were thematically analysed and contrasted. The themes/barriers contributed to a conceptual framework with the intention of leading the investigation of this study.

4.9 Research question and hypotheses

Following the systematic review, the research question guiding the study remains:

What gender barriers influence the career advancement of female Charge and Deputy Charge first-line nursing managers leaving women underrepresented in top leadership position?

Based on the above research question, the following hypotheses were generated among female Charge and Deputy Charge first-line nursing managers working in the Maltese state healthcare organisation:

Hypotheses state that among female nursing managers working in the Maltese state healthcare organisation:

- *(H1) Family responsibilities (number of children and age of youngest child)* will be perceived to be ***positively*** related to *gender stereotypes* (one-tailed hypothesis).
- *(H2) Family responsibilities (number of children and age of youngest child)* will lead to a ***negative*** perception of factors related to their *organisation* (eg structural standards and family-friendly policies) (one-tailed hypothesis).
- *(H3) Marital status* will be ***related*** to perceptions of *personal attributes* (eg career ambition and competence) (two-tailed hypothesis).

On the other hand:

- *(H4) Highest level in the organisation aimed to achieve* will be ***positively*** related to perceptions of their *organisation* (one-tailed hypothesis).

Chapter 5: METHODS and METHODOLOGIES

Explanatory Sequential Mixed Methods design

5.1 Introduction

This chapter delineates step by step the methods and methodologies of this research. It discusses its design and approach to ensure that the techniques used are instrumental in capturing important data. This chapter, therefore, includes the selection of samples, and the approach taken to generate and analyse data. It also addresses other factors that are relevant to the research strategy such as measures to ascertain quality in the study design.

Methodology and Methods for the quantitative and qualitative phases of the study will be presented separately.

5.2 Aim, research question, and purpose of the study

5.2.1 Aim

The aim of the study is to understand the gender barriers that influence the career progression of female Charge and Deputy Charge Nurses, the knowledge gap of gender inequality in nursing and the underrepresentation of women in top management in the Maltese healthcare context which is sizable.

Table 5.1 features the positional situation for both Charge Nurses (CN) and Deputy Charge Nurses (DCN). Men are disproportionately represented at the CN and DCN levels. In Malta, men in nursing form 27.5% (Saliba, 2021) of the nursing staff which although is higher than in most countries, they are still disproportionately represented. Table 5.1 indicates that as male DCNs are promoted to CNs their representation increases. Inversely, the representation of female CNs decreases as less female DCNs are promoted to CNs. This information is

very recent. It was collated at the time the survey was being conducted. Investigating gender barriers on career advancement at the level of CN and DCN will hopefully shed light on what gender factors may be hindering advancement opportunities for Maltese female nurses.

Table 5.1: Breakdown of the CNs and DCNs by gender

Health Entity	Number of CNs	Female	Male	Number of DCNs	Female	Male
AACC	9	5	4	5	4	1
GGH	17	8	9	20	15	5
KGRH	5	5	0	15	13	2
MDH	78	48	30	96	60	36
MHS	24	9	15	32	20	12
PHC	25	14	11	11	4	7
SAMOC	9	7	2	7	4	3
SVP	49	25	24	20	10	10
Overall	***216 (100%)***	***121 (56.02%)***	***95 (43.98%)***	***206 (100%)***	***130 (63.11%)***	***76 (36.89%)***

5.2.2 Research question

What gender barriers influence the career advancement of female Charge and Deputy Charge first-line nursing managers leaving women underrepresented in top leadership position?

5.2.3 Purpose

It is important from an early stage to identify what gender concerns preoccupy female first-line nursing managers (CNs & DCNs) while navigating their managerial career. By exploring the breadth and depth of the managers' concerns, gender barriers that affect their career can be better understood. At present, the National Research and Implementation policy-making history is indeed young (The Ministry for Education & Employment, 2016) with little to no knowledge about nursing since this study is an innovative initiative. Research work based on the Maltese socio-cultural aspect may indicate different dynamics

of the gender inequality issues that may suggest the application of specific measures or the need for further exploration.

5.3 Epistemology and Ontology

5.3.1 Epistemology

This research chooses a *social constructionist* worldview (epistemology). A social constructionist view embraces the philosophy of a social world that is constructed by individuals through their social practices and not a fixed objective entity external to them (Losantos et al., 2016). Therefore, the nurses' personal characteristics and experiences form their perceptions and views on gender related issues. Social constructionism challenges the status quo and asserts that knowledge is generated and sustained through social interaction. Subsequently, social descriptions/constructions of the world around them lead to specific forms of behaviour and action (Burr, 2003). According to Dietruch et al (2021) the stereotypical connotation of specific duties to women, and beliefs that women are fragile and dependent creatures, for example, are social constructs.

Social constructionists do not believe that there is an objective truth ready to be discovered but believe that meaning is constructed by both the subject and the object (Galbin, 2014). Epistemology refers to the nature of knowledge (Creswell, 2014) and therefore represents a certain understanding of how things are known to female nursing managers from a gender perspective. The experiences of female first-line managers describe a social reality of how gender influences in the workplace are understood by individuals.

5.3.2 Ontology

The study chooses a *relativist* ontology. It is classified as relativist ontology because the interpretation of the same phenomenon by different people over time and in different places, in this case gender-based barriers, is historically and culturally influenced in a contemporary

way, rather than establishing an understanding of the phenomenon, as eternal truths of some form (Moon & Blackman, 2014). Data from this study voices the managers' concerns and opinions, with stories brought to light during the interviews providing understanding of the numeric results and giving them life as female managers share their stories. Hence, ontological questions search to understand and learn what is there that can be known.

This study is also informed by a *feminist theory* since it particularly focuses on inequality (Carlson & Raka, 2020) and tries to promote justice. As equal social actors to men, an opportunity is given to female managers, to interact and share their experiences.

5.4 Explanatory Sequential Mixed Methods Design

5.4.1 Methodology

Methodology is the approach, process or design that grounds the selection of methods (Creswell, 2014). Methodologies are imperfect and multiple approaches are necessary to identify a valid understanding (Creswell & Plano Clark, 2017). Hence, this research draws on a mixed methods approach, to achieve its outcomes. An Explanatory Sequential Mixed Methods approach is used because it has the advantage to capture views from a wider perspective to address the phenomenon as best as possible (Creswell & Plano Clark, 2017). Thus, the chosen design has the potential to investigate the problem from different angles and "go beyond separate quantitative and qualitative results", empowering the researcher to "gain new knowledge that is more than just the sum of the two parts" (Creswell & Plano Clark, 2017 p. 13). This design provided a more complex understanding of a phenomenon that would otherwise not be accessible by using one approach alone (Creswell, 2014; Creswell & Plano Clark, 2011; Morse & Niehaus, 2009). Apart from statistically analysing survey responses from closed questions, the numerical findings are further explained through verbally expressed personal thoughts, experiences and feelings (Creswell, 2013). The intention of combining different methodologies and interpretive approaches was not to

enhance validity only but to also extend the scope and profundity of understanding the phenomenon (Creswell & Plano Clark, 2017). The rationale behind a mixed methods approach is to get a wider and intensive picture from all perspectives (Creswell & Plano Clark, 2017).

Both approaches have the potential to come together to build on their 'complementary strengths' and 'weaknesses' (Creswell, 2014; Morgan, 2007). The complementary phases allowed for triangulation by using different periods of time and different techniques. Triangulation explored and explained the different aspects of the phenomenon and the complex human behaviour. It also evaluated the ideas being investigated (Kelle et al., 2019), thus offered richness and clarity (Heale & Forbes, 2013)

In the absence of academic information in the nursing field, a combined approach provides a more intense exploration of the issue. Since the research phenomenon of this study is based on a social construct, this study seeks to understand and interpret the constructs of female nurses' views as to how gender issues impact on their career progression. A myriad of knowledge is available about gender barriers; however, it is still unclear how these affect female nurses in the local context.

Women's career progression into senior leadership positions has for many years attracted the interest of many researchers and women activists, enriching the body of knowledge on the subject. The Organisation for Economic Cooperation and Development (OECD) (2015, p. 44) defines research methodology as:

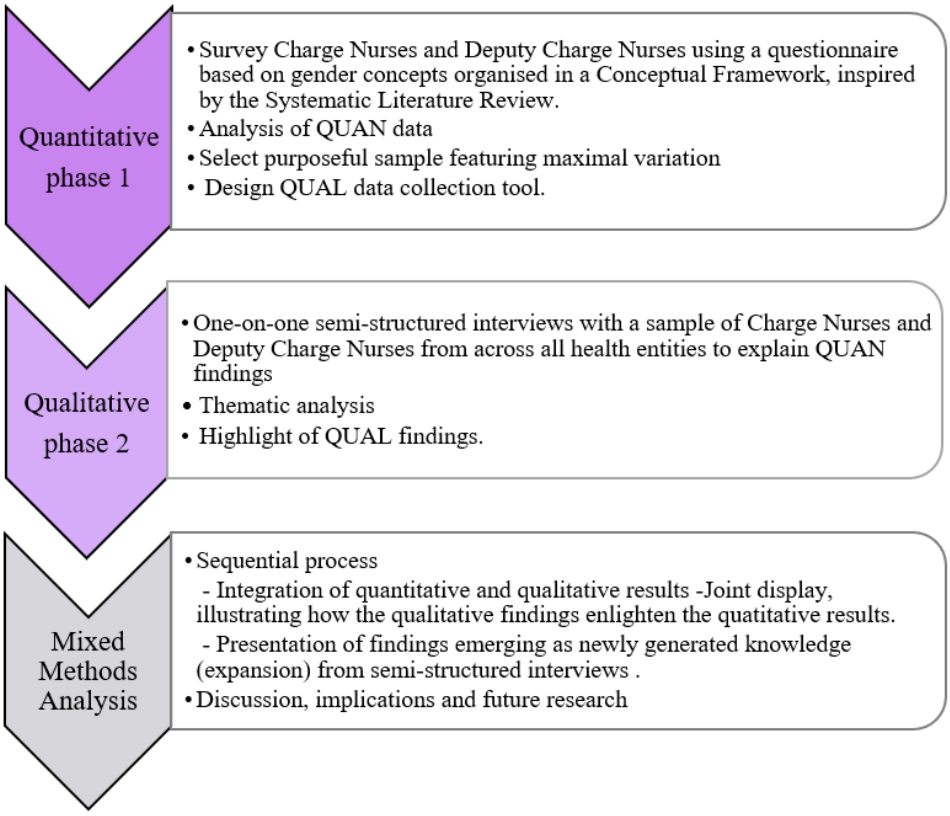
> *"systematic work undertaken to increase the stock of knowledge – including knowledge of humankind, culture and society – and to devise new applications of available knowledge."*

Consequently, selecting an appropriate research methodology is essential to gather information and expand the existing knowledge about gender inequality among Maltese nurses and inform stakeholders.

5.4.2 Methods

Methods are the techniques or tools that help the researcher collect, analyse, and interpret data related to the research question (Creswell, 2014). This study initiated by conducting a survey, followed by interviews to understand the multiple perspectives of female managers (Creswell & Plano Clark, 2017). The research plan is outlined in Figure 5.1.

Figure 5.1: Outline of the research plan



(Creswell & Plano-Clark, 2017)

A mixed methods design is time consuming and hence the challenge was addressed by planning and organising the research steps in a timely manner, in the best way possible within my knowledge and capacity, and with the assistance of the supervisors. Although

plans had to be revisited and some of the process steps may have deviated from the original ones due to Covid-19 crisis, the anticipated data collection timeframe was displaced by only a few months.

5.4.2.1 Approvals to carry out the study

Permissions were sought to ensure compliance with ethical requirements throughout the study as indicated in the Data Protection Act and GDPR. Firstly, ethical approval was sought and granted from the Research Ethics Committee of the Faculty of Health Science, University of Hull (Appendices 3 & 4). Since the study was undertaken in Malta, ethical permission was also sought and granted from the Research Ethics Committee of the Faculty of Health Sciences, University of Malta (Appendix 5). Approval was again granted following the implementation of some changes in the study documents, that indicated the need to request a second approval for the study from the University of Hull. While in the process of obtaining permission from the University of Malta, other permissions were obtained from all the state healthcare entities that were included in the study. These were requested in a hierarchical manner starting from the Permanent Secretaries and the Directorate for Nursing Services (Appendix 6) down to various authorities at entity levels, namely the Data Protection Officer, Chief Executive Officer, Director of Nurses and Midwives, and Chief Nursing Manager. Approvals from the Board of Studies Chairperson and the Quality Assurance Officer of Saint Anthony Mamo Oncology Centre were also obtained.

Study material to potential participants was distributed by intermediaries. Therefore, intermediaries were identified and their consent to enrol on a voluntary basis was sought. Some of these intermediaries have responsibly delegated their task to nursing personnel who have better access to the participants.

Since the study is classified as one that gathers sensitive information, a 'Distress Support Protocol' was designed (Appendix 9), and the provision of a psychological support programme was sought in case an interviewee developed psychological distress from expressed strong emotions. The Malta Union of Midwives and Nurses, and the People's Management and Standards at the Office of the Prime Minister, who offer a psychological support programme to members/staff respectively were contacted to use their service. Their approvals can be found at (Appendix 8). Due to Covid-19 crisis, recommendations for a safe environment where interviews can be safely held were requested from the Infection Control Officer of Primary HealthCare (Appendix 10).

Additionally, permission to modify/use some of the items included in the questionnaire of Ms Anna Klaile's dissertation was also granted (Appendix 11).

5.5 Quantitative methodology and methods

The data collection of this study initiated with the quantitative phase. Therefore, quantitative data from the survey was analysed first which eventually lit the data collection process plan of the second phase of the study.

5.5.1 Methodology

This section presents the strengths and limitations of the survey instrument used for data collection in the quantitative phase of the study.

5.5.1.1 Using a questionnaire for quantitative data collection

This study uses a questionnaire as its main tool to investigate the research question. One of the strengths of questionnaires is that they can capture data from surveys that may include large samples (Young, 2016). Although social desirability bias might be one of the limitations of using a questionnaire (Choudhur, 2020), this type of tool is a self-administered data collection instrument and assists in preserving the anonymity of the respondents,

especially those areas that are of a sensitive nature (Cormack, 2000). By distributing a questionnaire, the nursing managers were free to give feedback at their own leisure.

Distributing a questionnaire in a survey approach facilitates the gathering of extensive quantifiable data from a larger population. The eligible number of the nursing managers in this study is manageable (N=251) so the advantage of including everyone in the study contributed to a wider data collection and more robust results (Young, 2016).

Questionnaires offer a flexible and versatile method for data collection due to the range and variety of types of questions that can be used, with answers being reported in different ways (Trupti & Bindu, 2021). In this study, replies were mainly obtained from dichotomous questions, multiple-choice questions, and Likert scales. The questionnaires were coded according to the health entities taking part in the study. Coding was used to facilitate quantitative data collection process.

Questionnaires are limited in that they do not allow the researcher's involvement, but for this phase of the research, depth in knowledge generation was not necessary. Therefore, interpretation of the body language was not important. Such limitation was counteracted by the one-on-one interviews in the qualitative stage. Questionnaires also restrict the number of questions posed, as lengthy questionnaires may discourage respondents and reduce the response rate. To control for this constraint, time to complete the questionnaire was given great consideration by gathering only the information needed.

Quantitative techniques are suitable for investigative research. This approach is advantageous in capturing many responses to explore the different ideas on the gender phenomenon under study (Young, 2016). By distributing questionnaires, it was possible to reach all the nursing managers spread over different geographical locations in a shorter time.

5.5.2 Methods

This section discusses mainly the sampling technique, sample size, population, the design of the questionnaire, tool piloting, reliability and validity testing, data collection and analysis, and ethical considerations.

5.5.2.1 Sampling method and sample size

The full cohorts of female Charge and Deputy Charge Nurses were invited to participate in the survey. This was geographically feasible since the Maltese Islands are very small in size. Table 5.2 illustrates the participation eligibility criteria for this study.

Table 5.2: Inclusion and Exclusion criteria for participants

Inclusion	Exclusion
1. Female Charge Nurse/Deputy Charge Nurse 2. Employed within the State Healthcare System. 3. Appointed through the National Healthcare System (NHS) or Foundation for Medical Services (FMS). 4. Of any age. 5. Employed on full-time, reduced hours or part-time basis. 6. Deputy Charge Nurses should have at least one year experience in their current post	1. Male Charge Nurse/Deputy Charge Nurse 2. Employed within Private Health Entities or Public Private Partnership Schemes. 3. On maternity/paternity/parental leave, long sick leave or long vacation leave at the time of data collection. 4. Deputy Charge Nurses with less than one year experience in the post.

First-line nursing managers of private health organisations and public private partnership enterprises were eliminated from this study because the recruitment processes and promotional structures differ from those of the state healthcare system. Those participants that were away from the place of work on long leave etc., at the time of data collection were also excluded because it is inconvenient and difficult to trace and recruit them.

5.5.2.2 Population and setting

Female first-line managers work in different entities of varying sizes and care practices, each having its own micro-organisational philosophy, management team, gender ratios, specialties, and skills. It was highly probable that studying a random sample would unavoidably exclude sub-sections (Teclaw et al., 2011), thus the survey was conducted among the entire population of Charge and Deputy Charge Nurses. By studying the entire population, the internal validity of the findings was strengthened, and inferences were more reliable (Powell, 2012). A breakdown of the participants' deployment within the state health organisation is depicted in Table 5.3. This information is the most recently communicated by each entity at the time of data collection.

Table 5.3: Breakdown of female CNs and DCNs by entity

Health Entity	Number of female charge nurses	Number of female Deputy Charge Nurses
AACC	5	4
GGH	8	15
KGRH	5	13
MDH	48	60
MHS	9	20
PHC	14	4
SAMOC	7	4
SVP	25	10
Total population	***121***	***130***

The female managers were surveyed to explore the prospects of their future career growth amidst a strong belief they may face career advancement barriers (Powell, 2012). They were asked to contribute any experiences they may have encountered or are currently experiencing to help the author understand the influential gender consequences they suffer along their career path.

5.5.2.3 The questionnaire design

Items selection

The questionnaire (Appendix 1) is tailor-made for this study, based on a framework that was inspired by a review of the literature in the field (Grover & Vriens, 2006). The literature review of this study has generated significant articles that provide evidence-based information on barriers that create a glass ceiling in the career trajectory of women, as discussed in detail in Chapter 4. Based on this concept, a conceptual framework (Chapter 4: Figure 4.4) was ultimately developed that led to the design of the questionnaire and the selection of the items. Therefore, the development of the questionnaire items was mainly motivated by the rich knowledge generated from the literature. Some of the items were not structured by the researcher but adapted from questionnaires of other authors. The questionnaire was then distributed during a survey to investigate gender barriers that influence the career enhancement of Maltese female nursing managers.

All the items are closed-ended except the last item which is open-ended. The closed-ended questions were designed with the intention to analyse the data statistically to test the hypotheses of the study (Kabir, 2016). The open-ended question was intended to give participants the opportunity to make suggestions as to how to improve the problem of gender inequalities at their workplace.

Structure/Layout of the questionnaire

In view that the tool was created, and some parts of the questionnaire adapted from other projects, the structure and the comprehensibility of the tool had to be scientifically constructed, tested, and acceptably presented to guarantee good response rate and quality of data collection (Tsang et al., 2017).

Demographic questions constitute the first section of the questionnaire to provide participants with an easy and enjoyable start by feeling competent and comfortable they could skim through this section, while gaining self-assurance as they near sensitive items that can be found in the questionnaire. Thus, encouraging them to complete the survey, and increase response rate (Teclaw et al., 2011). At question 8, the participant is directed to question 21 if the nursing manager has no children, because questions 9 to 20 focus on information relative to work-family balance and family-friendly measures targeted for mothers. The sequence of the questions is purposely selected to create flow in the order of the questions that lead the participants to the next question and eventually to the end of the questionnaire (Teclaw et al., 2011).

The tool is written in simple English to ensure it is understood by participants and prevent as much as possible "uncertainty" responses (Grover & Vriens, 2006 p. 84). Response is mainly obtained by ticking the option of preference.

Question types used in the tool includes: fifteen 'Multiple Choice Questions'; sixteen 'Likert Scales', each including various statements; five dichotomous questions and another five structured questions requiring the participant to make a brief note to provide a reply, such as 'number of CPD sessions'. Multiple Choice Questions (MCQs) and Likert Scales constitute a major part of the questionnaire. The intention is to provide informants with an easier response (Grover & Vriens, 2006). Some of the MCQs have a clear indication that the respondent can choose more than one option, as for example, question 16 '*Did you make use of the following service/s to balance family and work?*', and question 18 '*Indicate who normally drops and picks up the child/children from childcare centre, close family members, school etc.*'.

The Likert type questions are designed with five scale categories to reduce as much as possible the gap between the response options (Grover & Vriens, 2006). The scale ranges

from ‘Strongly agree’ to ‘Strongly disagree’, offering a neutral point to the subject as otherwise omitting this option may lead to participant annoyance and increases non-response bias (Taherdoost, 2019). Multi-item scales are used in the questionnaire to circumvent bias, misunderstanding and decrease measurement error (Bowling, 2002; Taherdoost, 2019). In question 20, a five-point scale was created ranging from ‘Very good’ to ‘Very poor’ to enable participants to rank the working hours and the use of leave from work. Likewise, question 34 also provided participants with a five-point scale ‘Very important’ to ‘Not important’ to mark their perception on the relevance of networking and the need for a role model at work.

Some of the questions were developed based on the literature review, while some others were modified from other tools found in the literature, mainly research work by Anna Klaile (2013) in *‘Why are so few women promoted into top management positions?’*, and Lucy Wanjiru Ngunyi (2015) in *‘Challenges faced by women employees in career progression in mobile telephony industry in Kenya.* Questions adapted or modified from Anna Klaile’s dissertation are questions 9 to 19, 26, 29 to 34 and 37 items (a) to (h). Questions adapted or modified from Lucy Wanjiru Ngunyi’s dissertation are questions 23, 24, 36, 37 items (i) to (m) and 39. Questions based on the literature review are questions 1 to 8, 21,22, 23, 25, 27, 28, 35, 38, 40 and 41.

Permission to adjust or adopt some of the tool items was successfully obtained from Anna Klaile. However, several attempts to contact Lucy Wanijiru Ngunyi for her permission proved futile. Although I wished to have her cordial approval to make use of a few items from her tool, I proceeded in view that her work is now published material. The newly structured questionnaire had to be tested for its validity and reliability to ensure its suitability when used with a different sample of participants and in the Maltese context.

5.5.2.4 Feedback on the questionnaire from peer reviewing and face validity

Expert evaluation to pre-test and shape the content and layout of the study tools was carried out with a panel of five professional people who are knowledgeable and have the expertise in the topic dynamics and research methodologies. The group included experts in gender equality from the NCPE, an ex-coordinator of the nursing studies at the Institute of Health Care who is now a visiting senior lecturer and a supervisor at the University of Malta. She supervises students during their academic projects and dissertation development. The panel also included an expert who is involved in staff training and education, and a senior manager who is also academically competent. Each panel member was given a questionnaire, a copy of the research question, study aim and purpose, and the criteria that guide the scope of the pre-test as follows:

1. Questions/statements must be clearly stated and understood. Should not have more than one meaning.
2. Construction/phrasing
3. No jargon language
4. Visual layout of the questionnaire and content
5. Order of the questions. (Leading and encouraging)
6. Embarrassing
7. Timeline
8. Whether questions with multiple response choices should have other choices listed to them
9. Ease and comfort to respond
10. Questions/statements give adequate information
11. In-line with the research questions and framework

This process was undertaken to refine and enhance the understanding and flow of the instrument's items in view to motivate effective participation. Feedback from the panel was presented and discussed a week later during a meeting.

At the meeting, each team member was allowed time to present his/her individualised feedback, followed by the interaction of the other members. Each time challenging each other to identify the best solution. Their different expertise and view stands contributed in a

collective manner to a considerable number of modifications to the tools' design. The team gave invaluable feedback on the face validity of the questionnaire to establish the degree to which the tool fully measures the concept of interest. They assessed the clarity of the questionnaire items, effectiveness of instruction, presentation and time required for completion. They also commented on the structure of the questionnaire and the sequence of the items. The idea was to ensure good quality of data collection and make the tool more user friendly to enhance responsiveness.

Suggestions included removing the subheadings from the questionnaire; a couple of two-barrelled statements needed to be separated; reduce the 'comments' text boxes; filter duplicated items; maintain close-ended questions, rewording of two of the questions; lead the participant to the next question in case some of the questions may not be 'applicable' and add a footnote to 'old boys' network as some of the respondents may not be familiar with the term. In the case of two questions, it was recommended that another option 'do not know' be included. The team also suggested removing any items that did not add any value to data generation.

The average time consumed by the team to complete the questionnaire was approximately 1.5 hours. However, the panel contended that while timing the process to complete the questionnaire, they simultaneously carried out the tool evaluation, meaning that the process took less than the recorded time. To avoid risking undesirable unresponsiveness, the questionnaire was reviewed to include the panel's feedback and make it more user friendly and time reasonable, while at the same time ensuring that none of the investigative data will be lost. The number of questions/statements were reduced from 65 to 41.

5.5.2.5 Testing the reliability of the questionnaire

Before embarking on a full-scale survey, a preliminary small-scale pilot study involving 30 middle-line female nursing managers were voluntarily engaged to give their views twice

within a short timeframe. The aim of the pilot study was to assess the intra-rater reliability of the continuously measured items in the questionnaire. Data for intra-rater reliability and internal consistency were measured using SPSS version 24.0 and running intraclass correlations under 'Scale'. The internal consistency of the subscales in the questionnaire was run using Cronbach's alpha, also under 'Scale' but, given the small sample size in the pilot study, these were run on the final sample and are reported in chapter 6 (Results).

The interrater reliability assesses the degree to which each questionnaire item gives similar results for the same participants at different times under the same condition (Brown et al., 2004). However, people are constantly changing due to life experiences (Taber, 2018). For instance, the experience of administering the instrument itself, that is, the very activity of responding to a questionnaire, may stimulate a thinking process leading to new insights or upgrade of their knowledge. Therefore, a day, week or a month after that event, a person may answer the same questions differently due to the impact of responding to the original test (Taber, 2018).

Participants submitted their feedback within an interval of approximately two to three weeks and responses were analysed using the Statistical Package for the Social Sciences (SPSS): Version 24.0. It is to be noted that at the time of the inter-rater reliability test the participants were overwhelmed with the evolving situation resulting from a spike in Covid-19.

The method of choice to establish inter-rater reliability is intra-class correlation (ICC). This has replaced other measures of reliability based on correlation such as Pearson's r and the Kappa statistic which were previously used. The reason that ICCs are preferred is that, as opposed to these other tests of correlation, ICCs measure both the correlation between two sets of measurement (raters or ratings) and measure the degree of agreement between the two sets of measurement.

There are 10 different forms of ICC but in the following we will consider only the three that are most common and required to test the different forms of reliability rigorously. ICCs are described in terms of 'model', 'type' and 'definition'. These depend, respectively, on whether we are: 1. Dealing with the same raters between ratings or a random sample of raters; 2. Are we using the mean value of several raters or values from single raters; and 3. Are we interested in consistency between raters or absolute agreement. For an excellent and detailed consideration of ICCs consult Koo and Yi (2016). As a rule of thumb, we are normally concerned with single rater measurements. Where different raters are involved in rating, the same phenomenon (interrater reliability) is sufficient to look at consistency between measurement but where the same raters are involved (test-retest reliability and intra-rater reliability) then we need to look at absolute agreement between ratings.

Normally we are concerned with being able to extrapolate our results to the general population from a randomly selected group of raters and the appropriate form of ICC to test this is a Two-way random effects model with consistency based on single raters which was used in the present instance (if we were only specifically interested in the particular group of raters participating in our study, we would use a mixed effect model).

ICCs are normally expressed with 95% confidence intervals and values, which lie between 0 -1 are conventionally interpreted as follows:

<0.05	Poor
0.05 – 0.75	Moderate
0.75 - 0.90	Good
>0.90	Excellent

Intra-rater reliability was carried out on the continuous variables in the questionnaire. These included both ration level variables such as 'how many CPD sessions have you attended in the last two years?' and 'How much time has been taken off work for family reasons?' We

retained questions such as ‘at what age did you have your first child?’ and ‘how old is your youngest child?’ on which respondents were likely to vary but which would therefore test if the processes for the intra-rater reliability were robust.

For other questions, such as ‘How would you rate your organisation on providing the following opportunities?’ which were composed of multiple ordinal statements score in the same direction, the individual item scores were summed to provide approximately continuous variables for testing.

These composite variables were treated as continuous variable suitable for analysis using parametric tests on the assumption, supported by Bryman and Cramer (2005) who argue that such variables are of a higher level of measurement than ordinal and that issues related to normality of the data of equality of variances are irrelevant as the tests are applied purely to the numbers involved and not the meaning. Therefore, in social sciences and psychology, for example, parametric tests are routinely applied. Bryman and Cramer (2005) also base their argument for the application of parametric tests to such variables on the fact that studies with simulates variables designed to break parametric assumptions yield similar results using either parametric or non-parametric tests.

For a measuring tool to be valid and possesses practical utility, it must be reliable (Tsang et al., 2017). Therefore, the questionnaires were analysed to check the reliability of the tool. Results from test-retest of continuous variables are demonstrated in Table 5.4.

Table 5.4: Test-retest of continuous variables

Statement	Intraclass Correlation (95% CI)	P
Q6: CPD sessions in past two years	0.995 (0.988-0.998)	<0.001
Q9: Age when first child born	1.000	
Q10: Age of youngest child	1.000	
Q11: Time taken off work during career	1.000	
Q20: Family-friendly measures	0.982 (0.944-0.994)	<0.001

Q21: Competence	0.636 (0.362-0.809)	<0.001
Q23: Experience	0.883 (0.771-0.943)	<0.001
Q24: Preferences	0.887 (0.758-0.940)	<0.001
Q26: Career ambition	0.895 (0.729-0.962)	<0.001
Q27: Commitment	0.861 (0.727-0.932)	<0.001
Q28: Leadership style	0.928 (0.854-0.965)	<0.001
Q35: Old Boys' Network	0.880 (0.481-0.959)	<0.001
Q36: Chauvinism and harassment	0.963 (0.923-0.982)	<0.001
Q37: Stereotypes	0.932 (0.805-0.972)	<0.001
Q38: Legislations/policies	0.881 (0.768-0.942)	<0.001
Q39: Glass ceiling	0.889 (0.580-0.965)	<0.001

5.5.2.6 Data collection

Data collection from the quantitative arm was made possible with the assistance of intermediaries. Intermediaries from the nursing profession, mainly senior nursing managers and practice nurses were designated in each health entity and enrolled with the distribution of the study material. The selected intermediaries were the most ideal personnel for the job because it is their key responsibility to visit the wards/units and interact with Charge and Deputy Charge Nurses during their routine duty hours.

However, due to the Coronavirus crisis – units closed, services temporary withheld, restricted access and quarantines enforced across different health zones, made data collection extremely difficult to carry out at the time with the consequence of non-adherence with stipulated deadlines as originally planned. Quantitative data collection was intended to take place in November and December 2020. However, this had to be extended up to February 2021.

The eight health entities were batched in three groups to be able to organise and manage data collection process well and avoid the risk of any severe response failure. Group 1 was made up of MHS, KGRH and GGH, followed by group 2, consisting of SVP Long term

care, PHC, AACC and SAMOC, ending with MDH, the worst hit by Covid-19 at the time, and with the highest number of potential participants employed.

Individual face to face meetings were held initially with the intermediaries before the process started to explain the rollout of the data distribution process and furnish them with the study material. Subsequently, frequent phone calls and regular follow-up contacts were unceasingly held to keep us updated on any outcomes and to ensure best possible seamless implementation of the process. The importance of obtaining a good response rate, with most of them completing most of the questions during such critical times was a high priority. Meanwhile, any difficulties that cropped up were dealt with and support given throughout the entire process.

Conducting the Survey: The best workable strategy was developed for each individual entity. Discussions with intermediaries mainly focused on the participation criteria and the distribution of the study material. Queries, logistics and envisaged problems were tackled to limit the hiccoughs during the execution phase.

Each intermediary or his/her delegate/s had the role to identify and make the initial contact with the Charge and Deputy Charge Nurses. They distributed to participants a formal written invite which contained a description of the study aim and observable ethical measures attached to a coded questionnaire which participants had to complete on a voluntary basis and mail to the researcher.

A week later, or when the opportunity was right, the intermediary visited again the participant and handed the participant a reminder letter to remind those interested and encourage others that were still indecisive. This was only done if no feedback was received from the participants.

Some of the participants found it more convenient to return the completed questionnaire in the envelope provided to the intermediary, since the intermediaries were mainly senior managers and Practice Nurses who frequently visited the wards/units and were in continuous contact with the participants. Some participants found it more suitable this way rather than tasking themselves with mailing the questionnaire.

Time is a resource and needs to be consumed efficiently. Intermediaries had additional priorities to honour during the Covid-19 crisis and could not afford to spend unnecessary time chasing after participants, especially those participants who had already submitted their feedback. To this end, a coded list to record the data collection process was created to keep track of the respondents since Charge and Deputy Charge Nurses work different rosters. Each participant was assigned a code at the time of delivering the questionnaire that was recorded on a template. This helped the intermediaries to identify those participants who were not contacted yet or have not responded, to be able to follow them up. The coded system also assisted the intermediaries to make better use of their limited time. Besides, the coded questionnaires empowered me to check for any erroneous data entry and gave me better data analysis opportunities. The organised coding system led to a successful data collection process, giving rise to a good response rate of 77.29% as illustrated in Table 5.5, despite the various difficult moments faced.

Table 5.5: 1Questionnaire response percentile

Entity	Total population	Response number	Ineligible participants	Response Rate (%)
AACC	9	6		**66.67**
GGH	23	23		**100.00**
KGRH	18	18		**100.00**
MDH	108	76		**70.37**
MHS	29	16		**55.17**
PHC	18	15	1 ineligible (DCN < 1yr in the post)	**83.33**
SAMOC	11	10		**90.91**
SVP Long Term Care	35	30		**85.71**
Overall	***251***	***194***		***77.29***

Out of a population of 251 female managers, 77.3% (n=194) responded by completing the questionnaire. The questionnaire items were subsequently entered on SPSS for scientific analysis. To control erroneous data recording and improve quality, a random sample of questionnaires (10%) was double checked by a competent person.

5.5.2.7 Analysing quantitative data

The Statistical Package for the Social Sciences (SPSS) version: 24.0 was used to analyse the survey questionnaires. Descriptive statistics were used to analyse the demographic data and question 40. The comments obtained from question 41 were thematically categorised according to the conceptual framework and summed up. Otherwise, tests of mean difference (t-test and One-way ANOVA [analysis of variance] with post-hoc Bonferroni testing to minimise Type I error) were used to investigate differences in the continuous variable created for the questions shown in Table 5.4 based on a range of independent variables related to the respondents. The independent variables selected for the analysis were those related to the dependent variables in Table 5.4 (either potential barriers or facilitators) and these were: Age band; Marital status; Number of children; Age of youngest child; Highest level in the organisation aimed to achieve. Chi-square testing was used to investigate the relationship between selected personal variables and time taken off work for family reason and ability to participate in social career enhancing activities outside work.

A breakdown of the analysis provided a profile of the personal characteristics for the two groups separately, that is, Charge Nurses and Deputy Charge Nurses, and in accordance with the entity where they work. Additionally, the two groups were compared demographically at organisational level to identify if there were any significant difference between them on the basis of *Tenure, Age group, Qualification, CPD training, Number of CPD sessions, Marital status, Number of children, Age when having first child* and *Age of*

youngest child. Differences were identified in their 'Tenure', 'Age' and 'Age of youngest child'.

Content analysis was carried out for the comments obtained from open questions 40 and 41. A detailed account of the analysis outcome is included in Chapter 6 (Quantitative Results).

5.5.2.8 Ethical considerations

Safeguarding autonomy and informed consent

Intermediaries: The intermediaries had an important role in the data collection. They officially stated their voluntary commitment after a detailed description of their role was included in an email invite. Thereafter, the intermediaries were met individually to discuss their role in practical terms while clarifying any queries and reconfirming their consent.

Survey participants: Participants taking part in the survey had a detailed description of the study and other important information attached to their questionnaire to assist participants take an informed decision. Their anonymity was constantly respected throughout the whole process of data collection and analysis since the questionnaire carried no identifiable information. The participants were free to decide autonomously as to whether they would complete the questionnaire, choose to give partial response or else ignore it completely and drop out from the survey. Feedback was sent directly to the researcher in a self-addressed envelope without the possibility of being tracked down. Despite that some of the participants opted to return their responses to the intermediary, the questionnaire was always kept sealed in an envelope and opened solely by the researcher.

Respecting confidentiality, privacy, and data security

Intermediaries: During the data collection process, some intermediaries received anonymous completed questionnaires from respondents who chose to entrust them with their feedback under strict privacy and confidentiality. They were kept by the intermediaries

under lock and key, without giving access to anyone, until the researcher collected them. They also held the coded list of potential participants confidentially in their possession and anonymous to everyone including me. This was purposely done to keep trail of whom they have already contacted and submitted their questionnaire. It also made it easy for them to follow up participants with a reminder letter since first-line nursing managers work on different shifts and rosters, apart from the fact that some of them were on leave at the time of data gathering, under lockdown or in quarantine. This way, they got indicative parameters about where they stand in the process.

Survey participants: Their anonymous responses were always stored in a locked cabinet and handled with great caution. After the questionnaires were keyed in SPSS for analysis, they were safely stored away for any future reference in case the need arises.

***As the researcher*:** Staff details, and the coded list of the survey participants were never in my possession to ensure security, privacy, and confidentiality of their personal data. A signed declaration from the intermediaries was obtained as evidence that the coded list was kept anonymous and confidential to me throughout the process. There was no direct contact between the survey informants and me.

Respecting time as an important resource

Intermediaries: The coded system applied by the intermediaries helped them to keep track of the distributed study material and avoided unnecessary duplication of work since they only had to chase after those who had not submitted their feedback. This was especially necessary in view of their overwhelming responsibilities and shortage of staff during the covid-19 unpredicted emergencies.

In view of the different evolving critical situations in the health entities that emerged from the Covid-19 pandemic, contact was primarily held by phone or virtual meetings to monitor

the situation, exchange information and tackle difficulties that cropped up during the data collection process. Necessary actions were taken throughout the process to avoid any ethical implications. For example, during data collection in one of the entities, some of the units were under quarantine due to a substantial number of staff and patients testing positive to coronavirus. No invites were distributed at that point because it would have probably been futile collecting feedback and would have created additional pressure on the staff. The process resumed when access was possible again.

5.6 Qualitative methodology and methods

Findings from the quantitative data analysis inspired the strategies for qualitative data collection which will be described in this section.

5.6.1 Methodology

The strengths and limitations of the interviewing tool that was selected to collect qualitative data will be described under this section.

5.6.1.1 Using semi-structured interviews for qualitative data collection

One of the strengths of semi-structured interviews is that the interviews allow space for discovering new knowledge, ideas and beliefs on a situation that was unknown before. According to McIntosh and Morse (2015) semi-structured interviews are widely used for health services research as they are found suitable to engage the researcher and the participant in a dialogue in real time, thus capturing different views from people. A semi-structured interview technique was chosen as it has the potential for providing the richest data. From a critical point of view, this data collection approach is mainly constricted by its time consumption in view of the diverse and open nature of the questions and answers, hence demanding lengthy interviews followed by analyses (Fox, 2009). As the researcher, I was inevitably faced with the dilemma of effectiveness versus efficiency. At this point,

'effectiveness' was considered a higher priority. In view that at the time of conducting this study no other studies existed on gender barriers among Maltese nurses, the mixed methods approach gave me the opportunity to explore in greater depth the findings identified in the quantitative arm of the study. According to Barroso (2009) interviews have higher probability of being effective when compared to other data collection approaches. In one-on-one interviews, the interviewer can get better interpretation of the verbal narrative through observing non-verbal cues, as otherwise these may be missed as, for example in surveys.

This approach allowed me to use broad open-ended questions (Jacob & Ferguson, 2012) and gave a degree of freedom and flexibility to explore emerging data. Initial responses were probed, and the participants encouraged to talk freely during the discourse to gain more knowledge and clear answers (Creswell, 2014). This approach facilitated the possibility to discover what is known about the concepts being explored from the informant's perception (Chenail, 2011). Semi-structured interviews help to produce a managed verbal conversation where the interviewee is encouraged to engage in expressing her experiences while the interviewer guides the discussion and prompts the interviewee (Bryman, 2008). It also allows for clarifications to be made.

5.6.1.2 My insider position

As the sole researcher, I am aware that my position as a Chief Nursing Manager could be seen as one that impinges on the study interactions with the consequence of creating ethical and research strategic problems (Bailey, 2007; Simmons, 2007). My position, for instance, could limit/contaminate data collection. As an individual I understand that I hold opinions and pre-formulated ideas, based on my values, beliefs, gender, job, education, culture, religion, and experiences. These factors could challenge the credibility of my study. However, I must say that the interviewees were completely strangers to me. Besides, since

I belong to the nursing profession, I explained to participants before the interview that my role was that of a researcher, meaning that I was not part of the study and my job was to guide the discussion and probe where necessary to stimulate the production of valuable information (Casey, 2004).

Sensing that my position as a Chief Nursing Manager may cause some discomfort among participants that were under my responsibility, I decided at a very early stage of my study to change my role and thus minimise my dual role conflict (Bailey, 2007; Simmons, 2007). Hence, during these last four years, I have been involved solely in administrative and project work, completely detached from clinical areas. Thus, a potential ethical issue that might have ensued was eliminated. The possibility of being seen to use power over those participants who may know me and feel they are forced into participating, despite no incentive or reward offered, has been lifted.

Chhabra (2020) argues that only the neutral outsider can attain an objective account of human interaction because of his/her complete detachment from the research subject. However, Chhabra (2020) sustains that the outsider is then unable to understand unfamiliar groups and their cultures and cannot have that intuition and sensitivity that provide deeper understanding of their experiences. An insider researcher has knowledge of the ways to interact to gain meaningful information (Shah, 2004). Therefore, the insider (researcher) and the participants are more able to share experiences and interests based on a relationship developed between the two of them. Both are humans and bring with them their identity, values, beliefs, ideals, and feelings. As the researcher of this study and conscious of the ethical implications and possibility of contaminating the study field, as well as influencing the objectivity and trustworthiness of the findings, keeping a neutral approach as much as possible through reflexivity has helped to minimize unconsidered responses.

My positionality in the study urged me to set the stage for reflection and reflexivity. My responsibilities in this study are twofold: to my informants and to the academic community. I want to be accepted as an insider because I want to establish trust with them. I want my interviewees to feel comfortable and give me a full picture of all they want to tell. I owe my participants for finding time to tell me their stories. At the same time, I also owe evidence-based information to the academic community.

5.6.2 Methods

The methods section includes the sampling technique and size of sample, the design and piloting of the interview protocol, quality assurance, data collection and analysis, and ethical considerations related to data collection in the qualitative arm.

The quantitative phase was subsequently followed by the collection and analysis of qualitative data. The interview guide (Appendix 2) was developed on the survey results to explain and investigate in-depth those findings.

5.6.2.1 Sampling method and sample size

A purposive sample from the survey population was recruited in view that it has the potential to construct an intentional sample of informants whose abilities/characteristics can illuminate a specific concept or phenomenon (Creswell & Plano Clark, 2017). Participants needed to be especially knowledgeable and experienced with the phenomenon. This sampling approach does not rely on statistical aspects, but rather purposely seeks out "groups, settings and individuals where the processes being studied are most likely to occur" (Denzin & Lincoln, 2014, p. 32).

Eight female managers from the surveyed group of participants with different demographic characteristics were elicited and interviewed in the qualitative strand while making sure the managers represented all the health entities within the organisation. The intention was to

broaden the possibility of capturing all aspects of the phenomenon that may vary between participants and from one entity to another. These participants were identified by the intermediaries.

5.6.2.2 The interview protocol

A set of guiding questions were designed to encourage an open and flowing conversation. Spontaneous prompts facilitated focusing in on areas of interests for further exploration (Jacob & Ferguson, 2012). Thus, facilitating the opportunity to hear the experiences of the nursing managers and generate new knowledge that did not emerge from the quantitative arm (Creswell, 2014).

5.6.2.3 Feedback on the interview protocol from a peer reviewing team

Like the questionnaire, the interview protocol was peer reviewed to evaluate the quality of the questions. It was important to ensure that the questions could collate the relevant data. The interview guide was initially judged by the panel of experts as too long. The panel also suggested to include more open questions and make use of more probes. However, the panel was satisfied with the language used since this was simple, clear, and understandable.

The number of questions was reduced to ten and the questions were reviewed as recommended to ensure effectiveness of data collection. They were put in a sequential flowing order, although this was not considered a priority since the order of the questions was subject to change to flow with the interviewee's response and make the process easier and natural. Besides, the researcher was aware that it might not always be necessary to ask all the questions or ask the questions in full, since this depends very much on the information already divulged by the interviewee and the need to make the conversation interesting, encouraging and smoother. Basically, the initial drafts of the tools were modified to reflect

the panel's feedback. The team was then provided again with an updated version for their comments.

5.6.2.4 Ensuring trustworthiness of qualitative data

Whereas peer reviewing provides feedback on the type of questions and the layout of the protocol from experts in the field, affirmation as to whether the protocol gathers appropriate data is obtained by conducting a trial interview (Green & Thorogood, 2013). In a mock trial-run, an interview involving audio recording of the conversation, taking of field notes, and making preliminary analysis prior to rehearsing the actual intervention. During the process, the interview schedule was pre-tested to ascertain that the questions are clear, and the right information is being obtained. An interview with a female middle-line manager assisted in the 'dress rehearsal' of the process. The mock interview served me as a training session to gain confidence and practice my interviewing skills like, for instance, using supportive non-verbal cues and interrupting only to clarify and prompt the conversation. Throughout, I was attentive and conscious of my own views, reflexive and careful to maintain an impartial position so as not to influence the interviewee in any way. After the interview, evaluation of the data collected during the conversation was discussed with the interviewee to ensure that proper interpretation was made.

Together with the reviewing team, evaluation of the process was carried out. This was necessary to establish if the technicality and setup of the interviewing process for example, time convenience, complementing environment, effective and timely probing, framing and adequacy of questions were satisfactory. The human dynamics involved in the conversation process were also explored and discussed. From this exercise, I learned that I had to listen very thoughtfully and limit my interruptions to avoid disrupting the interviewee's line-of-thought that may interfere with the flow of important information. After the rehearsal, collated information was permanently destroyed as agreed with the volunteer.

5.6.2.5 Data collection

Data was collated from interviewees that were identified by the intermediaries and asked if they were willing to take part in an interview. It is not known, however, whether any of the potential interviewees that were approached by the intermediaries have declined to participate and how many were approached. If there were any non-respondents, that the researcher is not aware of, they were replaced by participants from the same entity and with the same demographic characteristics to ensure representation from all groups and entities to minimise information bias. The personal and contact details of those accepting to participate were then passed on to me to make the necessary appointment with them and provide them with a copy of the Participant Information Sheet and an Invite letter. The interviews were conducted between June and August 2021.

5.6.2.6 Conducting the interviews

Location: The interviews were held in a quiet room within the entity where the participants work as agreed with each participant and with the managers' permission. All the interviews took place at a time convenient for the participants, when the least activities were going on and the ward/unit was less hectic and quieter. Most of the time, a room at the far end of the ward/unit was used to ensure the interview was held in a private, comfortable and relaxed space away from the work-related activities and disruptions (Stofer, 2015). According to Charmaz (2003 p. 315), it is more important to create a setting where the interviewee's "comfort should be of higher priority for the interviewer than obtaining juicy data".

Conducting the interviews within the same area where the managers work gave them peace of mind that they can return quickly to the ward in case of an emergency, since the interviews took place while the managers were on duty. From my part, this arrangement served to offset any anticipated power differentials with the participants, and therefore establish "reciprocity" (Birks & Mills, 2011, p.56). The date of the interview and the

meeting arrangements were decided in agreement with the participants. During the interviews, confidentiality and anonymity of any quotes used in future reports were affirmed and the participants were supported as necessary with information to allay any discomfort and enhance rapport, since good rapport between the researcher and the participant leads to better data collection (Horsfall et al., 2021).

The interview: During the interviews, efforts were made to capture as best as possible a full verbal and body language interpretation of the informants' recollections. With this approach, nursing managers were guided to give their feedback based on what is relevant for this study. With the least interference from my part, the participants were empowered to reflect deeply on their memoirs and give detailed descriptions and meaning to their experiences – meaning that individuals assign to events and complexities of their attitudes and behaviours (Horsfall et al., 2021). Thus, the nursing managers could tell their own stories in their own way while kept focused and on track.

During the conversation, **observation** of the non-verbal body expressions was recorded in the field notes while listening to the experiences of the participant. Deep analysis of the audio recording of the interviews, supported by field notes, enhanced the understanding of informants' experiences as well as providing details that added strength to the findings (Bryman, 2008; Philippi & Lauderdate, 2017).

Interviewees had no objection to being recorded on audiotape. Therefore, all the interviews were recorded and made available to the author as required, particularly during transcription. Field notes to document nonverbal communication that were taken during the interviewing sessions complemented and enriched the interpretation of recordings. These notes helped me decode the interviewee's verbal conversation in terms of the expressions and body language shown during the interview. In this way, a more realistic interpretation of their experiences was obtained.

Throughout the process, it was important not to contaminate the generation of data and stay opinion neutral. Hence, an effort was required to balance my insider presumptions and thoughts and my outsider interviewer role (Jones et al., 2013). I wanted to reflectively and reflexively ask myself if my probing was actually getting the data I want and need while maintaining my identity and conceptual distance (Watts, 2017). As part of the warming up for the interview and to help the interviewee make a smooth transition into the interview, I attempted triggering a conversation on nursing in general in an attempt to create a relaxed environment. I made sure that immediately after each interview I heard and meditated over my recorded interactions (Stofer, 2015), thinking how these could have possibly influenced the respondents' behaviour. In view of being aware that I could influence the interviewees with my behaviour, limiting my interruptions as much as possible was adopted as a standard rule.

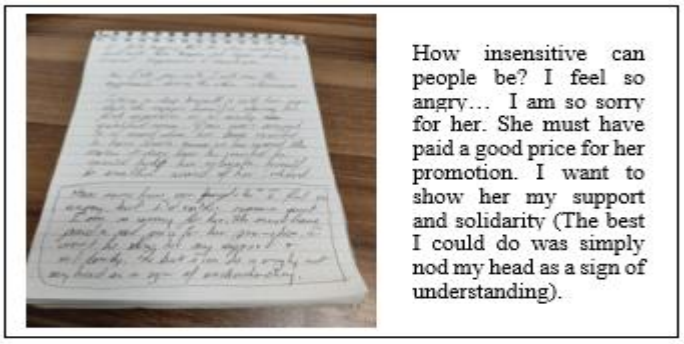
Every interview started with an informal conversation where basic issues, mainly related to nursing and work were discussed to build a relaxed environment. While maintaining an ongoing **consent** approach, interviewees were reminded about the strict **anonymity** of their identity and that they were at liberty to withdraw their participation at any point if they wished. To this effect a consent form was also signed, and a copy retained by both parties. Any queries that arose were discussed throughout the process to ensure participants made informed decisions about taking part voluntarily. At the end of the interview, the participant was thanked, and the conversation resumed to an open dialogue again. I wanted to make sure communication pathways were left open after the interview for the participant to seek clarification if any issues cropped up later during the research study (Stofer, 2015).

The use of an interview guide and open-ended questions allowed interviewees to share their experiences within the boundaries of the researched phenomenon that fall in the researcher's interest (Cleave, 2017). The use of prompts motivated informants to explore and elaborate

further on their personal recollections (Jacob & Ferguson, 2012), though remaining cautious on my part to balance between prompting and listening and avoiding any reactions and judgemental remarks.

At times, I intervened to **rephrase** and **summarise** what they were saying to ensure appropriate understanding of the participants' effort to communicate their perceptions, while inviting them to confirm if I was correctly understanding what they were trying to convey. At times, I felt emotionally moved but had to control myself to ensure I was not influential in any way, for instance, during my encounter with Grace (not her real name), a mother of two children, who was promoted to the post of a Deputy Charge Nurse. Her new boss at the hospital she was transferred to, told her that if she requested to continue working on reduced hours she would not be accepted. At that point I got emotional and felt I needed to pen a comment in my jotter (Figure 5.2).

Figure 5.2: Taking note of an emotional feeling

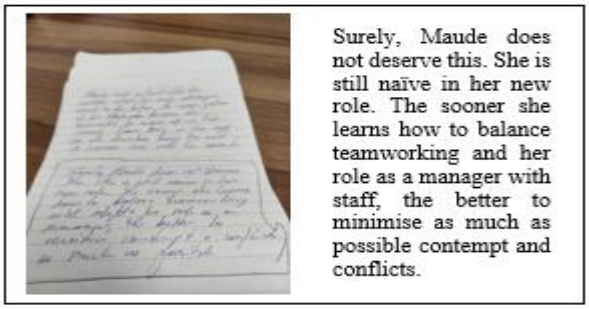


The **audio-recordings** ascertained a precise documentation of all that the informant had shared during the interview and hence was not limited to what the researcher perceived to be relevant at that point. In addition, transcription was made much easier and I could reflect on how to improve my interviewing strategies (Edwards & Holland, 2013). For instance, I reflected on whether I have probed enough to stimulate the flow of emerging important information. The audio-recordings were permanently erased after the interviews had been transcribed.

Although some authors state that audio-recordings might cause discomfort and self-consciousness (Edwards & Holland, 2013), it transpired that after the first few minutes, participants forgot all about the presence of the recorder as they were keen on sharing their experiences and hence, were quickly lost in their stories. There were times when the recorder was forgotten and left running only to be switched off a while after the interview had finished. I carried out the transcription myself to help me become more acquainted with the interviewees' perspectives and to be able to analyse the collated data (Stuckey, 2014). After every interview, I transcribed the verbal audio-recordings and carried out preliminary analysis before moving on to the next one. This helped me to evaluate if the newly generated information was complementing, confirming, enhancing, or contradicting previous findings (Creswell & Plano Clark, 2017). Feedback collected from each interview helped me to prepare for the next interview.

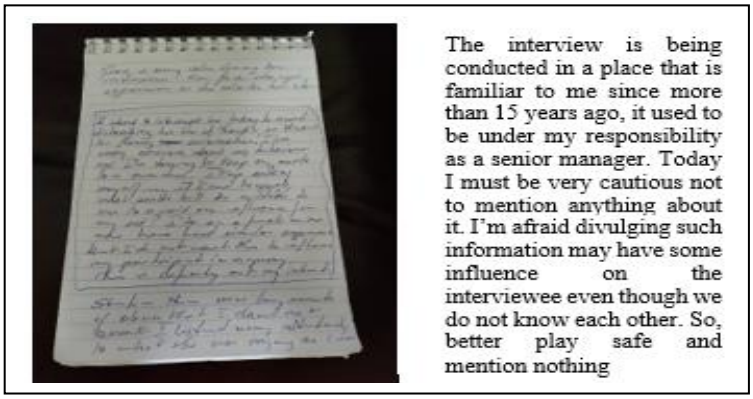
Brief **field notes** to document nonverbal communication were taken during the interviewing sessions to complement and enrich recordings. These notes also served as reminders to backtrack on points that were not fully discussed and helped me decode the interviewee's verbal conversation in terms of the expressions and body language demonstrated during the interview. This way, I could instantly document my immediate impressions on what the interviewee was saying (Birks & Mills, 2011). Hence, I always made sure my field notes/reflexive diary was kept updated. My aim was to be consistent with my relativist view and deliver a close interpretation of their shared views. Side notes regarding my reflections about what was happening were also documented. Here is an example of what went through my mind as an experienced chief manager while I listened to Maude (not her real name), the youngest interviewee, relating how she was harassed by one of her male nurses (Figure 5.3).

Figure 5.3: Taking note of a reflective episode



Nonetheless, **reflexivity** has continuously helped me to examine my judgements, practices, and beliefs to ensure that data reliability and credibility were not threatened. Figure 5.4 illustrates an example.

Figure 5.4: Example from my reflexive diary



The semi-structured interview followed a guide that started with general broad questions on the research topic to motivate participants to open their dialogue and communicate freely. Subsequently the interview sufficiently narrowed down to explore specific experiences (Edwards & Holland, 2013) and continue building on information that have emerged from the survey. Thus, asking questions to clarify, confirm, enhance, and validate information. The questions guided interviewees to express their thoughts and experiences by recalling their own stories about the realities as known to them.

Each interview was approximately one hour long. Interviews were carried out in Maltese, though at times, some participants exchanged a few words or phrases in English while

expressing themselves. Although nurses are fluent in English because most of the time they communicate in English with colleagues and other professional healthcare providers, particularly in view that some of the working colleagues are foreigners, Maltese nurses still preferred to speak their native language. They felt more comfortable expressing their feelings in Maltese. Thereafter, transcripts were translated to English for analysis purposes. The words/phrases expressed in English during the interviews were extracted and presented in italics format in the translated version. Also, some Maltese expressions used during the interviews were added within brackets as it is believed that their impact on Maltese readers is greater. Where the interviewee was noted to pause, a dotted line (…) was inserted in the text. Three samples of the translated transcripts are attached in Appendix 12.

In addition to previous attempts to maintain reflexivity, it was necessary to take measures to counteract any perceived power imbalance between the interviewer and the interviewee by allowing the interviewee to select the place and time of her preference for the interview. Opting to participate in a preferred language also supported reciprocity between the interviewee and the interviewer (researcher) (Birks & Mills, 2011).

5.6.2.7 Analysing qualitative data

Thematic Analysis (TA)

Thematic analysis approach was taken to analyse the qualitative data because thematic analysis is a method not anchored in any paradigmatic orientation/theoretical tradition and in view of its flexibility across the spectrum of ontological and epistemological position. TA also facilitates rich and detailed data accounts (Braun & Clarke, 2006). Accounts that explain how the nursing managers make meaning of their career experiences in terms of the gender barriers they face.

The managers' experiences and their points of view were my main interests. Data analysis took two approaches - a top-down approach (deductive) and a bottom-up approach (inductive). A top-down approach involved analysing the data by identifying themes motivated by preconceived ideas driven by the conceptual framework of the study to address the overall research question that drives the project (Clarke & Braun, 2013). This approach led to analyse the data at a *semantic level*. The bottom-up approach involved analysing the data by identifying themes generated from data that do not "mirror the exact questions asked of participants" (Kiger & Varpio, 2020, p. 3). The open-ended questions that were asked to the interviewees have motivated them to share information that is of interest to the researcher – information that contributes to knowledge that is not directly driven by the questions asked. This approach led to analyse the data at a *latent level*. The deductive and inductive approaches were applied concurrently during the data analysis.

The process

Recorded interviews were transcribed and translated to English. Transcription was carried out within a maximum of a few days following the interview to ensure my memory was still fresh from the encounter and no other interview was undertaken in the interim. Field notes taken during the interviews were used to maximise the interpretation of both the verbal and nonverbal communication with the managers, rather than simply transforming spoken words into written text. According to Braun and Clarke (2006) there is no specific guideline to follow when transcribing verbal data. However, it was crucial to retain the information needed from the interviews in a 'genuine' way to its original nature. The translated English versions were then checked and validated by an expert in English language before initiating the process for Thematic Analysis (TA) by Clarke and Braun (2006). The following steps were observed throughout the application of the TA process:

Familiarising with the data - step 1: As the only person engaged in the data collection, I already had good knowledge of the data content and preliminary analytic thoughts driven by the project research questions and preconceived views from the study framework prior to the analysis. However, to understand in more depth and the extent of the data content I needed to become more familiar with the data. I, therefore, read each interview several times with the intention to immerse myself in the data as I realised this was the only way that could help me identify those patterns in the managers' stories, especially those that were grounded in the data and not related to the questions asked. Throughout this process notes were recorded to help me get more engaged in the data (Pietkiewicz & Smith, 2012) as shown in Table 5.6. At times, I even started getting ideas of initial codes while reading.

Table 5.6: An example of taking data notes

Maria, my challenges when I became a Charge Nurse, this is about three years ago, were big. As a Deputy, I had the challenge to become the leader of Unit X. One challenge was to learn certain protocols/operational procedures, and the other challenge was to build a good relationship with the staff. The biggest challenge I had was when I became a Deputy, and the challenge was the staff, because… because the place was too big, with a large number of staff… their cultures as well. Staff that includes not only nurses, but nursing aides, reception staff, police officers, medical doctors, and even legal advisors etc. So, you… when you are a Deputy, you are already on the first step of management, you already have a big challenge because you have a to consider yourself competent how to deal with the various roles that you're facing, emm… it was a challenge, but because… because of that challenge I learned a lot.	Mae believed that her success in her new role depended a lot on her competence and how much she was able to build a good rapport with all the staff, not only nurses

Generating preliminary codes – step 2:

At this stage, I was quite familiar with the data, understanding what gender barriers were impacting the life of female managers and the consequences they were facing. I could now apply initial codes to the interesting features in the raw data. This process involved assessing

and identifying semantic and latent features (Braun & Clarke, 2012) in the data content that are meaningful to the phenomenon and coding them (Braun & Clarke, 2006).

Table 5.7 and Table 5.8 demonstrate different examples of codes applied to two short abstracts from the data. The abstract in Table 5.7 is driven by the study framework. Therefore, this abstract was specifically coded using terms motivated by the framework.

Table 5.7: Example of coded extract (semantic)

Data extract	Coded for
My mum used to help me at that time. My husband used to help me as well. I always found help. But I always found time to do what I had to do. For example, if I found no time for studying during the day, I used to do it at night. I had the aspiration to move on and always found the time to do what I needed to do. As I told you I always found help and always managed to cope with everything. You need to find the time, find the time.	1. Domestic work assistance from husband and mum 2. Manage time to develop her career 3. Ambitious to advance in career

The second abstract in Table 5.8 contains information which is data driven. The information shared by the interviewee has emerged spontaneously even though the researcher did not ask for it. The mother shows concern over the education of her children which she believes should be given priority, even if it meant sacrificing her career. Mothers perceive they have a duty to participate actively in their children's education which they consider central to their future economic stability, This, indicates that the education of children may also cause a barrier to a woman's career. The code applied to this abstract was, therefore, related to the data.

Table 5.8: Example of coded extract (latent)

Data extract	Coded for
…children's education should start at a very early stage. I felt the pressure that I had to be there for my children's education 100%. I wanted to invest in good educational foundations for my children.	Children's education

A manual systematic approach was taken throughout the analytic process of the transcripts, focusing with attention on each data item and noticing interesting aspects that may

contribute to patterns/themes. The data items from the entire data set were then batched according to each relevant code and colour coded as exemplified in Table 5.9

Table 5.9: An example of extracts batched into a code

Pseudo-name	Abstract	Code
Mae	our strong patriarchal culture dictates that a woman's place is at home with the family	A woman's role is in the family
Grace	Sometimes, we (society) still think that a woman's place is at home. So, a woman must do her utmost to see that her family and home are well kept so that she does not get criticised that she goes out working	
Pam	It is always the wife who takes the responsibility of the kids	
Kate	I call it the traditional '*stigma*'. It's convenient to keep women at home, to wash the clothes, take care of the family. I don't agree with this… A woman must (has the right to) go out to work as well and further her career because she is capable to do so... can make a career just as a man	
Anne	It's not that men are not capable but it's how we were brought up	
	we're used to this lifestyle…. And it's not right… and a man may perhaps entrust his responsibilities to his spouse… '*it's not fair*	
Clare	. He made my life a hell. Each time he saw me going to work he used to tell me, "you are going again,… you are going again" (ergajt sejra) and he used to tell my husband "how come you let her go out working….isn't your pay enough to support the family? Aren't you able to sustain your family? I've never sent your mother to work"	

Grouping codes and forming themes - step 3:

A long list of the different codes (coded in different colours) that indicate potential patterns was collated from across the data set. This facilitated the sorting out of the different codes into potential themes, providing an initial visual method to start considering how the different codes may combine to form a theme. There are various methods that Braun and Clarke (2006) recommend to analysing the codes into potential themes. Due to the large number of codes generated from my data, it was more convenient for me to use a thematic table to help me organise the codes by their name. The codes were moved around to fit them as best possible into themes that make sense, ensuring they were in the right place by going

again and again through the abstracts. Table 5.10 shows an example of a few preliminary batches of codes.

Table 5.10: Codes grouped into initial themes

Pattern/ Theme	**Pattern/ Theme**	**Pattern/ Theme**	**Pattern/ Theme**
Gender roles stereotype beliefs	Organisational structures	Relationships at work	Queen bee syndrome
Codes	**Codes**	**Codes**	**Codes**
Gender discrimination/ unequal treatment	Administrative procedures	with senior management	Attitudes of female senior managers towards junior female nurses
A woman's place is in the family	Gender mainstreaming	Backstabbing	
Cultural gender perceptions		Between women	
Househusband versus housewife		Inter-disciplinary	
Management is a man's job		With colleagues & staff	
Low perceptions of female managers		Intimidation from male staff	
Underrepresentation of women in management			

Reviewing themes - step 4:

Following the initial devise of a set of themes, the themes were then refined to ensure that data within the themes cohere together meaningfully and that the themes are distinct from each other. To this effect, two levels of analytic reviews were carried out.

Level 1: This was initiated by reviewing the coded data extracts, meaning that each collated group of extracts tagged to a specific code were read and reviewed to check that they properly fit, and to see that each theme has adequate data to support it and form a coherent pattern.

It was necessary for some of the codes to be combined. Some codes were also rephrased to ensure that the name of the code best describes the identified abstracts and therefore is more suitable. For example, during the refining of codes (Table 5.11), the codes under theme

'Gender roles stereotyping beliefs', particularly code - '*househusband versus housewife'* was combined with another code '*cultural gender perceptions'* because the abstracts from both codes overlapped. Therefore, they could be combined to give a wider and more meaningful perspective of the concept. Code - '*underrepresentation of women in management'* was temporary placed under theme 'Miscellaneous' that was provisionally created to home pending themes until further review is carried out to find it a better fit. Throughout the process, codes were moved between themes as deemed necessary.

Table 5.11: Refining codes

Pattern/ Theme	**Pattern/ Theme**	**Pattern/ Theme**	**Pattern/ Theme**
Gender roles stereotype beliefs	Organisational structures	Relationships at work	Queen bee syndrome
Codes	**Codes**	**Codes**	**Codes**
Gender discrimination/ unequal treatment	Administrative procedures	with senior management	Attitudes of female senior managers towards junior female nurses
A woman's place is in the family	Gender mainstreaming	Backstabbing	
Cultural gender perceptions		Between women	
Management is a man's job		With colleagues & staff	
Low perceptions of female managers		With spouse	

Level 2: The procedure for level 2 analysis followed the same steps as level 1. Here, the individual themes were assessed whether they fit meaningfully within the data set and if the thematic table accurately and adequately represents the entire set of data (Braun & Clarke, 2006). Therefore, the entire data set was reread. Themes were re-examined. Some were combined, others newly created. Some themes were rephrased, such as theme – '*structural standards'* instead of *'organisational structures'* and '*relationships'* vice *'relationships at work'* to indicate the inclusion of another code - '*with spouse'*. Some were eliminated or

removed from a theme. For example, '*queen bee syndrome'* was removed from a theme and added as a code under theme '*relationships*'. An example is illustrated in Table 5.12

Table 5.12: Refining Themes

Pattern/ Theme	**Pattern/ Theme**	**Pattern/ Theme**
Gender roles stereotype beliefs	Structural standards	Relationships
Codes	**Codes**	**Codes**
Gender discrimination/ unequal treatment	Administrative procedures	with senior management
A woman's place is in the family	Gender mainstreaming	Backstabbing
Cultural gender perceptions		Between women
Management is a man's job		With colleagues & staff
Low perceptions of female managers		With spouse
		Queen bee syndrome

In the process, some of the initial codes went straight on to form overarching themes, such as '*The impact of Covid-19 pandemic on female managers.'* Others formed sub-themes, such as '*Role guidance/career development support',* while a few others had to be discarded. In the end, all the themes were grouped and organised under overarching themes. A complete final thematic table is illustrated in Table 7.2 (Qualitative Findings).

Defining and naming themes - step 5: This step focused on ensuring that the thematic list was defined. At this point, the concept/essence of each theme and of the overall themes was determined, meaning that the aspect that each theme captures was understood. The extracts for each theme were read again and then "organised into coherent and internally consistent account, with accompanying narrative" (Braun & Clarke, 2006, p. 92). Each theme was analysed and interpreted in terms of the story it describes and how it fits in the bigger story presented by the overall themes.

Write up – step 6: The final analysis was carried out. This included the write-up of the story that emerged from the data and is presented with abstracts to the reader in Chapter 7 (Results).

5.6.2.8 Ethical considerations

Safeguarding autonomy and informed consent

***Interviewees*:** To ensure that the interviewees' right to self-determination is maintained, they were given a detailed information sheet and enough time to decide if they wanted to take part. The nursing managers who were invited to share their views are all qualified health professionals and therefore competent to understand the information given to them and make decisions as to whether they are willing to give their feedback or otherwise. Before the interview, which usually followed some days after the invite, they were again asked if they still wished to participate before the interview commenced. They were also informed that at any point in time they can stop the interview, even withdraw the information shared so far without giving a reason and without any penalty or other form of consequences. On agreeing to take part, the interviewee was asked to sign a consent form, a copy of which was retained by both parties for record purposes. Throughout the interview, informants were reminded regularly of their right to withdraw their participation, thus renegotiating consent to allow participants to collaborate and making sure they truly wanted to participate voluntarily in the study.

Respecting confidentiality, privacy, and data security

Interviewees: Agreement was reached with the informants that the interviews will be audio recorded, coded to maintain confidentiality, transcribed, and electronically stored in a safe data storage. To ensure strict confidentiality, transcription was carried out by myself. In accordance with the Data Protection Act (2002), GDPR (2018), and the Data Protection

Code of Practice at the University of Hull and the University of Malta, all electronic data were kept in a safe electronic space, and hard anonymous data in a cabinet under lock and key, accessible only to me and the supervisors. Identifiable data were coded and destroyed immediately to secure confidentiality. Measures were taken to ascertain interviewees' identity is never revealed in the thesis and in any reports, publications, or conference proceedings. Fictitious names were used to keep the anonymity of the participants. Interviews were undertaken in a quiet room where privacy could be secured. During the interview, the participant was repeatedly reminded that she was free to withdraw her participation if she felt it was an issue of concern (Mack et al., 2005). Above mentioned important information was included in the consent form and the interviewees had to sign before the interview as a show of agreement.

Respecting time as an important resource

The use of a semi-structured protocol helped me keep the interviews within data gathering boundaries and timelines, while at the same time making sure I achieved sufficient interaction and in-depth investigation (Denzin & Linclon, 2002). Interviews were planned to take approximately one hour where the researcher had to focus on the core matter of the study thus limiting the possibility of gathering irrelevant information.

5.7 Summary

This chapter presented the research question which leads the investigation of this study. It has explained the methods used to generate and analyse data based on methodological decisions and in compliance with the conceptual framework that was leveraged from the literature. The methodological ingrained ontological and epistemological assumptions were communicated and discussed. Since this study overarches the entire organisation, approvals

were obtained from authorities at all levels. In addition, attention was also given to important ethical considerations to ensure ethical compliance with the Data Protection Act and GDPR.

Chapter 6: RESULTS: Quantitative

Quantitative data analysis

6.1 Introduction

This chapter initiates with a detailed analysis of the survey participants' demographics. Reinstated at the start of this chapter are the hypotheses that were specified in chapter 4 (Literature Review). Following is the presentation of the demographic factors (independent variables) and the gender factors (dependent variables) that are cross tested to analyse and understand the gender barriers that affect the Charge and Deputy Charge Nurses' career progression. Findings emerging from the analysis are illustrated in this chapter.

6.2 Overview of the survey

Feedback from 194 (77.29%) participants was received from a total of 251 eligible population. The first set of questions, that is *Questions 1 to 10*, describes the demographics of the participants. Responses from *Questions 11 to 39* focus on gender barriers. *Question 40* enquires whether participants have experienced any gender discrimination during their years of tenure and the type of discrimination they perceive to have suffered. *Question 41* is open-ended and invites participants to give their suggestions on how to enhance career development of female nursing managers.

6.3 Hypotheses

Quantitative analysis of gender barriers is conducted with the intention to test a set of hypotheses that were formulated following the synthesis of the literature. Hypotheses state that among female Charge and Deputy Charge first-line nursing managers working in the Maltese state healthcare organisation:

- *(H1) Family responsibilities (number of children and age of youngest child)* will be perceived to be ***positively*** related to *gender stereotypes* (one-tailed hypothesis).
- *(H2) Family responsibilities (number of children and age of youngest child)* will lead to a ***negative*** perception of factors related to their *organisation* (eg structural standards and family-friendly policies) (one-tailed hypothesis).
- *(H3) Marital status* will be ***related*** to perceptions of *personal attributes* (eg career ambition and competence) (two-tailed hypothesis).

On the other hand:

- *(H4) Highest level in the organisation aimed to achieve* will be ***positively*** related to perceptions of their *organisation* (one-tailed hypothesis).

6.4 Analysis of the participants' demographics

The participants' demographics were analysed in terms of frequencies and percentages. Analysis breakdown by grade and entity was carried out to portray their socio-economic status within each health setting. However, a complete analytic view of the State Healthcare System (SHS) as one organisation in its entirety is also presented since this study focuses on first-line managers employed within the State Healthcare System (Table 6.1).

A response rate of 55.2% (106) came from Charge Nurses (CN) while a response rate of 44.8% (86) came from Deputy Charge Nurses (DCN) as indicated in Figure 6.1. Two participants failed to answer the first question '*What is your current grade?*'

Table 6.1: Charge and Deputy Charge Nurses' demographic findings

Demographics of Charge Nurses & Deputy Charge Nurses																				
N=Population of an Entity R=Number of responses from the Entity			AACC (N=9; R=6)		GGH (N=23; R=23)		KGRH (N=18; R=18)		MDH (N=108; R=76)		MHS (N=29; R=16)		PHC (N=18; R=15)		SAMOC (N=11; R=10)		SVP Long Term Care (N=35; R=30)		State Healthcare System (SHS) (N=251; R=194)	
Question	**Participants**		**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**
GRADE		*Charge Nurse*	3	50	11	47.8	8	44.4	46	60.5	2	13.3	10	66.7	6	60	20	66.7	106	55.2
		Deputy Charge Nurse	3	50	12	52.2	10	55.6	30	39.5	13	86.7	5	33.3	4	40	10	33.3	86	44.8
TENURE	**Charge Nurse**	*Less than 2 years*	0	0.0	1	4.6	0	0.0	9	13.9	0	0.0	2	16.7	0	0.0	6	21.4	18	10.5
		2-4 years	1	16.7	4	18.2	2	12.5	11	16.9	0	0.0	2	16.7	3	33.3	0	0.0	23	13.4
		5-10 years	0	0.0	2	9.1	2	12.5	11	16.9	1	7.1	2	16.7	2	22.2	2	7.1	22	12.8
		11-20 years	0	0.0	2	9.1	2	12.5	4	6.2	0	0.0	0	0.0	0	0.0	4	14.3	12	6.9
		More than 20 years	2	33.3	1	4.6	1	6.3	4	6.2	1	7.1	2	16.7	0	0.0	6	21.4	17	9.9
	Deputy Charge Nurse	*Less than 2 years*	0	0.0	4	18.2	0	0.0	14	21.5	6	42.9	1	8.3	0	0.0	1	3.6	26	15.1
		2-4 years	2	33.3	7	31.8	6	37.5	11	16.9	3	21.4	1	8.3	3	33.3	5	17.9	38	22.1
		5-10 years	1	16.7	0	0.0	2	12.5	1	1.5	3	21.4	1	8.3	0	0.0	2	7.1	10	5.8
		11-20 years	0	0.0	1	4.6	0	0.0	0	0.0	0	0.0	1	8.3	0	0.0	1	3.6	3	1.7
		More than 20 years	0	0.0	0	0.0	1	6.3	0	0.0	0	0.0	0	0.0	1	11.1	1	3.6	3	1.7
AGE GROUP	**Charge Nurse**	*Under 30 years*	0	0.0	0	0.0	0	0.0	0	0.0	1	6.7	0	0.0	0	0.0	0	0.0	1	0.5
		30-39 years	1	16.7	1	4.4	1	5.9	5	6.7	0	0.0	0	0.0	2	20.0	1	3.3	11	5.8
		40-49 years	1	16.7	2	8.7	0	0.0	8	10.7	0	0.0	1	7.1	1	10.0	1	3.3	14	7.4
		50 years or more	1	16.7	8	34.8	6	35.3	32	42.7	1	6.7	9	64.3	3	30.0	18	60.0	78	41.1
	Deputy Charge Nurse	*Under 30 years*	0	0.0	0	0.0	0	0.0	0	0.0	1	6.7	0	0.0	0	0.0	0	0.0	1	0.5
		30-39 years	0	0.0	5	21.7	2	11.8	8	10.7	4	26.7	0	0.0	0	0.0	5	16.7	24	12.6
		40-49 years	1	16.7	4	17.4	2	11.8	11	14.7	5	33.3	2	14.3	1	10.0	1	3.3	27	14.2
		50 years or more	2	33.3	3	13.0	6	35.3	11	14.7	3	20.0	2	14.3	3	30.0	4	13.3	34	17.9

N=Population of an Entity R=Number of responses from the Entity			AACC (N=9; R=6)		GGH (N=23; R=23)		KGRH (N=18; R=18)		MDH (N=108; R=76)		MHS (N=29; R=16)		PHC (N=18; R=15)		SAMOC (N=11; R=10)		SVP Long Term Care (N=35; R=30)		State Healthcare System (SHS) (N=251; R=194)	
Question	**Participants**		**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**
QUALIFICATION	**Charge Nurse**	*EN to SN conversion course*	0	0.0	1	4.6	1	5.6	3	4.0	1	6.7	1	7.1	0	0.0	0	0.0	7	3.7
		Traditional cert in nursing	0	0.0	3	13.6	3	16.7	15	20.0	0	0.0	6	42.9	1	10.0	14	48.3	42	22.2
		Diploma in nursing	1	16.7	0	0.0	3	16,7	6	8.0	0	0.0	0	0.0	0	0.0	2	6.9	12	6.4
		B.Sc. Nursing	1	16.7	3	13.6	1	5.6	10	13.3	0	0.0	2	14.3	3	30.0	3	10.3	23	12.2
		Masters' Degree	1	16.7	4	18.2	0	0.0	11	14.7	1	6.7	1	7.1	2	20.0	0	0.0	20	10.6
	Deputy Charge Nurse	*EN to SN conversion course*	0	0.0	2	9.1	1	5.6	5	6.7	2	13.3	1	7.1	2	20.0	2	6.9	15	7.9
		Traditional cert in nursing	1	16.7	1	4.6	3	16.7	7	9.3	1	6.7	0	0.0	0	0.0	1	3.5	14	7.4
		Diploma in nursing	1	16.7	1	4.6	2	11.1	3	4.0	1	6.7	1	7.1	0	0.0	2	6.9	11	5.8
		B.Sc. Nursing	0	0.0	6	27.3	3	16.7	8	10.7	6	40.0	0	0.0	1	10.0	4	13.8	28	14.8
		Masters' Degree	1	16.7	1	4.6	1	5.6	7	9.3	3	20.0	2	14.3	1	10.0	1	3.5	17	8.9
CPD TRAINING	**Charge Nurse**	*Yes*	3	50.0	11	52.4	8	44.5	42	56.8	2	13.3	8	61.5	6	60.0	19	63.3	90	50.0
		No	0	0.0	0	0.0	0	0.0	3	4.1	0	0.0	1	7.7	0	0.0	1	3.3	5	2.8
	Deputy Charge Nurse	*Yes*	3	50.0	10	47.6	10	55.6	26	35.1	10	66.7	4	30.8	3	30.0	9	30.0	75	41.7
		No	0	0.0	0	0.0	0	0.0	3	4.1	3	20.0	0	0.0	1	10.0	1	3.3	10	5.6
CPD SESSIONS	**Charge Nurse**	*0-4 sessions*	1	20.0	7	36.8	1	8.3	15	24.6	1	9.1	2	16.7	3	42.9	7	28.0	37	24.3
		5-9 sessions	0	0.0	1	5.3	0	0.0	15	24.6	1	9.1	4	33.3	1	14.3	6	24.0	28	18.4
		10-19 sessions	1	20.0	1	5.3	2	16.7	5	8.2	0	0.0	2	16.7	0	0.0	3	12.0	14	9.2
		20 sessions or more	0	0.0	1	5.3	1	8.3	3	4.9	0	0.0	0	0.0	0	0.0	1	4.0	6	3.9
	Deputy Charge Nurse	*0-4 sessions*	1	20.0	5	26.3	1	8.3	19	31.2	3	27.3	1	8.3	3	42.9	4	16.0	37	24.3
		5-9 sessions	2	40.0	2	10.5	4	33.3	3	4.9	1	9.1	2	16.7	0	0.0	3	12.0	17	11.2
		10-19 sessions	0	0.0	2	10.5	3	25.0	1	1.6	4	36.4	1	8.3	0	0.0	1	4.0	12	7.9
		20 sessions or more	0	0.0	0	0.0	0	0.0	0	0.0	1	9.1	0	0.0	0	0.0	0	0.0	1	0.7

N=Population of an Entity R=Number of responses from the Entity			AACC (N=9; R=6)		GGH (N=23; R=23)		KGRH (N=18; R=18)		MDH (N=108; R=76)		MHS (N=29; R=16)		PHC (N=18; R=15)		SAMOC (N=11; R=10)		SVP Long Term Care (N=35; R=30)		State Healthcare System (SHS) (N=251; R=194	
Question	**Participants**		**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**
MARITAL STATUS	**Charge Nurse**	*Unmarried*	2	33.3	2	9.1	0	0.0	5	6.7	0	0.0	0	0.0	1	10.0	1	3.3	11	5.8
		Married	1	16.7	7	31,8	4	22.2	29	38.7	0	0.0	8	57.1	3	30.0	16	53.3	68	35.8
		Cohabiting	0	0.0	0	0.0	0	0.0	0	0.0	1	6.7	0	0.0	0	0.0	1	3.3	2	1.1
		Divorced	0	0.0	0	0.0	0	0.0	2	2.7	0	0.0	0	0.0	2	20.0	0	0.0	4	2.1
		Separated	0	0.0	1	4.6	2	11.1	4	5.3	1	6.7	2	14.3	0	0.0	2	6.7	12	6.3
		Widowed	0	0.0	0	0.0	2	11.1	6	8.0	0	0.0	0	0.0	0	0.0	0	0.0	8	4.2
	Deputy Charge Nurse	*Unmarried*	0	0.0	0	0.0	0	0.0	3	4.0	0	0.0	0	0.0	0	0.0	0	0.0	3	1.6
		Married	3	50	11	50.0	7	38.9	23	30.7	10	66.7	4	28.6	2	20.0	9	30.0	69	36.3
		Cohabiting	0	0.0	1	4.6	0	0.0	1	1.3	1	6.7	0	0.0	0	0.0	0	0.0	3	1.6
		Divorced	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
		Separated	0	0.0	0	0.0	1	5.6	2	2.7	2	13.3	0	0.0	2	20.0	1	3.3	8	4.2
		Widowed	0	0.0	0	0.0	2	11.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.1
NUMBER OF CHILDREN	**Charge Nurse**	*No children*	0	0.0	1	4.8	0	0.0	7	9.6	0	0.0	1	7.1	2	20.0	4	13.8	15	8.1
		One child	1	20.0	2	9.5	2	11.1	14	18.9	0	0.0	3	21.4	4	40.0	3	10.4	29	15.6
		Two children	1	20.0	4	19.1	5	27.8	22	29.7	2	13.3	4	28.6	0	0.0	10	34.5	48	25.8
		Three children or more	0	0.0	2	9.5	1	5.6	3	4.1	0	0.0	2	14.3	0	0.0	2	6.9	10	5.4
	Deputy Charge Nurse	*No children*	0	0.0	1	4.8	0	0.0	8	10.8	3	20.0	0	0.0	1	10.0	1	3.5	14	7.5
		One child	0	0.0	3	14,3	1	5.6	5	6.8	4	26.7	2	14.3	1	10.0	4	13.8	20	10.8
		Two children	1	20.0	6	28.6	7	38.9	12	16,2	5	33.3	1	7.1	0	0.0	4	13.8	36	19.4
		Three children or more	2	40.0	2	9.5	2	11.1	3	4.1	1	6.7	1	7.1	2	20.0	1	3.5	14	8.1
AGE WHEN HAVING FIRST CHILD	**Charge Nurse**	*Less than 25 years*	0	0.0	3	15.8	1	5.6	5	8.5	1	8.3	0	0.0	0	0.0	7	28.0	17	10.8
		25 to 29 years	1	25.0	2	10.5	5	27.8	19	32.2	1	8.3	7	53.9	2	28.6	7	28.0	44	28.0
		30 to 34 years	1	25.0	3	15.8	2	11.1	9	15.3	0	0.0	1	7.7	2	28.6	2	8.0	20	12.7
		35 and more	0	0.0	0	0.0	0	0.0	6	10.2	0	0.0	1	7.7	0	0.0	0	0.0	7	4.5
	Deputy Charge Nurse	*Less than 25 years*	0	0.0	4	21.1	0	0.0	5	8.5	5	41.7	1	7.7	2	28.6	1	4.0	18	11.5
		25 to 29 years	2	50.0	5	26.3	7	38.9	9	15.3	3	25.0	2	15.4	1	14.3	6	24.0	35	22.3
		30 to 34 years	0	0.0	1	5.3	3	16.7	5	8.5	2	16.7	1	7.7	0	0.0	1	4.0	13	8.3
		35 and more	0	0.0	1	5.3	0	0.0	1	1.7	0	0.0	0	0.0	0	0.0	1	4.0	3	1.9

N=Population of an Entity R=Number of responses from the Entity			AACC (N=9; R=6)		GGH (N=23; R=23)		KGRH (N=18; R=18)		MDH (N=108; R=76)		MHS (N=29; R=16)		PHC (N=18; R=15)		SAMOC (N=11; R=10)		SVP Long Term Care (N=35; R=30)		State Healthcare System (SHS) (N=251; R=194)	
Question	**Participants**		**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**
AGE OF YOUNGEST CHILD	**Charge Nurse**	*10 years or less*	0	0.0	2	10.5	1	5.6	5	8.5	1	8.3	0	0.0	1	16.7	1	4.4	11	7.1
		11 to 20 years	1	25.0	2	10.5	0	0.0	12	20.3	0	0.0	2	15.4	0	0.0	1	4.4	18	11.7
		21 to 30 years	1	25.0	3	15.8	6	33.3	19	32.2	1	8.3	5	38.5	3	50.0	13	56.5	51	33.1
		More than 30 years	0	0.0	1	5.3	1	5.6	3	5.1	0	0.0	2	15.4	0	0.0	1	4.4	8	5.2
	Deputy Charge Nurse	*10 years or less*	0	0.0	4	21,1	3	16.7	9	15.3	3	25.0	0	0.0	0	0.0	3	13.0	22	14.3
		11 to 20 years	0	0.0	5	26.3	1	5.6	5	8.5	1	8.3	2	15.4	2	33.3	1	4.4	17	11.0
		21 to 30 years	2	50.0	2	10.5	5	27.8	5	8.5	6	50.0	2	15.4	0	0.0	3	13.0	25	16.2
		More than 30 years	0	0.0	0	0.0	1	5.6	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0	2	1.3

LEGEND	
AACC	Active Ageing & Community Care
GGH	Gozo General Hospital
KGRH	Karen Grech Rehabilitation Hospital
MDH	Mater Dei Hospital
MHS	Mental Health Services
PHC	Primary HealthCare
SAMOC	Sir Anthony Mamo Oncology Centre
SVP Long Term Care	St. Vincent de Paule Long Term Care

Notably, the number of employed Charge Nurses and Deputy Charge Nurses varies from one entity to another to satisfy the managerial requirements of that particular entity. One can also observe that tenure also varies between groups. Most of the managers have been in their respective grade for a mean of 2 to 4 years. As tenure increases, the number of deputy managers decreases whereas the number of charge managers increases. It can be noted at organisational level that a substantial number of Charge Nurses (17; 9.9%) have a tenure of '*more than 20 years'* as opposed to 3 (1.7%) managers in the deputising grade.

Analysis indicates that most of the Charge Nurses possess a qualification in 'Traditional Certificate in Nursing' (42, 22.2%) whereas the nursing educational training received by Deputy Charge Nurses is mainly a B.Sc. degree (28; 14.8%), with a good number of them having a Masters' Degree (CN=20, 10.6%; DCN=17, 8.9%). A high percentage of the total number of managers (CN=90, 50%; DCN=75, 41.7%) have attended Continuing Professional Development training in the last two years, with most of them stating they have attended up to four sessions/courses (37, 24.3%). A few managers also commented they are following a bachelor's or a master's degree course.

Most of the managers are married women (CN=68, 35.8%; DCN=69, 36.3%), with many of them being mothers of a family of two children (CN=48, 25.8%; DCN=36, 19.4%). Charge Nurses indicated with a high score (51; 33.1%) that the age of their youngest child is between 21 and 30 years of age. Deputising managers also scored high on this characteristic (25; 16.2%), though a substantial number of deputies (22, 14.3%), indicate that their youngest child is in the age range of 10 years or less. The average age when the managers gave birth to their first child is between 25 and 29 years (CN=44, 28.0; DCN=35, 22.3).

A One-way ANOVA test to detect if any significant difference exists in the personal characteristics of Charge and Deputy Charge Nurses was carried out. It was found that Charge Nurses have significantly higher tenure, belong to an older age band and their

youngest child is of an older age. This is indicated by low *p* values less than the 0.05 level of significance. For the other variables, the differences that exist between the managers are statistically non-significant since the *p* values exceed the 0.05 level of significance as illustrated in Table 6.2.

Table 6.2: P-values indicating some significant differences between CNs and DCNs

	Grade	Sample size	Mean	Std. Deviation	P-value
Tenure	Charge Nurse	92	1.86	1.379	***<0.001***
	Deputy Charge Nurse	80	0.99	0.974	
Age group	Charge Nurse	104	2.63	0.713	***<0.001***
	Deputy Charge Nurse	86	2.09	0.849	
Qualification	Charge Nurse	104	2.07	1.294	0.464
	Deputy Charge Nurse	85	2.21	1.407	
CPD Training	Charge Nurse	104	0.05	0.215	0.079
	Deputy Charge Nurse	85	0.12	0.324	
No of CPD Sessions	Charge Nurse	85	0.87	0.936	0.143
	Deputy Charge Nurse	67	0.66	0.827	
Marital status	Charge Nurse	105	1.64	1.462	0.106
	Deputy Charge Nurse	85	1.38	1.080	
No of children	Charge Nurse	102	1.52	0.864	0.573
	Deputy Charge Nurse	84	1.60	0.958	
Age when having first child	Charge Nurse	88	1.19	0.842	0.178
	Deputy Charge Nurse	69	1.01	0.795	
Age of youngest child	Charge Nurse	88	1.64	0.819	***<0.001***
	Deputy Charge Nurse	66	1.11	0.914	

A few significant differences (Table 6.2) between the two groups of respondents may encourage further exploration of the groups. However, the idea is not sustainable at this point since the investigation will not lead to any additional accomplishments for the following reasons:

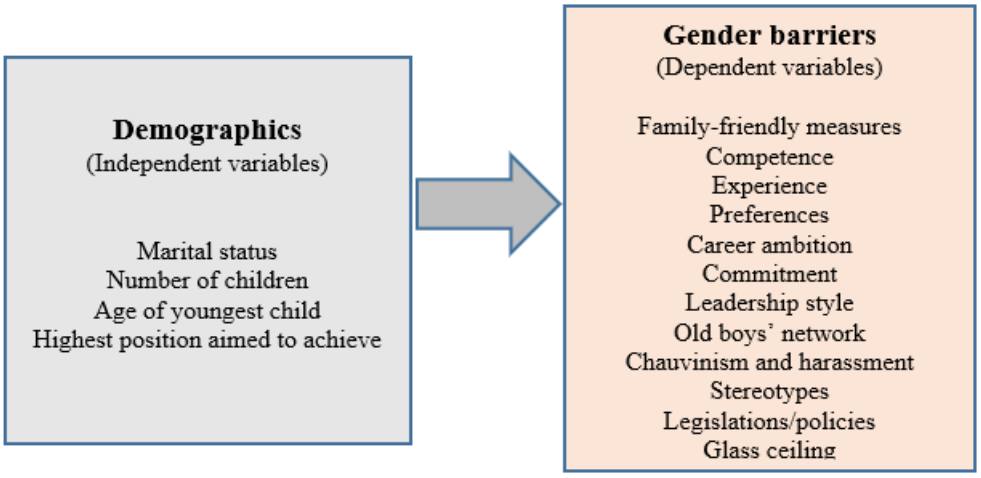
The sectoral agreement of the Malta Union of Midwives and Nurses states that the grade of Deputy Charge Nurse will be phased out by end of year 2021 and deputising managers will be absorbed automatically in the grade of a Charge Nurse (MUMN, 2018). Yet, this process is still in progress. Analysis decisions by the individual groups does not yield any benefits in view that at the time of data analysis, a change in the current situation of two levels of first-line managers was already underway. Therefore, unlike the analysis and discussion of the demographic data which focus on the two respondents' groups separately, participants will be considered as one group in the analysis and discussion on gender barriers.

Another reason why the survey responses will be analysed collectively under the State Healthcare System in terms of gender barriers is because all entities are centrally administered and controlled by the Ministry of Health, sharing same corporate structures and policies. Besides, managers are mobile within these entities and hence very likely that most of the barriers they encounter are common to all. Subsequently, all healthcare employees, including the managers under investigation, are not restricted to promotional advancement within their entity only, but can apply for vacant posts or new positions that are created across the entire organisation.

6.5 Analysis of gender barriers

The second section of the questionnaire focuses on gender barriers and is analysed by comparing independent variables against dependent variables through a cross analysis, mainly responses from the first (demographic) section with responses from the second (gender barriers) section of the questionnaire. The aim is to test if different groups of Maltese female nursing managers with varying characteristics are differently affected by the phenomenon under investigation by comparing groups as depicted in Figure 6.1.

Figure 6.1: Identifying correlations between different demographic traits and gender barriers



6.5.1 Testing for internal consistency

Before analysing the data, the internal consistency of the Likert scale items in the questionnaire was tested. In view that the pilot sample was small, the test was run for the final study sample. The values obtained from Cronbach's alpha are depicted in Table 6.3. Some of the tests ran for the subscales gave values between 0.575 and 0.695 for the concepts of experience, preferences, career ambitions, commitment, and policies and legislations. According to some authors, such as Griethuijsen et al (2014), Cronbach's alpha values of 0.6 or 0.7 are sufficient, although other sources, such as the University of Virginia (2015) indicates that acceptable values must be 0.7 and above. The latter also argues that to fully assess how 'good' a scale is at measuring a construct, a face validity of the scale must also be assessed to test how accurately the scale gauges an underlying concept. As discussed in Chapter 5, section 5.5.2.4, the questionnaire was piloted by an expert team, whereby the team used its theoretical and substantive knowledge to determine the accuracy of the constructs (University of Virginia, 2015). A low value for alpha could be related to a low number of items as argued by Tavanol and Dennick (2011). Schmitt (1996), on his part, signifies no general level exists (such as 0.7) where alpha becomes acceptable, but rather that tools with quite a low value of alpha coefficient can still prove useful in some circumstances.

Table 6.3: Cronbach's Coefficient

Question	Cronbach's Alpha
Q21 Competence	0.908
Q23 Experience	0.587
Q24 Preferences	0.599
Q26 Career ambitions	0.575
Q27 Commitment	0.632
Q28 Leadership style	0.768
Q34 Networking and Role model	0.826
Q35 Old Boys' Network	0.826
Q36 Chauvinism and Harassment	0.763
Q37 Stereotype	0.806
Q38 Policies and Legislations	0.695
Q39 Glass ceiling	0.717

6.5.2 Findings from testing demographics on gender barriers

As explained in the methods, total scores were computed for questions 20,21,23,24,26,27,28,35,36,37,38, and 39, by summing the sub-questions that focus on the same concept. As described in the methods, the relationship between the demographics (independent variables) and gender barriers (dependent variables) was analysed using One-way analysis of Variance. To minimise Type I error the *post-hoc* Bonferroni method was used to identify significant relationships.

Two relationships emerged from the above analysis:

1. the first was between number of children and the existence of stereotypes (Question 37 in the survey questionnaire) whereby the mean score for women with three or more children (27.0) was significantly higher than that for women with no children (20.74) ($F=4.58$; $p=0.04$).
2. the second was between marital status and career ambition (Question 26 in the survey questionnaire) whereby the mean score for divorced women (20.75) was significantly higher than that of widows (12.75) ($F=3.16$; $p=0.01$).

However, Chi-square testing showed that the number of children was positively related to time taken off work for family reasons ($p=0.013$).

Quantitative analysis did not provide any evidence for a relationship between perceptions of level wished to be attained in the organisation and the perception of the organisation.

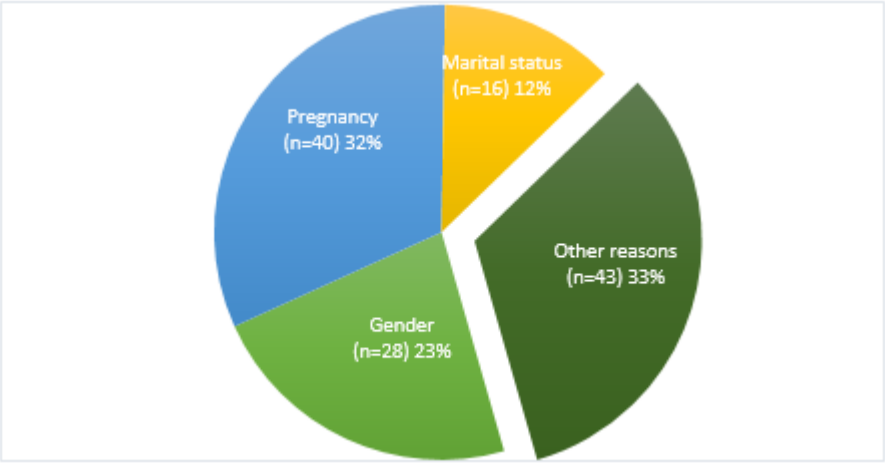
To summarise, divorced women appear to have higher career ambition than widows and women with more children perceive more gender stereotypes in the workplace and number

of children increases time off work. Interpretation of the above results in relation to the hypothesis will be presented in Chapter 8.

6.5.2.1 Less favourable treatment due to a personal attribute

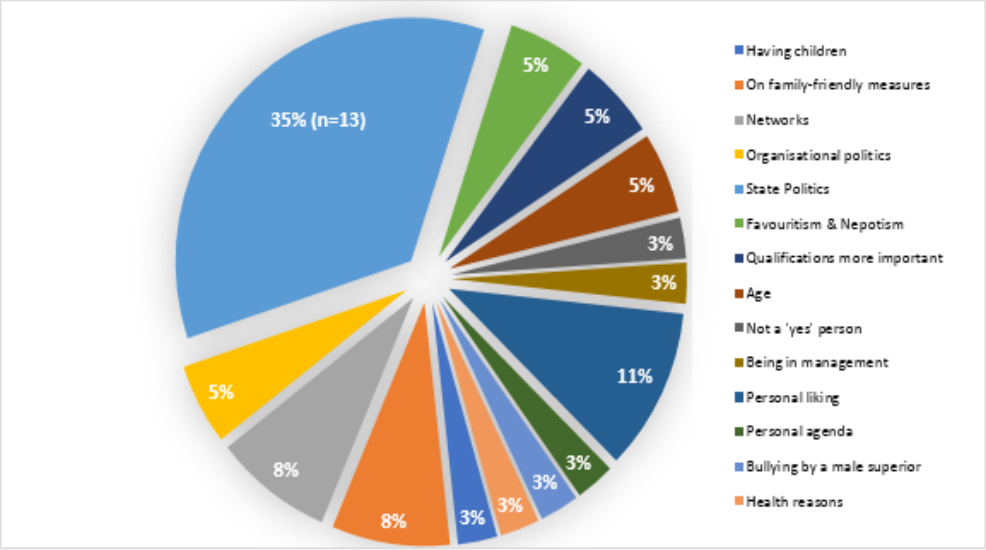
In *Question 40,* participants were asked to indicate if during their nursing career they were treated less favourable than others in the same or similar situations because of their *gender*, *status*, *pregnancy*, or *other reasons*. Here, participants could select more than one answer and out of 104 participants that responded to this question, a considerable number of them ticked more than one option (Figure 6.2). After discrimination emerging from *other reasons, pregnancy* was the second most frequently reported gender issue.

Figure 6.2: Reasons for being discriminated



Besides from ticking the option *other reasons,* participants added their comments to elaborate and explain why they felt they were discriminated. A breakdown of the comments in this section is presented in Figure 6.3. Findings indicate various reasons why the managers reported an experience of discrimination. A few of the comments clearly indicate their association with role gender barriers, example, *having children* and making use of *family-friendly measures*. Finally, the content analysis of the comments was turned into quantitative data. 'State politics' is the top-most noted reason why participants feel they were discriminated. A topic that is not included in this study.

Figure 6.3: Breakdown of reasons for receiving discriminative treatment



6.6 The way forward

Question 41 is the last question in the questionnaire. It gave an opportunity to participants to contribute their suggestions on how nurses' representation in top leadership positions can be improved. Out of 194 respondents, 100 participants responded by giving their recommendations on the way forward. The comments were analysed using content analysis guided by the framework of the study and then converted into quantitative data. Table 6.4 presents the sub-themes (barriers), example *Gender roles stereotype*, categorised under overarching themes, example, *Governmental & Socio-cultural.*

Table 6.4: The way forward

Theme (Barrier)	***Examples of quotes from Suggestions***	***Number of suggestions***
<u>Overarching theme 1: Governmental & Socio-cultural</u>		
Gender roles stereotype	"Women have to take more responsibilities over their children which is only natural…" (MDH)	6
Legislations and policies	"…I strongly believe that more changes in legislations in favour of women's rights have to be done by women themselves… " (PHC_06)	13
Political Interference	"political appointments" (GGH)	2

Overarching theme 2: Organisational		
Family-friendly measures	"Some of the work can be done from home. Office work should be allowed as teleworking." (SAMOC_02)	47
Networking & socialising	"…introduce more networking to enhance empowerment and leadership and to be the voice for female nurses' career advancement." (KGRH_11)	2
Mentoring	"…Those who 'shine' in being leaders should be encouraged and actively motivated and trained to improve their skills." (PHC_09)	9
Role models	"Female managers should be more in touch with female nurses – SSN, DCN, CN." (AACC_04)	1
Old Boy's network	No comments	0
Chauvinism and harassment	"I feel here is an element of chauvinism within top headship positions in Malta… Sick up for each other and be united in their efforts to improve the situation" (SVP_16)	6
Overarching theme 3: Personal		
Leadership style	"By keeping communication open and honest. By expanding critical thinking skills. Be able to express their vision to guide changes." (SVP_11)	3
Ambition	No comments	0
Preferences	No comments	0
Competence	"…The most important thing is that the person is eligible and competent to occupy such a role." (PHC_01)	25
Experience	"I believe that having experience in your job will go much better with grades and education." (SAMOC_02)	3
Commitment	"…more readily available for leadership position." (MHS_17)	1
Work-family life balance	"…One has to consider the family support one would have especially when a female has children…" (SVP_13)	14

6.7 Summary

This chapter took us through a systematic analysis of data produced from the quantitative arm. Interpretation of findings from the demographic characteristics highlight interesting views about the first-line managers. For instance, Charge and Deputy Charge Nurses differ significantly in their *'tenure'* and *'age'*, and *'age of youngest child'*. Yet, investigating the

two groups of participants independently from each other was found to generate no added value since the grade of a Deputy Charge Nurse was being phased out.

Chapter 7: RESULTS: Qualitative

Qualitative data analysis

7.1 Introduction

The qualitative interviews were used to contextualise (Creswell et al., 2003), enhance and enrich (Mason, 2006; Taylor & Trumbull, 2005) the quantitative findings and to help generate new knowledge (Stange, 2006), with the intention of addressing profoundly the project research question. Therefore, interviews were primarily undertaken to explore in-depth the phenomenon. The sample included a representative from each group with the intention of listening to their experiences and understand better their ethos, thus establishing a detailed and insightful account of their strong beliefs/experiences (Braun and Clarke, 2008).

7.2 Interviewees' responses

In the beginning of the interview, it was somewhat hard for a few participants to overtly express their experiences, particularly those of an older age. The younger ones expressed themselves more readily when asked a few questions. However, after a while, all the respondents became comfortable and soon they engaged with the flow of the dialogue. The managers who participated in the interviews were Mae, Grace, Pam, Kate, Anne, Sue, Clare, and Maude. The names were changed to maintain anonymity.

7.3 Interviewees' demographics

First-line managers were selected from the various health entities. It was intended that participants with different personal demographics will be chosen to capture experiences from different groups. Therefore, the participants were purposely sampled to obtain a

balanced specimen of managers with intentional demographic qualities as those participating in the survey for further investigations. Once more this was made possible with the help of the intermediaries who had to select respondents from among those who completed the questionnaire. Furthermore, the sample (Table 7.1) included a candidate from each entity to try and obtain any influential dynamics that may exist at micro level. Representation from each group was successfully recruited except for a 'widow' and a 'divorced' participant. There are few widow managers (N=10; 5.26%) and divorced managers (N=4; 2.11%) in the state healthcare organisation. Besides, no volunteers from these groups could be identified in view of the difficult situation created by the Covid-19 crisis.

Table 7.1: Interviewees' Demographics

Fake name	Grade	Entity	Status	Age (years)	Qualification	Tenure (years)	No of children	Age of children (years)	Age when having first child (years)	Additional information
Anne	CN	AACCD	Single	35	MSc	4	Nil			
Clare	CN	SVP	Married	63	Traditional course	2 to 3	3	First 36 Second 34 Third 28	26	Grandmother
Grace	DCN	GGH	Married	40	MSc	3	2	First: 20 Second:9	20	
Kate	CN	KGRH	Separated	57	EN to SN conversion course	7	1	First: 31	26	
Mae	CN	MDH	Married	50	MSc.	3	2	First: 17 Second: 14	33	
Maude	CN	MHS	Single	32	MSc	3	Nil			
Pam	CN	PHC	Separated	63	BSc	12	2	First: 33 Second:32	30	Grandmother
Sue	CN	SAMOC	Married	58	MSc.	5	Nil			

7.4 Qualitative findings and analysis

Qualitative findings were organised in themes as illustrated in Table 7.2. The qualitative analysis is supported by interview data, presented using pseudonyms, in addition to

comments from free answer, open questions from the quantitative arm. Comments from the survey respondents are coded to differentiate them from the qualitative quotes while maintaining anonymity.

Table 7.2: Qualitative Findings

Theme	Sub-theme	Code
Governmental and Socio-cultural barriers	1. Gender stereotypes	*i. Gender discrimination/unequal treatment* *ii. A woman's place is in the family* *iii. Cultural gender perceptions* *iv. Management is a man's job* *v. Low perceptions of female managers*
Organisational barriers	1. Structural standards	*i. Administrative procedures* *ii. Gender mainstreaming*
	2. Relationships	*i. With senior management* *ii. Backstabbing* *iii. Between women* *iv. With colleagues/staff* *v. With spouse* *vi. Queen bee syndrome*
	3. Chauvinism and harassment	*i. Gossiping and intimidation*
	4. Family-friendly measures	*i. Long working hours* *ii. Rosters* *iii. Reduced working hours* *iv. Study leave* *v. Maternity/parental leave* *vi. Who makes the most use of family-friendly benefits?*
	5. Role guidance/career development support	
	6. Role models	
	7. Networking and socializing	*i. E-communication* *ii. Staff interaction outside the workplace*

Theme	Sub-theme	Code
Organisational/Personal barriers	1. Portfolio	*i. Qualification(s) and personal development* *ii. Retraining, learning and adapting*
Personal barriers	1. Work-family life balance	*i. Women have multiple responsibilities* *ii. Increased responsibilities in management* *iii. Overwhelming responsibilities* *iv. Arrangements to balance work and family life* *v. Domestic help* *vi. Childminding support*
	2. Quality of life	*i. Type of lifestyle* *ii. Children's education*
	3. Choices, preferences and prioritization	
	4. Leadership traits	
	5. Individual's characteristics	
The impact of Covid-19 pandemic on female managers		
Glass ceiling		

7.4.1 Governmental and socio-cultural barriers

The main aspect of governmental and socio-cultural barriers identified is *gender role stereotype beliefs.*

I. Gender stereotypes

This category reports the impact of stereotypical gender roles on participant experiences and is structured by five codes: *Gender discrimination/unequal treatment, A woman's place is in the family, Cultural gender perceptions, Management is a man's job, Low perceptions of female managers* and *the Queen bee syndrome.*

i. Gender discrimination/unequal treatment

Various impressive stories were disclosed by respondents, expressing their sufferings resulting from discriminative behaviour from employees at their workplace. Sadly, and with an angry tone in her voice, Grace related how disadvantaged she felt at the Unit where she was deployed as a nurse. She mentioned several episodes of discrimination that hurt her feelings. For instance, she related how disappointed the male Charge Nurse of the Unit was when she walked in for the first time as a newly qualified nurse. The last thing he was expecting was that the nurse vacancy that he had would be filled by a female nurse. Grace could immediately sense that something was wrong. She felt she was being rejected:

> *At all cost, the Charge Nurse wanted to get rid of me. He wanted to replace me by a male colleague. I felt discriminated.* (Grace)

He had negative perceptions about women. His main concern was that as a woman, Grace would be inclined to comply with her expected societal role and primarily consider her family caring responsibilities as a priority. Her Charge Nurse perceived conflicting roles between work and the family, as well as feared her chances of making use of special leave

more than a man would, ending up acting unjustly and taking decisions that go against Grace's right and the rights of all those female nurses that work on his Unit:

> *He [Charge Nurse] was obsessed about the nurses getting pregnant. Instead of auguring well to the person, he used to tell them. Holy Mary, what have you done to me…?* (Grace)

However, from that point of view, it proved different for Pam, for whom, coming back to work was not an option. As a separated woman, she had a family to support. Pam was pregnant when she returned to work as a nurse. She stated she had never suffered any discrimination of the sort: *"never experienced such a thing."*

According to Kate the situation that women have less opportunities than their male counterparts to progress in their career suggests discrimination. This is compounded by other major issues such as motherhood and housekeeping:

> *a woman planning to have a family won't apply for a promotion. Probably, the interviewers will assume that she will make use of sick leave etc. I don't think they will want that, so they choose male candidates*. (Kate)

On a similar note, Maude, the youngest respondent of the group, maintained that employers do not view women as ideal managers. However, their maternal responsibilities are a main concern to employers:

> *She (nurse) may not be promoted because of becoming pregnant…. go out on maternity leave and what not. In fact, you see more men in 'leading positions' because as I was saying, the chances are that women with children have split responsibilities between work and family. The perceptions of the management are that they neglect their work.* (Maude)

Notably, Grace also commented that her Charge Nurse was prejudiced against her and against all women working with him, resulting in discriminative behaviour towards female nurses. She could never seek a career while she still worked there:

> *I knew I could never have the chance to be promoted in the post of a Deputy during his time as a Charge Nurse of the Unit. For sure I would have been*

> *refused the post, for sure. I mean none of us, female nurses, ever dreamed to apply, never… never.* (Grace)

Kate's experiences have also caused her hardship. She felt discriminated against by the attitude of some of the employees towards her because she was separated: *"And there were others that had a stigma for me because I was separated".* In her opinion, Sue felt that as a woman she has a drawback especially when she needed to deal with her senior managers: *"You feel that because you are a woman you must keep a step back".*

ii. A woman's place is in the family

Perceptions reported by most of the respondents clearly expressed that society expects women to play their traditional role as housekeepers. According to the traditional family model, women are predominantly linked to home responsibilities and child rearing, while men are responsible for the financial support of the family. This was highlighted by different views shared by the respondents:

> *Our strong patriarchal culture dictates that a woman's place is at home with the family… men are perceived as breadwinners* (Mae)

> *Sometimes, we still think that a woman's place is at home….* (Grace)

> *I call it the traditional 'stigma'. It's convenient to keep women at home, to wash the clothes, take care of the family".* (Kate)

Additionally, respondents highlighted the strong element of traditional stereotyping attitudes embedded in the mentality of some people that unconsciously lead to gender role traits enforcement. They believe that ensuring women are dedicated towards the proper upkeep of their family is important if women want to please their spouse and guarantee they could keep their job. Otherwise, they may risk being criticised by their husband and forbid them to work:

> *…so, a woman must do her utmost to see that her family and home are well kept so that she does not get criticised that she goes out working.* (Grace)

> *It's not that men are not capable (of looking after the family), but it's how we were brought up* (Anne)

Survey respondent SVP_29 commented that women are expected to take care of their family and not become managers. *"…there is a strong stigma in Malta and Gozo that as females they are unfit (for a managerial post)".* Clare, who was the eldest of the group, further highlighted the strong Maltese culture when she shared the difficult moments she had experienced because of her father-in-law. He perceived that work was no place for a woman. He believed she should be at home with her family. Clare expressed how her in-law's abusive arguments created uneasiness and a stressful situation for her and her husband:

> *He made my life a hell. Each time he saw me going to work he used to tell me… You are going again? You are going again? (ergajt sejra) and he used to tell my husband… How come you let her go out working… isn't your pay enough to support the family? Aren't you able to sustain your family? I've never sent your mother to work.* (Clare)

iii. <u>Cultural gender perceptions</u>

The individual experiences of respondents continued to indicate the typical strong sex role stereotyping culture of the Maltese society. Mae, for instance, stated that she constantly feels that there is a negative focus on her gender in her married life as her husband makes sexist comments that hurt her feelings:

> *It's the verbal comments (from husband) that hurt me. Work comes first for you and then your family… What you're doing, you're doing it for your own sake'.* (Mae)

Grace also expressed how a particular consultant who visited his patients on her ward, used to behave towards her whenever she intervened during his ward-rounds to disclose

important information. She used to feel belittled and shamed because of his male dominance:

> *...if I say something, he tries to humiliate me (jizzufjetta bijja), but if a male colleague says the same thing, then it's OK.* (Grace)

Similarly, Sue, indicated that a strong influential environment of stereotypical norms exists and consequently she expressed how she treads with caution at her workplace:

> *I hate to raise my voice with a male nurse. When dealing with a male nurse, I always keep a step back. Men feel somewhat superior* (Sue)

iv. Management is a man's job

Managers Mae and Sue perceived that women have difficulties in attaining leadership posts. One reason is the gender role assignment by society which hinders women's career pathway. Furthermore, as breadwinners, men remain in the labour force until they retire, an age which lately has been extended to 65 years, thus causing further restrictions to women's chances to achieve a top management post:

> *Our male colleagues have better opportunities to advance higher up. This is very, very unjust. Some of the men in nursing tell their wife to stay at home or to reduce their working hours. They also suggest their wives to change their roster from day duties to night duties to manage their family responsibilities. That way men will still be eligible to process in their career, but the wife's opportunities are reduced. I've seen this happening with my own staff.* (Mae)

> *Women have less chances because the probability for men to remain in management is higher… [they remain] until they retire.* (Sue)

v. Low perceptions of female managers

It is a general believe by many people at all organisational levels that a manager must be a man, resulting in low perceptions and a negative attitude towards female managers. This was clearly expressed by the following respondents:

> *Sometimes, when the manager is a woman, they take her lightly. They look at her as not capable to manage a ward as good as a man.* (Grace)

This is what Pam has experienced personally:

> *When you are new in the role of a Deputy, you find obstacles (intoppi) especially from men, they try to, sort of… 'you order me what to do'…. Sort of "who are you?" Even when you become a Charge Nurse and you have male Deputies, they… [tell you] "who are you to order me?" This happens because I am a woman.* (Pam)

> *He (Charge Nurse) is of the opinion that women have no place in managerial roles, you understand?... Even when there is a study morning or an educational event, he doesn't tell me about it. I must find out about it myself… He doesn't tell me.* (Clare)

According to survey respondent MDH_001, the way forward towards equality is to: *"stop looking at the gender of the person. Look only for skills and leadership qualities."*

7.4.2 Organisational barriers

1. Structural standards

i. <u>*Administrative procedures*</u>

It was indicated that the administrative procedural setup of the state healthcare organisation does not appear to provide objective rules and regulations that govern the entities alike. This is specially so when it comes to beneficial measures that support staff in their career advancement. From what the managers have commented, the administrative procedures, which cascade from top and flows down to be observed by all, are inconsistently approached by the entities:

> *I've learned that senior managers and colleagues do not support study leave. The same entity considers it a taboo. I was personally told this in my face when I applied for it.* (Mae)

Instead, beneficial measures are managed as deemed necessary by the management of the entity:

> *It depends on the entity (tholl u torbot) how much employees advance. If the entity gives you good incentives, then you get encouraged and motivated to achieve certain positions*. (Grace)

> *It [roster] depends on where you work. It mainly depends on how busy the entity is… For example, here, the wards are mostly busy in the morning… ward-rounds, medications, outpatients' appointments, investigations etc. So, one can adapt certain arrangements and flexibility. I do not believe it is feasible at MDH, for instance, a very busy acute hospital*. (Clare)

ii. Gender mainstreaming

Findings revealed that gender mainstreaming, which informs policy makers is still a very new concept to healthcare authorities. Planned actions are not assessed to determine their implications for women and men whose needs vary to unmeasurable limits, depending on several factors. It transpired that women are not integrated within the dimension of their design, implementation, monitoring and evaluation of the policies in the economic and social spheres. Survey respondent AACC_3 stated that: *"Female [senior] managers should be more in touch with SSN, DCN, CN. There is lack of involvement. Staff feel cut off."* Moreover, Mae and Grace confirmed how much women are left out of such plans:

> *Women with kids do not find the time to continue studying to learn more and advance… because of the work commitments that the organisation exerts on them.* (Mae)

Neither do they realise the conflicting responsibilities that mothers have during the different stages of child upbringing and parenting:

> *…they put you (jitfghuk) in the same position, men and women, irrelevant of your personal matters, and you must adapt as if you… come to work with no other worries on your mind, that is, you forget all about your family (tinsa l-familja warajk)… They pretend you put off your switch.* (Grace)

No matter if the working hours and family-friendly measures are convenient to meet the complex and dynamic requirements of the family:

> *…one roster for everybody, both men and women. One roster fits all. There is only one roster for the managers, DDODO. There must be more than one to a least have an option.* (Grace)

1. Relationships

i. <u>With senior management</u>

Support from senior management emerged as a lacking factor, giving rise to conflict. For instance, survey respondent SAMOC _06 insisted that: *"Females in [senior] managerial positions do not always treat their fellow colleagues as they should… one is left to face problems almost alone."* Sue, Clare, and Anne have out-rightly said that they did not find any support when things went wrong for them. They stood on their own. They did not find any cooperation. Sue and Clare have specifically expressed their disappointment when sharing incidents that they encountered while on duty:

> *Not much (support) when you turn up with a problem at the management's office for his support. He… he kicks the ball in your court again. So, we try to tackle the problems between us… try to solve them here. It's less of a problem if you solve them here on the ward. When you're fine and you don't bother them, they're OK, but when something happens…* (Sue)

Painfully, Clare expressed the mishandling of the situation and inhumane attitude she received at a moment when she really needed support:

> *I remember when once my youngest daughter was not well and my husband called me to tell me that she had a temperature of 103 ℉. He told me he was very worried because the child looked blueish. Maria, I thought she had meningitis, and I called the management's office to tell them I was leaving work because my daughter was sick. She told me "you cannot go home". I told her… what do you mean I cannot go home? I'm just informing you that I'm leaving… I risked losing my job that day…* (Clare)

Anne further sustained that the best arrangements come from the staff on the Unit when difficulties crop up:

> *... arrangements do not come from the entity, we do them between us and it keeps you going.* (Anne)

ii. Backstabbing

Unfortunately, sabotage in the workplace, that may even come from subordinates, is another barrier that managers have reported. A form of aggression targeted towards an individual that can yield a lot of stress, and harm the employee's well-being as expressed by a couple of managers:

> *Political influence is still very strong in Malta… Something that annoys me a lot. Those who wish to be in your position may take advantage of it to back-stab you. Unfortunately, that has affected me a lot.* (Anne)

> *I have to be careful not to make any mistakes because I know that some of my staff will be ready to put spokes in my wheel, back-stab me at the very first chance they get… It's not fair.* (Maude)

Besides, Mae pointed out that there are professionals, outside nursing, which are antagonistic to the idea of female nurses occupying top leadership roles:

> *Some professionals from other disciplines and who occupy top positions do not like seeing female nurses achieving top roles. You could see that in their facial expressions and their comments.* (Mae)

iii. Between women

A lot has been said by the managers about conflict that exists between women and to what limit can women stretch their vindictive attitude. Grace, for instance, denoted that *"A woman does not accept another woman to be better than her (tkun ahjar mill-ohra)".* Similarly, survey respondent SVP_06 warned that: *"there might be traitors among females."* Unpleasant attitudes exist that not only hurt the feelings of the victim but can even cause them ill-health and destroy their lives. Maude confessed how at the beginning of her

management career she had to confront serious malevolent attitudes from female staff that worked on her ward, which have caused her a lot of suffering:

> *Once she called my boyfriend to warn him about me. They intruded my personal life, trying to throw dirt at me.* (Maude)

Mae too has disgustingly expressed her opinion about certain unacceptable behaviours of some staff:

> *It comes mostly from women and from different disciplines… "look what she's wearing today. She came wearing a skirt…" When you know that the person is decently dressed and fit for an office job… They look at you from a certain perspective and try to distance themselves from you. There is an element of jealousy.* (Mae)

Jealousy that unfortunately harms innocent people:

> *There are a couple of them (women) who think I have taken their place, you understand… but they did not even apply for the post when the application was out.* (Clare)

iv. *With colleagues/staff*

Experiences that give a mixture of feelings as stories of conflict versus support continue to be shared. However, the overall impression was that support comes mainly from the team of the unit/ward. In general, staff understand their different needs and together with the Deputy/Charge Nurse, they try to help each other to cope with their situations:

> *Our motto is that the family comes first, though it is important that our work must be done. We find her the time… and then she works an extra hour or so after her duty hours.* (Anne)
>
> *I sympathise with female staff who are mothers when they come to me with family problems…* (Clare)

Although support from top management lacks, support from colleagues (Charge Nurses) varies as denoted by some respondents*:*

> *As an entity, no [support]. As an organisation neither… But I do find support from my colleague and staff… Yes…a lot*. (Sue)

> *We (ward management) work in collaboration (nahdmu id f'id) and plan our leave to make sure we do not cause any extra burden on our staff.* (Anne)

Same thing was highlighted by Grace, claiming how fortunate she was to have had such an understanding colleague who gave her good support:

> *I was lucky that my Charge Nurse supported me. He used to tell me "When you want to take your study leave let me know to cover your duties.* (Grace)

iv. <u>With spouse</u>

Conflict extends to influence the relationship between the couple. Mae believes self-development is crucial for the job: *"…you have to be competent to deal with the various roles that you're facing…"* However, she admits that her opinion was not equally met by her husband. Mae describes how her husband reacted whenever she committed herself to learning:

> *When I go to study, my husband tells me "What are you going to tell the kids when they are hungry and want to eat?.... Then give them the assignment to eat. The family does not gain anything from this…" You know, I never forget those comments. They are always there on my mind.* (Mae)

v. <u>Queen bee syndrome</u>

The Queen bee phenomenon emerged when Sue and Clare shared their stories. They expressed the hostile treatment they received from senior female managers. Unlike the support they expected to find, they reported how the senior managers have tried to put *'spokes in their wheel'* to stop them from enhancing their career. The senior female managers adopted a negative attitude towards them that oppose any development in their career. An attitude that fosters discrimination against them:

> *During the interview, I was… confronted with things that happened to me in the past. I felt that the interviewer, who was the chairperson of the board was, emm, not helping me at all. She was making it worse for me… This female nursing manager and I used to work together, in the same ward and it was her who opened the interview and started mentioning certain issues that made me feel intimidated. I knew it instantly I was going to fail in my interview.* (Sue)
>
> *Unfortunately, it was always female managers who kept refusing… "no, no, no." They never accepted. They were female managers. Then, when a new male top manager took office, he fixed my roster, and I could move on. The women have always suppressed my opportunity to develop my career.* (Clare)

2. Chauvinism and harassment

i. <u>*Gossiping and intimidation*</u>

Harassment within the organisation occurs between staff and takes different forms. Gender biased comments, for instance, still concern female nursing staff. Mae, sadly related the comments she faced when she got promoted to a Charge Nurse:

> *Had you not been selected for the post of a Charge Nurse, Mr. X would have filled in the role instead.* (Mae)

Kate also pointed out unjust comments made in her confrontation that discriminate against women while Clare signified that she had gone through the same experience:

> *When promotions are out, they comment… "Female nurse so and so has been promoted" … because it's a woman… Why not? Good luck to her. If she is competent let her advance in her career. let her go for it.* (Kate)
>
> *Sometimes they tell you… "Who knows how much you've bribed people to get the promotion".* (Clare)

Very emotionally and with tears in her eyes, Maude impressively related the scary and agonising experience she went through. She feared going to work because of the harassing attitudes she was receiving from some of her staff. A situation she faced at work that she could not tolerate anymore:

> *For some time, I used to come to work unhappy and very frightened that she will harm me… Yes… I was horrified by what was happening to me, by what some of the staff were doing to me. I go home but my mind keeps thinking about it and speak to my mummy about it… It was bothering me, and it was taking a lot of my time and energy… I never stopped thinking about it… at home and everywhere… It destroyed me… coming to work very unhappy… moaning and regretting getting up in the morning to come to work. It was difficult for me to cope…* (Maude)

Maude was also harassed by one of her male nurses who used to tell her: "*why do you put on make-up and lipstick? Because you are insecure?*" He pretended he was more experienced "*I have seventeen years of experience in a management position [abroad]"* …and so he believed he could fit better in the job that she holds:

> *This male nurse used to annoy me with his comments because I wear lipstick and because of my physical look. He wanted to tell me that I got where I am now because of my personal appeal. 'That was what he was implying'… you know… I'm not stupid. He was trying to… and another thing… he tried to turn the staff against me… he used to hurt my feelings… and it still affects my feelings today. He used to even text me on WhatsApp… He used to make me feel I'm not good enough.* (Maude)

3. Family friendly measures.

i. <u>*Long working hours*</u>

The issue of long working hours that usually stretch over twelve hours a day in a management job, echoed loudly by most of the respondents. This emerged as a compulsory requisite that top management demand and managers have no other options, but to work the 46-hour week:

> *I was happy when they phoned me to tell me I was going to be transferred to Gozo because I was going to be close to my family, but at the same time, they told me I must increase my working hours. I cried… I was not happy anymore…* (Grace)

Knowing how things stand, Mae requested that she works 40-hour week instead of 46-hour week to have more time for her personal life. Still, her request was refused:

> *… I requested to work 40 hours weekly because working 40 hours a week is still considered as a full-time job. Still, I was forced to go to another ward. I do not feel that is fair.* (Mae)

Managers with different marital status complained that they do not find enough time to cope with their life commitments. However, for mothers with small kids, long hours of work appeared to be more problematic. They said they struggle to cope with their dual roles:

> *While they (kids) still depend on you, it is difficult to be a good parent and leave them on their own for twelve hours… Long hours… long hours. I understand when the kids start phoning me to speak to me about their problems. It is a problem… We work long hours.* (Grace)

Anne, who is single and has no family of her own, agreed that the working hours are too long for a woman with a family. The long hours of work nibble at their precious time that can be better spent with the family.

> *Long, long hours… Too much. If there is a way how we can change this… emm… change the shifts… Changing the shifts to give more time to the family and share some quality time with the spouse and the kids. We have lost these values.* (Anne)

Sue, who is married and has no children has also stressed that the long hours affect the family, causing difficulties to those who do not find support from their family members:

> *… our work rosters are problematic because of the long working hours. Would you leave your kid at a childcare centre for twelve hours?* (Sue)

To avoid health consequences such as burnout, job dissatisfaction and dual role conflicts caused by the long working hours, some of the managers stated that they have put a stop to their career, to give priority to their children's needs while they still depend on them:

> *I wasn't ready to leave my small kids waiting alone on a dangerous road to board the bus to school. So, I had no option but to choose starting my duty at noon. This meant I could not keep my full-time job.* (Clare)

> *Upon becoming a manager, you must work the full hours (46 hours) and more. I could not do that because of my daughter and that kept me from applying (for a managerial post) before… My family took priority.* (Kate)

ii. <u>*Rosters*</u>

The long hours of work are complicated by the type of roster managers must work. Women do not apply for managerial promotions because: *"…rosters make it impossible to balance family and work"* survey respondent KGRH_08 insisted. Grace, also shared her experience, saying how challenging it was working a roster that had more duty days than off days:

> *The biggest challenge that I had in my career was the roster I had to work. When the roster is not compatible with your family's commitments, speaking from that perspective, it is a challenge.* (Grace)

This was supported by Pam and Sue, who expressed that the roster does not help to balance work and family commitments:

> *The roster does not help at all.* (Pam)
>
> *And the roster is very hard to work.* (Sue)

iii. <u>*Reduced working hours*</u>

It transpired that the reduced working hours' scheme, which is a form of family-friendly measure, cannot be accessed by nursing managers at all levels. For instance, a nurse in a managerial post is not accepted to work reduced hours. An issue which appeared to hold female nurses back from applying for managerial posts. Survey respondent SVP_25 insisted that women in top headship positions should be allowed: *"to work on reduced basis and not to be discriminated when applying for a post (management) and request that you work on full time basis."* Mae and Grace explained how they tried to balance their commitments by working reduced hours, but their request was never granted:

> *I asked for reduced hours, but I was told I will be transferred out of the Unit if I chose to go on reduced hours. When you try to make use of reduced hours, the organisation will put you in a corner. I asked for reduced hours to make sure I give my best to the organisation and my family while I continue with my studies.* (Mae)

> *When I came to work at GGH they made it clear that I had to drop the reduced hours, otherwise I [had to] remain working in Malta.* (Grace)

However, Clare and Maude stated that if a manager decided to work reduced hours, they could never become a manager:

> *Working reduced hours, I could never apply for a managerial post because one of the conditions to become a manager is to be a full-time employee.* (Clare)

> *They tell you that you can't be in a Deputy/Charge Nurse or senior management post when you go on reduced hours. If you ask for reduced hours when in a management post, they won't help you*. (Maude)

While suggesting flexi time as a better opportunity for female nurses, survey respondent MDH_041 warned that female nurses should not be *"threatened to be transferred to the pool of nurses [relievers' pool] when they opt to work flexi time or reduced hours."*

iv. Study leave

A woman with a family and with an ambition to develop a career faces a dilemma because she must juggle her time between work, family, and professional development. Family and work conflict influences the career development of female nurses and unless study leave arrangements are facilitated by the organisation, their career pathway gets obstructed. Kate who at that time worked reduced hours to raise her daughter, explained how she could just manage to do the EN to SN conversion course that opened the way to her post of a Charge Nurse. She could do this only because the organisation decided to release the students from work and because she worked reduced hours. However, she admitted that it was difficult for her to cope with her studies and assignments. She used to study at night, meaning that the study leave only is not enough to facilitate learning and improve the individual's qualifications:

> *... I could cope with the household chores when I was doing the conversion course because I was released from work to attend for the lectures. Those were the arrangements from above. So, the lectures did not eat from my personal*

time…. It was a big problem (the course), having to study and do assignments. Only a little time left for me. How would you say it?... I used to study… more at night… more at night… (Kate)

Maude also related how difficult it was for her when she was reading for her first master's degree because lectures were held physically in class and her study leave was limited:

The worst time was when I was reading for my first Masters' degree. Lectures were held in class. So, I used to utilise my own limited vacation leave to study. (Maude)

Likewise, Anne too stated that she has experienced a hard time during her master's course, sometimes feeling unable to continue and discouraged when it got quite impossible to cope:

…you must find the time for it. I used to work on my master's degree through the night… You understand?... You arrive at a point where you get discouraged because it is too much. (Anne)

v. <u>Maternity/parental leave</u>

Emotionally, Grace expressed in which situation female nurses who worked with her on one particular unit found themselves when they got pregnant. The Charge Nurse of the ward used to try and find a way how to get rid of them.

… if you get pregnant, he will not keep you on his ward… no he will not keep you on his ward (eh dak jekk tohrog pregnant ma tibqax gos-sala u, le hi dak ma jzommokx ta). (Grace)

If the pregnant nurse was still one of the nursing team when she came back to work after childbirth, she would end up in the relievers' pool. According to Grace that is what awaits the new mother back on the ward:

… when you come back from maternity leave, he will keep you in the reliever's pool (imbaghad tigi lura, jitfak reliever). (Grace)

However, Anne explained how she, despite being a Charge Nurse, she had to take the hand-over from one of her nurses who was soon going out on maternity leave. This meant that

while the nurse is out on leave, Anne is responsible to see that the nurse's job is carried out until another nurse who is out on parental leave resumes work and takes over her responsibilities:

> *Although I am a Charge Nurse, I still had to take the handover of work responsibilities from a female nurse who is soon going out on maternity leave… The nurse who will replace her is coming back from parental leave…* (Anne)

Clare, on her part, stressed that since she could not take parental leave because it was inexistent at that time, she still availed herself of a break from work when she had her children:

> *…there was no parental leave. But I used to take three years leave without pay when they were born.* (Clare)

vi. <u>*Who makes the most use of family-friendly benefits?*</u>

All the managers commented and agreed in principle that the female nurse is the lamb of the sacrifice as she is the one who takes career breaks, fights for a family-friendly roster, and works reduced hours to see to the needs of the family, give financial support, and maintain her family with a good quality of life:

> *to take care of their children they had to reject their full-time job. It was the female nurses who went for family-friendly measures.* (Mae)

This was supported by Anne:

> *requests for family-friendly arrangements come mainly from women because most of the staff on the Unit are married woman… I only have female nurses on reduced hours* (Anne)

And by Grace, Clare and Maude who stated:

> *It is always the woman that stops working. I never heard of a man taking a career break. Those who do are most of the time men who have lower wages than that of their wife. When the wages are the same, the woman takes the parental leave.* (Grace)

> *It's women who ask for reduced hours. Men remain on full-time basis. I do not know of any male staff who work here on reduced hours… Even when their kids are sick… it's the women who go out on sick leave to take care of them… Women yes, and the main reason is their family.* (Clare)

> *Women take parental leave… I think it has always been that way. It's in them… Women are more caring…* (Maude)

While Sue diplomatically remarked that:

> *Men do not have to change [their] roster because of family responsibilities. No need for a man to change his work shift because of kids…!!* (Sue)

4. Role guidance/career development support

Engaging in a new role, changing responsibilities, opening a new ward, or embarking on a new initiative on the ward necessitate guidance and appropriate coaching by competent professionals. This impression was communicated by some of the managers. Grace, for example, explained that she needed training when she was informed that together with her Charge Nurse, they had to open a new ward:

> *I needed some job shadowing to gain experience on my job. You cannot open a specialised ward when you do not have any experience. I remember the CEO gave me the option to spend one month in a similar ward in Malta.* (Grace)

Anne expressed that: *"she never had any official mentors"* when she *"moved into the role of a Deputy or a Charge Nurse".* However, she stressed how important it is to: *"take the advice of those who are more experienced ...."* One of the ideal methods of training is believed to be through mentoring. This was alerted by Mae:

> *I believe very strongly in mentorship that can help you develop your managerial skills and ensure you are doing things right. You will come across a few things where you need guidance.* (Mae)

Yet, Mae added that formal mentoring does not exist:

> *I never had a fixed mentor to help me, but my role models inspired me a lot. These role models are around me and I can communicate with them and discuss*

> *a lot of things. With their experiences and mine I have always managed to do my job right and I've learned many things too.* (Mae)

Kate also highlighted that mentoring is:

> *… Helpful… yet again… from experience, I can say that the situations differ from one to another and you learn how to deal with situations through experience… but, yes, it will be useful.* (Kate)

Despite her opinion, she recognised how difficult it was for her to manage at the beginning of her career as a Deputy/Charge Nurse. Kate stated that there were instances when she sought help from a colleague of her who have always supported her in her career:

> *in the beginning, you find it difficult… from a staff nurse to… leadership… There were moments when I was pressed (maghfusa) to take decisions and I sought support… got tips from her [Charge Nurse] … not the first time…* (Kate)

Clare agreed with Kate when she said that she has "*learned by trial and error. You learn from good and bad experiences."* However, her opinion supported the idea that having someone to train a recruit in management is very useful. She sustained that the person must be professional because Clare's experience about her unofficial mentor was not so pleasant:

> *… very useful to have someone trained to teach you…. show you how to manage a ward. The person I once had to show me how to do things was not much of help to me, not to mention her attitude.* (Clare)

Though she added that her predecessor is knowledgeable about how to run the ward and give Clare the necessary support: "*He is very good and looks like he has good experience about this ward…. He helps me a lot…"*

5. Role models

Managers shared several interesting and varied perceptions about role models that have influenced them by their career experiences. For instance, Mae's experiences were positive

about the role models she holds in her career. She described how exemplary they are to her and most of all how much they have impressed her with their determination and self-empowerment:

> *Thanks to my colleagues, I had many role models, both women and men. I was always able to learn something from them. Emm… What have I noticed in them? I saw in them determination and self-empowerment. They too have progressed in their career. They have a family of their own, but they still followed their career and succeeded.* (Mae)

According to Grace, there are always role models at the workplace, but she believed that their good or bad behaviour leaves a positive or negative impression on others:

> *you will always have those role models… judged by the way they tackle a situation. I have experienced people that when they are faced with a problem, they panic… they flee the scene, literally disappear (literallment jaharbu).* (Grace)

She continued to add that: "*It depends what type of role models you find… there are those that show [you] the right path and those that…".* However, Grace had words of praise for the Charge Nurse on the ward where she used to work. She described her as "*an ideal role model…. Could cope with everything".* Overall, Grace admitted that she owes her career to the good role models that have guided her to move forward:

> *… from my experience as a nurse, I can say, I had mainly good role models. I am where I am today because I have always found who can guide me.* (Grace)

Sue, who is a matured manager, claimed that she has models who can manage problems effectively, yet she insisted that learning is a process which a manager will conquer over time by reflecting on one's actions:

> *I have models who were able to tackle a problem without any repercussions… yes… Then you start learning through your own experience… you self-reflect… look for feedback after you take an action and learn how to improve on your actions. Experience and age make you more mature and …* (Sue)

Anne indicated that she started having role models in her profession since she was a student. However, she commented that these have decreased over the years:

> *I think role models in my profession started when I was still a student. Emm… yes, I still have a few role models that inspire me, but maybe not as many as I used to have…* (Anne)

Kate was also rather skeptical in her comments. From her experience, she too perceived there were role models with a charisma, and others that were not so charismatic:

> *Yes, there were some that have a charisma… but there were others that push you off (jimbuttawk).* (Kate)

7. *Networking and Socialising*

i. E-communication

In view of social distancing, the pandemic brought about changes in the mode of communication. Networking, through advanced technology, became central to human interaction, particularly to the nursing professionals. As Mae expressed, staff on duty or away from work could be reached and participate in the events that were being held through different virtual communication avenues:

> *Staff that were not on duty, on quarantine or with their children at home could join and there was a very good response to all the activities that were held online.* (Sue)

Kate also expressed that "*they [online events] are convenient"* and could *"find the time for them even from home when [she is] off duty or on leave",* while Grace stated that online participation favoured women:

> *Online training has helped women a lot. As a female nursing manager, I can say how helpful online training was for me… I personally can say I have attended to more conferences online than when I had to take vacation leave and travel to Malta for these conferences. You must wake up very early and return home very late.* (Grace)

Virtual meetings were never delayed, and participants had to go online on time. This was argued by Sue, although she denoted that she missed the face-to-face communication:

> *Meetings (virtual) were always punctual because you have to abide by the given time, while [in the case of physically held meetings] … some arrive late, something always happens at the last minute… Virtual meetings were easier to hold. Emm… there is the aspect of feeling isolated, yes, because you don't meet the others and have that 'small talk' that women like to have.* (Sue)

Clare agreed that the virtual networking made it possible to continue with the work routine. However, she too stated that she missed that physical contact with the other participants:

> *We held all our meetings virtually and so we could continue with our routine… But we're used to attend physically to conferences. There is that sort of 'live' communication and all… I won't stick four hours in front of a computer…. You lose interest and miss out (taljina rasek zgur) on what is happening… being physically present you get automatically involved and feel part of it because you are not on your own. You may share an opinion with those sitting next to you and inspire each other while communicating.* (Clare)

Maude found that WhatsApp and Facebook are very useful to her, especially during the pandemic: *"I find WhatsApp and Facebook very efficient and informative especially now during the pandemic".* Yet, Maude who has just registered for a second master's course, which is going to be held online due to Covid-19, is also of the opinion that meeting physically has better humanistic effects although she preferred online lectures:

> *I prefer online lectures, though when you attend with others in a class, it is different… 'meeting in person' there is that 'physical contact'… feel the presence of others… It's different you know. Online communication is convenient… less transportation time, yet again, it's got it's 'pros and con'.* (Maude)

ii. <u>Staff interaction outside the workplace</u>

Harmonically, the managers voiced that during the pandemic they had to put their social activities on-hold because of social distancing. Besides, they stated that activities take place

mainly among the nursing staff of the ward, thus giving narrow probabilities to female nurses to expose and promote themselves:

> *We've stopped all activities since the pandemic outbreak… We used to organise a few social outings among the staff throughout the year… but now socialising has stopped.* (Maude)

In general, the managers claimed that their activities outside work consisted mainly of social gatherings among staff of the ward/unit, not necessarily restricted to nurses. Mae specifically highlighted the teambuilding sessions they held before the pandemic that included different levels of staff, giving them the opportunity to interact and build working networks between them:

> *We organise team building, and these are very effective. These sessions are not limited only to managers or certain groups of people. We have cleaners, medical doctors, and others in the group. Teambuilding is on the entity's agenda and very effective.* (Mae)

Kate stated that they always held their events at ward level and included only women:

> *We do it at ward level… always between us… women.* (Kate)

In her case, Clare explained that teambuilding events are organised at entity level, rather than at ward level, which opens the opportunity for meeting and getting to know more people: *"The entity organises mainly teambuilding".* She also stated that they organise social events for the ward staff *"we organise our own events at ward level".* Clare expressed that staff of both sexes are invited, sometimes with their spouses, though the full staff complement cannot attend:

> *We also organise events at ward level… We organise them ourselves. We are mixed, both men and women… Not all the staff would come because it is impossible to have everyone coming to the event. Some of the staff must come to work… Sometimes we invite our spouses to join us.* (Clare)

Anne explained that their activities must be held in the evening because some staff will be on duty. She stated that at times it is difficult for female nurses to attend for the activities because of their obligations towards their family:

> *Our activities are always in the evening because in the morning some staff will be on duty, and they cannot come. Go out for drinks…. Sometimes it is difficult for some female nurses to come because they must stay at home with their kids.* (Anne)

Sue, too, stated that both male and female staff participate in the social activities they organise, although at present they "*had to stop certain activities*" because of the pandemic. She added that socialising is important for healthy relationships which subsequently create a teamwork environment and collaboration between the entire team members:

> *they are important because you get to know people and people get to know you too… Yet, even if you do not progress in your career, you progress in your relationships with colleagues and you have that satisfaction 'at the end of the day'… Everyone will be relaxed and speaks more openly… emm… you understand?... and your work becomes easier because you become a team, not you as a manager on one level and the staff on another level. You are satisfied to see how much you are appreciated. We become a team and the staff trust you.* (Sue).

7.4.3 Organisational/Personal barriers

1. Portfolio

i. <u>*Qualification(s) and personal development*</u>

Most of the managers claimed they have academically improved themselves. For instance, Kate expressed that *"the EN to SN Conversion Course opened the way to my career progression. Becoming a staff nurse, I could advance in my career".* Some managers, for instance Pam, claimed that their opportunity to develop their professionalism to advance in their career came rather late in their life because they had other priorities in their life. *"...I*

was nearing my 50 years of age". Mae, had particularly commented that lack of job guidance/mentoring pushed her into reading for a master's degree to enhance her managerial abilities:

> *"… lack of training, yes… does not help. That experience prompted me to read for a Masters' course in management because no one guides you in your role and I must learn how to do my job properly".* (Mae)

However, Grace was pleased to state that the organisation understood the critical situation of most women and decided for the course to be done on site. Most of the time Gozitan nurses are trained in Malta. She claimed that: *"it was advantageous for us women…. saving time*". Training in Malta would have also made it very difficult for the nurses to participate due to shortage of staff:

> *We found support from the organisation. Otherwise, we had to take many hours of leave to travel to Malta. Besides, it would not have been possible to find a replacement to cover you if you are duty, especially we, nurses, due to staff shortage.* (Grace)

Reading for a post-graduation degree course is not a joke as it implies commitment for those women with dual responsibilities who really want to advance in their career as, for instance, indicated by Mae:

> *I feel I have invested a lot of my time to advance in my leadership career. I have invested not only time to advance in my career but also money to pay for academic courses.* (Mae)

Anne sustained this concept. She expressed that some women with a family must manage their course work at night after attending to their domestic duties:

> *Some of the women who are studying do not sleep at night to manage their course work because before studying they must carry out their obligations towards their family… It's not easy.* (Anne)

To this effect, survey respondent MDH_015 believes that *"there should be more opportunities for education during working time."* According to Maude, *"the organisation should go all out to support us, especially those mothers, who undertake postgrad courses"*. However, Clare showed concern about some female colleagues who confessed that they would end up in big trouble if they decided to read for a Masters' degree, sending a message of how stressful it is to balance work, life, and professional development commitments unless they find support:

> *I heard from a few female nurses saying that if they commit themselves to a masters' course, they end up separating.* (Clare)

Although findings have shown that although women are time constrained and must struggle to balance their responsibilities, they still seek to enhance their training. However, Anne gave the impression that male colleagues are less willing to further their professional development:

> *Some managers become managers by experience only, without attending to any professional development activities… I would make CPD compulsory for both genders… more so for men who do not seek academic growth…* (Anne)

ii. <u>*Retraining, learning and adapting*</u>

Mae and Anne expressed that on becoming managers they faced new challenges. They realised that their previous nursing responsibilities which they could manage with comfort and expertise have changed. Survey respondent MHS_18 believes that: *"the people applying or taking the job need to have either experience or knowledge about the work to be done. Mandatary training should be requested."* The new managerial role demand skills that fall outside their expertise, rendering training to learn new skills indispensable:

> *One challenge was to learn certain protocols/operational procedures, and the other challenge was to build a good relationship with the staff… You must*

ensure you are competent how to deal with the various roles that you're facing. (Mae)

I was promoted to a Deputy Charge Nurse, but it happened that at the workplace, emm… the Charge Nurse was going to leave… I had to fill in her vacancy as an Acting Charge Nurse and takeover the responsibility of the Unit… I didn't know anything… what to do or not to do. (Anne)

7.4.4 Personal barriers

1. Work-family life balance

i. <u>*Women have multiple responsibilities*</u>

Managers have strongly expressed that as women they have taken on multiple roles to satisfy societal cultures and at the same time adapt to today's societal changes. They struggle to continue meeting housekeeping and family responsibilities, while at the same time working to maintain a career and support their family's financial needs.as clearly denoted by Mae:

From the financial perspective, life has become difficult and she [woman]needs to contribute financially to support her husband. (Mae)

Synergistically and in one loud voice, the managers shared their stories to express their commitments in life as women, wives, and mothers:

I tell you… from my experience, I think… yes, all the family responsibilities fall on me. So, I cannot go home and tell them (family)… eh… I don't feel like doing anything today. (Grace)

Furthermore, Grace added that she had at times shared conversations on this issue with colleagues who have expressed the same feelings:

…I speak with many colleagues of mine who are in my same situation. And sometimes when you speak with them, sort of, you feel their support because they are in the same situation… I must see to everything in the house. (Grace)

Mae viewed her concerns about her continuous struggle to balance her obligations as a manager and a mother of two kids:

> *…everything depends on you. I know, because you will find difficulties … how… how to cope with domestic work, the kids during their different age stages, etc. etc.* (Mae)

Pam explained how difficult it was for her having to go home after a long day work to help her children do their homework. Something she could not avoid or postpone. The kids must take their completed homework with them to school the next day:

> *…you go home after a long day at work (ghassa) and you must go through their homework again or sit with them to do their homework. You don't feel the aptitude to go through all that, but you must do it, I mean… my work-life balance was work, work, work.* (Pam)

As a separated mother, Kate also shared her own experience. She stated that family pressures increase when the kids are still dependent:

> *Too much commitment when the children still depend on you… private lessons, catechism, Holy Communion spiritual preparations… all these responsibilities were on my shoulders… A woman with a family is another story… she will find obstacles in her life… her progress at work is slow, not like a woman who is single…* (Kate)

However, with a positive note at the end, Kate added that: "*she will get there… she will get there slowly".* Although Anne supported those experiences related by her colleagues, who are mothers, she stated that she still must juggle her work and caring responsibilities even though she is single and has no children:

> *It's not easy' when you have a family to care for. I do not have children and say to myself… how do these people manage…? when I see my colleagues with small children coming to work.* (Anne)

As the sole care worker of her grandfather, Anne stated:

> *I am the formal care worker of my grandfather and I tell you; it is another big challenge. This has been going on for the past 11 years and really takes up a lot*

> *of my time… even mentally… Some staff have children to care for, others have their parents, disabled relatives, or 'the partner' with problems.* (Anne)

Sue is married, without children, and must take care of her sick husband who have medical needs. She too denoted how difficult it is to balance work and family obligations:

> *I find it difficult to cope with my husband, home, and work. Emm… regarding work, I find a lot of help from my colleagues… staff. But then when it comes to family responsibilities… sometimes it gets difficult. We get various medical appointments to attend to at MDH and you end up without leave. You cannot cope with everything… in the sense… it's too much.* (Sue)

Same reaction was obtained from Clare, believing that a woman does not have many options but to humbly care for her family while trying to financially make ends meet for the family:

> *I have 3 children and therefore as a mother and a wife I have to ensure my caring obligations towards my family. However, as a mother I need to find a compromise with my entity to be able to cope with all my responsibilities… at home and at work.* (Clare)

While discussing the enormous pressures on female managers with a family, due to their multiple responsibilities, some managers gave the impression that this is due to men not taking their share of the family responsibilities. They perceived women are multi-taskers as Grace highlighted: *"Women are 'multitaskers' because they manage to cope with everything and carry their problems with them no matter what*", giving the impression that men are single-taskers and do not cope with many responsibilities. For instance, Pam implied that:

> *…gender plays a role. A man goes home after work and finds everything ready… and the woman… that's what I hear them say here… If it is the husband's turn to cook, he buys 'take away' food for the family and the problem is solved.* (Pam)

Meanwhile, Grace claimed that "*a man is the breadwinner. He goes out to work, comes back home… and his day stops there… No one expects anything more from him".* She added that when she was reading for her master's degree, feeling edgy in class because of pending

household tasks that still needed to be done by the end of the day, her male classmates were relaxed and calm:

> *While we (women) used to say to each other "Oh God, I wonder what waits for me when I get home today", our male colleagues used to be relaxed and joking. They used to give us the impression that the course was not a burden for them. For us (women) it weighted (toqla) on our massive responsibilities… Work – home – family, work – home – family… and it's not easy… and men are more…… that's what we used to say. "God bless them how relaxed they are". They used to get offended when we used to tell them so.* (Grace)

ii. *Increased responsibilities in management*

Respondents have expressed that their new managerial role has brought with it more responsibilities. Grace explained how *"the more you escalate in your managerial career, the more responsibilities you have…."*. Mae, too, noticed that her work has become more demanding *"I also realised that my responsibilities increased as I progressed in my career"*

For Pam, her role as a manager meant less personal time:

> *When you are a Charge Nurse and you're called after your working hours, you have to stop what you are doing to attend to the problem. Sometimes, I even have to go back to work. It's useless trying to explain to senior staff. It does not work…* (Pam)

Same comment was expressed by Kate *"You have the responsibility to be there… available when you're called"*. Sue further claimed that it is *"too much of a hassle when in management. It leaves you no time for yourself"*. Nonetheless, Clare has experienced the same thing:

> *My role as a manager has changed from that of a nurse… more responsibilities. Staff turns to you when they have problems. You must be experienced to manage a ward.* (Clare)

And Anne confirmed how the responsibility of a manager does not stop at the end of her day's work. It occupies her mind day and night, whether duty or on vacation:

> *… our work is not easy… too many responsibilities… it occupies your mind all the time and you never stop thinking about it… that's another problem. When at home you take calls and see emails that are related to work… They tell you to shut down when off duty, but how is it possible?* (Anne)

iii. Overwhelming responsibilities

As a daughter, a woman is traditionally responsible for taking care of her parents. As a wife, she is expected to serve her husband, preparing food, clothing, and other personal needs. As a mother, she must take care of the children and their needs, including education. This is what the study findings have shown so far. However, multiple responsibilities can at times exceed the limits and become overwhelming. This is the impression some of the respondents shared on the day of their interview:

> *A woman must manage her job and the family and at the same time take care of herself because eventually if she neglects herself, she may fall in a 'depression', or end up with a 'burnout'. This is not good for her colleagues… neither for the family. When you are under pressure, it is obvious that you take the problems home, and the family will not like it. They grumble because you are always in a bad mood… My work-family life balance is quite stretched to the limit… I don't find the time… and it affects my life. Family relatives and I used to take our kids to school and then spend some hours out together. I don't do it anymore. I don't do it anymore.* (Grace)

Anne described that as *"the only one with a medical background in the family*" she is expected to offer support *"when anything happens within the family"*. Following childbirth, her sister suffered from a severe postnatal depression and for some time Anne had to really struggle to cope with all her responsibilities and the little time left in her life. She expressed herself feeling as if:

> *…you're going to break down (tinqasam). 'I couldn't handle it anymore'. I had to ask for help myself and inform senior management about my situation.* (Anne)

iv. Arrangements to balance work and family life

The importance to find the mechanism to balance work and family life raised interesting discussions and various coping arrangements emerged in the findings. For example, Anne who works in a specialised area stated that she came to mutual agreement with her staff who have small children or a vulnerable relative in their care, to ease some of the conflicting issues that arise:

> *This is a specialized area 'in its own way' and we have created a policy for us so that those nurses who have small children or a vulnerable relative to take care of can start work from home. This is more efficient as the person can manage his/her family responsibilities and at the same time do nearby visits.* (Anne)

Sue believed that *"... you have to be flexible with them... If you want your staff to care for you... you have to care for them...".* She emphasized that she feels it's her duty to help the staff when they have problems:

> *The staff 'give and take' a lot. But obviously, if any of my staff has a problem, I must help them solve it. I cannot be rigid and argue that the problem concerns their children, so it's more a personal matter. Sometimes I even come in from my off duties to replace them and do nursing duties, to be able to give them leave...* (Sue)

When Kate was doing her EN to SN Conversion Course, she felt relieved when she got to know she could manage all her commitments without getting overwhelmed because the organisation issued a special permit for students to be released from work:

> *They told me the course is in the morning and at that time we had permission from above to be released from work. So, I found courage and went for it, body and soul (b'ruhi w gismi). I was lucky I could manage my personal life, do the course and at the same time progress in my career...* (Kate)

v. Domestic help

Domestic chores are assumed to consume a large amount of the precious time of a manager with a family who is already overloaded with multiple responsibilities. Some respondents shared their views on this issue. Mae denoted she never had problems as she always found help from her husband or her mother:

> *My mum used to help me at that time. My husband used to help me as well. I always found help… My husband can do everything… Cook, clean etc. When I worked at Unit X, I used to find food ready… prepared [at home]. Before I went for my night duty I used to cook. Even now, I know that my children are fed because my husband can cook. I always found support.* (Mae)

Grace expressed how she at times think about paying a helper to help her in the cleaning of the house because she does not get much help from her close family members:

> *Sometimes I think of bringing a helper because cleaning of the house is a headache. With the limited time on my hands, some help will be useful because I will have more time for my family which is more important… If they (spouse and children) help with the domestic work, they tell you… " I did it for you" (ghamiltlek)… As if they have done you a favour. That kills me because I am a working mother. I'm not at home all the time.* (Grace)

According to Kate, she did not find much help neither when she needed it most. She stated she had to cope with all the domestic chores because both her mother and mother-in-law lived far away from her:

> *My mum and my mother-in-law lived far away from me… so, I had no one to help me. I used to do everything by myself… I live South and my mother lives in the North of Malta. I had no one to care for my daughter when I was at work. That was one problem. My husband worked on full time basis, and he never gave me a helping hand. Sort of, I was the one who always cared for my child… So, I had to cope with all… work, family…* (Kate)

vi. Childminding support

The Maltese family is culturally still considered a core value. However, it does not work for all mothers to stay at home to look after their kids, since families have different needs. In

the absence of appropriate family-friendly measures mothers find it even harder to manage the family and work. This was explicitly expressed by Clare when she explained that the only solution for her and her husband was to share looking after the children:

> *I never found support from my family. I was the eldest of twelve brothers and sisters and my mum couldn't support all of us. I never asked her to baby sit with my kids. Both my husband and I are proud that we can work and manage all our family responsibilities between us.* (Clare)

In addition, survey respondent SVP_24 claimed that: *"Very often, couples depend on each other's support to balance between studying, work and family life."* Grace explained how she had to seek arrangements with her mother to ensure that her children were looked after while she was at work:

> *Within a week my family (mother) and I had to do new arrangements to ensure proper childminding for my children because of the full-time roster I was forced to work…* (Grace)

The situation for Kate was somewhat different from that of her colleagues. At her entity there was a childcare centre where she could safely leave her daughter while she was at work:

> *I used to take her to the nursery since she was one month/one and a half month old.* (Kate)

Meanwhile, survey respondent MDH_036 complained that childcare service is available for children under three years and does not *"include children between the ages of 4-14 years [legal age when children can be left alone at home]."*

2. Quality of life

i. Type of lifestyle

Better living standards and increased costs of living have almost dictated that women must remain in the labour market. Their income has become a salient feature of contemporary

life, inevitable and necessary to augment the income of the family to support its needs. Grace referred to this lifestyle as a luxury one to which we have become used, a point beyond return:

> *In today's era we do not simply see that our basic needs are satisfied but we expect much more… luxuries, and we must pay for luxuries. We are beyond those days, emm… when a woman can stay at home to look after her family. We have advanced our way of living and now we must pay a price for this… Before, these commodities were seen as luxuries, but we got used so much to this kind of lifestyle, that today we view them as needs. I can assure you very few people make use of the public transport, we do not stay without the comfort of an Air Conditioner, and we do not stay without taking a nice holiday. These were never part of our lives before, but now they have become part of our daily life routine.* (Grace)

Anne also alluded that *"with the kind of lifestyle we are living, both spouses must work".* She added that for a woman to go out working is not an option anymore. The cost of living is too high:

> *Does the type of lifestyle we are living give us the chance to stop working?... We cannot, we cannot. Who of my nurses take parental leave and do not come back to work, stay at home without a wage?... you cannot cope with life, you cannot… today it's 'too much'… too expensive… I mean it's a must that you work, both men and women must work.* (Anne)

This point of view was further sustained by Maude who believes that *"working is not a luxury. It's a must because the financial expenses to keep a family is not a joke".* Maude agreed with her colleagues that a married female manager must work to give her family a quality life and secure her own pension for when she retires:

> *I don't think it's a luxury when a woman who has kids retains her job. It's a necessity. Even because of the pension, later in life, a woman must continue working to sustain a decent quality of life.* (Maude)

ii. <u>Children's education</u>

For the education of their children, mothers dedicate themselves and invest money and time. They help their children in their homework. This can be quite demanding on their already

stressful and overloaded schedule of responsibilities. This issue has transpired very clearly from some of the respondents:

> *I have 3 children and I've sent them all to a private school. Everybody knows how expensive private schools are … books and everything. I paid for their education out of my own pocket.* (Clare)

As a mother, Clare expressed that sitting with her kids to help them do their homework was a priority over any other domestic work:

> *I supported them in their education… used to help them do their homework and study. That was my primary commitment, more than the cleaning of the house…* (Clare)

Kate also expressed how difficult it was for her to give her daughter good education and at the same time progress in her career:

> *I have a daughter and I had to struggle (nikkumbatti) to give her the necessary education and at the same time try to progress in my career… My daughter went to a private school, so it's not easy paying for her education… exams and all.* (Kate)

Grace believed that children's education is important, and the parents should invest in it from an early stage:

> *…children's education should start at a very early stage. I felt the pressure that I had to be there for my children's education 100%. I wanted to invest in good educational foundations for my children.* (Grace)

3. Choices, preferences, and prioritization

Every individual is unique. Different characters influence the preferences and choices that female nurses make in their life. Those respondents who are mothers have shown that their family takes precedence over other matters. This was reflected in statements made by some respondents. Anne described her own choice, that of staying single because her career comes first:

> *… if a woman prefers a career, I think she must do different choices in her life… as I did after all. After all… yes, it's a question of choices, I mean your preferences… what gives you satisfaction and what you want to do. Work is also a choice. If you are ready for certain responsibilities, you work to get it, you understand?... you must give up other opportunities.* (Anne)

However, Sue who is married but have no children, explained that she still had to make changes in her plans and delay her career because of her family:

> *I am one of those who had, for example, to take decisions and make changes in my life because of my family… I had to step back from seeking a career.* (Sue)

Grace, delayed her decision to go into management because she always wanted to make sure her kids were in good care if she did:

> *…I did not want to choose the career path that I wished [to follow] before knowing what support my close relatives could offer me… I think a woman puts her family first and then her career.* (Grace)

She claimed that she *"knows nurses that chose their family over their career, that is, they stopped working… took a career break".* Now that Grace is a first-line manager, she stated that she has no plans to move up into senior management until the time is right for her, hopefully when her children grow:

> *When the kids grow up, I might say my career takes priority… but at the moment they still depend on me and I don't think… I don't think that my career is a priority for me now… Although I am in a managerial post… alright… I still say that my family is my priority.* (Grace)

Same opinion came from Kate who denoted that she had no option in her case. Her family was her priority and therefore, had to park her career and go on reduced hours to cater for her family. Additionally, she stated that at last she did the *"conversion course after [she] refused it twice".* Kate is separated and do not have much support, since she lives far away from her mother:

> *I had no other alternative but to give priority to my family and go on reduced hours… I live South and my mother lives in the North of Malta.* (Kate)

Likewise, Pam, who is also separated from her husband, felt that as the sole breadwinner of her family, her children came before her career:

> *… when you get married, you have more responsibilities, your spouse, the kids. In my case, more responsibilities because I must play both parts of the mother and the father for my children. l separated from my husband when I was pregnant.* (Pam)

She added that when her children grew up, she started looking into furthering her career, although she admitted that her promotion came rather late when she was almost 50 years old:

> *When the kids grew up and became independent, then I got the opportunity to focus on my career, but that was quite a long..' far way off', because I was nearing my 50 years of age.* (Pam)

4. Leadership traits

A few of the respondents have expressed their perceptions about differences in the leadership style exhibited by female and male nursing managers. For instance, Sue described women as more competent, observant, and organised, while men are short tempered:

> *women are very competent, not to tell you that sometimes they are more competent than men… Men erupt, and women keep calm. Women have the tendency to observe before they do something… they organise things, 'which makes things pretty easier'. They view things from a wider perspective and then they decide. A man flares up… but yes, I think women have that virtue of observing… and then emm… they act…* (Sue)

Grace, who has a male colleague also stated that they *"view things from a different lens…".* For example, she stated that she can understand more when a female nurse has sick children:

> *[I] understand when someone (mother) has sick children. What can you do if you do not have someone who can look after them?... especially if a single parent… you're with your back against the wall… I understand them.* (Grace)

Besides, she made the same observation as Sue when she described that a ward managed by women is more organised:

> *[When managed] by two men, the ward is not so organised… it is somewhat chaotic, disordered, not like when it is managed by two women. In the latter case, there is more order and discipline (in the sense of more organised).* (Grace)

Furthermore, Clare's comment gives the impression that men are more of the 'command' style:

> *He (Charge Nurse) is a man and as a man he believes he is the one to be in command…* (Clare)

5. Individual's characteristics

Findings showed that female managers have good qualities that can make a difference in the life of a manager and that employees find valuable in a leader. For example, Clare emphasized how fairness should feature in the distribution of work, the importance of support and to engage in a teamwork with the staff especially in times of resource constraints or crisis:

> *I respect the staff and I am fair with them. I distribute work evenly among them… And I support them. I even help them in their work. They see it unusual… strange that I help them in their work… I help them especially when there is shortage of staff or when they are inundated with work… like… prepare the breakfast trolley. Most of the tasks they do, I do them regularly at home. It's not difficult for me to help them. We work as a team and so they give me the least possible problems. We discuss when they have clinical difficulties because I have quite a wide experience in the clinical field. I help them and at the same time I keep myself up-to-date and keep my clinical skills intact. I help them clinically, such as inserting NG tubes, bloodletting etc.* (Clare)

Grace also expressed the issue of fairness in one of her statement:

> *For me, there is no difference between men and women. I divide the work equally between the nurses. I try not to discriminate anyone and always tell them to help one another.* (Grace)

Creating a safe environment where emerging problems are solved, guiding with professional competence and expertise, and being proactive, the manager can gain more respect from the staff. This is what Clare has further implied as effective tactics that she adapts on her ward:

> *You don't want your staff to lead you… you gain respect from the staff because you are experienced and competent to help them solve their problems and guide them… You must be proactive and anticipate what can happen and prepare yourself for any eventuality… prevent where possible, and when problems crop up, you are experienced enough to tackle them….* (Clare)

Anne highlighted the issue of prudence and cautiousness. She stated that she does not act presumptuously or in a hurry but move with attentiveness and always seeks help when dubious:

> *I always ask, that is, emm… I don't rush and if I'm not sure about something I keep asking. You don't ask to bother them; you ask for a genuine reason.* (Anne)

Determination, improvisation, courage, and motivation are some other traits that were expressed by Sue and Mae:

> *I am a person who never accepts 'no' for an answer, I try to find other alternatives to solve things.* (Sue)

> *I felt very determined I could reach my goal. Maria, I was never afraid of any obstacles. I believe I have leadership capabilities just like any man. I told you already. I believe that yes, I want to progress in my career.* (Mae)

Besides, Mae expressed that she is an ambitious person: *"Yes, I am ambitious"* and aspires to take her management career forward *"my aspirations to develop my career are strong"*. She also highlighted the importance of time management when she stated that she has always found the time to carry out her responsibilities:

> *I always found time to do what I had to do. For example, if I found no time for studying during the day, I used to do it at night… If I needed to dedicate time for my children to study, then I always found that time, but in the end, I always found the time for me too to invest in my career.* (Mae)

7.4.5 The impact of Covid-19 pandemic on female managers

The issue of how the pandemic aggravated the barriers already faced by female nursing managers was expressed by various respondents. In general, mothers to dependent children were mainly the victims of its consequences. They had to either stop working or work reduced hours. According to Anne, there were different scenarios:

> *You see different situations. Male colleagues had the opportunity that their wife could stop working. Then we had the 'worst scenario' where both spouses are nurses… I did not have such experiences at my Unit but heard how difficult it was… One of them had no option but to stop working… reduce their working hours, emm… most of the time women had to stop working because men are always the breadwinners and it's obvious that the woman stops and not the man. So many difficulties and… sacrifices…* (Anne)

Moreover, Anne sustained that staff, especially male staff had the chance to work overtime, while women stayed home to look after their children:

> *During the pandemic, the staff at the Unit had the chance to work overtime and we saw high rates of men working overtime. Of course, women, rather, had their family to look after.* (Anne)

Pam explained how her staff requested time off work which could not be refused despite that it was not possible due to the critical work situations that were developing:

> *… many women asked for leave when Covid cases peaked. You tell them you cannot approve it, but they insist, and you cannot refuse their leave.* (Pam)

Additionally, Kate remarked that *"they (female staff) made use of either their leave or… sick leave"*. And Sue stated that *"parents couldn't take their children to their grandparents like before because older people are vulnerable".* Besides, Clare denoted that *"There were women who also requested 'special leave' to remain home with their children",* while

Maude contended that her *"female nurses demanded that they access from work online educational sessions or courses for their children".*

7.4.6 Glass ceiling

As described in this chapter a multitude of gender barriers of different nature shapes the phenomenon of an invisible glass ceiling that imprison Maltese female nurses from cracking their way up and penetrate through the upper rungs of the corporate ladder, regardless of their qualifications or achievements. A complex situation that impacts on a justly and fair advancement of women to top leadership rankings in the organisation. Solemnly, both Kate and Grace expressed their concern about the visible managerial tiers that lack the representation of women because of the glass ceiling:

> *When you look at the management triangle (hierarchy) you always notice more men than women. One of the reasons is that women with small kids do not aspire to escalate to higher posts with more responsibilities and less time with the family. I have contact with managers in high positions and they tell me they must access their email account from home on daily basis during their off duties or vacation leave and reply to them because in their majority they are hot and urgent emails… you cannot leave them for the following day.* (Grace)

She further added that it is men who mainly pose in top posts:

> *I also think there are more men in management because a man easily sees a career in his life, but a woman has a family to care for besides a career.* (Grace)

Somewhat perturbed, Kate confirmed the presence of more men in management posts, yet she challenged the rationale for why there is underrepresentation of women:

> *Most of the Senior Nursing Managers in this entity tips balance towards male managers. If women have the necessary qualifications and all, why do they remain underrepresented? Is it because we still think that men are the breadwinners of the family…?* (Kate)

7.5 Discussion

The experiences shared by the nursing managers show the complexity of the gender barriers they face (Figure 7.1). At any stage in their life cycle, their gender impacts negatively on the opportunities available to them. Despite equality and maternity legislation, the managers are not seen to have the same rights as their male counterparts. They report that maternity, for instance, remains an area where they can face disadvantage, even if they do not have a family. Those of a childbearing age may be discriminated against when it comes to recruitment decisions. Family-friendly measures give both parents the opportunity for more involvement in the upbringing of their children. However, the managers expressed their concern about how much their spouses are willing to take over the caring responsibilities of their children. They report that as women, it is always them who take time away from the workplace to focus on the care of their children, potentially giving the impression that they are less reliable managers. Female managers also stated that the pandemic had increased the inequality gap between them and their male peers; for example, they had to take a range of additional decisions to accommodate emerging family and care issues arising due to the crisis. The pandemic, therefore, has further impacted their career and made the glass ceiling tougher.

Discussion on the qualitative findings will be further developed in Chapter 9 (Discussion) when the quantitative and the qualitative results are integrated and compared with findings that emerged during the literature review.

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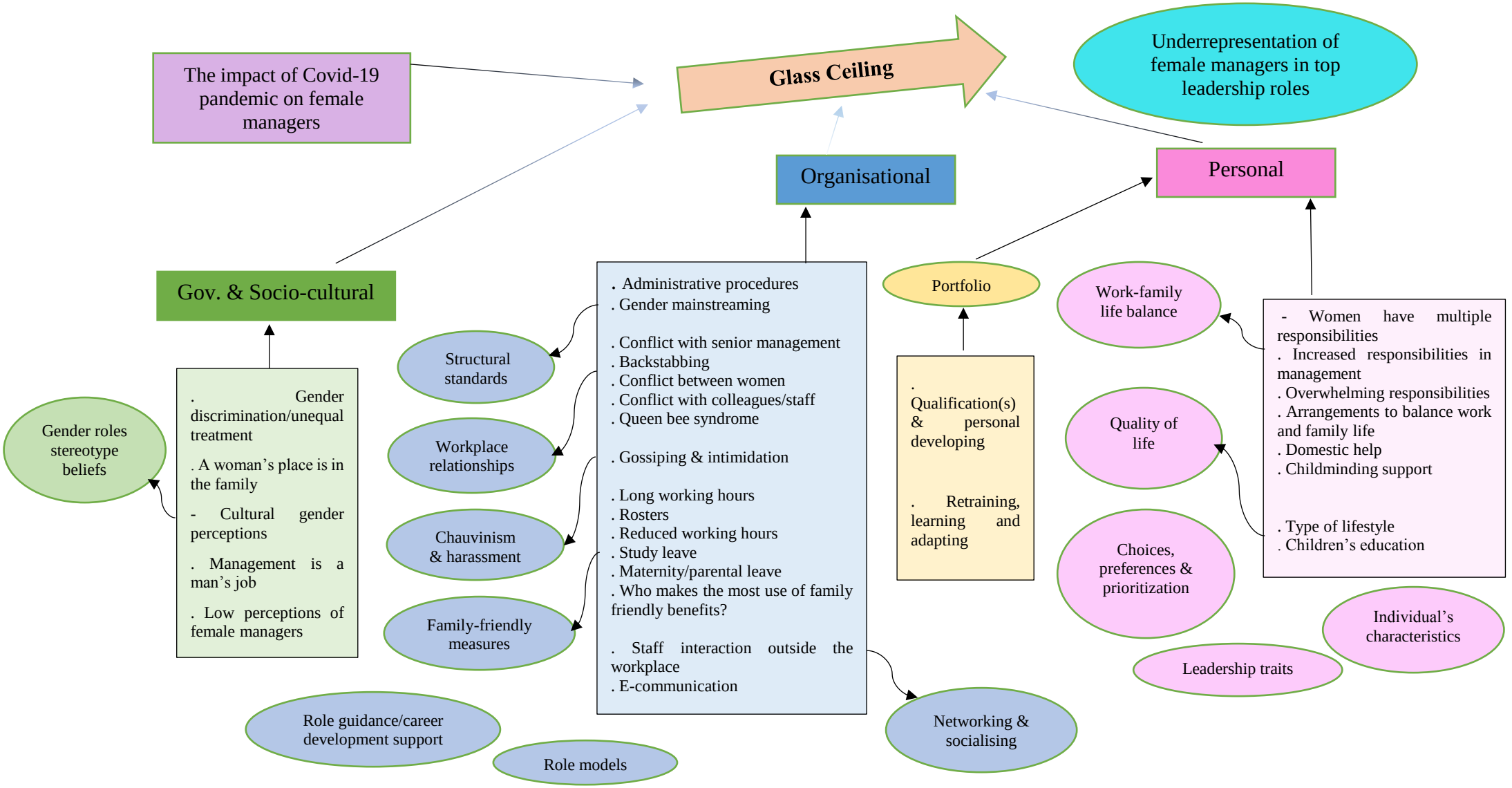
Figure 7.1: The complexity of gender barriers



7.6 Summary

This chapter expresses the serious concern of the Maltese first-line female nursing managers and provides evidence of the various barriers that female managers encounter in their life - discriminative barriers that the female managers claim they face because of their gender. The managers are impacted by a multiform of barriers, that is, socio-cultural, organisational and personal. Several barriers interfere in their way, making their life difficult and their career trajectory complex. They work hard to develop their professional career while at the same time fulfil their role as caring mothers to their children and as dedicated wives/partners to their spouse. Despite their continuous efforts to prove their capability, these managers face additional barriers that result in their underrepresentation in top managerial roles.

Gender roles stereotypes have an impact on female nurses' career, showing clearly that the Maltese society is influenced by the strong gender roles culture. Stereotypes are embedded in the self-perception of those around them – staff and family members. For instance, female managers expressed that they suffer negative attitude from their peers and staff, resulting in conflicting relationships at the workplace. In addition, they face 'queen bees' that further aggravates their situation. On the other hand, some managers highlight that their spouses and close family members expect them to stay "at home with the family" and accuse them of abusing of their family responsibilities when they continue working or attempt to take up professional development courses/training. Pressured by family economic constraints and believing in equal career opportunities, mothers have no choice but to retain their job. For some, this option may bring about conflicts in their relationship with their husband/spouse, influence their quality of life and impact their health status.

Overall, these findings give the impression that the organisation treats female and male managers differently and unequally. The findings show that women as managers remain problematic in the Maltese context; managerial jobs are still considered as fit for men and

women are expected to fulfil the dual roles of professional and parent if they intend to follow that pathway.

There is no conformity of standards within the different entities, for example work rosters differ within the various entities, giving rise to discrimination. Besides, the organisational environment does not fully distinguish and support the different needs that diverse employees bring with them. It does not yet understand how conflicting and family unfriendly are the long working hours and rosters that mothers must work if they wish to progress in their career. Family-friendly measures are meant to support employees. However, these benefits are not always implemented in a way that support working mothers but are used by top management to fit their exigencies or of those in the workplace. Employees who make use of these benefits face consequences when applying for a promotion. Hence, female managers report that there is little time for themselves – they juggle their time to cope with their work-family responsibilities and at the same time try to spare some of their extremely limited personal time, even if this is during the night, on developing their profession and career.

Chapter 8: RESULTS: Integrated

Integration of findings

8.1 Introduction

This chapter presents a joint display of the integrated findings that emerged from the quantitative and qualitative arms. Here, key findings from the two sets of results, are compared to assess the fitness of the two types of data in terms of coherence. Findings from the quantitative and qualitative data will demonstrate consistency, expansion, or discordance (Mccrudden et al., 2021). This process is illustrated in several tables.

8.2 Mixed methods synthesis

The synthesis process is guided by the synthesis approach recommended by Johnson, Grove and Clarke (2019). By using the Pillar Integration Process (PIP) a joint display is created with the intention of providing a visual presentation of the analysis using a matrix. Four tables are developed to showcase separately data synthesis in relation to the hypotheses of this study. The process follows a four-staged method approach that includes listing, matching, checking and pillar building.

Stage 1: Listing: The process starts by listing down quantitative data in the outside left-hand side columns of the PIP template. The hypothesis is inserted in the first column. In the adjacent column, any related statistically significant result/s is/are inserted horizontally and parallel to the hypothesis.

Stage 2: Matching: Following from stage 1, a matching procedure is initiated by listing quotes from the qualitative data in the outside qualitative column on the opposite side of the joint display, complemented by codes in the column next to it. The qualitative data are

matched with the quantitative data, thus horizontally aligning similar data that highlight the same concept. Throughout the process each list is organised and compared across rows of the joint display to create patterns, parallels, similarities and other additional features such as generation of new information. The triangulation/comparison technique of data sets at the point of interpretation is intended to emphasize instances of agreement or disagreement between findings that examine the same gender barrier concept (Fetters et al., 2013). Blank instances can be noted in the template where qualitative/quantitative items do not have a matching counterpart.

Stage 3: Checking: On completion of the four outside columns, the data were checked for quality, confirming emerging patterns or lack of others by stepping back, reflect on the results and refine accordingly.

Stage 4: Pillar building: Finally, all findings from the columns were connected and integrated, compared and contrasted. The insights identified from the process were conceptualised into themes and listed in the middle column.

Table 8.1: Integrating quantitative and qualitative results in relation to Hypothesis 1 (H1)

Quantitative data		*Building pillars*	*Qualitative data*	
Statistical result	***Finding***	***Theme***	***Code***	***Quote***
Hypothesis 1 (H1): *Family responsibilities (number of children and age of youngest child)* will be perceived to be ***positively*** related to gender stereotypes (one-tailed hypothesis)	An ANOVA test between number of children and the existence of stereotypes shows that the mean score for women with three or more children (27.0) was significantly higher than that for women with no children (20.74) (F=4.58; p=0.04).	Gender roles stereotype beliefs	Low perceptions of female managers.	*He (Charge Nurse) is of the opinion that women have no place in managerial roles, you understand?...* (Clare)
			Gender discrimination/unequal treatment	*She (nurse) may not be promoted because of becoming pregnant…. go out on maternity leave and what not. In fact, you see more men in 'leading positions' because as I was saying, the chances are that women with children have split responsibilities between work and family. The perceptions of management are that they neglect their work.* (Maude)
			A woman's place is in the family	*Our strong patriarchal culture dictates that a women's place is at home with the family…* (Mae)
			Cultural gender perceptions	*It's the verbal comments (from husband) that hurt me. Work comes first for you and then your family…* (Mae) *…if I say something, he tries to humiliate me (jizzufjetta bijja), but if a male colleague says the same thing, then it's OK.* (Grace)
			Management is a man's job	*Our male colleagues have better opportunities to advance higher up. …Some of the men in nursing tell their wife to stay at home or to reduce their working hours. …men will still be eligible to progress in their career.* (Mae)

8.3 Interpretation of findings in relation to Hypothesis 1 (H1)

Table 8.1 presents the hypothesis which states that '*Family responsibilities (number of children and age of youngest child)* will be perceived to be ***positively*** related to g*ender stereotypes* (one-tailed hypothesis).' This means that increased family responsibilities increase gender stereotyping that can lead to barriers and interrupt the managers' career progression.

A quantitative finding using ANOVA indicates a direct relationship between the number of children and the managers' perceptions on gender stereotypes. The finding signifies that managers with three or more children (27.0) are impacted by gender stereotypes more than those with less or no children (20.74), meaning that the more children the managers have, the more these mothers perceive that gender stereotypes create barriers for them that hinder their career development.

This is supported by qualitative findings that show that female managers are concerned about gender stereotypes attitudes in the workplace. Clare, a mother of three, signifies that women are not supported in a managerial role. She expresses concerns about her male colleague who has low perceptions about women seeking a managerial role, thus viewing future career in a dim light.

The concept of gender stereotypes is further expanded, whereby various managers claim to have different perspectives on different types of discriminatory behaviour resulting from gender stereotyping. Maude states that pregnancy, for instance, is perceived to have a negative stereotyping connotation as mothers-to-be are anticipated to focus primarily on the needs of their family. They seek career breaks to support their family and are perceived to neglect work. According to Grace, female managers are expected to conform with the traditional roles, that is, a woman is expected to be at home, caring for the family and doing

the necessary chores. As Grace and Mae clearly indicate, society's beliefs are strongly influenced by a patriarchal culture. Furthermore, Mae supports the notion as she highlights that men expect their spouse to give up their career or work shorter hours, thus, limiting the opportunities for their spouse to progress in their career.

Table 8.2: Integrating quantitative and qualitative results in relation to Hypothesis 2 (H2)

Quantitative data		*Pillar building*	*Qualitative data*	
Statistical result	***Finding***	***Theme***	***Code***	***Quote***
Hypothesis 2 (H2): *Family responsibilities (number of children and age of youngest child)* will lead to a ***negative*** perception of factors related to their organisation (eg structural standards and family-friendly policies) (one-tailed hypothesis).	Chi-square test between 'Number of children' and 'Time taken off work for family reasons' shows that the number of children was positively related to time taken off work for family reasons (p=0.013)	Family friendly measures	Maternity/parental leave	*……I used to take three years leave without pay when they (children) were born.* (Clare)
		Family friendly measures	Maternity/parental leave	*…if you get pregnant, he will not keep you on his ward… no he won't keep you on his ward (eh dak jekk tohrog pregnant ma tibqax gos-sala u, le hi dak ma jzommokx ta)* (Grace)
		Family friendly measures	Reduced working hours	*They tell you that you can't be in a Deputy/Charge Nurse or a senior management post when you go on reduced hours. If you ask for reduced hours when in a management post, they won't help you.* (Maude)
		Family friendly measures	Study leave	*…it was a big problem (the course), having to study and do assignments. Only little time left for me. How would you say it?… I used to study at nights… more at night…* (Kate)
		Family friendly measures	Rosters	*The biggest challenge that I had in my career was the roster that I had to work. When the roster is not compatible with your family's commitments, speaking from that perspective, it is a challenge* (Grace)

Quantitative data		*Pillar building*	*Qualitative data*	
Statistical result	***Finding***	***Theme***	***Code***	***Quote***
		Family friendly measures	Long working hours	*…Long hours… long hours. I understand when the kids start phoning me to speak to me about their problems. It is a problem… We work long hours.* (Grace)
		Family friendly measures	Who makes the most use of family-friendly benefits?	*It's women who ask for reduced hours. Men remain (working) on full time basis. I don't know of any male staff who work reduced hours here… Even when their kids are sick… it's the women who go out on sick leave to take care of them… Women yes, and the main reason is their family.* (Clare)
		Networking & Socialising	Staff interaction outside the workplace	*Sometimes it is difficult for some female nurses to come (to social activities) because they must stay at home with their kids*. (Anne)
		Networking & Socialising	E-communication	*Online training has helped women a lot… I have attended to more conferences online than when I had to take vacation leave and travel to Malta for these conferences.* (Grace)
		Structural standards	Administrative procedures	*It depends on the entity (tholl u turbot) how much employees advance. If the entity gives you good incentives, then you get encouraged and motivated to achieve certain positions*. (Grace)
		Structural standards	Gender mainstreaming	*…one roster for everybody, both men and women. One roster fit all.* (Grace)
		Relationships	With senior management	*Females in (senior) managerial positions do not always treat their fellow colleagues as they should… one is left to face problems almost alone.* (survey respondent SAMOC_06)

Quantitative data		*Pillar building*	*Qualitative data*	
Statistical result	***Finding***	***Theme***	***Code***	***Quote***
		Relationships	Backstabbing	*...I know that some of my staff will be ready to put spokes in my wheel, backstab me at the very first chance they get…* (Maude)
		Relationships	With colleagues/staff	*As an entity, no (support). As an organisation neither… But I do find support from my colleague and staff… Yes… a lot* (Sue)
		Relationships	Between women	*It comes mostly from women and from different disciplines… There is an element of jealousy.* (Mae)
		Relationships	With spouse	*When I go to study, my husband tells me "What are you going to tell the kids when they are hungry and want to eat?... Then give them the assignment to eat.* (Mae)
		Relationships	Queen bee syndrome	*… I felt that the interviewer, who was the chairperson of the board was, emm, not helping me at all. She was making it worse for me… This female nursing manager and I used to work together…* (Sue)
		Chauvinism and harassment	Gossiping and intimidation	*Sometimes they tell you… "Who knows how much you've bribed people to get the promotion".* (Clare)
		Role guidance/career development support	Role guidance/career development support	*I never had a fixed mentor to help me, but my role models inspired me a lot.* (Mae)
		Role models	Role models	*It depends what type of role model you find… there are those that show the right path and those that…* (Grace)

8.4 Interpretation of findings in relation to Hypothesis 2 (H2)

Hypothesis 2 in Table 8.2 states that '*Family responsibilities (number of children and age of youngest child* will lead to a ***negative*** perception of factors related to their *organisation'* (e.g. structural standards and family-friendly policies) (one-tailed hypothesis). This is supported by a chi-squared test which indicates that the number of children increases the length of career break for mothers (p=0.013).

This corroborates with what Clare, a mother of three, has contended in her interview. She used to take at least three years of unpaid leave with every child that she had. Findings show that within the organisation there is an adverse mentality about female nurses. As women they can become pregnant and most often, pregnancy brings along specific caring needs, pressing mothers to take career breaks. Instead of supporting pregnant women, the organisation discriminates against them according to Grace by trying to move a pregnant nurse out of the ward.

Much has been said about the concept of family-friendly measures during the interviews. For instance, the organisation seems to be reluctant to allow its managers to work reduced hours. Maude explains how a request by a female manager to reduce her working hours, for example, to cope with her responsibilities, is not granted. Besides, study leave, which is another family-friendly measure that supports those who wish to succeed in their career, is limited. Engaging in professional development is a big commitment says Kate since studying and doing assignments consume a lot of time. So, mothers must find the appropriate time when to study. It transpires that the most convenient study time for them is when the family goes to sleep. This leaves them with a minimum time for them to enjoy. They end up sacrificing their personal time to carry out the course work.

Furthermore, the managers stress that the organisation imposes on them a roster which does not augur well with their family needs. It makes it hard for those mothers and carers of family members to cope with their obligations. Nonetheless, Grace adds that it is not only the roster that is a challenge for them at her workplace, but the unfriendly long working hours make it very difficult for them to concentrate on their work, especially at a time when the children are back from school and most likely on their own. The managers present a scenario that indicates antagonism to the family-friendly policies that an organisation is expected to embrace and provide for its employees. It also transpires that it is always women who stand up for their family needs and who are ready to do whatever arrangements are necessary to support their family, for instance when their children are sick. This is what Clare has expressed in her comment.

The managers' testimonials continue to reveal more obstacles as they claim how difficult it is for women with young children to sustain social participation by attending events organised by their organisation. Anne, for instance, states that most often women with small children do not frequent social events held outside the workplace. Mothers must stay at home with their kids and attend to their needs, especially when the kids are still dependent.

However, the managers claim that the Covid crises had improved interaction and training conditions for them. During the pandemic, training could be better facilitated online via communication software that was purposely developed to keep staff connected and to continue participating in professional development programmes as alluded by Grace. To a certain extent this has reduced the issue of time availability for the nurses. Grace, for example, emphasizes that before she had to take vacation leave out of her entitlement and spent a lot of time in travelling because she must cross over from Gozo to Malta and back to participate in educational programmes.

Although the various health entities fall under the Ministry of Health, the administrative procedures differ between the entities. Grace explains how this affects their career progression and creates an element of discrimination. She refers particularly to the roster that the organisation forces them to work without being sensitive to the different roles that men and women must play in their life. She gives the impression that men and women are engaged in different roles. Therefore, by taking into consideration the different commitments they have in life, the organisation can be more supportive to its employees.

Relationships in the workplace pose different barriers to the managers. For instance, a comment from a survey respondent (SAMOC_06) reveals that not much help comes from the senior management, meaning that they stand alone in facing any type of situation that crops up. Situations that may need the advice and the expertise of senior colleagues to solve the problem or help the managers come to a decision.

The managers, particularly Maude, claims that they need to tread the workplace with caution. Some of the staff are deceitful and can get the manager into trouble. According to Maude, their behaviour is very mean since they are ready to criticise the manager, harm her reputation and create problems for her. However, despite the various scenarios as already discussed, Sue states that although she finds no assistance from her superiors, she is supported by her ward colleague and staff. Together they work in collaboration and understand each other's needs.

Yet, as female managers, they face all sorts of conflict, for instance, unpleasant behaviour from female employees around them, even from staff outside nursing. Mae describes the situation as one of jealously between women indicating that women do not like seeing other women like them advancing in their profession. Subsequently, they create obstacles that hamper their pathway.

Conflicts do not stop with the workplace. When the nursing managers finish from their duty and go home, they find a similar situation awaiting them. They must endure unwelcome behaviour and harsh words from their spouse. This is what Mae has confessed. It appears that the managers get into conflict with their spouse when they decide to get engaged in professional development training because women are expected to be there for their family all the time. The family must come first and last for a woman, leaving no space in their life to enhance her career. According to Mae, non-compliance with these cultures will jeopardise their relationship with their spouse.

First-line female nursing managers struggle against all odds. An experience shared by Sue indicates that queen bees exist in the organisation. Unfortunately, these queen bees create hardship to other women who seek career advancement. Therefore, applying for a promotion may result in a disappointment for the female first-line nursing managers.

Generation of further new knowledge continue to emerge from the qualitative data. The work environment, for instance, exposes the managers to harassment. As Clare pinpoints, instead of wishing her success in her new career, she was allegedly accused to having achieved her management post through corruption.

The managers are expected to learn their new role through trial and error because the organisation does not have a role guidance system to support those who have been newly appointed in a managerial position. Yet, Mae claims optimistically that she felt supported because she has good role models who inspire her in her job.

On the other hand, Grace believes that both good and bad role models exist, giving the impression that new managers can be misled by those role models who are not genuine idols to others.

Table 8.3: Integrating quantitative and qualitative results in relation to Hypothesis 3 (H3)

Quantitative data		*Pillar building*	*Qualitative data*	
Statistical result	***Finding***	***Theme***	***Code***	***Quote***
Hypothesis 3 (H3): *Marital status* will be ***related*** to perceptions of personal attributes (eg career ambition and competence) (two-tailed hypothesis).	An ANOVA test conducted between marital status and career ambition shows a significantly higher mean score for divorced women (20.75) than that of widows. (12.75) (F=3.16; p=0.01).			
		Portfolio	Qualification(s) and personal development	*I feel I have invested a lot of my time to advance in my leadership career. I have invested not only time to advance in my career but also money to pay for academic courses.* (Mae)
		Work-family life balance	Women have multiple responsibilities	*For us (women) it (Master course) weighted (toqla) on our massive responsibilities… Work – home – family, work – home – family… and it's not easy… and men are more…… that's what we used to say.* (Grace)
		Work-family life balance	Increased responsibilities in management	*… our work is not easy… too many responsibilities… it occupies your mind all the time and you never stop thinking about it… When at home you take calls and see emails that are related to work… They tell you to shut down when off duty, but how is it possible?* (Anne)
		Work-family life balance	Overwhelming responsibilities	*When you are under pressure, it is obvious that you take the problems home, and the family will not like it. They grumble because you are always in a bad mood… My work-family life balance is quite stretched to the limit… I don't find the time… and it affects my life.* (Grace)
		Work-family life balance	Arrangements to balance work and family life	*…we have created a policy for us so that those nurses who have small children or a vulnerable relative to take care of can start work from home...* (Anne)
		Work-family life balance	Domestic help	*My mum and my mother-in-law lived far away from me… so, I had no one to help me. (*Kate)

Quantitative data		*Pillar building*	*Qualitative data*	
Statistical result	***Finding***	***Theme***	***Code***	***Quote***
		Work-family life balance	Childminding support	*I never found support from my family. I was the eldest of twelve brothers and sisters and my mum couldn't support all of us.* (Clare) *...my family (mother) and I had to do new arrangements to ensure proper childminding for my children* (Grace)
		Quality of life	Type of lifestyle	*In today's era we do not simply see that our basic needs are satisfied but we expect much more… luxuries, and we must pay for luxuries. We are beyond those days, emm… when a woman can stay at home to look after her family…* (Grace)
		Quality of life	Children's education	*…children's education should start at a very early stage. I felt the pressure that I had to be there for my children's education 100%.* Grace)
		Choices, preferences and prioritization		*I am one of those who had, for example, to take decisions and make changes in my life because of my family… I had to step back from seeking a career.* (Sue)
		Leadership traits		*Women are very competent, not to tell you that sometimes they are more competent than men… Men erupt, and women keep calm. Women have the tendency to observe before they do something… they organise things, 'which makes things pretty easier'. They view things from a wider perspective and then they decide. A man flares up… but yes, I think women have that virtue of observing… and then emm… they act…* (Sue)
		Individual's characteristics		*I respect the staff and I am fair with them. I distribute work evenly among them… And I support them. I even help them in their work. They see it unusual… strange that I help them in their work… I help them especially when there is shortage of staff or when they are inundated with work…* (Clare)
		The impact of Covid-19 pandemic on female managers		*One of them had no option but to stop working… reduce their working hours, emm… most of the time women had to stop working because men are always the breadwinners and it's obvious that the woman stops and not the man. So many difficulties and… sacrifices…*(Anne)

Quantitative data		*Pillar building*	*Qualitative data*	
Statistical result	***Finding***	***Theme***	***Code***	***Quote***
		Glass ceiling		*I also think there are more men in management because a man easily sees a career in his life, but a woman has a family to care for besides a career.* (Grace)

8.5 Interpretation of findings in relation to Hypothesis 3 (H3)

Hypothesis 3 states that '*Marital status* will be ***related*** *to* perceptions of *personal attributes'* (e.g. career ambition and competence) (two-tailed hypothesis). Therefore, personal circumstances create barriers that influence the career trajectory of female nursing managers.

This is substantiated by an ANOVA test which indicates a significant difference when testing marital status on career ambition between divorced and widowed managers. Divorced managers perceive that they are more ambitious than widows (20.75; 12.75 respectively) to further their career, meaning that widows are less enthusiastic on career progression.

No experiences from divorced and widowed managers were shared on career ambitions during the interviews, thus making it difficult for the researcher to explore the concept further. Yet, despite their upward struggles the managers claim in their testimonials that they have invested personal resources in an effort to develop their academic abilities, thus showing an interest in a career success which they intend to follow when the time is right for them. Mae, for instance stresses that she has devoted time and paid out of her own pocket for courses because she aspires to advance in her leadership role.

More experiences shared by the interviewees demonstrate several personal situations that may interfere in climbing the career ladder. As can be observed in Table 8.3, work-family balance is a complex situation and creates one of the major obstacles in the career enhancement of women because they are expected to be actively engaged in both domains. This is the message that Grace sends across in her excerpt. As carers, women are fraught with multiple responsibilities. As managers, they must shoulder more work responsibilities. The life of female managers translates into keeping up with the commitments of their family

and the organisation. They must cope with all. This is supported by Anne. She emphasizes how the life of female managers becomes restricted as their roles overlap causing conflict. They become overladen with work as they are pressurized to attend to work responsibilities outside their working hours, thus ending up mentally strained. Moreover, according to Grace, increased responsibilities at work may bring about an overwhelming situation, especially for mothers, spilling adverse moods over their family members that may result in conflict and other negative effects.

Moreover, Anne comments that as a team they support and take care of each other to safeguard their interests, especially of those mothers with small kids or with a vulnerable member in their family. Hence, the team make its own unofficial arrangements between themselves to be able to cope better with their roles in their life. Furthermore, if domestic responsibilities are not shared with family members or helpers, as Kate argues, then women are likely to face another challenge. Besides, mothers, particularly those with small children, encounter another stumbling block. Unless they establish the necessary caring arrangements for their kids, they cannot focus on a career. Grace, for example, a mother of two kids, sought the help of her mother to ensure she could accept her promotion.

Additional information from the interviews shows that the quality of life that people live today is somewhat different. It is complemented with more luxuries, as Grace states, and women must work to support the family with these luxuries. Thus, employing more pressure on their already demanding responsibilities. For the managers, education is considered an essential value in life and mothers are likely to give priority to their children's education. This appears to be one reason for opting to choose shelving a career in view of preferring to give good education to their children and be there for them as from an early age to support them and ensure they get the necessary education. The needs of the family are put foremost

by the managers. This is sustained by Sue's argument who states that she gave up all career opportunities to focus on her family.

Nevertheless, despite the barriers that exist in the career pathway of female managers, the managers feel confident that their leadership traits and their individual's characteristics are less of a threat in their career trajectory because they perceive that female managers are more competent, calm, observant and organised as described by Sue. On the other hand, Clare gives the impression that her experiences have taught her that managing with a sense of fairness, respect, support and collaboration, yield effective results.

The barriers, however, got more complicated during the Covid pandemic, as for example reported by Anne. She reveals that female nurses, as opposed to men in nursing, were driven into working reduced hours and in worst case scenario some female nurses had to resign to accommodate the needs of their family. Female managers believe in the glass ceiling, as Grace highlights. In her quote she states that leadership roles are for men, and it is difficult to penetrate through that culture, since women have a family to care for.

Table 8.4: Integrating quantitative and qualitative results in relation to Hypothesis 4 (H4)

Quantitative data		*Pillar building*	*Qualitative data*	
Statistical result	***Finding***	***Theme***	***Code***	***Quote***
Hypothesis 4 (H4): *Highest level in the organisation aimed to achieve* will be ***positively*** related to perceptions of their organisation (one-tailed hypothesis).		Structural standards	*Gender mainstreaming*	*Women with kids do not find the time to continue studying to learn more and advance… because of the work commitments that the organisation exerts on them.* (Mae)
		Portfolio	*Qualification(s) and personal development*	*there should be more opportunities for education during working time.* (Survey respondent MDH_015)
		Portfolio	*Retraining, learning and adapting*	*I was promoted to a Deputy Charge Nurse, but it happened that at the workplace, emm… the Charge Nurse was going to leave… I had to fill in her vacancy as an Acting Charge Nurse and take over the responsibility of the Unit… I didn't know anything… what to do or not to do.* (Anne)
		Relationships	*Backstabbing*	*Some professionals from other disciplines and who occupy top positions do not like seeing female nurses achieving top roles.* (Mae)
		Family-friendly measures	*Reduced working hours*	*…to work on reduced basis and not to be discriminated when applying for a post and (organisation) requests that you work on full time basis.* (Survey respondent SVP_25)
		Networking and socialising	*Staff interaction outside the workplace*	*We also organise events at ward level… We organise them ourselves.* (Clare)
		Glass ceiling		*…women with small kids do not aspire to escalate to higher posts with more responsibilities and less time with the family. I have contact with managers in high positions and they tell me they must access their email account from home on daily basis during their off duties or vacation leave…* (Grace)

8.6 Interpretation of findings in relation to Hypothesis 4 (H4)

Hypothesis 4 in Table 8.4 states that '*Highest level in the organisation aimed to achieve* will be ***positively*** related to perceptions of their *organisation'*, meaning that factors related to the organisation support and enhance managers' career.

While the hypothesis was not supported by quantitative data – and cannot be confirmed or refuted using qualitative date – the qualitative data do indicate that the organisation does not help the female managers to escalate to higher leadership posts. Various comments made by the managers in Table 8.4 target directly organisational issues that raise concern. Issues that are antagonistic to measures that female managers with dual roles expect to help them enhance their career.

The organisation, for instance, fails to support women with a family to pursue training to develop themselves and progress in their job. Instead, it continues to compel managers with more work, making it extremely difficult for them to balance their multiple overwhelming roles as women. This is what Mae states in her comment. Furthermore, survey respondent MDH_015 stresses that the organisation must invest in appropriate educational opportunities and enables their release from work to attend to such courses, meaning that at present the organisation lacks the ability to do so. The respondent sustains that it is the responsibility of the organisation to support women with the relevant training during working hours and not having to utilise their own free time to enhance their professional status. Furthermore, as expressed by Anne, the organisation lacks the initiative to train and prepare the managers for their new roles.

According to Mae, top leaders are reluctant to see nurses escalating into top roles, meaning that the organisation is not being fair and equal with female nurses, but limiting their chances to only occupy low level roles in their career. Another important factor mentioned by survey

respondent SVP_25 is the reduced hours that the organisation forbids managers from working. The respondent claims that the organisation should not discriminate against those women working reduced hours who apply for a management promotion by forcing them to work on full time basis.

Moreover, the organisation offers no opportunities for female managers like networks and social activities that enable them to expose and promote themselves and give them the chance to meet new career prospects. The managers mainly socialise out of work by simply meeting with their staff. The staff are limited how much they can provide their managers with career prosperities. Instead of supporting them the organisation reinforces the glass ceiling for the managers. They must continue doing certain work from home, such as, seeing their emails, thus limiting their time with their family.

8.7 Summary

This chapter focuses mainly on the integration of quantitative and qualitative findings that enhances the understanding of the gender barriers that Maltese female first-line nursing managers experience in the state healthcare organisation. The qualitative data have augmented the quantitative data by explaining quantitative findings and expanding information on gender barriers through the generation of new knowledge. Together the two sets of data offer a complete picture of what is preventing nurses from moving up their career ladder. The next chapter (Discussion) will focus on these issues in more detail.

Chapter 9: DISCUSSION

9.1 Introduction

The discussion is motivated mainly by noteworthy gender barriers that emerged as major hindrances to the managers' career progression. This chapter starts with a re-statement of the study aim. A refined theoretical model that reflects the gender barriers Maltese female nursing managers claim to be impacting their career shall also be exhibited. Key findings will be compared with other findings from the literature. Following is the presentation of other relevant information, such as, techniques used to enhance the study rigour and strengths and limitations.

9.2 Re-stating the study aim

This study was conducted to determine the gender barriers that create a glass ceiling for female nursing managers, which subsequently block their way up in management, thus, resulting in their underrepresentation in top management. Since it is an innovative study in the Maltese nursing arena, it addresses the academic knowledge gap of gender inequalities in nursing. Literature search for studies related to gender barriers in nursing in Malta did not yield any results. Evidence from official data provided by the Ministry of Health suggests there is a problem in their career trajectory. Information shows that the number of female managers decreases as the managerial grade increases, until female nurses' representation at the top ranks of the organisational corporate hierarchy almost disappears.

Although gender issues are common to all women at their workplace, factors, such as culture, traditions, and structures, can influence specific gender issues over others in the nursing arena. Unless an investigation within the local context is conducted to understand

this phenomenon, scientific knowledge will remain vague, and the problem will never surface. Consequently, the issue can never be properly addressed.

9.3 Discussion of the key findings

The main discussion of this section focuses on the key findings that arise from the quantitative and qualitative phases of this study (Chapter 6 & Chapter 7). The discussion develops around the interpretation of these key findings in relation to the literature review from the synthesised studies (Chapter 4), where applicable. This section begins by discussing key factors emerging from the demographic profile of the female Charge and Deputy Charge nursing managers followed by discussion of the gender barriers as perceived by the Maltese female nursing managers.

9.3.1 Findings emerging from the managers' demographics

Three significant findings indicate difference in *tenure, age* and *age of their youngest child* between the Charge Nurses and Deputy Charge Nurses. Although the two grades were intended to be integrated in one grade beyond the duration of this study, it is worth briefly discussing these separately as separate data for both grades are available. Moreover, they shed light on the influence of gender barriers on the managers' career; had it not been for the separate data some important issues may have been overlooked.

Tenure: As the Deputy Charge Nurses rise to the grade of a Charge Nurse, they remain there. It is evidently more difficult for them to continue progressing to the next level. Some of the Charge Nurses had already been in the position for two decades or more, a long time in the same grade while still in the early stages of a leadership career. This duration clearly translates into sluggish progress and advancement stagnation, suggesting that the career of female first-line nursing managers encounters a bottle-neck restriction from an early stage and their career plateaus.

Age: Most of the Charge Nurses are in the age range of 50 years or more. They are of an age where investing in a managerial career may not be worth it. Therefore, it is late in the life of a professional person and disappointing for those who aspire to seek promotion and fulfil a career in management. This concept was captured in the testimonials of one of the interviewees when she claimed that her opportunity to develop her career came rather late in her life: *"...I was nearing my 50 years of age".*

Age of youngest child**:** Another important difference emerges in this study. When the mean age of the youngest child of Charge Nurses is compared with the mean age of the youngest child of Deputy Charge Nurses, the children of most of the deputising managers are below the age of 10 years. In view that Deputy Charge Nurses are in transition to become Charge Nurses and, therefore, will be assuming more managerial responsibilities, having small children may make work-family balance more difficult and stressful for the managers to achieve. At this age children are still highly dependent and, therefore, need more care and attention from their parents. This responsibility usually falls on the mother (Reimann & Alfermann, 2018).

9.3.2 Socio-cultural barriers

Socio-cultural barriers are constructs originating from social practices and cultural values and affect the thoughts, feelings and behaviour of people. Within the context of this study, these practices and values create expectations that influence the lives of female nurses.

9.3.2.1 Gender stereotypes

A survey result highlights a significant difference between the number of children and the existence of stereotypes, meaning that managers with more children perceive or experience gender stereotypes more than those with fewer or without children.

The existence of gender stereotypes that influence Maltese society is confirmed by findings from the qualitative arm of the study. During the interviews, the Charge and Deputy Charge Nurses shared various stories from their experience of gender stereotypes as discussed below:

Gender discrimination/unequal treatment: Female first-line managers claim that they receive sexist discrimination and unfair treatment by people around them. A culture which empowers men. First-line managers from both quantitative and qualitative arms highlight that a pregnant woman, a mother-to-be, is viewed as less productive and less committed to work because of the anticipated caregiving responsibilities. Therefore, they feel rejected from their wards by the senior managers. In the eyes of society and the organisation, motherhood is possibly viewed as an extra cost for the organisation with less output in return which is congruent with findings revealed by Reimann and Alfermann (2018). The authors report that pregnant female doctors also suffer unfair treatment. They are awarded temporary contracts which offer them little job security. Similarly, Al-Asfour et al. (2017) comment that women participants from their study stated that sometimes they delay getting pregnant because they are treated discriminately.

Gender discrimination reported by Maltese female first-line nursing managers can be matched with findings from many other studies. The same male dominated culture reported by the nurses emerges in the literature. Studies sustain the existence of male-dominated workplace environments that is contemptuous of gender discrimination, for example, studies by Soklaridis et al (2017); Hancock and Hums (2016), Rowley et al (2016) and Akram et al (2016) that were conducted in Canada, US, South Korea and Pakistan respectively.

Similar findings have also emerged from studies undertaken in several European countries like Malta, for example, *Female principals in education: breaking the glass ceiling in Spain*

(Diez Gutierrez 2016); *Female doctors in conflict: How gendering processes in German hospitals influence physicians' careers* (Reimann & Alfermann, 2018) and *Rethinking a glass ceiling in the hospitality industry* (Boone et al., 2013). The latter study was carried out in many countries, among which were also European countries, such as, Belgium, Ireland, Italy, Portugal and Ukraine.

A woman's place is in the family: It transpires from the interviews that as women, the Charge and Deputy Charge Nurses are viewed by their male counterparts as carers whose main role involves the upbringing of their children and household chores. Therefore, their place is expected to be at home. Their male peers fear that the managers' main caring responsibilities may have a negative impact on the organisation because they may neglect their work responsibilities. Meanwhile, the managers' spouses expect their partners to fulfil their traditional obligations towards them, their children and the extended family and are not pleased if they do not satisfy their expectations. Burdened with multiple roles, the managers' opportunities to flourish in their career tend to decrease. This finding is supported by the literature. A study among health services female employees in Nepal by Rijal and Wasti (2018) shows that they are victims of gender roles expectations. They are obliged to be obedient towards their husband and family. Another study by Akram et al. (2016) also indicates that female physicians at Mayo hospital in Pakistan are expected to shoulder the responsibility of their family and domestic chores. In Zimbabwe, Chabaya et al. (2009) document that women teachers and heads of primary schools must also ensure a permission from their husband before applying for a managerial role.

Notably, the literature indicates that societal culture, women, career and families do not sit well alongside each other. Societal expectations of the gender roles, for instance, do not support women to enhance their career. As discussed, this is evidently highlighted by this

study and other studies, reporting similar experiences shared by women in management from around the world.

Cultural gender perceptions: It is evident that management is still considered a man's job and the female first-line managers are prone to face contempt by those around them – at work and at home. This finding is not unique to the local context. According to a study by Alacam and Altuntas (2017) Turkish female nursing academics also suffer prejudice. They are perceived as not being sufficiently talented and unable to deal with a difficult circumstance. Moreover, Ezzedeen et al (2015) found that their study respondents were incorrectly showcased by the media as unstable, emotional, negligent mothers and not fit for marriage and child raising.

Management is a man's job: Furthermore, the Charge and Deputy Charge Nurses state that because of the gender role stereotypes they are discriminated against and find it difficult to progress in their leadership career. They feel their male colleagues have better chances of being promoted. This result matches findings obtained from other studies. For example, Hancock and Hums (2016) found that their respondents believe gender stereotypes cause a major barrier to their career progression, while Ezzedeen et al. (2015) observed that Canadian undergraduate women in business feel that a management role is not congruent with a woman's identity. Al-Asfour et al. (2017) indicate that Saudi female workers cannot even market themselves for a management job because their male bosses refuse to communicate with them. Similarly, Diez Gutierrez (2016) found that the respondents perceive women and men are expected to behave in accordance with traditional social roles, that is, men assuming leadership roles and women assuming domestic roles.

Low perceptions of female managers: The Maltese ambience suggests of a strong culture of gender stereotyping as the female first-line managers are faced with the issue of low perception from their males about their leadership abilities. Some managers think that they

receive negative attitudes from their male peers and subordinates. This is supported by other studies such as a study by Mbepera (2017) who found that the authorities who recommend candidates for leadership promotion within the Community Secondary Schools in Tanzania have negative attitudes towards women's ability in leadership. Nguyen (2013) and Hancock and Hums (2016) also indicate that their respondents believe their male peers have low perceptions about their capability in leadership roles, thinking that leadership fits men best.

Findings indicate that Malta is traditionally still dominated by a patriarchal society, despite Maltese women having progressed over time by gaining more rights and prominence in society. The persistence of the Maltese culture that men are the breadwinners of the family and women are not fit for leadership positions, is not bridging the gap and improving their representation in higher positions. This issue has also been documented by many authors, for example, Chabaya et al. (2009) who concluded that underrepresentation of women in top leadership positions resulted from a stereotyping mentality. Women's career advancement is different and more intricate than that of men due to various barriers they must endure.

Therefore, findings reported by Charge and Deputy Charge Nurses support hypothesis 1 (H1), that is *Family responsibilities (number of children and age of youngest child)* will be perceived to be ***positively*** related to *gender stereotypes*.

9.3.3 Organisational barriers

Female nurses experience gender barriers in the workplace resulting mainly from systemic procedures and philosophical norms of the organisation and take the form of complex biases, such as, disparity in promotions, incidents of sexual harassment and fewer opportunities for women.

9.3.3.1 Structural standards:

Administrative procedures: During the interviews, the managers highlighted that administrative procedures that include work conditions, for example, work rosters, are not consistent throughout the various workplaces (such as, Mater Dei Hospital and Primary HealthCare) where they work, Therefore, those who can negotiate good work rosters are at an advantage. Besides, beneficial measures are not always supported by senior management and are manipulated to accommodate the management of that workplace. No findings from other studies were found that precisely match this issue. However, Mbepera (2017) also revealed that the organisation's promotional procedures were lacking within the Community Secondary Schools in rural Tanzania. Nonetheless, inconvenient hours for mothers with children was reported by other researchers, such as, Howe-Walsh and Turnbull (2016) who investigated women in science and technology in UK universities. They found that mothers with children complained that they must be ready to sacrifice their own time to attend meetings outside working hours, meaning the organisation was not sensitive to their needs and not supportive to help them develop their career.

Gender mainstreaming: Charge and Deputy Charge Nurses feel the lack of involvement and the implementation of a regular efficient mainstreaming process in their workplace. Because the organisation fails to understand their multiple obligations and their specific needs which differ from those of men, they feel discriminated against and find it hard to cope with their work and family duties, while at the same time focusing on developing a career. Similarly, Bryce et al. (2019) found that female engineers with a family working in Australia's civil construction industry state that they must work very long hours which they claim are not convenient for mothers with children.

9.3.3.2 Relationships

With senior management: Most of the interviewees have negative experiences from their relationship with their senior managers. They claim they find neither support in their work problems, nor support in their personal matters from their senior leaders. A similar finding was reported by Mbepera (2017) who reported that teachers and heads of community secondary schools in Tanzania lack support and encouragement from female heads of schools. Respondents claim to have witnessed other women being humiliated by their senior managers. They state that female leaders are jealous, unfriendly and hateful towards other female teachers and deny them opportunities when available.

Backstabbing: It results from this study that female Charge and Deputy Charge Nurses are aware of the backstabbing that exists in the workplace. Some state having experienced unpleasant attitudes that come from within and outside nursing to sabotage and harm them. Thus, the managers face opposing confrontations from staff such as, junior nurses and other female professionals outside the nursing discipline. Although findings from other studies show that women do not trust other women (Bakioglu & Ulker, 2017), no findings related to backstabbing as described by the managers were identified from the studies.

Between women: Several first-line managers indicate that there were disputes between women. The managers feel confronted by other female workers. They compete with one another and there is lack of trust between them. Nguyen (2013), who studied barriers to female deans' career in Vietnam, highlighted that women do not support other women.

With colleagues/staff: During the interviews, the Charge and Deputy Charge Nurses stressed that although support is lacking from their senior leaders, some indicate that their relationship with their staff is overall a healthy one. They work as a team, trying to understand and support each other. This finding is supported by Hancock and Hums (2016)

who indicate that respondents from their study found mentors from among their colleagues that guided them in their work and helped them to develop professionally.

With spouse: Conflicts do not stop at work for the first-line managers. Unfortunately, a few of them claim that their spouses are not supportive when their wives try to seek professional training to enhance their career. An issue that may create disagreement and a stressful environment. They face painful words from their husbands which torment them for the rest of their life. A study by Rijal and Wasti, 2018 among women employed in health services also found that only those who were supported by their husbands could continue with their career plans after getting married, especially after having children. Dar-Odeh et al (2019) found that women surgeons working in Egypt, Saudi Arabia and Jordan state that because of their obligations towards their husband and children, their career is hindered to give priority to their spouse. Female nursing academics suspend their career to stay loyal to their family because they are aware of the multiple roles that they must shoulder (Alacam & Altuntas, 2017).

Queen bee syndrome: This study reveals that the first-line managers do not only experience unwelcome and unsupportive behaviour from their senior managers, but they must also deal with queen bees who make their glass ceiling tougher to break. Instead of empathising with female colleagues and support them in their career trajectory, token women in senior management are seen to detach themselves from female nursing managers in lower grade positions, acting as gatekeepers and blocking their advancement pathway. This finding is supported by another finding from a study conducted among Turkish women academics (Bakioglu & Ulker, 2017). Most Turkish academic women highlight that they had to pave their own way because other women were not supportive. Instead of being helpful, they hindered their career pathways. The academic women claim that they do not trust other women in the workplace.

9.3.3.3 Chauvinism and harassment

Gossiping and intimidation: Chauvinism and harassment worry most managers. They state they feel threatened by various staff members, both males and females. Their abusive attitudes torment managers and cause them agitation and unnecessary stress. This barrier has also emerged from other studies. For instance, Howe-Wash and Turnbull (2016) found female workers from science and technology faculties suffer bullying behaviour from some male colleagues. Rijal and Wasti (2018) also revealed male chauvinism and sexual harassment among female healthcare employees. The same findings emerged from studies conducted by Akram et al. (2016) and Mbepera (2017).

9.3.3.4 Family-friendly measures

Long working hours: For the first-line managers, family-friendly measures are very limited. They must work a minimum of 46 hours a week. However, in view of the shortage of staff and other important work commitments such as out of working hours meetings, their duty hours extend far beyond the 46 hours that they must work. These conditions do not accommodate women with multiple roles. Instead, more pressure is exerted on them and the nurses fear entering a managerial role because they know that these conditions conflict with their personal responsibilities.

The long hours of work that they claim they work emerges as a strong finding in this study which reflect the male-dominance in the organisations. This issue is highlighted not only by the interviewees but also by some survey respondents while completing their questionnaire. The managers, mainly mothers, claim that the long hours discourage them from seeking to escalate to leadership echelons. Findings from other healthcare organisations that are also labelled as male-dominant support this issue. Dar-Odeh et al (2019) reported that women surgeons raise the same argument – that is, they must work long hours which impact on their family and career. Bryce et al. (2019) found that female engineers who have children stress

that they must work long hours which makes it hard for them to cope with all their responsibilities.

Moreover, it transpires that some organisations, particularly healthcare organisations favour the traditional way of employing workers on long hours, especially clinical professionals. According to Reimann and Alfermann (2018) long working hours do not appear to hinder the social role and career of men working in German hospitals. The authors documented that men do not find problems with working long hours and that the organisation values those who work late hours, that is, men. In view of these findings from this study and the literature which indicate that health organisations are male dominated, it can be concluded that the organisational practices are mainly made to suit men who are considered the best fit for a leadership post (Bryce et al., 2019). This is backed by Rijal and Wasti (2018) who also state that men do not find problems with working long hours and that the organisation where they conducted their study values those who work late hours, that is, men. Furthermore, Diez Gutierrez (2016) found that traditional leadership traits, such as working full time and long hours that are factors attributed to men are important for achieving a leadership position.

Rosters: The long hours of work are complicated by family averse rosters. The fact that the Charge and Deputy Charge Nurses are on duty for most of the days, leaves them with little time to dedicate to their personal commitments. It is evident that the difficult work roster that the managers work is causing them hardship and impeding their career advancement.

Reduced working hours: Working reduced hours is considered a family-friendly measure to encourage women with family responsibilities to remain in their job. Nevertheless, as strongly indicated by the nursing managers, such benefit is not seen as a lever but a barrier. Apart from the fact that the organisational practices do not allow managers to work reduced hours, the managers feel that working reduced hours comes as a disadvantage to them when

they compete with their male colleagues for promotion. This finding is supported by other studies. Findings from a study undertaken in a health organisation by Rijal and Wasti (2018) illustrates that flexible working time is not granted to employees. Reimann and Alfermann (2018) found that part-time female physicians had their specialisation prolonged and were excluded from training that negatively impacted their career.

Study leave: Female first-line managers are aware of the study leave that the organisation allocates for those who wish to develop their career. However, the problem is that the amount of stipulated time that they can make use of is very limited and not sufficient to support the time needed to manage the academic work demanded by certain courses/training, such as specialised training or post-graduation courses (MSc). Thus, as women with multiple roles, they find it very hard and juggle between work, family and training. They must sacrifice themselves to achieve their goal unless the organisation gives them additional incentives, such as, release from work to attend to courses.

Maternity/parental leave: A significant survey result shows that having more children increases the probability of mothers to take more time off work/career breaks to care and nurture their children.

This is supported by the interviewed female first-line managers who claimed that they make use of career breaks to be with their newly born babies and to raise their children. They put their careers on hold to look after their family. In principle, career breaks are detrimental to the managers because they tend to lose training and promotion opportunities as highlighted by Reimann and Alfermann (2018). Mothers with small children or pregnant nurses have no choice but to take maternity/parental leave which will eventually result in a barrier since it has a negative impact on their career.

Other studies also highlight that women employees face situations where they need to take career breaks to manage their responsibilities, for instance, Rijal and Wasti (2018) who

found that the career prospects for mothers in health services change following marriage and having children. This happens because these mothers opt for career breaks to support their family. Bakioglu and Ulker (2017) also found that most women academics with children stall their career to be with their baby after childbirth.

However, the managers also claim that as women, female nurses encounter discrimination because they can become pregnant. They complain that senior management think pregnant nurses are not suitable for the job because pregnancy demands that the mother takes time off from work to be with the baby when it is born. Consequently, after the baby is born and they go back to work, these nurses end up shifting from one workplace to another or in the relievers' pool playing the role of substitutes. Thus, they are held back from settling down in a particular ward and focus on building a career. According to the managers, family-friendly measures comes at a cost to their career. Maternity leave is detrimental to their career, an obstacle that mothers can hardly prevent. Similar situations are reported in science and technology faculties in UK universities. Women stress they are discriminated against during selection and recruitment procedures because of the possibility that they can get pregnant and because of childcare responsibilities. When employed, they are given short-term contracts and temporary jobs which impact tenure (Howe-Walsh & Turnbull, 2016). The finding is supported by findings revealed by other researchers, such as, Bryce et al. (2019).

Who makes the most use of family-friendly benefits?: Another strong finding that emerge from this study is that it is women who access mostly family-friendly benefits to support their family. The managers unanimously voiced that it is always women who prioritize the needs of the family over their career. One of the interviewees states that men make use of such benefits only when their wages are lower than that of their wife. This suggests that in the long run family-friendly measures create career barriers, thus, are not attractive to men.

Men rarely make use of them, and women have no other option but to resort to such benefits because of their children who need care and attention. Findings from other studies also show that it is mainly women who resort to these benefits for the sake of their family as, for example, highlighted by Reimann and Alfermann (2018). The authors found that only female doctors, as opposed to male doctors, suffer education and career setbacks because they make use of family-friendly measures.

These findings support hypothesis 2 (H2). It follows that *Family responsibilities (number of children and age of youngest child)* will lead to a ***negative*** perception of factors related to their *organisation* (eg. Structural standards and family-friendly policies).

9.3.3.5 Role guidance/career development support

Most managers claim that mentoring is important when taking up a new role. This issue is supported by findings from other studies, such as Hancock and Hums (2016) and Rowley et al. (2016). Their respondents claim that mentoring is central to their career success.

However, first-line nursing managers state that there is lack of guidance, and no formal system exists in the organisation that offer them training and support in their career progression. Some state that they did find guidance when they needed help while others highlight negative experience from trained persons who were meant to guide them in their new job. The same result emerged from other studies, for example, Howe-Walsh and Turnbull (2016), Rijal and Wasti (2018), and Dar-Odeh et al. (2019). Some managers also state that they find help and guidance from their colleagues. This too is supported by a similar finding from a study by Hancock and Hums (2016), while a few others highlight that they learn from their own experiences as one interviewee testifies: *"learn from good and bad experiences"*. A statement which matches findings from a study by Mbepera (2017) who discovered that teachers accomplish their career goals through their own efforts and determination.

9.3.3.6 Role models

Charge and Deputy Charge managers have different perceptions regarding role models - perceptions that they have formed during their nursing tenure. They state that there are always role models in the workplace. Some managers state they have good impressions and experience of their role models while some managers state otherwise, pointing out that two types of models exist in the workplace – those who can guide them in the right direction and those who can guide them in the wrong direction. Yet, the nurses also observe that role models are decreasing in number. This is upheld by many other researchers. Howe-Walsh and Turnbull (2016) found lack of role models in the organisation where they conducted their study, and the respondents feel ill-informed and discouraged to make their next step in their career. More researchers obtained the same feedback from their study, for example, Bryce (2019), Dar-Odeh et al. (2019), Rowley et al. (2016), Diez Gutierrez (2016) and Mbepera (2017).

9.3.3.7 Networking and socialising

E-communication: Because data collection coincided with the Covid-19 restrictions, the managers highlight that e-communication was the main network to keep contact with each other. Although online training opened better opportunities since training could be accessed from home and work, the improved online networking has mainly provided communication pathways to bring the working teams together. This has not enhanced their links with important people who have the power to support them in their career. Hancock and Hums (2016), O'Neil et al. (2011) and Rowley et al. (2016) support this finding since their respondents also claim they have no strong human networks which restrict them from obtaining important information and to receive the relevant support.

Staff interaction outside the workplace: The managers point out that not all women on their ward are able to attend because mothers with small children must remain at home with their

children. It is difficult for the mothers to find the time to attend to work entertainment. This is supported by Nguyen (2013) who showed both university male leaders and female deans perceive that social activities may be detrimental to the family because they may create family negligence problems. However, socialising for the female managers is mainly understood as meeting outside the workplace with their own ward staff. In many cases, they report that these social gatherings take place among female staff.

The social events in which the managers are involved are believed to give them little or no career opportunities because their professional socialisation is very limited and does not expose them to key persons with whom they can build good rapport and help them get promotions. However, the Maltese female managers claim that at times they attend teambuilding sessions and conferences organised by the organisation. These events, however, can offer better career prospects to the managers. Respondents from study by Hancock and Hums (2016) also claim that conferences are good opportunities for career advancement.

9.3.4 Organisational/personal barriers

9.3.4.1 Portfolio

Qualification(s) and personal development: The survey indicated that overall female managers have career ambitions, yet to different levels. For instance, the managers' ambition tends to diminish because children take over priority in their life. This is significantly so between divorced and widowed managers. It is likely that divorced managers can share childcare with their former husband whereas this is not possible with widows. Further attempts to look at the effect of marital status between divorced and widowed managers proved futile since no managers from these categories participated in the interviews. Nevertheless, despite the various difficulties that female managers face, they

still try to keep their aspirations alive and do all sorts of sacrifices to invest in their profession.

This is evident in the information shared by Charge and Deputy Charge Nurses, with different marital status, during the interviews. They perceive education to be imperative for their professional growth and subsequently for their career enhancement. Some managers state they sacrifice themselves as they try to find time to continue developing their profession because they wish to take their career forward. Despite their time constraints and their struggles to balance work and family duties, they claim they take courage and follow courses, for instance, post-graduation programmes. This indicates that despite the difficulties the managers encounter because they must stretch themselves between many roles, they still feel ambitious to fulfil their career dream. So, they invest in their education by pocketing expenses and consuming their own time, hoping that one day they will get the chance to focus on a successful career. Findings from other studies match this finding. For instance, Ezzedeen et al (2015) found that many of the women in business who participated in their study have a strong ambition to develop further their career despite the many barriers that they face.

This finding supports hypothesis 3 (H3) which state: *Marital status* will be ***related*** to perceptions of *personal attributes* (eg. career ambition and competence).

In addition, a few managers claim the organisation does not support them enough. They believe the organisation should allow the release from work of those willing to further their academic potentials and help them move on with their career.

Retraining, learning and adapting: Having the necessary qualifications for a job is not considered sufficient for someone who escalates to another managerial level. Entering a new role entails that one needs to take further training to enhance one's competence. This is what the managers have revealed in their interviews. Despite their multiple responsibilities, they

highlight the challenges they take to keep abreast with the new knowledge and techniques, develop new skills and build new relationships with staff. These are decisions which the managers take, that is, involve themselves in further learning and retraining that ultimately come at a cost because this causes additional stress to their already overwhelming responsibilities. Yet they feel committed as they feel the necessity to do so. They think that retraining, learning and adapting should be made compulsory by the organisation as one respondent highlights: *"the people applying or taking the job need to have either experience or knowledge about the work to be done. Mandatary training should be requested."* In that case, the organisation needs to provide the necessary structures for the managers to be mentored since, as already discussed, formal compulsory training structures are not in place to help the managers adjust to their new roles.

The same finding emerged from other studies, for example, a study in South Korea by Rowley et al. (2016). The researchers reported that training and career development of female managers working in four industries – manufacturing, education and business, financial intermediation and wholesale and retailing are affected from lack of mentoring. Rijal and Wasti (2018) also found that female healthcare workers suffer gender bias such as training. Similar results were obtained by Reimann and Alfermann (2018) and Howe-Walsh and Turnbull (2016). Respectively, they found that female physicians are excluded from significant training related to their leadership career progression; and lack of mentors lead to the academic female managers feeling discouraged to adjust themselves to their next career advancement.

9.3.5 Personal barriers

As already discussed, the managers' personal circumstances, such as the duty to care for children, may not only impact their level of career passion that may influence their personal

potentials but most mothers, especially those with young children, find it hard to juggle between work and domestic chores.

9.3.5.1 Work-family life balance

Women have multiple responsibilities: The Charge and Deputy Charge Nurses must remain loyal to the traditional cultures of the country and adapt to the exigencies of the family and modern life. They state that the role of the husband is more specified as that of the family breadwinner, meaning that domestic duties do not really fall within his boundaries of responsibilities. In parallel, the managers must remain devoted towards, and keep pace with the organisational demands. They point out that mothers carry the most responsibilities of all the female managers, although they state that married managers without children and single managers also have other commitments in life, such as their spouse with health problems or caring duties towards close family members. Thus, balancing obligations for them is also very difficult to achieve. These challenges get complicated when there is no support from the family and the barriers that obstruct their career pathway become harder for female managers to tackle. The managers must face burdens for being women in a world of men ((Diez Gutierrez, 2016).

This finding is strongly substantiated by several findings from other studies, for example, Nguyen (2013); Bryce et al. (2019); Alacam and Altuntas (2017); Reimann and Alfermann (2018); Rowley et al. (2016); Dar-Odeh et al. (2019) and Al-Asfour et al (2017). The researchers discovered that juggling work with family duties is the most common barrier for women seeking a leadership career, therefore coping with both roles impact their career success. This barrier is not only perceived by the women who were the investigated candidates in most of the studies mentioned above, but according to Diez Gutierrez (2016) and Nguyen (2013), men who also participated in their study confirm that the multiple responsibilities of married women cause the greatest obstacle for women seeking a career.

Increased responsibilities in management: The managers unanimously report that the higher they escalate into leadership, the more intense their responsibilities become, and precious personal time gets eroded, meaning that the managers' time availability for their personal commitments becomes more constrained. Alacam and Altuntas (2017) found that female nursing academics must take more work responsibilities when they progress in their career which impacts negatively on their family obligations. Howe-Walsh and Turnbull (2016) also highlight that as a manager and a mother, a woman must get used to informal working hours.

The managers claim that management becomes more demanding, overtaking out-of-work time space, thus, increasing the risk of stress and conflict. When off duty they still must attend to any problems that arise in the workplace, like follow up important work-related communication with the result that their mind is never at rest. They have too many responsibilities. This finding matches other findings, for instance, Howe-Walsh and Turnbull (2016) found that spill-over of work and life responsibilities lead to conflicting situations.

Overwhelming responsibilities: Furthermore, it is often hard for the nursing managers to keep the demanding roles in balance and control. Too many pressures – from husband, children, parents, siblings and relatives in addition to surplus of work responsibilities that the organisation expects from them as managers during and outside duty hours. They state it is quite a tight situation and taxing on their health. If they lose control they are in big trouble because the ripple effect can be felt by those at home and at work, causing a chaotic, unhealthy and undesirable situation for everyone. This is supported by the literature. For example, respondents from study by Howe-Walsh and Turnbull (2016) claim that they face the same barrier. They also state, particularly those with children, that they face greater challenges because work and caring for children can become very overwhelming and

difficult to manage. In addition, Hoobler et al. (2009) claim that women's complex roles jeopardise their upward movement. Likewise, Boone et al (2013) reinforce that women's dual responsibilities and family-work life balance harm their career.

Arrangements to balance work and family life: During the interviews, the managers reported that in the workplace they try to adapt work mechanisms that work out in their best interest and in the interest of their staff and colleagues. Being densely populated with female nurses on the wards, it follows that most of the women face the same circumstances. Therefore, they try to understand and support each other to cope with their demanding obligations while sustaining good work and full caring duties towards their patients.

Domestic help: The managers indicate that domestic chores consumes a lot of time, therefore, causing another burden in their career path. Some managers claim to find help from the family, such as, their husband, yet for most of them, housekeeping falls under their sole responsibility. Al-Asfour et al (2017) found that Saudi women, working mainly in education and health, are expected to shoulder their job responsibilities and at the same time fulfil their responsibilities as housekeepers. Rijal and Wasti (2018) also found that only those women who found support from their husband had less difficulties to carry on with their career plans.

Childminding support: Childminding is an important factor in the life of a working mother with children since caring for the children appears to be the biggest hurdle for them. Some state they share this responsibility with their spouse or their parents. However, some others do not find any support. Nevertheless, some childminding facilities exist where the managers can send their children when they are at work. Yet, they claim that only those mothers whose children are below three years can make use of these childminding facilities. Those mothers with older children and who find no support from their family still have a problem and feel helpless.

This is an issue which although it did not emerge as a specific finding from the literature, many studies reported difficulties by women employees to balance work and family. In fact, Diez Gutierrez (2016) found that female principals in Spanish schools experienced pressure to abide by the traditional social roles as otherwise they may be viewed as neglecting their family duties. Similar observation was made by Nguyen (2013) who documented that undue participation in social activities may interfere with proper family care.

9.3.5.2 Quality of life

Type of lifestyle: Overall, the Charge and Deputy Charge Nurses highlight that the type of life we live today is different from that of the past. They argue that it is difficult for a woman to focus only on making and nurturing a family. Today, the family faces new needs and what was perceived to be luxury then, these luxuries have today become part of our routine necessities. For most of the time, the husband's wage alone is not enough to sustain the financial needs of a family and, therefore, women must provide additional support for the family. Besides, a woman must also ensure her own financial sustainability for later in her retired life. Consequently, women are caught in a dilemma. Yet, if a woman finds no support, her career path becomes more tortuous. Today women are needed to contribute to the global economy.

Children's education: Investing in the education of children emerges as an important obligation for the female nurses. An issue which they perceive as a core value and are prepared to sacrifice themselves to give their children all possible educational opportunities. For the managers, educating their children involves a lot of dedication from their part and ultimately must find sufficient time to do it because the future of their children matters a lot to them. This added responsibility aggravates their already overwhelming responsibilities and makes it extremely hard for them in parallel to focus on a successful career.

9.3.5.3 Choices, preferences and prioritization

The managers highlight that the future depends on the individual's choice. Whatever the option, there is always an opportunity cost, the pros and cons of that decision. Mothers, especially, highlight that they took a career break because of their children. At some point, most of them had to reduce their working hours while a few had to quit their professional track and suspend their career for a while to raise their children. Becoming a mother alters one's worldview. As revealed during the interviews, the job is not sufficiently flexible for a female parent. Rather, the working hours of the nurses are quite long and conflict with their ability to give the necessary care and attention to their family. Most of them, therefore, state that they give priority to the upbringing of their children. Yet, they sustain that when their children are older and the time is right for them, they wish to go back on their career pathway, look for opportunities and focus on their professional future.

Valuing and prioritizing family over other opportunities is not unique in the Maltese Islands. Similar patterns were reported by several studies. For instance, Hancock and Hums (2016) found that women working in intercollegiate athletics preferred to take up a job that is not related to management, and Nguyen (2013) found that female deans preferred to work in a low-ranking job, not to become overwhelmed with responsibilities while rearing their children. More findings support the views of the Maltese female nurses as indicated by Rijal and Wasti (2018) and Ezzedeen et al (2015). They found that female health employees and women surgeons prefer their families over a career even though they feel that career enhancement is important for them. Same could be said about female teachers and heads of primary schools in Zimbabwe. They state that they feel attached to their family and feel it is their responsibility to care for the family and not their spouses' responsibility.

9.3.5.4 Leadership traits

The managers can observe and differentiate in the management traits between males and females. For instance, they perceive difference in how they and their male colleagues view things around them. They say women are more compassionate, organised, understanding, more competent and calmer. They can understand the personal problems of other women more than their male peers. Therefore, they feel they can corroborate with them and support them. Men, on the other hand, are believed to have more a 'command' style of management. Different studies support these findings. For example, a study by Vindenburg et al. (2011) found that a difference between men and women exists in their leadership style. According to the researchers, women demonstrate more transformational and contingent reward behaviours than men. Men are perceived to demonstrate more inspirational motivation, that is, optimism and excitement about goals.

9.3.5.5 Individual's characteristics

During the interviews, female nurses indicated various characteristics that they demonstrate while managing their wards. They highlight values such as, prudence, cautiousness, determination, motivation, teamwork, fairness, support and understanding. These are all 'noble' values important for a manager to lead subordinates towards delivering the organisational goals successfully. The female managers demonstrate collaborative behaviour that encourage more participation from the staff. This finding matches findings from study by Vindenburg et al. (2011). However, according to the researchers' second study, participants indicate that women interested in promotion will do better if they blend individualized consideration and inspirational motivation, such as, enthusiasm for goal attainment and a focus on the future of the organisation. Unless women leaders integrate individualized consideration and inspirational motivation in their behaviour it is difficult for them to escalate to higher leadership positions such as the post of a CEO (Vindenburg et al.,

2011). Lack of these attributes may cause another barrier in their career pathway. Furthermore, according to Rowley et al. (2016), women do not have the most favourable behaviour in managerial roles. They lack the drive and aggressive management skills that are attributed to men.

9.3.5.6 The impact of Covid-19 pandemic on female managers

Data collection was carried out during the strictest period of Covid-19 restrictions. Therefore, data were compounded. Female nurses were the worst hit within the nursing discipline as the glass ceiling became tougher for them, while their male peers had more opportunities to work overtime. Some of them had to even halt their career because they had to unexpectedly quit their job to care for their children, especially when the schools were shut down to maintain social distancing. Those mothers who used to leave their children with their parents who were vulnerable had, at the time, to find an alternative. This barrier may have posed different levels of repercussions on the career of the managers.

9.3.6 The glass ceiling

From the findings that emerged in this study it can be concluded that despite their different personal characteristics, all the Charge and Deputy Charge Nurses claim to experience a wide range of gender barriers, mainly attitudinal and organisational discrimination, which challenge their career progression. The managers feel their inroads to managerial roles are blocked – evidence of the existence of the glass ceiling that explains their underrepresentation in higher levels of leadership positions.

Strong feedback from this study reveals that the organisation is not fair and just with the managers because it does not provide the necessary support for them to help them leverage the obstacles they face. They feel they are not given the same chances as their male

colleagues. Their male peers are given a competitive advantage, which add to the perspective that the Maltese state healthcare organisation is male-dominant.

Therefore, while there is no support from the quantitative data to support hypothesis 4 (H4) which states *highest level in the organisation aimed to achieve* will be ***positively*** related to perceptions of their *organisation*, it is clear from the qualitative data (which cannot be used to test the hypothesis) that female nursing managers perceive their organisation negative from the perspective of career prospects.

Similar observation about the existence of the glass ceiling with the result of underrepresentation of women in leadership roles is documented by many other studies (example, Howe-Walsh & Turnbull, 2016; Clevenger & Singh, 2013). The managers, for instance, highlight that as women, coping with the complex obligations and expectations, is like walking a tightrope. There is no leeway that allows them to keep growing in their career without increasing their work responsibilities that impact their personal life, mainly, their family time. A situation that leaves minimal options for Maltese female first-line managers between investing in a career and forming a family without facing difficulties. It is evident in this study that for a young woman to have children during the best times of making a career, is a major barrier as she must face several troughs arising from trying to balance work and family responsibilities.

With the existence of the glass ceiling, it is tough for Maltese female nursing managers to fulfil their career. Hancock and Hum (2016), for instance, attribute the glass ceiling to conflict between women, Hoobler et al. (2009) to family-work balance, Diez Gueirrez (2016) to a patriarchal culture, Ezzedeen et al (2015) to cultural constraints, Hurley and Choudhary (2016) to time spent in education and number of children, and Soklaridis et al. (2017) mainly to individual and systemic issues. The literature points to similar barriers that were expressed by the nursing managers during this study. It transpires that women in

management from around the world experience and confront multiple barriers, yet with some differences, differences which indicate the socio-cultural uniqueness of that individual country.

9.3.7 The way forward

Based on the managers' experiences and what they think would possibly be beneficial to improve their life at work, a substantial number of suggestions were made. The recommendations that are based on their personal experiences are invaluable and therefore will be included in the next chapter (Chapter 10: Conclusion) to ensure that the opportunity they sought in this study to sound their voice does not fall on deaf ears but hopefully is communicated in the right direction.

9.4 Refining the theoretical model

Based on the findings of this study the conceptual framework that guided this project is upgraded to reflect those specific barriers that cause a glass ceiling for the Maltese female nursing managers, thus, influencing their career progression.

Overall, the managers believe that gender stereotypes are strongly embedded in their culture and affect the behaviour and practices of people around them. The Old Boys' network does not appear to be of any particular concern to respondents. Yet female managers' networks are limited. The managers mainly network and socialise with their ward staff which does not offer them opportunities to meet important key personnel that can help them promote themselves and achieve higher positions.

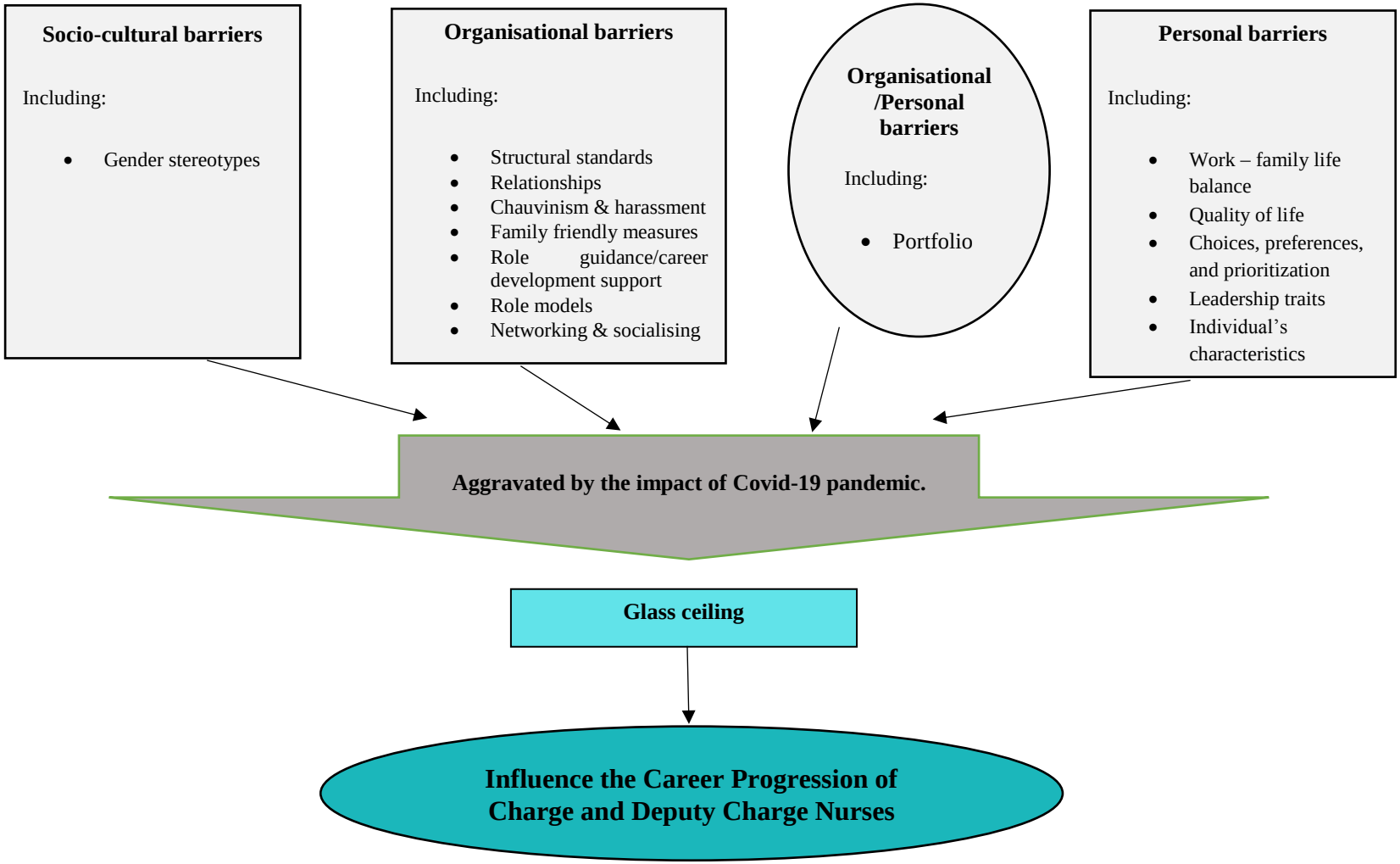
However, the managers claim that they suffer from issues such as inconsistent administrative procedures and hostile relationships in the workplace and at home. Quality of life matters considerably to female nurses and accessing family-friendly benefits to balance their dual responsibilities outstands as a main concern. Female managers believe

that family-friendly measures are, unfortunately, more like stumbling blocks to them than levers that support and ease their difficulties to help them achieve a successful career. Family-friendly measures have negative connotations with female managers. The organisation fears that because they are women, they may become pregnant and may need to access family-friendly benefits to balance their multiple roles as mothers, carers, wives and managers. This results in the female managers being discriminated by the organisation. They may be rejected to work in some areas. Work-family balance has emerged as the toughest challenge in the managers' career pathway. With a family to care for, opportunities become narrower and the risk of facing a glass ceiling increases.

The Covid-19 restrictions further complicated life for the managers and aggravated their situation by lowering the glass ceiling on them.

In this study, the managers have presented a clear vision of what factors are infringing their equality rights and block their career trajectories. Based on this knowledge the conceptual model which has provided a valid tool for the investigation is revised (Figure 9.1) to upgrade it into a theoretical model that mirror those gender barriers that cause the glass ceiling for Maltese female Charge and Deputy Charge Nurses.

Figure 9.1: Gender barriers in the Maltese nursing culture



9.5 Enhancing study rigour techniques

Rigour refers to validity and reliability of a study (Forero et al., 2018). The constructs to be measured in this research are the perceptions and experiences of first-line managers on career gender barriers. It is inevitable to know that what is being measured by the measuring instruments is indeed what needs to be measured (validity). It is also necessary to ensure that if the measurement is repeated, the same result is obtained (reliability). This will ascertain reliable and validated results that enable the researcher "to draw meaningful and accurate conclusions" (Creswell & Plano Clark, 2017 p. 147), and guarantee 'inference quality' (Tashakkori & Teddlie, 2003) to answer the research question and hypotheses.

The measuring tools in this mixed methods approach aim to investigate the phenomenon from different perspectives, thereof, it is necessary to take different actions to ensure the measuring tools give the desired outcomes. While the concept of reliability and validity augurs well with testing the questionnaire because its intention is mainly to facilitate generalisability of findings and repeatability of the study, discussions have been raised as to the applicability of validity and reliability to qualitative research instruments (Hoye & Severinsson, 2007). However, there are techniques and methods that are viewed as the validity and reliability of qualitative research. For instance, Korstiens and Moser (2018) highlight "credibility, transferability, dependability, and confirmability as the main criteria equivalent to internal validity, external validity, and reliability of quantitative research that overall contribute to trustworthiness. The validity and reliability of the quantitative and qualitative approaches will be discussed separately.

9.5.1 The quality of the quantitative findings

Validity and reliability are important factors that researchers should be concerned about while designing a study, analysing results and judging the quality of the study (Patton,

2015). The mixed methods of this study, for instance, has increased the reliability of the quantitative findings because the knowledge obtained from the interviews facilitated triangulation between the quantitative and qualitative results (Heale & Forbes, 2013).

9.5.1.1 Validity and reliability

The validity of the questionnaire used in the study depended on checking the content and face validity with five professional people knowledgeable on the topic of the questionnaire. This helped to refine the instrument. Some changes were made as a result of this consultation which enhanced the utility of the questionnaire. Prior to the main study, a pilot study with 30 nursing managers was conducted to test the intra-rater reliability of the continuously measured items in the questionnaire using ICC. In this instance a two-way random effects model with consistency based on single raters was used. For all items tested, the ICCs were within the acceptable range. Validation of a questionnaire is a continuous process and, while the instrument used here has proved its utility, if this is applied in subsequent research it may be refined further and further insight will be gained into its validity.

9.5.2 The quality of the qualitative findings

As the sole researcher in conducting the interviews, all precautions and necessary measures were taken on my part. Although my professional experience has helped me gain knowledge on how to conduct interviews, I ensured practicing the skill before attempting to conduct any interviews, since I am aware that individuals differ in their ability to articulate their thoughts and ideas. Such training was undertaken during the piloting of the interview guide, making sure I was competent to adapt the right questioning technique, presented the right attitude, created the right atmosphere, and developed mutual relationship to gain trust from the nursing managers that participated in the study. I also ensured I was sufficiently equipped with adequate confidence and was familiar with the interview schedule to ensure

continuity and fluency. For example, brief the informants; ask one question at a time and narrowing down from general to specific questions; identify the pace of questioning and how to peel back information one layer at a time; clarify by confirming and disconfirming with the interviewee, adapt an open and emotional neutral body language, and establish rapport by respecting their opinions and support their feelings. Obtaining initial feedback on the interview protocol from the peer review and pilot study prior to the actual research has further fine-tuned my tools and strengthened reliability and its trustworthiness as a research tool (Patton, 2015).

The concept of reliability and validity in a qualitative study is replaced by the concept of trustworthiness (Mishler, 2000) which is "defensible" (Johnson, 1997, p. 282) and concurs confidence in the findings (Korstiens & Moser, 2018). Based on the principle of trustworthiness, Stahl and King (2020) state that qualitative research can be validated by "triangulation" methods. Mathison (1988, p. 13) adds that:

> *"Triangulation has risen an important methodological issue in naturalistic and qualitative approaches to evaluation [in order to] control bias and establishing valid propositions".*

The mixed approach methodology of this study provides grounds for triangulation of data to be made possible, thus, strengthening the robustness and trustworthiness of the findings.

While collecting data from interviewees, the researcher used a naturalistic approach to allow for the phenomenon of interest unfolds naturally (Stahl, 2020) and discover the multiple genuine truths of the individualised participants. According to Korstiens and Moser (2018) there can be no validity without reliability. The internal validity was maintained by ensuring that bias from my own subjectivity did not interfere with the interpretation of the conversations being reported. For example, the semi-structured interview questions assisted in partly providing a planned protocol to minimize as much as possible influential effects

on the managers from my part, while at the same time encourage them to divulge more of their own truthful experiences with the least interruptions from my end. Interruptions were restricted to those circumstances where clarifications were required and to probe the conversation. Interruptions were also made to deepen the response to a question, to increase the richness of the data being captured and to give cues to the interviewee about the level of response that was desired. While the interviews were audio-recorded, non-verbal gestures were noted and documented as field notes to enhance the interpretation of verbal conversations.

The strategies suggested by Korstiens and Moser (2018) to establish research quality are to maintain credibility, transferability, dependability and confirmability. However, Creswell (2012) suggests that "qualitative researchers should engage in at least two of them in any given study" (p. 253) to ensure quality.

9.5.2.1 Credibility

Credibility is an essential internal validity criterion to establish quality in qualitative research (Korstiens & Moser, 2018). Creswell (2012) states it is the genuineness to which data mirrors the experience of participants about the phenomenon being investigated. The more rigorous the research process is the more robust and trustworthy are the findings. This is based on the methodological approach and sources used (Korstiens & Moser, 2018). Interviewing the appropriate participants, that is, the managers being affected by gender barriers, has guaranteed collation of relevant information, and secured the credibility of the qualitative findings. A purposive sample made up of a representative from each group of first-line female nursing managers with significant differences in their experiences/perceptions and selecting such representatives from across all entities have also contributed toward obtaining increased feedback on gender issues met in their career. By using open-ended questions, interviewees were encouraged to reflect, recall, and divulge

their experiential stories, thus enhancing the available knowledge. The use of face-to-face interview increased the credibility of the research more so than if, for example, a focus group was appointed, where the managers must discuss the topic from a personal perspective in front of one another. This could have resulted in participants not providing open and truthful information in the presence of each other due to sensitive matter. Additionally, making use of semi-structured interviews assisted the researcher to establish a structured format and thus interviews kept relatively standard.

Credibility of the study was further enhanced using different approaches to gather data and obtain a more complete and corroborated results (Creswell & Plano Clark, 2017). Both methods counteracted for each other's limitations and the researcher was engaged in multiple method of inquiry to "explore information that is not accessible through a single approach alone" (Shannon-Baker, 2015, p. 36). Conducting interviews with the same participants who have participated in the survey gave them the opportunity to elaborate freely on the quantitative findings and ensure a clearer and more realistic picture of the phenomenon.

9.5.2.2 Transferability

Stahl and King (2020) contends that transferability, which relates to external validity or generalizability focuses on the need to be aware of and to describe the scope of one's qualitative study so that its applicability to different contexts can be easily applied. This study complied with a transparent systematic methodological strategy to ensure its application and transferability by other researchers. The development of a model also allows transferability of the study findings to other settings and contexts. Attempts were made to produce a detailed description of the research context and step by step in the process of data collection, analysis, interpretation and presentation of results which allow readers to determine applicability of the study to other contexts (Korstiens & Moser, 2018).

9.5.2.3 Dependability

Dependability (reliability) is obtained through credibility. It is represented through a consistent link between the results and the revealed data, while the results should reflect accurate expression of the meanings intended by the informants (Korstiens & Moser, 2018). This study guarantees consistency using triangulation, that is overlapping methods and replication of steps by split data collection and duplication of analysis. Consistency also prevails by means of its infrastructure and transparency that can facilitate repetition or replication that will yield similar results. Consequently, adequate, and relevant methodological information is provided for others to be able to replicate the research.

9.5.2.4 Confirmability

Confirmability is related to the ability of the researcher to remain objective to guarantee unbiased results, that is, interpretations and findings match the data. In this thesis, any claims made are supported by raw data from the participants as quotes. Moreover, after every interview transcription was carried out within 24 to 36 hours. This was done to produce the best interpreted version while memoirs were still vivid. The transcript was then discussed with the interviewee to make sure understanding and interpretation of the conversation were correct from my part (Morse, 2015).

9.5.2.5 Reflexivity

When conducting qualitative research, the researcher is the instrument (Heale & Forbes, 2013) responsible for developing sound research account. Thus, my ability and effort to be reflexive in my behaviour, approach, thinking and feelings throughout the study contributed to the credibility of the qualitative data. Gunasekara (2007, p. 465) explains how the researcher's identity is "fluid and changing" and can therefore, influence the generated data, consequently effecting the reliability of the interview. Intentionally or unintentionally, the

researcher carries unseen baggage to the interview which may change the way data is interpreted and analysed. To ensure neutrality and strengthen the credibility of the data, I was continuously engaged in a reflexivity process throughout the research development. A process that necessitates the need to develop insight actively and systematically into one's work as a researcher and guides subsequent decisions (Birks & Mills, 2011). This is the reason why this thesis presents at the beginning a background of my professional and academic experiences to clarify who I am, how I think and how my idea of this project germinated, as all these factors have to some extent an influence on my choice of research topic, the setting, and the research process (Roller & Lavrakas, 2015). Reflexivity involves continuous and cautious examination of the researcher while threading through the methodological process of the research. Once assumptions and preconceptions are analysed in terms of how these can affect research decisions, particularly, the selection and wording of questions, gathering, interpreting, and analysing data, then the researcher's understanding is a lens through which an understanding of the phenomenon is developed (Dodgson, 2019). Besides, when the researcher understands that his/her curiosity to discover more about the phenomenon of interest can only be accomplished by sensitively understanding and embracing the experiences of those directly hit by it, then the researcher will do his/her utmost not to contaminate that data but allow for the truth to emerge. It also includes examining the researcher-participant relationship and how the relationship dynamics influence responses to questions (Denzin & Lincoln, 2014).

My absence from the clinical areas for several years resulted in all interviewees being unfamiliar to me. Thus, providing the liberty to participants to open and reveal the reality which the researcher sought to understand. Skilfully building the right rapport during those interview moments and adapting the right wording for the questions were instrumental in stimulating the flow of the right information. Consequently, authors believe that all

meanings are interactively and culturally constructed (Charmaz, 2003). Interviewees from the various health settings that are structured by gender, class, race, age, and other ascribed characteristics shaped the construction of meaning given in the informants' stories of experience. The researcher's own conceptions are also required to make sense of the other personal world through a process of interpretative activity (Smith & Osborne, 2007). Interpreting the interviews demanded reflection on the whole research context. A reflexive approach from the author facilitated a constructivist mode that integrated the interviewees and the researcher's constructions of reality to provide an "interpretative portrayal of this studied world", (Charmaz, 2003 p. 10). This led to engaging myself in a continuous critical scrutiny regarding my decisions at every stage of the research work. My reflexive reaction to the data were separately documented from data collection. The following examples show reflexivity moments from my reflexivity journal while interviewing:

> *Despite the anxiety that I felt prior to this first interview, fearing I may not be able to guide and control the conversation and draw relevant information as best possible, I feel that overall, it went well. I managed to obtain a lot of information. However, I think at times I could have asked more for clarification to ensure I understood well. I intend to be more cautious about this in my next interview.*
>
> *Some participants (one in particular) are rather reluctant to give more details. I told myself I must leave it to them how much they want to divulge about certain issues. I must make them feel comfortable during the dialogue and not feel intimidated.*

Keeping reflexive notes was specifically necessary to record my subjectivity, my thinking about the data, keep trail of my insights and analytic ideas (Dodgson, 2019) and gain

understanding of how my perceptions could perhaps have influenced the way in which data were collated, synthesised, and presented.

Reflexivity makes the research process a focus of inquiry, laying open presumptions and becoming aware of situational dynamics in which the interviewer and participant are mutually involved in knowledge production. Findings do not emerge at the end but throughout the process. Reflexive practices enabled me to adapt my approach with each participant as a unique individual, and revise and rephrase questions and prompts to help them articulate their views and form their stories as knowledge unfolded (Denzin & Lincoln, 2014). While being reflexive, more than reflective, it was possible for me to understand why some of the questions may have fallen flat and the interview was not working out as planned. Thus, becoming aware that questions were being rejected because concepts were not being understood or inappropriate, for instance. Each interview was a learning experience.

Analysis was ongoing and included also examining the dynamics of the interview. What is not said can be revealing as what is said (Dodgson, 2019). For instance, unbiased observation and interpretation of the nonverbal may provide important indications.

As a researcher-practitioner

I was aware that as a nurse, my personal involvement as the researcher in exploring and reporting information from interviews could taunt the socially acceptable responses (Roller & Lavrakas, 2015). Therefore, precautions to avoid potential impacts were taken. For instance, participants were constantly made aware that the scope of the interviews was solely to collate their views and that there were no good or wrong answers to perceptions. I was constantly cautious not to raise any issues that may influence their perceptions (Dwyer, 2009) because I was aware that being an 'insider' has its costs and benefits. I trust this has helped to some extent and participants have contributed their sincere feedback. Besides, as a member of the group, I was sure that by undertaking the interviews personally, the

participants would allow me more to enter their world to discuss common grounds about issues that are somewhat sensitive. My dual role favoured me with richer data.

As a nurse professional, and consequently an 'insider' I could have also influenced their feedback (Liu & Burnett, 2022). However, Liu and Burnett (2022) insist that an 'insider' predisposes to opportunities such as synergy. Throughout the interviews, I tried my best to maintain openness, authenticity, honesty, show deep interest in the participants' stories and stay committed to ensure I truly represent their experience (Dwyer, 2009).

Being a nurse practitioner and a researcher means juggling with time to cope with many commitments. However, I consider that my dual role experiences have proved beneficial. My understanding of the Maltese culture and the healthcare services enabled me to focus more on the topic and guide the interviews on those issues of interest. My language competence in both Maltese and English, and the common professional language used by the participants empowered me to interpret what they were saying and at a later stage transcribe the audio-recordings.

Being the sole researcher in conducting this study means I was the only one involved in the data collection, transcriptions, translations, interpretation, and analysis. This has reduced bias incurred by multiple researchers as opposed to one researcher and added quality to the study. To keep clear boundaries between the role of a researcher and a practitioner, I was clear with myself to practice how to listen and interpret familiar stories from a stranger's position during the piloting phase of the interview guide. Continuous efforts were made to refrain from imposing my perspectives on the research issues so as not to risk nursing managers change their responses to satisfy me instead of communicating their genuine perspectives. Furthermore, the interviewees were provided with a copy of the transcribed interview to confirm the authentic concepts divulged during their interview as presented in the interpreted version (Rowlands, 2021).

Reflexivity was one of many other measures undertaken to increase the trustworthiness of qualitative research. Figure 9.2 includes a summary of these measures.

Figure 9.2: Highlights of actions taken to enhance study rigour

- Quantitative and qualitative data collection
  - *Viewed data from different perspectives for broadness and in-depth information to obtain a holistic picture (Patton, 2015)*
  - *Triangulation of themes from both methods*
- Pilot study of questionnaire and interview guide
  - *Peer review*
  - *Test- retest and other statistical tests*
- Practicing interviewing skills
  - *Mock interview*
- Audit trail:
  - *Field notes*
  - *Methodological analysis of interviews*
  - *Reflexive journal*
- Involving informants in data collection arrangement
  - *Interviews setup and timing of data collection*
- Audio-recording
  - *More accurate transcriptions*
- Ongoing transcription, translation from Maltese to English and analysis of data
  - *Between one interview and another*
  - *Peer review of translated excerpts*
- Enough contact with the informants
  - *To capture the necessary information*
- Reflexivity
  - *Transparency about my views on the research topic*
  - *Separate documentation of own reactions to the data*
  - *Critical self-examination especially during the process of data collection and analysis*
- Peer debriefing
  - *Academic supervision*

9.6 Strengths and Limitations

The use of both variable-centred and person-centred lenses in a mixed methods approach has enhanced the knowledge base of the impact of gender barriers on the career pathway of female nursing managers and features as one of the main strengths of this study. The

interaction of intermediaries to identify potential participants avoided any sample selection bias. The good response rate (77.29%) from the survey that included the total population of first-line female managers, adds strength and value to the study especially when considering that the data was collected during the Covid-19 pandemic.

However, a hindsight on the decisions taken throughout my research process revealed some limitations despite my efforts to ascertain quality and rigour in my study. For instance, it can be noted that the Cronbach's alpha values obtained for some of the dependent variables (eg., career ambition [0.575]) were below 0.70, below the value that some authors establish as acceptable, for example Barbara et al., (2021). However, Schmitt (1996) claims that no general level exists (such as 0.7) that indicates where alpha becomes acceptable. The author adds that tools with quite a low value of alpha coefficient can still prove useful in some circumstances, even relatively low (e.g., 0.5) levels of criterion reliability do not seriously attenuate validity coefficients. Nevertheless, it is important to note that Cronbach's alpha is not independent of the number of items but rather is largely a function of the number of items in the analysis (Heo et al., 2015). This may imply that subscales, as in the case of 'career ambition', may require further items to be added to them. Additionally, the University of Virginia (2015) argues that to evaluate how 'good' a scale is at measuring a construct, a face validity of the scale must also be assessed to test how precisely the scale measures an underlying notion. As discussed in Chapter 5, section 5.5.2.4, the questionnaire was piloted by an expert team to determine the accuracy of the constructs. However, investigating these variables bearing low coefficients was an important aspect in this study and findings may need to be interpreted with caution.

Although the qualitative sample was well presented by a candidate from all entities and from most groups with different demographic characteristic, candidates from the divorced group

and the widows were unfortunately not identified to include their experiences. Also, it is not clear if any or how many managers refused to participate in the interviews.

The fact that I, as a nurse in the role of a researcher undertaking an inquiry in the nursing arena, may have impacted on my study outcomes. However, to alleviate any consequences, various measures were taken as discussed under Section 9.5.2.5 (Reflexivity). Furthermore, this study investigated the experiences of female nurses and did not consider if men who identify as women have any similar issues.

9.6.1 Lack of academic gender knowledge in nursing

Unfortunately, literature on gender issues relative to nursing is limited and does not exist in relation to Maltese nurses. Therefore, the foundation for understanding the context of the research problem was based on knowledge mainly derived from studies undertaken in different industries. Although gender barriers are common in all workplaces, minimal reference could be made to specific studies in nursing, especially when debating gender issues in the local health market. This knowledge limitation may have impacted on the quality of decisions taken based on the available literature.

9.6.2 Generalisability

My study may offer some generalisability to other professions in Malta, as the likelihood that women in these professions will be similarly exposed and impacted by the same discriminative influences that we share within the same culture, such as the stereotypical gender beliefs imposed by society. It is also possible of some generalisability in other countries if the socio-cultural perceptions and expectations of people are like those of the Maltese people. Other differences such as legislative frameworks and their level of enforcement, different organisational philosophies, structures, policies, and resources may

impact the context and make it difficult to generalise or transfer the findings beyond the Maltese state healthcare context, not even to the local private healthcare organisations.

The local contextual situations within the state healthcare setting and that in the private sector vary. Due to the size of the private organisations and the extent of their services, they have different policies and structures. The number of employed nursing staff is far much less than that in the public sector and consequently, their managerial hierarchy and job positions differ. Nonetheless, opportunities differ too. Considering nursing as being a limited resource, and better working conditions and opportunities in the state healthcare ministry, makes it difficult for the private sector to attract and recruit nurses on full time basis. Besides, my study exclusively included female nursing managers employed in the government sector, so my findings cannot be generalised to the private and public-private partnership sectors.

The methodological approach to my study is limited to a survey and a small series of interviews. While appropriate in view of restricted resources as a PhD student, these methods do not provide for more comprehensive and longitudinal investigation that may lead to a more genuine understanding of work experiences in the Maltese nursing profession. Same can be said for focusing my study only on female nursing managers. The inclusion of their male colleagues and transgendered may have contributed to a wider knowledge about the issue and better understanding of the problem. Therefore, wider generalisations undoubtedly require further research.

9.7 Topic selection process

The concept of gender inequality has always been one of great interest to me as explained at the beginning of my thesis. I was brought up in a strong culture where more than half a century ago, stereotypical beliefs were at their best and hard-wired into the mindset of the

Maltese society. Pertaining to the female gender, I have experienced from young age a world where men were seen to possess more of the most valued traits in my country. Stereotypical behaviours that I have suffered or witnessed in my life, causing pain and hardship to women, particularly those women in my same profession. As women, we have all encountered challenges in our struggle to be on par with our male peers. Choosing the topic that I chose was quite a simple task for me, it was something in which I had been interested in many years.

9.8 The contribution of the study

This thesis provides some contributions based on the findings that cover the gap of the body of knowledge on the gender barriers that affect the career of Maltese female nurses in the state health ministry. The research project has significantly brought along debate on many issues and within its boundaries answered the research question. This research in nursing is the first of its nature and has generated realistic insights within sociological understanding of the situation in Malta. The information obtained has for the first time in the history of research defined the gender barriers Maltese female nurses experience.

9.8.1 Contribution to theory building

In general, the study findings continue to uphold and enforce gender barriers already established in the literature. However, this study found that despite the legal right for family-friendly benefits, the Maltese state healthcare organisation is reluctant to grant study leave to nurses, making it even more difficult for mothers to find time to professionally develop themselves and bolster their potentials and values. Without professional development, female nurses cannot look at their future growth which at the end also benefit the organisation. Failing to support female nurses, especially those with dual roles, may result in not providing equal opportunities to both sexes.

The literature highlights the Queen Bee syndrome as a phenomenon that is believed to occur in male dominated businesses. Nevertheless, the phenomenon emerged in this study despite that nursing is considered as a woman's job.

9.9 Summary

In this chapter the key findings that emerged from this study were discussed and supported scientifically by statistical results and/or quotes. The methods applied to enhance validity and reliability for the mixed design methodology were also outlined under separate sections. Within its limited potentials, this study has also generated knowledge that contributes value to the literature.

Chapter 10: CONCLUSION

10.1 Introduction

The final chapter focuses on some recommendations for practice and policy. Recommendations are made at governmental, organisational and personal level. It offers suggestions for future studies and concludes with a few reflective thoughts, bringing this thesis to its closure.

10.2 Recommendations for practice, policy, and future research

Most of these recommendations were voiced by those managers, directly hit by the gender phenomenon.

10.2.1 Implications for practice

***At government level*:** The state must continue building on the achievements towards women's advancement by ensuring that:

- There is proper implementation of the law for human rights and gender equality at organisational level.
- An authorised representative person/committee is enrolled in the workplace and is actively committed to ensure that transparent and non-discriminative selection, retention, and promotional procedures are in place. Being directly involved in the processes and responsibly reporting directly to the NCPE commission will ensure that the fundamental rights of the diverse workforce are safeguarded.
- Introduce remote working on a compulsory basis. During the pandemic, the state pushed organisations for remote working that was sustained for a few years without impacting the organisational outcomes. During this time the nursing managers

worked in ‘bubbles’. While abiding by their share of responsibilities, they could also follow a contingency plan to control over any crises occurring from having most managers infected with Covid or quarantined. This initiative can be permanently introduced by distinguishing responsibilities between those that can be done from home and those that can be done from the office to support women with a family. The idea is to introduce a split home-office work schedule as a new standard practice to leverage constraints resulting from work and family that female employees confront. This may further attract male spouses and encourages them to share more their family responsibilities, thus relieving female spouses from their full-time dual roles and put them at par when career opportunities arise.

At organisational level: It is important primarily to:

- Address any gender-based employer discrimination towards female nursing managers. If given the challenge, Maltese female nursing managers are capable and ambitious enough to fulfil their potentials. However, this depends on the extent to which the management sustain inclusive workplaces. For instance, they must appreciate women’s competence and particularly recognise nursing professionals as competent people, thus motivating and empowering them to develop their career.
- Support female nursing managers with dual roles of managers and parents. These managers have their own lifecycle that needs to be recognised, addressed, and make it easier for them to integrate work and family commitments.
- Ensure that health employers give due importance to gender mainstreaming and are more sensitive to women’s demands.
- Provide genuine support from top management to female nursing managers without discrimination by granting family-friendly measures that best suit their needs, while

recognising the importance of men to become more involved in rearing their own children and encouraging them to share more their family responsibilities.

- Embark on an intra-organisational gender equality campaign which is one possible action that can be taken to firstly try to change the stereotypical culture that exists, particularly gender roles assigned by society. Secondly, to ensure that headship positions are filled with the right people, irrespective of their gender. Positions must be filled by employees who justly merit the promotion. Fostering gender equality increases the possibility of women and men having an equal chance of choosing a leadership career in a healthcare setting.
- Ensure that the organisation invests equally in nurse education and leadership development training to enhance their skills and strengthen nurse leadership across the nursing discipline, recognising women as a diverse species with massive potential to lead the healthcare system and ameliorate economic returns.
- Introduce more incentives and supportive strategies, such as, mentorship programmes, and a social networking group for women. Peer support mechanisms such as professional networks within and outside work can give female nurses peer support and strategies for career progression. Developing formal and informal networks for leadership career enhancement will provide female nurses with information and opportunities. Networks promote female nurses among organisational heads as their possibility to advance forward in their career widens due to becoming well known to them.
- Introduce the concept of mentoring which lacks severely in the Maltese Public Healthcare System. Mentors are important in the life of mentees to develop both their personality and professionality. As experienced professionals, mentors guide and teach nurses new skills and expertly help them unfold their competences as they

grow and increase their intuition on how to manage and lead effectively through changing situations. Mentors can provide exemplary role modelling to mentees. Their good practice can be watched and admired by the female nurse and increase the likelihood of easy copying and imitating the way the models perform. The role models can serve as walking idols to the novice manager of what behaviours are expected to derive best outcomes from followers.

- Implement better rosters and working hours since the ones that the organisation embraces do not augur well with the never-ending time-consuming demands of the family that Maltese female nurses must cope with. This issue was aggressively bombarded by most of the study respondents. It is high time for the organisation to introduce new working structures. In addition to remote working, working methods, such as flexi time was soundly echoed by participants.
- Investigate seriously the issue of study leave which the organisation considers a taboo.
- Provide relievers' pools of nurses specialised in specific areas to support staff complements during nurses' study leave so as not to compromise and jeopardise the services.
- Ensure adequate childminding facilities in all entities that will open relatively longer hours, extending the age of children under surveillance at the facility to an age when they can legally be left home alone, and where they can find the necessary support that they need, for example, help them with their homework. Female nursing managers can be the solution to many problems if given a fair level playing field and if concrete measures are implemented to ease the stumbling blocks that are continuously obstructing their pathway (Ford, 2019).

At a personal level: The nurses should also play their part and do their efforts by:

- Being more assertive, believe they are a unique diversity and have the necessary potentials that are very relevant to the success of the organisation. They need not be discouraged by certain attitudes and behaviours they may face but stand high to be counted as the largest female gender group within the nursing profession and persevere as they follow their aspirations. Being confident with themselves may help them achieve a career, instead of shying away because their promotion was turned down. Motivation and strong determination to move forward irrespective of the gender will keep them strong enough and with a high morale to combat adverse undercurrents.
- Pursuing opportunities to continue investing in self-educational development to enhance their nursing profession, keep abreast with the latest technologies and practices while skilfully improve their leadership potentials. Female nurses should take pride in serving as catalysts to bring about gender equality reforms and voice their concerns without fear when they encounter any injustice to their rights. If some women before them have made it to the top, then they too can crack the glass ceiling and make similar accomplishments in their life if they learn the tricks of the trade and work their way up around obstacles. Consequently, as more female nurses break the glass ceiling, there will be more female role models and mentors that can help them plan their future pathways.

10.2.2 Implications for policy

***At government level*:** The Human Resource for Health (HRH) requires to be on vanguard with the management on human rights, by:

- Ensuring that the HRH ascertain protection to workers (European Commission, 2021), irrespective of their gender, as, for example ensure adherence to equal opportunity policies. Training will make human resource personnel aware of the

gender diversity at the workplace while the employees' data bases and information systems, such as routine reports they collate, can help them identify gender trends and needs. Information will help them carry out gender mainstreaming and draw effective strategies that are sensitive to the needs of the staff.

At organisational level: Human Resource within health entities must provide fair play for female nurses to compete equally with their male colleagues by:

- Holding the management responsible for enacting and executing policies and standards that guarantee the social and professional career development rights for female nurses. Especially so, when considering that nursing is a pink-collar profession.
- Introducing a proactive role by HR in gender research, specifically conducted from time to time within the health entities. This can provide more contemporary realistic views of the nursing professionals on which to plan their policies and strategies accordingly.
- Ensuring that family-friendly benefits are adequate, suitable, and accessed equally by all employees deployed within the various entities without any biased interference from non-HR management.

***At a personal level*:** Respect for self and others should be a central value/policy in the leadership trajectory of female nursing managers. For instance:

- While appreciating equal opportunities and human rights recognition by their employers, female nursing managers should nonetheless treat, support, encourage and ease the suffering of their female colleagues who are following similar career paths, thus facilitating their journey.

10.2.3 Implications for future research

- This study sought to investigate the views of first-line female nursing managers by investigating Charge and Deputy Charge Nurses within the state healthcare market. One may consider extending the study on gender barriers in the public-private partnership organisations among the nursing staff that are also governmental staff.
- A follow-up with the same cohort of first-line managers could be undertaken in the future to investigate their views again and see if these have changed. What has become of those managers who have participated in the study, whether they are still in their current managerial role, have advanced to higher positions or have left their post to follow a different pathway, and the reasons for taking such decisions?
- Gender discrimination is the business of both women and men (Union of the Mediterranean, 2017). Since male nurses were not included in this research work, a study could be conducted among men in nursing to investigate their perspectives about the influence of gender barriers on female nurses' career progression to leadership roles.
- Another interesting study would be to explore and compare the experiences of top female leaders who succeeded to break the glass ceiling and those of first-line managers who are still at the initial stage of their managerial career. Indicators from findings may illuminate on proactive measures that can prevent future hardship for junior nurses in following a leadership career.
- This study recognised that to support the nurses' needs, additional or more appropriate family-friendly measures may need to be implemented. To this effect, a study in this area may help as specific recommendations can be drawn in view that work-family conflict is a major barrier in the career progression of female nurses.

- Quite a few participants have alluded to political discrimination in their comments. I cannot end this section without mentioning it. Maybe another interesting study would be to explore if political values in our culture compounds gender discrimination in leadership.

10.3 Concluding thoughts

I must say that this academic journey has made me grow and mature, both experientially and academically. Along this trajectory, I have challenged my ability and pushed myself forward. I confidently think I have accomplished a more academic approach to research than when I started. My perspectives have been broadened as I had the opportunity to meet and learn from some inspirational and capable female nurses.

Today, the world is seeing more women entering the labour market for various reasons. In health, the nursing career which remains highly female dominant is rapidly depleting. I hope policy makers will view this work with an interest to ameliorate the working rules and conditions for female nurses as they seek to advance in their professional career. Female nurses still need to balance multiple roles in their life: wife, mother, carer, nurturer, educator and a financial supporter of their family. As society imposes its stereotypical expectations over female nurses, they must struggle to keep pace with their multitude of roles because they do not wish to delay their careers. A belief in changing attitudes must be a common agenda for both male and female nurses in Malta to enjoy equality, broaden the spectrum of opportunities and make life easier to live. Only then can women enjoy a fair share of career challenges and opportunities like their male counterparts. Failing to understand the need to fight inequalities, female nurses will likely continue to suffer subtle discrimination.

As I approach the end of this research journey, I sincerely hope this study, especially the key findings and my recommendations, will encourage policy makers and management to review current practices to make a better working place for everyone alike.

Reflecting on my experiences of gender discrimination, I hope that my nursing colleagues who read this work understand that this thesis is the effort of five years dedicated work of a woman who honestly wishes to share in inspiring a constructive change towards supporting female nurses accomplish their leadership career aspirations in her country.

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Appendix 1: Questionnaire

Gender influence on career progression to leadership for Maltese Female Nursing Managers

Code: _____

Q1. What is your current grade?
(a) [ ] Charge Nurse
(b) [ ] Deputy Charge Nurse

Q2. How many years of service do you have in your current post? _____

Q3. Select your age band
(a) [ ] Under 30 (c) [ ] 40 -49
(b) [ ] 30 - 39 (d) [ ] 50 and over

Q4. Select your highest level of completed formal education
(a) [ ] EN to SN conversion course (d) [ ] BSc. Nursing
(b) [ ] Traditional Cert. in Nursing (e) [ ] MSc degree
(c) [ ] Diploma in Nursing (f) [ ] Doctoral degree

Q5. Do you attend continuing professional development (CPD) training?
(a) [ ] yes (b) [ ] no

Q6. If yes, how many CPD sessions have you attended to in the last two years? _____

Q7. What is your marital status?
[ ] Unmarried
[ ] married
[ ] cohabiting
[ ] divorced [ ] separated [ ] widowed

Q8. How many children do you have?
(a) [ ] 0 (b) [ ] 1 (c) [ ] 2 (d) [ ] 3 or more

If you have no children, go to question 21

Q9. At what age did you have your first child? _____

Q10. How old is your youngest child? _____

Q11. How much time have been taken off work for family reasons (maternity or paternity leave, parental leave etc) in total during your career? _____

Q12. Has having children altered your career goals?
(a) [ ] yes (b) [ ] no

Q13. Select the following that best corresponds to your experiences

(a) [ ] Having children has voluntarily slowed down my career advancement

(b) [ ] Having children has involuntarily slowed down my career advancement

Q14. Approximately, how many hours a week have you been working?

	Less than 20 hours	Between 20-30 hours	Between 30-40 hours	More than 40 hours
(a) Before having children	[ ]	[ ]	[ ]	[ ]
(b) 0-5 years after having had children	[ ]	[ ]	[ ]	[ ]

Q15. Have you or your spouse had to compensate on your career target in order to balance work and family life? Select the option that best describes your experiences.

(a) [ ] No, we did not have to make career target compromises
(b) [ ] Yes, I had to make career target compromises while my spouse's career took first priority
(c) [ ] Yes, my spouse had to make career target compromises while my career took first priority
(d) [ ] Yes, we both had to compromise on our career target

Q16. Did you make use of any of the following service/s in order to balance family and work? (<u>you can choose more than one answer</u>)

(a) [ ] Childcare help (e.g. nannies, childcare centre, childminding by a family member)
(b) [ ] Cleaning assistance
(c) [ ] Other forms of help (e.g. laundry, cooking)
(d) [ ] I did not need to use any of the above services

Q17. To what extent do you agree/ disagree that domestic help has been important for you to cope with family and work?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Domestic help had been very important for me in order to balance family and work	[ ]	[ ]	[ ]	[ ]	[ ]

Q18. Indicate who normally takes and picks up the child/children from childcare centre, close family members, school etc. (<u>you can choose more than one answer</u>)

	Me	My spouse	50/50 me and my spouse	A third person
(a) Dropping off	[ ]	[ ]	[ ]	[ ]
(b) Picking up	[ ]	[ ]	[ ]	[ ]

Q19. Estimate the time allocation on childcare between you and your spouse in percentages adding up to 100% (e.g. me 60%, spouse 40%)

(a) Me _____ (b) Spouse _____

Q20. Thinking about your own situation, in your career as a nurse, how would you rate your organisation on providing the following opportunities?

	V. Poor	Poor	Moderate	Good	V. Good
(a) Flexible hours	[ ]	[ ]	[ ]	[ ]	[ ]
(b) Caregiver leave	[ ]	[ ]	[ ]	[ ]	[ ]
(c) Parental leave	[ ]	[ ]	[ ]	[ ]	[ ]
(d) Part-time work	[ ]	[ ]	[ ]	[ ]	[ ]

(e) Long term leave (paid or unpaid)	[ ]	[ ]	[ ]	[ ]	[ ]
(f) Reduced hours	[ ]	[ ]	[ ]	[ ]	[ ]

Q21. To what extent do you agree/disagree that the following statements are <u>important for you as a manager in order to be competent in your work?</u>

	Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
(a) Upgrade level of knowledge related to your job	[ ]	[ ]	[ ]	[ ]	[ ]
((b) Upgrade level of job-related skills	[ ]	[ ]	[ ]	[ ]	[ ]
(c) Adhere to legal and ethical standards	[ ]	[ ]	[ ]	[ ]	[ ]
(d) Participate in educational opportunities	[ ]	[ ]	[ ]	[ ]	[ ]
(e) Go for challenges	[ ]	[ ]	[ ]	[ ]	[ ]
(f) Take action to minimize risk or disruptions in the organisation	[ ]	[ ]	[ ]	[ ]	[ ]
(g) Improvise when something unexpected happens	[ ]	[ ]	[ ]	[ ]	[ ]
(h) Control a sudden critical situation	[ ]	[ ]	[ ]	[ ]	[ ]

Q22. Are you aware of the Electronic Directory of Professional Women launched by NCPE, where women can promote their professionality and competence?
(a) [ ] yes (b) [ ] no

Q23. To what extent do you agree/disagree that the following statements are important for a career advancement?

	Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
(a) Work related experience plays equal importance role in both male and female nurses' career advancement	[ ]	[ ]	[ ]	[ ]	[ ]
(b) Work related experience is a valuable asset to a female nurse when it comes to promotion	[ ]	[ ]	[ ]	[ ]	[ ]
(c) Male and female nurses with similar work-related experience and qualifications are normally given the same promotion opportunities	[ ]	[ ]	[ ]	[ ]	[ ]

Q24. To what extent do you agree/disagree that the following statements describe your preferences?

	Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
(a) Female nurses in the organisation give more priority to their family responsibilities than their work responsibilities	[ ]	[ ]	[ ]	[ ]	[ ]

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(b) Female nurses in the organisation do not like working for long hours	[ ]	[ ]	[ ]	[ ]	[ ]
(c) Female nurses opt out of careers to build a family and attend to family responsibilities	[ ]	[ ]	[ ]	[ ]	[ ]

Q25. What is the highest organisational level position that you aim to achieve?

(a) [ ] Assistant Director
(b) [ ] Chief Nursing Manager
(c) [ ] Director
(g) [ ] Senior Nursing Manager
(i) Other, what? _____
(d) [ ] Director General
(e) [ ] Chief Operations Manager
(f) [ ] Chief Executive Officer
(h) [ ] Charge Nurse

Q26. To what extent do you agree/disagree that these statements reflect your career ambition?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) I have a clear career target	[ ]	[ ]	[ ]	[ ]	[ ]
(b) I am confident that I will achieve my career aspirations	[ ]	[ ]	[ ]	[ ]	[ ]
(c) I am continuously on the lookout for career advancement opportunities	[ ]	[ ]	[ ]	[ ]	[ ]
(d) I have the necessary skills and abilities for further career advancement to senior level positions or higher	[ ]	[ ]	[ ]	[ ]	[ ]
(e) First time I applied for the post of a Deputy Charge Nurse I got my promotion right away.	[ ]	[ ]	[ ]	[ ]	[ ]
(f) First time I applied for the post of a Charge Nurse I got my promotion right away.	[ ]	[ ]	[ ]	[ ]	[ ]

Q27. To what extent do you agree/ disagree that the following statements describe your commitment?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Female nurses lack the commitment and purpose required to make it to the top levels	[ ]	[ ]	[ ]	[ ]	[ ]
(b) Female nurses do not see themselves in high leadership roles	[ ]	[ ]	[ ]	[ ]	[ ]
(c) As a priority, female nurses are more committed to their family needs	[ ]	[ ]	[ ]	[ ]	[ ]

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(d) If female nurses share their family responsibilities or find support, they are committed to their job just as their male peers.	[ ]	[ ]	[ ]	[ ]	[ ]

Q28. To what extent do you agree/ disagree that the following statements describe the different gender leadership styles?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Male nurses exhibit more power and control in their leadership approach than women	[ ]	[ ]	[ ]	[ ]	[ ]
(b) Male nurses' leadership style is task-oriented	[ ]	[ ]	[ ]	[ ]	[ ]
(c) Female nurses' leadership style is people-oriented / relationship-oriented.	[ ]	[ ]	[ ]	[ ]	[ ]
(d) Female nurses are more likely to give rewards	[ ]	[ ]	[ ]	[ ]	[ ]
(e) Male nurses are more likely to exhibit punishment	[ ]	[ ]	[ ]	[ ]	[ ]
(f) Male nurse leaders emphasize achievement of organisational goals more than female nurse leaders	[ ]	[ ]	[ ]	[ ]	[ ]

Q29. Do you participate in social, career advancing activities (i.e. networking) outside the work setting with your colleagues and/or business contactors?

[ ] No, I am not interested

[ ] No, I do not have the time

[ ] No, I am not invited

Q30. Do you think a mentor to help you develop your managerial career will be useful?

(a) [ ] yes (b) [ ] no

Q31. If you have answered yes to Question 30, do you prefer to have a:

(a) [ ] female mentor (b) [ ] male mentor (c) [ ] no preference

Q32. Do you have a person that you consider to be a role model in top position in your organisation?

(a) [ ] yes (b) [ ] no

Q33. If you have answered yes to Question 32, select the gender of the person that you consider to be a role model

(a) [ ] male (b) [ ] female

Q34. Rate the following factors based on how important they are for future career advancement

	Not important	Slightly important	Moderately Important	Important	Very important
(a) Networking and socialising outside work	[ ]	[ ]	[ ]	[ ]	[ ]
(b) Having a role model in the highest levels of the organisational hierarchy	[ ]	[ ]	[ ]	[ ]	[ ]

Q35. To what extent do you agree/ disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) *** 'Old boy's network** is alive and active	[ ]	[ ]	[ ]	[ ]	[ ]
(b) 'Old boy's network is gender biased	[ ]	[ ]	[ ]	[ ]	[ ]
(c) 'Old boy's network' is about power and relationships	[ ]	[ ]	[ ]	[ ]	[ ]
(d) 'Old boy's network' interfere with the career progression of female nurses	[ ]	[ ]	[ ]	[ ]	[ ]
(e) Female nurses are promotionally discriminated because of the 'old boy's network'	[ ]	[ ]	[ ]	[ ]	[ ]
(f) Sites, such as Linkedin, are replacing the 'old boy's network'	[ ]	[ ]	[ ]	[ ]	[ ]
(g) Despite other sites, 'the old boy's network' is stronger and more effective	[ ]	[ ]	[ ]	[ ]	[ ]
(h) I see/ experience the 'old boys' network' at the workplace	[ ]	[ ]	[ ]	[ ]	[ ]

***The old's boy's network is an informal system for men to hold friendship and connection**.

Q36. To what extent do you agree/ disagree with the following statements of chauvinism and harassment?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Male nurses ***chauvinism** hinders the progression of female nurses in the organisation	[ ]	[ ]	[ ]	[ ]	[ ]
(b) In the organisation, male nurses in authority find it easy to seek sexual favours from their subordinates	[ ]	[ ]	[ ]	[ ]	[ ]
(c) In an organisation, male nurses in authority find it easy to embarrass their subordinates by showing unwelcome behaviour which humiliates, intimidates or offends them	[ ]	[ ]	[ ]	[ ]	[ ]
(d) Female nurses in the organisation are hesitant to work with male colleagues because they may sexually harass or underestimate them on the basis of gender	[ ]	[ ]	[ ]	[ ]	[ ]
(e) Female nurses in the organisation are sexually harassed	[ ]	[ ]	[ ]	[ ]	[ ]

Q37. In Malta, men are more likely than women to hold senior headship positions. With reference to the Maltese nurses, to what extent do you agree/ disagree with these statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Male nurses are more interested than female nurses in positions of senior leadership roles	[ ]	[ ]	[ ]	[ ]	[ ]
(b) Male nurses are more willing than female nurses to fight to make a career for themselves	[ ]	[ ]	[ ]	[ ]	[ ]
(c) In Malta, male and female nurses do not have equal career advancement opportunities	[ ]	[ ]	[ ]	[ ]	[ ]
(d) Female nurses have less freedom because of their family responsibilities	[ ]	[ ]	[ ]	[ ]	[ ]
(e) The Maltese health industry is dominated by men who do not have sufficient confidence in women	[ ]	[ ]	[ ]	[ ]	[ ]
(f) Male nurses work more than female nurses	[ ]	[ ]	[ ]	[ ]	[ ]
(g) Male nurses participate less in domestic work than female nurses	[ ]	[ ]	[ ]	[ ]	[ ]
(h) The female nurses in the organisation are seen as being modest, quiet, selfless and nurturing	[ ]	[ ]	[ ]	[ ]	[ ]
(i) Gender role stereotypes have an impact on female nurses' evaluation and promotion in my organisation	[ ]	[ ]	[ ]	[ ]	[ ]
(j) Female nurses who are assertive are viewed negatively in my organisation	[ ]	[ ]	[ ]	[ ]	[ ]
(k) Female nurses in the organisation are not respected as career women by their male colleagues	[ ]	[ ]	[ ]	[ ]	[ ]
(l) Corporate practices at the organisation favour recruitment, retention and promotion of male nurses over female nurses	[ ]	[ ]	[ ]	[ ]	[ ]
(m) There is resistance to promote female nurses to positions of higher responsibility even though qualified	[ ]	[ ]	[ ]	[ ]	[ ]

Q38. To what extent are you aware of the following legislations and policies statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) I am aware that there are equality and antidiscriminative legislations/ policies that support women in Malta	[ ]	[ ]	[ ]	[ ]	[ ]

(b) There are **enough** antidiscriminative legislations/ policies that support women in Malta.	[ ]	[ ]	[ ]	[ ]	[ ]
(c) Antidiscriminative legislations/ policies are enforced in Malta	[ ]	[ ]	[ ]	[ ]	[ ]

Q39. To what extent do you agree/ disagree with the following general statements?

	Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
(a) Female nurses in the organisation are prejudiced and discriminated in the workplace	[ ]	[ ]	[ ]	[ ]	[ ]
(b) Choices made by female nurses regarding their personal career affect their career progression in the organisation	[ ]	[ ]	[ ]	[ ]	[ ]
(c) Unnecessary conditions or qualifications are being used to decide on promotions and lock out female nurses	[ ]	[ ]	[ ]	[ ]	[ ]
(d) Male nurses escalate to senior management posts faster than female nurse	[ ]	[ ]	[ ]	[ ]	[ ]
(e) Male nurses prefer to work in clinical specialties, such as, ITU, Theatre, Casualty etc.	[ ]	[ ]	[ ]	[ ]	[ ]
(f) Working experience in clinical specialties gives you advantage when it comes to a promotion.	[ ]	[ ]	[ ]	[ ]	[ ]

Q40. During your nursing career was there any situation or event in which you felt you were treated less favourable than others in the same or similar circumstances because of a personal attribute? Please tick the appropriate box/es. (<u>you can choose more than one answer</u>)

(a) [ ] gender (b) [ ] pregnancy (c) [ ] marital status
(d) [ ] other factor. Please specify _____

WAY FORWARD

Q41. It is strongly evident that women are underrepresented in senior management posts, including nursing. How can the number of women nurses in top headship positions be improved? Your suggestions are **<u>very important</u>** for this study. Kindly forward your suggestions in the box below

THANK YOU FOR YOUR TIME and EFFORT.

Kindly complete this questionnaire and send to the researcher within one week from this date:

_____

Maria Sciberras

12 'Kampanjola', Triq Santa Marija taż-Żellieqa,
Għargħur

Appendix 2: Interview guide

Interview guide

Gender influence on career progression to leadership for Maltese Female Nursing Managers

Before the interview, the consent form will be signed (Participant information Sheet would have been sent at least one week before) and any queries the participant might have been discussed. The participant is briefed on the study which focuses on the influence of gender barriers that female nursing managers face in their career. Hence I will inform the participant that I would be interested to hear her views and experiences on becoming a manager, her plans to develop her leadership role further in the future, and how she manages her work/life balance. Personal details of the interviewee are recorded.

On a general note, prompts will be spontaneous depending on the direction the conversation takes, meaning that probing will be made accordingly to obtain more information on those areas of interest presented by the participant.

1. **Tell me about the challenges you faced (or still facing) when becoming a CN/ DCN and how did you manage them?**

2. **Any particular personal experience you would like to share?**
3. **How does being a mother impact on your job role/ your interest in gaining promotion? What support do you get from your employer to manage this balance?**

4. **Has the work life balance ever become overwhelming? How have you managed when this happens?**

5. **What aspects of your job/ support from your employer encourages you to advance in leadership?**

6. **Have you experienced chauvinism and harassment in your work role? Do you feel protected against chauvinism and harassment?**

7. **When was the most difficult time for you to cope with work and life commitments?**
   (Why?)

8. **Do you think female managers are confronted by a glass ceiling in their career?**
   (How? Why?)

9. **Do you have any suggestion how female nurses can improve their representation in top management roles?**

10. **Any other important experience you would like to share?**

Appendix 3: Ethics committee permission letter (UoH)

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w: www.hull.ac.uk

PRIVATE AND CONFIDENTIAL
Maria Sciberras
Faculty of Health Sciences
University of Hull
Via email

17th March 2020

Dear Maria

REF FHS222 - Investigating gender barriers hindering progression to leadership positions for Female Nursing Managers in the Maltese NHS.

Thank you for your responses to the points raised by the Faculty of Health Sciences Research Ethics Committee.

Given the information you have provided I confirm approval by Chair's action.

Please refer to the Research Ethics Committee web page for reporting requirements in the event of any amendments to your study.

I wish you every success with your study.

Yours sincerely

Professor Liz Walker
Chair, FHS Research Ethics Committee

UNIVERSITY OF HULL

Liz Walker | Professor of Health and Social Work Research | Faculty of Health Sciences
University of Hull
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Appendix 4: Ethics Committee permission letter, following changes in some of the documents (UoH)

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PRIVATE AND CONFIDENTIAL
Maria Sciberras
Faculty of Health Sciences
University of Hull
Via email

14th June 2021

Dear Maria

REF FHS222 - Investigating the influence of gender on progression to leadership positions for female nursing managers in the Maltese State Healthcare System – Form C

Thank you for submitting your ethics Form C: Notice of Substantial Amendment to the Faculty of Health Sciences Research Ethics Committee.

Given the information you have provided I confirm approval by Chair's action.

Please refer to the Research Ethics Committee web page for reporting requirements in the event of any amendments to your study.

Should an Adverse Event need to be reported, please complete the Adverse Event Form and send it to the Research Ethics Committee FHS-ethicssubmissions@hull.ac.uk within 15 days of the Chief Investigator becoming aware of the event.

I wish you every success with your study.

Yours sincerely

Professor Liz Walker
Chair, FHS Research Ethics Committee

UNIVERSITY OF HULL

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Appendix 5: Ethics committee permission letter (UoM)

Dear Maria,

In view of the below, FREC's approval has been granted and you may commence with your study. Good Luck.

Sincere Regards,
Christabel

Christabel Vella
FREC Secretary

Faculty of Health Sciences
Room 117,
Dun Mikiel Xerri Lecture Centre
University of Malta

https://www.um.edu.mt/healthsciences/students/researchethics

From: Rosienne Farrugia <rosienne.farrugia@um.edu.mt>
Sent: Wednesday, 27 May 2020 14:53
To: MARIA SCIBERRAS <m.sciberras-2015@hull.ac.uk>
Cc: Research Ethics HEALTHSCI <research-ethics.healthsci@um.edu.mt>; Roger Watson <R.Watson@hull.ac.uk>; Clare Whitfield <C.Whitfield@hull.ac.uk>; Sciberras Maria at Health-Primary Health Care <maria.sciberras@gov.mt>; Maria Sciberras <mariasciberras55@gmail.com>
Subject: [EXTERNAL] - Re: UNIQUE FORM ID: 4601_18032020_Maria Sciberras

Dear Maria,

you should be receiving an 'official' email from the FREC secretary informing you that you have approval to start data collection. You need to wait for that email.

Regards,

Dr Rosienne Farrugia PhD(Cantab)
Senior Lecturer ¦ Researcher ¦ Principal Investigator
Department of Applied Biomedical Science
Faculty of Health Sciences
University of Malta
Deputy Chair Faculty Research Ethics Committee
Faculty of Health Sciences
University of Malta

Appendix 6: Permission from gatekeepers

Permanent Secretaries

From: **Musu Mark at MFCS** <mark.musu@gov.mt>
Date: Fri, Aug 25, 2017 at 7:18 PM
To: Sciberras Maria at MFCS-AACCD <maria.sciberras@gov.mt>
Cc: mariasciberras55@gmail.com <mariasciberras55@gmail.com>

Dear Maria

You have my permission.

Best regards,

Mark

Mark Musu'
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From: Mahoney Maureen at MFH <maureen.mahoney@gov.mt>
Sent: Thursday, 28 November 2019 09:23
To: Sciberras Maria at Health-Primary Health Care <maria.sciberras@gov.mt>
Cc: Rapa Joseph at MFH <joseph.rapa@gov.mt>
Subject: Temporary permission

Ms Sciberras

On behalf of the Permanent Secretary, permission is being granted for you to collate data on condition that approval is granted from the Ethics Committee in line with Data Protection provisions.

Regards

Maureen Mahoney
Director General (People Management)

People Management Division

t +356 22992511 e maureen.mahoney@gov.mt
https://health.gov.mt | www.publicservice.gov.mt

MINISTRY FOR HEALTH

15, TRIQ IL-MERKANTI, VALLETTA, MALTA

Kindly consider your environmental responsibility before printing this e-mail

From: **Saliba Vincent at Nursing Services-Health** <vincent.saliba@gov.mt>
Date: Fri, Apr 24, 2020 at 4:10 PM
Subject: Re: [EXTERNAL] - Permission to access participants for my Research study
To: Maria Sciberras <mariasciberras55@gmail.com>

Dear Ms Sciberras

Permission to conduct survey and interviews granted. Please ensure to do the necessary arrangements with the involved entities before distributing the survey and conducting the interviews.

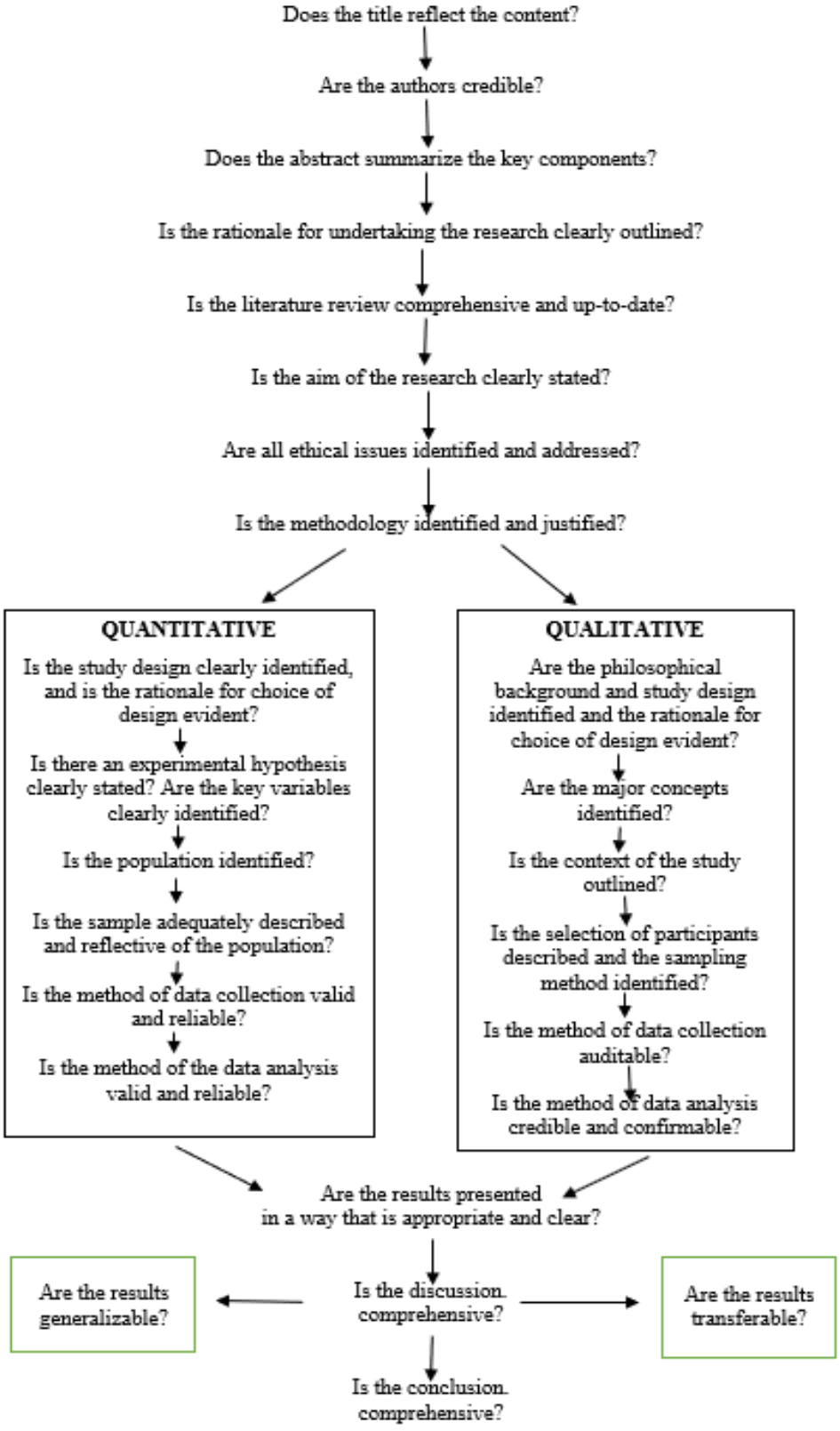
I augur you success in your research study.

Regards

Vince Saliba
Director Nursing Services

Get Outlook for iOS

Appendix 7: Literature critical appraisal framework proposed by Caldwell et al. (2011)



Appendix 8: Permission from Employee Support Programme (ESP) and Malta Union of Midwives and Nurses (MUMN) to access psychology service

ESP

From: **Maria Sciberras** <mariasciberras55@gmail.com>
Date: Thu, Apr 30, 2020 at 6:45 PM
Subject: Re: FW: [EXTERNAL] - Re: Support for govn. employees
To: Khalil Stelmart at OPM <stelmart.khalil@gov.mt>

Yes, the nurses are employed in the state health care system

thanks
M

On Thu, Apr 30, 2020 at 6:20 PM Khalil Stelmart at OPM <stelmart.khalil@gov.mt> wrote:

Dear Maria,

If the nurses in your study are working within one of the state hospitals then they are considered public employees. If you are recruiting nurses from a private hospital or clinic, then the information regarding the ESP is not applicable.

Thank you for your encouraging feedback regarding our services.

Regards,
Stelmart

Stelmart Khalil
Assistant Director (Wellbeing & Support)
People Support and Well Being Directorate
People & Standards Division

MUMN

On Sun, Apr 26, 2020 at 9:21 AM Colin Galea <union@mumn.org>
wrote:
Dear Ms. Sciberras,

Thank you for your email.

We are honoured that we can be of assistance to these nurses participating in your study.

Whoever is in need, convey my contact number and we will immediately offer the services of the Richmond Foundation in absolute confidentiality.

Regards,

Colin Galea

Appendix 9: Distress support protocol

Before Interview	• As the person who will be collecting the data from interviewees, I must be aware that there may be some potential risk of discomfort particularly to vulnerable participants who may have gone through some unpleasant experiences. Therefore, I must make all the necessary efforts from my part to minimize as much as possible any potential discomfort to my participants by: • Finding a safe place and convenient time for the interviewee where the interview can take place. • Briefing interviewee carefully. • Informing participant of potential risk related to some sensitive experience. • Building good rapport and relationship. • Going through the interview questions with the participant to indicate what type of information the researcher is requesting, thus helping her to make an informed decision as to whether she wishes to participate or otherwise. • Letting her know that if she chooses to participate now, she can also choose to skip questions or to stop participating later. The participant is continuously reminded that she can change her mind about participation at any time during the interview. • Amending the interview guide if threats are identified when interviewing participants. • Knowing interview guidelines well to facilitate the conversation to flow freely. • Using reflexivity and empathy.
During distress	• The interview will be terminated if: The participant decides to terminate the interview or decides to participate in the interview at another time or place. • If the participant shows signs of discomfort she is asked if she would like to take a break and if she wishes for the audio-recorder to be switched off. • If the participant continues to show signs of upset, she is asked if she would like the interview to end and whether she would like me to call someone to spend time with her, such as a family member or a friend. • If unduly distressed I will remain with the participant until she is calm and composed. The participant may then decide to continue with the interview or not. • Resume if able to proceed with the interview. • If unable, encourage her to contact her GP or mental health provider. This can be done by myself with the participant's consent. Else to contact the Primary HealthCare (PHC) GP for assistance and further recommendations. • Give contact number of support service (Employee Support Programme 22001210 (ESP) / MUMN 21448542 (members only) PHC Client Support Centre: 21231231)
After Interview	• Gain permission to follow participant up with courtesy later in the day or the following day to ensure she is no longer distressed or encourage her to call if she experiences increased distress in the hours/days following the interview. Ensure the participant has my contact details.

Appendix 10: Recommendations for a safe interviewing environment during Covid-19 crisis from the Infection Control Practice Nurse

From: Pace Adrian at Health-Primary Health Care <adrian.pace@gov.mt>
Sent: 09 June 2021 07:27
To: MARIA SCIBERRAS
Subject: RE: Safe Interview Room

Dear Ms. Sciberras,

Noted with thanks.

The infection prevention and control precautions which should be adopted during the interview in view of COVID19 are the following:

The room should be a minimum of 10 to 12mtr² in size, to easily accommodate two persons and allowing a social distance of 2 meters from one another. If not equipped with controlled ventilation system which allows fresh air in the room, window/s should be kept open to allow adequate air changes.

Preferably both interviewer and interviewees should have received both COVID19 vaccinations and 14 days have elapsed from the second dose.

Dispensed alcohol hand-rub product should be available to allow hand hygiene upon entry inside the room and handshakes should be avoided. During the session, a face covering, such as face-mask or visor, should be worn by both interviewer and interviewee. The latter should be advised not to attend the session if experiencing any symptoms indicative of COVID19 and until 24hrs have elapsed from when symptoms have resolved.

That is all and good luck with your exercise!

Regards,

Adrian Pace
Senior Practice Nurse
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Health-Primary Health Care
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https://health.gov.mt | www.publicservice.gov.mt | fb.com/servizzpubbliku

MINISTRY FOR HEALTH

Appendix 11: Permission to use questionnaire items from other research studies

25 Jun 2020, 09:31

Dear Anna, I would like to know if you are the author of 'Why are so few women promoted into top management' I am currently doing a PhD programme and would like to use some of the questions in the tool used in this study. If you are the author, I need your permission to do so. I appreciate your help very much. Is it possible to have your email address to write you an official email please? Thanks for your assistance. Regards Maria (Malta)

Thurs 19:54

Hi Maria! I am indeed and give you permission - feel free to send more information about your study to anna.klaile@gmail.com

You can now call each other and see information such as Active Status and when you've read messages.

Tues 11:49

Dear Anna. Thank you so much. I really appreciate it. Thanks for your email address. Take care. B. regards Maria

No problem, would love to read it once it's ready so feel free to send it to me.
Best of luck with the phd

Appendix 12: Samples of translated transcripts (interviews)

GRACE

Tell me about the challenges you faced (or are still facing) when becoming a CN/DCN and how did you manage?

Yes, emm…… the biggest challenge that I had in my career was the roster that I had to work. When the roster is not compatible with your family commitments, speaking from this perspective, it is a challenge. I have always worked the 50% roster, that is (DDOO). The fear of moving into a management post was the change in my work roster. From Day, Day, Off, Off (DDOO), to Day, Day, Off, Day, Off (DDODO). At that time my eldest daughter was still very small (6 years), emm….. I had to leave my child with someone, see how I was going to reschedule my domestic chores, find someone to take care of my daughter if I had to apply for a manager. And becoming a manager meant I had to change my roster. I had to decide. Both my parents worked. Sort of emm….. I did not want to choose the career path I wished before knowing what support my close relatives could offer me ..... I could eventually make my choice….. remain in my current role or apply for the post of a Deputy Charge Nurse. I decided to remain in my current role and continue working the 50% roster.

It was only after 13/ 14 years, that I felt it was time for me to consider applying for a Deputy Charge Nurse, but I still felt there were no options….. there was one roster for everybody, both men and women…. '*one roster fits all'*. I think, there need to be, I don't know….. '*not one roster fits all'*. There is only one roster for the managers, DDODO. There must be more than one to at least have an option. Speaking for myself, I prefer to work three days in and two days out. At least I have two days at home with my family. That is something I really feel so much (inhossha). It is a challenge because in my single off duty I have to do all the domestic work, attend to my children's needs, cook, and the day after you are back to work. I can tell you I have no time for myself ….. eh…. I don't think it's easy. The more you escalate in your managerial career the more responsibilities you have…… it's not easy. When you are still a first-level nurse you may perhaps be able to go out on sick leave….., but when you are in management you wouldn't even dream of doing it because you know that if you go out on sick leave, your colleague has to replace you….. It's not easy.

Do you think you are putting more pressure on your colleague because you're trying to cope with your work-family obligations?

That is why I always say, when you are single….. when I was single and before I started a family, they (top management) could ask me to work any roster they wanted. I never worried what roster I worked and I could work overtime without any problems. When you have children, things change. Your priorities become your children,…. home. Sometimes, we (society) still think that a woman's place is at home. So a woman must do her utmost to see that her family and home are well kept so that she does not get criticised that she goes out working.

Family needs are continuously increasing, so a woman must work twice as much…….. work at her workplace and give her full output at home, while a man is the breadwinner. He goes out to work, comes back……. and no one expects anything more from him. I feel there are still gaps between a man and a woman. Try to understand…… I feel that the family is still the responsibility of the woman. I tell you…… from my experience, I think…… yes, all the family responsibilities fall on me. So, I cannot go home and tell them (family) …… eh….. I don't feel like doing anything…….

Don't you find any cooperation from your children or your husband?

Try to understand me (ifhimni)……. No, they do not cooperate that much. Sometimes their verbal attitude makes you say ….. ufff….. If they help with the domestic work, they tell you…. " I did it for you" (ghamiltlek)…. As if they have done you a favour. That kills me because I am employed and go out to work. I'm not at home all the time. Any help they give goes for the benefit of all the family,…. that is, what is done at home is done for the whole family. I carry all the family responsibilities and never detach myself from house chores and family caring, emm……. difficult, difficult. A woman must manage her job and the family and at the same time take care of herself because eventually if she neglects herself, she may fall in a '*depression*', or end up with a '*burnout*'. This is not good for her colleagues,….. neither for the family. When you are under pressure, it is obvious that you take the problems home, and the family will not like it. They grumble because you are always in a bad mood…..

Do you think a woman needs to support the family financially, emm…. or she goes out to work simply because it is becoming trendy? What is your opinion?

In today's era we do not simply see that our basic needs are satisfied but we expect much more….. luxuries, and we must pay for luxuries. We are beyond those days, emm……. when a woman can stay at home to look after her family. We have advanced our way of living and now we must pay a price for this…..

So, do you perceive these 'luxuries' as additional frills…….. and not basic needs……

Before these commodities were seen as luxuries, but we got used so much to this kind of lifestyle, that today we view them as needs. I can assure you very few people make use of the public transport, we do not stay without the comfort of an Air Conditioner, and we do not stay without taking a nice holiday. These were never part of our lives before, but now they have become part of our daily life routine. We now see them as needs, needs that we must pay for them. The traditional role of a woman has become inexistent, she must now go out to work. She now faces the repercussions because the woman……. the woman must make good for them. A woman suffers the consequences, she is never off duty……. she continues working without ever stopping.

Do you think a man feels the same way as a woman when they have a family?

No, I do not think so. I think a woman has many more responsibilities to carry…… I speak with many colleagues of mine who are in my same situation. And sometimes when you speak with them, sort of, you feel their support because they are in the same situation…….. He goes out to work, comes back home, and his day stops there. No one expects anything more from him. When I return home from work, I still have to see to my children's homework and studies, cook…. both my husband and I do the cooking together because we come back home from work together. Still the responsibility of my children falls fully on me. I have to see to everything in the house. If I do not take care of everything myself, they wake up the next day and nobody knows where their things are…… I sort their uniforms, prepare their lunch etc. There is……. sort of, sort of….. a culture that the family responsibilities are solely a woman's duties……. her obligations. No one feels the responsibility to prepare their own things. Nobody knows how…… Only '*mummy*' knows how!!…. Could it be because I do not delegate so much????? Sometimes, that is what I say to myself because I know myself……. I do keep a step back…….. If everyone gives a helping hand, then there is less pressure on me and they learn to be more independent…….. But as a mother, I feel I need to check and put my mind at rest that everything is fine. Otherwise, when I am at work and they have a problem, they start phoning me not their '*daddy*'……

Your children expect guidance, support,…… clean folded clothes nicely stacked in drawers etc. Do they expect the same things from their father?

Look… when they do not find something, they always turn to their mummy for help, but sometimes I tell them to call daddy and ask him. Usually, I do this when their concerns are trivial and of little importance, because otherwise I am always there for them. You know, there is a limit how much responsibilities I can carry……. and eventually there is my husband ….. they ask him. But my children say that mummy finds the solution for everything…. I mean…… sometimes….. I feel that these situations help you in your career. Also, I am a person who never accept 'no' for an answer, I try to find other alternatives to solve things.

You look assertive and positive and a doer too…….

I had my daughter when I was relatively still young (20 years) and that made me mature pretty fast. From one point of view that was a shock for me, but on the other hand I grew and grew pretty fast. I can take decisions on my own……. Also, I am the type of person that do not like to depend much for help on others. I mean once I decided to go and live on my own, I did not pretend much help from my mum. Sort of, I wanted to be independent and did not want to be a burden on nobody. Without wanting, I automatically became independent and as a result I always had to solve my problems. I think my husband was always the type to depend on me. Even at work, I can take decisions and help my husband to take his work decisions too. So, yes, I think a woman has a strong influence on everything – home, work……..

Let me tell you what differences I observe….. not always, for example, we are two Charge Nurses, myself) and my male colleague. And it's good to have both genders. I share my views from a woman's point of view, and he does the same. We don't always agree, but we have implemented a few changes. I mean, the fact that we come from opposite genders is of great benefit because we view things from a different lens……..

Am I understanding well…… Do you mean a woman view things from a different perspective from that of a man, but together they create the best management complement for the benefit of the unit/ward?

Exactly, I think a ward managed by managers of the same gender, two female nursing managers or two male nursing managers…… I don't know….. for example, by two men, the ward is not so organised.…… it is somewhat chaotic, disorderly, not like when it is managed by two women. In the latter case, there is more order and discipline (in the sense of more organised). That is why it is important to have a mixed gender in management. They see from a different view lens. I, for example, understand when someone (female nurse) has sick children. What can you do if you do not have someone who can look after them? …….. especially if a single parent……. you're with your back against the wall….. I understand them.

If the kids are not well, what arrangements are there between you and your husband to care for the sick kids? You take it alternately to remain at home with them?..... take your leave to be with them?……

It is always the '*mummy*', and it seems that the kids would want to have their mummy stay with them during such moments when they are sick…….. things automatically fall on the mother. That's what I always say…… a man continues with his life…. Business as usual. Emm….. yes, it is a culture where the woman is expected to remain at home with the children……. go back to the old times when women with children never went out to work,…. they look after the house. My husband never thought of staying with the children. He tells me "you are the nurse, you know how to care for them, you are the nurse…..

Yes, I understand them (mothers) I understand them, even when they go out on parental leave…. I understand them…. I've gone through it myself. Who can take care of your kids when they are still so small, especially if

the parents go to work? You come to a point where you must take a decision (take parental leave) not because it is desired, but because it is imposed on you. Take at least one-year parental leave until the baby is one year old, and when you resume work you do not leave a tiny baby that needs a lot of handling, attention, and care. I think women face many challenges…..

Now that your kids have grown, when do you think your challenges were mostly overwhelming? ….. when they (kids) were small, still fully dependent, or now that they are older?

Let me tell you. I think challenges are bigger when they (kids) are small. I am of the opinion that children's education should start at a very early stage. I felt the pressure that I had to be there for my children's education 100%. I wanted to invest in good educational foundations for my children, for, when they grow and become independent, they can literally fend on their own. Had I not done so, I wonder whether my children would be able now to study and move further with their education on their own.

I think when the kids were small, mainly at the stage when they still depend on you….. need your guidance. I think it is at this time, when we help them develop their future independence and to be their own guidance. I think the children look at the mother figure as their role model, and maybe that is why they remain bonded with their mother….. they call you even when at work when they have a problem. So, it hurts when they call and you are at work and cannot take their calls. My kids never call their father….. he tells me "they never call me". 'Il-marelli'….. everything me (kollox jien), everything me (kollox jien). When I go to work, I leave food for them so that when they come from school, they can eat…… you struggle to cope with everything and leave everything in order……. It is not easy. I think women suffer more than men. I also think there are more men in management because a man easily sees a career in his life, but a woman has a family to care for besides a career. How is she going to be affected?.... What improvements are needed?.... How will the situation develop?..... When I applied for a Deputy, I discussed it with my husband because I knew the work roster had to change. I also discussed it with my mummy since my working days were going to increase. My mummy told me "It is high time that I reduce my working hours". So, she put my mind at rest that I have some support. My husband told me "I also work on a roster, so I do not know what I can do for you".

It is not easy, and I think that is why women think twice whether they should apply or not when a call for application (for a management post) is out….. I have always worked long hours….. never reduced my hours… Used to work very long hours before I had my kids….. and used to work overtime too….

It is not a question of saying yes or no, but obviously, there are other things you need to settle and balance…….

I say to myself when my children grow up I may perhaps consider moving up to higher managerial positions…… by then the children would have grown.

….. When they (kids) are more independent……. and can give a helping hand too…….

When they still depend on you, it is difficult to be a good parent and leave them on their own for 12 hours…… long hours,…. long hours. I understand when the kids start phoning me to speak to me about their problems. It is a problem…… we work long hours. We do not work for eight hours and off we go……. The situation changes from when you are still without kids… Used to work very long hours before I had my kids….. and used to work overtime too. They (top management) know that we have to work from dawn till dusk. They have to call you and tell you about their problems so that you know there are problems waiting for you when

you go home. Sometimes, it is a problem which is not easy to solve on the phone…….. you lose your concentration at work…… your mind can now focus only on how you are going to solve the problem.

….. not easy at all……

It is difficult for a woman (with children) to be focussed at work.

So the family comes before your career?

100% yes

Any particular experience you would like to talk about?

I remember one particular personal experience that I would like to share with you. At the time, I was a newly qualified nurse……. Like all my colleagues, I placed my ward preference option. My option to be deployed in this particular ward was made on the basis of a 50%, off roster that involved only day duties – no nights.

When I entered the ward, and introduced myself with the Charge Nurse as the new nurse, he said…. "A woman…." It seems like I have erected a wall for him and told me "Come again in another hour". I knew instantly he was having problems with my gender. I went back to the Senior Management team who sent me to the ward to inform them about what has happened…… At all cost, the Charge Nurse wanted to get rid of me. He wanted to replace me by a male colleague. I felt discriminated. I said to myself….. is he judging me by my gender, not by how competent I am to work on his ward….. is it simply because I am a woman, ……. he wants a man instead…. What guarantee does the Charge Nurse has that a male colleague can give a better output than me? I felt I was not wanted on the ward. He did his utmost to make sure he keeps me away from his ward…… He showed me a 'pager' to warn me about on-call duties, telling me that I had to be on the ward within 30 minutes from when I get informed. He was making it impossible for me because he knew I had to cross by boat which surely meant I needed more than 30 minutes to get to the hospital. I tried to explain to him, but he tried to shut me up by telling me…. " That's your problem. See what arrangement you are going to do to be here on time". He was raising barriers to make it more difficult for me and make me decide to go elsewhere. Finally, I decided. I said to myself…. Am I going to let a man intimidate me this way, simply because I am a woman?? So, I asked him how many '*on call'* duties were assigned to me in a year. "Three months", he replied. When I told him that three months is not much, he got angry……. I could see it clearly in his face. I told him I was ready to accept the 'on call' duties. In my case this was specifically endorsed in my work legend whereas for the other nurses on the ward it was not. In their case, the 'on-call' duties were simply a verbal agreement and not documented in their work legend. I felt bad that I was treated different from my colleagues. Emm….. I think that was a challenge. Although I was still very young and just qualified, I challenged him. How can he judge my competence by my gender? By time I owned his trust and respect. I can say that by time he changed his perceptions completely about me. For one and a half years I fought hard for his respect.

We finish our work schedule early…… before the stipulated time and still he refuses to give me the concession to leave early to go to Gozo. My Gozitan colleagues take the 8:00 pm boat and I always have to take the 9:30 pm trip, arriving home at 10:30 pm. It was not easy. Still, I believe that a woman should never be discriminated……. His discriminative attitude towards me as a woman…. '*killed me'*.

Then when we came to the shift placement, he told me I had no fixed shift, but I was to join a shift where a woman was making use of family-friendly arrangements …… or a woman got pregnant. I was speechless, just stared at him…… Then I told him, you mean you are going to replace a woman by another woman?.....

This does not make sense. Probably he knew that I already had a daughter and thought it might take some time before I get pregnant again…….. he must have been thinking about those female nurses who were newly married. I do not think it is fair to end up replacing others. He was obsessed about the nurses getting pregnant and when someone gets pregnant, instead of auguring well to the person, he used to tell them "Holy Mary, what you've done to me…….". Getting pregnant is a normal… natural process. All the female nurses on the ward were not comfortable with his attitude…….. And if after the maternity leave, someone decides to take parental leave he was ready to transfer them out of the ward (iqaccathom mis-sala) and tell them there were no vacancies anymore. He used to make it very difficult for us. Women felt repelled by him (kien jimbutthom). Gradually, everyone became aware about his behaviour….. eh…… "if you get pregnant he will not keep you on his ward; …….. no he won't keep you on his ward…… when you come back from maternity leave he will keep you in the reliever's pool" (eh dak jekk tohrog pregnant ma tibqax gos-sala u, le hi dak ma jzommokx ta; imbaghad tigi lura, jitfak reliever). So then, all the female nurses used to say….. "no, I don't want to go there…… try understanding……..I do not think this is right…… I felt it was discriminative. During his time, all the Deputies on the ward were men, meaning '*he was all out for boys*'. He never backed us….. women. If you are a female nurse, then you will find no backing from him…… not even if you tell him "my daughter has 104 temperature". He would say……. "your duty is till 7:00pm.". So, if you knew you have a problem, then you decide not to go to work….. go out on sick leave. He was not helpful. It was not easy and as a woman I felt it was not fair on us.

His attitude did not help you much to look forward in your career…….

No……. I knew that I could never have had the chance to be promoted in the post of a Deputy during his time as a Charge Nurse of the ward, for sure I would have been refused for the post….. for sure. I mean none of us, female nurses ever dreamed to apply, never… never. (l-anqas biss kien jghaddi minn gol-kulutturi ta' mohhna n-nisa li napplikaw, anqas biss!!) It was obvious. The Deputies on the ward were all men. Definitely he was not going to support you. Conversely, you apply….. do not get promoted because he is rejecting you and then you start feeling you have been refused the promotion because you are incompetent. You get demotivated with what you see and experience. At first it was not easy to accept what he was telling me, what I was hearing and seeing with my own eyes. You wonder and say to yourself…… How come in this time and age, a woman is not accepted at the workplace?..... but then you realise this is not happening only to me. It is not an attack on me personally. This was his behaviour towards all female nurses on the ward……. Everyone was going through the same problem……. Emm……. you feel down……. Emm……. this affects the employees and if you do not find the support of the management……

When I was reading for my Masters' degree …….. emm……. just recently, I was lucky that my Charge Nurse (male) supported me. He used to tell me " When you want to take your study leave let me know to cover your duties". I did not make use of all my study leave because I felt guilty. I did not consume all my study leave. Out of 30 days, I only availed myself of 20 days because I was attentive to take the leave when I couldn't do otherwise. I lost 10 study leave……. I lost 10 study leave. For me those 10 days meant very long, long, long nights of study…….. lack of sleep, fatigue. You go to work, and you realise you cannot concentrate properly…….. not easy. You start worrying. I went through this for quite some time….. quite some time. The duration of the Masters' course was three years. I can tell you that during the last year I was even afraid to take a decision. I used to lock myself up in a room and reflect on my decision again and again. Then I spoke to my Charge Nurse and told him…… "Listen, I am a human being and if I'm weak and not feeling well, I will tell you that I am not feeling…..at my best.

That you feel not sure of yourself/comfortable……

I admit……. Because I always say that the decision I take, especially if this concerns them directly or is implemented by the staff, it will affect the entire ward and……. my Charge Nurse and I reached a consensus about this issue. I think it was beneficial. Emm……. when I am duty on my own and need to make a decision that affects the ward, and needs to be taken there and then, I call him, discuss the issue, and take a mutual decision. The Masters' course is over, and we still take decisions this way. If on that day only one of us is duty, then we phone each other to take a shared decision. This way, we have one problem less because together we come up with a decision and both carry its responsibility. I must add that he is more experienced than me. He sometimes shares his experiences with me…… experiences he has about people……. staff…..patients. You do not become a Charge Nurse just like that. Sometimes they pass through a lot of experiences, both positive and negative. I learn a lot from him. It's a pity that he will be retiring soon……. only two years left….. and he will retire. I feel lucky that I found someone like him ready to support me, guide me, because I was never trained for a Deputy Charge Nurse.

For me, it was a shock that from a Senior Staff Nurse, I stepped into the role of a Deputy. I had no idea about the procedural routines that have now fallen in my responsibility……. how to order consumables, how to process them etc. You feel lost….. not knowing from where to start. I spent the first month trying to understand administrative processes and procedures. The ward where I currently work is a new ward that we opened. There was nothing and we had to set it up from scratch. It was too much for me at first, not knowing from where to start and how to set it up. We had targets and deadlines to meet…… time passes, and things are not yet sorted. It was very challenging. Today I look back and say…… I work with a competent Charge Nurse who was able to open quite a few new wards and can lead. Had my Charge Nurse been someone without such experience, what would the result have been?..... I think yes…….. lack of training, yes…….. does not help. That experience triggered me to read for the Masters' course in management because no one guide you in your role and I must learn how to do my job properly.

No mentoring… no training on your new role….. so out of your own initiative you got engaged in a Masters' course…..

Exactly!!

Good……. Good

It was not easy because as I am explaining…….

You have to find the time, besides the family, work……..

The roster!!

The roster does not help either……

I can tell you another thing…... When I was transferred from Malta to Gozo I had to give up my reduced hours, otherwise I would have had to remain working in Malta. They would not accept me at the Gozo General Hospital on reduced hours. I really felt it (hassejtha)…..

Male nurses do not have problems because they work on full-time basis….. OK… but I, being a woman, who would like to be transferred to Gozo and need to remain on reduced hours, then, NO for me. They did not accept my request and that was another challenge……I asked to work 40 hours a week which is still considered as a full-timer. They agreed provided I take longer breaks to start and finish work with the 46-hour roster staff.

Within a week my family (mother) and I had to do new arrangements to ensure proper childminding for my children because of the full-time roster I was forced to work……. not easy……. and I…….. try to understand…….. I think the course helped me view things from a wider perspective and made me more confident and assertive. Although I believe……. emm…… there is an ocean-wide difference between academia and practice…….. (hemm bahar jaqsam).

….. in practice…….

There is an ocean-wide difference…… you must learn what culture exists at the workplace and you must see how much the entity supports you. I think these are important factors. An older generation of staff are of a certain mentality and changes are difficult to be applied. Young nurses are maybe more motivated.

Female nurses get married and start making their family. You start noticing a slight decrease in their output. And you understand why. '*It is always the mummy, the mummy'*……. not sleeping through the night because of a crying tiny baby and then having to come to work the following day. I do not expect much…. We need to support each other. We must have that culture and help one another. Unfortunately, we do …… how should I say it……. gossip a bit behind each other's back…… eh….. today she did nothing. But no one asks why! What happened… why she did not do anything today? Being a woman myself, I think they do not understand you much…… why at times you deliver a lot and at times your output is very low. I think nobody asks…. " what has happened to Peppa today?"

We nurses believe in empathy…….

But we do not empathise each other……. It is inexistent between us……. rather we adjudicate each other instead of understanding the reason why the person is in that state, for example, we had a female nurse, emm…….. who underwent IVF treatment three times, and failed. She never spoke about it to anyone, but I spoke with her and she confided in me and told me about her problem. Now, I can understand the reason why this nurse is so demotivated at the workplace. She was going through a depression and nobody realised, she never spoke about her problem to anyone. I mean……. and sometimes our male colleagues pass comments that do not help ease the situation…….. "short mind, long hair" (Maltese saying meaning 'short sighted' / low IQ). It is not a nice comment, not a nice comment. It irks you. Women are multitaskers because they manage to cope with everything and carry their problems with them no matter what. Men can 'cheat'. At home, there is the wife to take care of everything, at work, they take it one task at a time. That hurts. You rarely see a man trying to solve the problems of the family.

….. so you mean even some of the men pass certain comments that can make women feel intimidated….. Do you think that this may perhaps influence a woman when seeking career enhancement?

Yes, I think it is these comments that without knowing,….. yes, some people can feel intimidated. It depends on how sensitive these persons may be. I, personally, am the type of person that do not get influenced by such comments but still do not like men to comment on me that way. I think I would try to convince them that what they are saying is not true. I don't like….. emm…… and do not accept this type of comments from men.

Just recently we had an argument……. I do not know if it is related……. We have a new consultant who has been here for only a few weeks. I realised instantly that he has a low opinion of women… If I say something, he tries to humiliate me (jizzufjetta bija), but if a male colleague says the same thing, that is OK…. Soon after this happened to me, I heard him shouting with a female doctor in his office which is two doors away from my office. A few minutes later she appeared at my door with tears in her eyes. Sometime later we were at a

ward-round…… We came to a patient and I tried to tell him about a problem the patient had during the night. He turned to me and said, "I am the consultant, and I know what needs to be done, not you" and I just shut my mouth. At that point, the female doctor spoke up and he started shouting. That was too much for me…. I respect him as a consultant but don't treat me like that. Just because I am a woman and you are a man you are trying to humiliate me,… embarrass me? We are trying to share our knowledge in the best interest of the patient. No, I told him. You either treat us like you treat others, or else we do not accompany you during the ward-rounds. He was taken aback (ha qatgha) because I think he never expected it from me…… Afterwards, everyone smiled and the female staff said "We have been empowered"……. I expected them to speak up as well. I think women still fear defending themselves and speak up when they feel they are being discriminated. We haven't arrived there yet (ghadna lura). We're not……

…..assertive…….

And another thing…… Sometimes, when a woman backs another woman instead of putting spokes in each other's wheels (taghmel gambetta), when they unite and be assertive and focus on what they want to achieve…… But, unfortunately, women back stab each other…… you see them……. A woman does not accept another woman to be better than her (tkun ahjar mill-ohra).

Do you think the same thing applies between men?

Men deal better between themselves (jiftehmu aktar).

They back each other……

Men back each other…….. and women…… I think if women support each other they achieve more…… and they try to evolve more in management. I am an extrovert and when I do not agree I speak up. I am very transparent and often express my opinion, and then it is up to you if you want to take my opinion in consideration or not. I always show what I am feeling.

As I said earlier, the DDODO roster killed me….. ma!!…… At present my situation is a bit better because I have submitted my dissertation, but before I used to say…. "What have I done!! (x'ghamilt b'idejja). I gave up my 50% off roster.

During our off days, the female Deputies of the entity used to enjoy meeting for a coffee and I liked to join them very much. The issue of the roster crops up often. So, we decided to do a petition and make our concern official. We may be able to change things……. Unfortunately, we grumble (ingengmu) but no one expresses her concern officially because we are afraid. We, women, keep back from voicing our concerns, but a man, a man says what he has to say….. tu, tu, tum……. and does not bother how he was interpreted (hadha kif hadha), but us – women – are reluctant (noqoghu lura). Now my Deputies colleagues keep phoning for feedback. Sometimes I say…. they support you, but they never take the initiative.

'*My work-family life balance is quite stretched to the limit'*…… I don't find the time…… and it affects my life. Family relatives and I used to take our kids to school and spend some hours out together. I don't do it anymore, I don't do it anymore, because there are domestic responsibilities to be carried out and if I don't do them, no one will. I feel ……. emm….. obliged to carry out these responsibilities. I cannot put aside these responsibilities to go for a coffee, I feel guilty…….

If a female nurse finds herself in a difficult situation, with no support and must choose between the family and a career, do you think she will give priority to her family or her career?

I know nurses that chose their family over their career, that is, they stopped working….. took a career break. Unfortunately, many of them are very good nurses. It is always the woman that stops working. I never heard of a man taking a career break. Seems like…… you go round and round…… it is the woman……. it always falls on her…… Rarely a male nurse takes parental leave. You almost see it strange for a man to go out on parental leave. Those who do are most of the time men who have lower wages than their wife. When the wages are the same, the woman takes the parental leave.

….. your opinion? …….

There is access imbalance to family-friendly measures by the genders. Our measures, for example, do not offer a variety of rosters that suit the family, especially when the kids are still dependent. Speaking for myself, when I came to work at GGH, they made it clear I had to drop the reduced hours otherwise I remain working in Malta at MDH. Had I been accepted at GGH to work on reduced hours, I think I would still be working on reduced hours today.

…..and another thing……. The reduced hours are deducted from your tenure and your experience is reduced when you apply for a promotion. For example, if you work for two years on a 20-hour week, that is counted as one-year full time. I don't think going on reduced hours is capricious. You go on reduced hours because you end up with your back against the wall (tigi darek mal-hajt) and cannot do otherwise.

….. make it harder to move up in her career……

if she decides to apply for a managerial post, for example, a Deputy post, when estimating the number of years worked on reduced basis in terms of full-time hours, it may result in not having enough years of experience and find out she is not eligible…….. and misses the opportunity of advancing in her career.

When you look at the management triangle (hierarchy) you always notice more men than women. One of the reasons is that women with small kids do not aspire to escalate to higher posts with more responsibilities and less time with the family. I have contact with managers in high positions and they tell me they have to access their email account from home on daily basis during their off duties or vacation leave and reply to them because in their majority they are hot and urgent emails…… you cannot leave them for the following day. At present I know that when I'm not duty there is my colleague who can see the emails……. unless specifically addressed to me. I think….. yes……. I think….. there is a reason why women do not……. aspire to reach higher managerial positions. I think circumstances make you achieve only to a certain level…….

Do you think the organisation should study this gender situation that impact the career of female nurses and develop measures that are effective. You mentioned long hours and rosters, for instance. Close examination of the problem may provide better solutions. What is your opinion?

I think if sensitive measures are adopted, yes, and if you are given a choice, yes. What I don't agree with is that they put you (jitfghuk) in the same position, man and woman, irrelevant of your personal matters, wand you must adapt, as if you…….. come to work with no other worries on your mind, that is, you forget all about your family (tinsa l-familja warajk)…… they pretend you '*put off your switch'*. Sometimes they tell you…. "do not bring your family problems to work". How can you? It's impossible to put off your switch…… The problems keep tormenting you, following you…… I think…….. yes if measures are tailored on the needs analysis of female nurses and they are given choices……. they can choose. For example, the managers work in teams, so they can adapt to some teleworking and create a rotation roster. Those supervising the work on the ward and carrying out the routine must be physically present, while those performing paperwork and

certain administrative work can work from home. The job becomes less stressful and for those on teleworking they do not have to wake up very early in the morning.

With the opportunity of new networking programs developed during the Covid pandemic, I personally can say I have attended to more conferences online than when I had to take vacation leave and travel to Malta for these conferences. You have to wake up very early and return home very late. But the new online networks proved very beneficial. During my off duties and sometimes even from work, I could attend online conferences while maintaining an efficient pace with my work schedule.

Online training has helped women a lot. As a female nursing manager, I can say how helpful online training was for me. During my master's course, I participated also in two short courses that were organised by the entity and I could cope well. I coped well because the courses were online and I could manage my time well. Besides, the Masters' course was also held on campus. We did not have to travel to the University of Malta for our lectures. So it was very advantageous for us women…. saving time.

Time is a precious factor…. and you won time in your favour. If participating when at home, then you had more time for the family and to study and if at work you could still give a good share of your managerial job, right?

Exactly!! We found support from the organisation. Otherwise we had to take many hours of leave to travel to Malta. Besides, it would not have been possible to find a replacement to cover you if you are duty, especially we, nurses, due to staff shortage. We were 24 nurses in the course and that is a big number for our hospital. We had two full days lectures a week and the course was run over two years.

It depends on the entity (tholl u torbot) how much an employee advances. If the entity gives you good incentives, then, you get encouraged and motivated to attain certain positions. I have a good relationship with the management, that is, and……. as a woman, I don't think I feel discriminated by the management because when I give my opinion (suggestions like roster), emm…… it never falls on deaf ears. They try to find solutions. They know I am persistent… ehh,…….. if I tell you something today, after a few days I will tell you again…… It's my character that I keep insisting if I know that there is benefit in it.

Currently we are working to organise training, emm, intensive training in the ward for the staff.

You give training opportunity to the staff too. You have the experience and know how much you wish you are given the opportunity to learn more, emm…. So you support and do the same thing for your staff because your staff go through the same problems as you……

When you go through it…….. I always try to get training for the staff done on campus. and not in Malta. When we were going to open our ward, I went to the CEO and told him that I needed some job shadowing to gain experience on my job. You cannot open a specific ward when you do not have any experience. I remember the CEO gave me the option to spend one month in a similar ward in Malta. It was not easy toing and froing for a whole month, but I never got disheartened and one month passed,……. one month passed.

…… it passes……

It was not easy because for the first few weeks I observed the operation and how the ward was managed. After two weeks, I asked the manager of the ward to allocate me to patients because I must be clinically involved like the nurses to understand what the work in this ward entails.

You understand…. You understand more…..

You cannot assign responsibilities to the nurses without knowing what the work entails. Besides, I know I have to be fair when I allocate the nurses to patients. I could only gain that experience through hands-on practice. For me, there is no difference between men and women. I divide the work equally between the nurses. I try not to discriminate anyone and always tell them to help one another. I don't want female nurses to feel inferior to their male colleagues and vice versa. Neither to feel dominant. When you introduce the idea of fairness……. It helps, it helps…….

You told me it was made easier for you when the course was held on campus. Apart from having to balance work and family, you also had to juggle with your studying. I believe you weren't all female nurses; some male colleagues were on the course too. Did they face the same problems as you?

While we (women) used to say to each other "Oh God, I wonder what lies for me when I get home today", our male colleagues used to be relaxed and joking. They used to give us the impression that the course was not a burden to them. For us (women) it weighted (toqla) on our overwhelming responsibilities……. Work – home – family, work – home – family…… and it's not easy ….. and men are more…… that's what we used to say. "God bless them how relaxed they are". They used to get offended when we used to tell them so.

But you start saying…… the woman has to do everything at home. For example, in our course, there was a couple and the wife commented on the incredible tension that was built at home. She said that when they got home, her husband used to take up his course notes and books while she has to attend to the needs of the family. She used to tell him…. "Sorry, aren't we both in the same course? Just like you, I also must find the time…..". When she finishes doing the housework, she feels dead tired and by then her husband would have finished an assignment telling her….. "I'm ready and I've posted it already". The wife used to lose control (kont nitlifha……. Kont nitlifha). The husband always managed to find two/three hours, lock up himself in a room, while his wife never managed to. That's what she used to tell me.

Both the husband and the wife work within the same entity and have the same role at the workplace, expecting the husband to understand his wife better. It was very difficult for the wife. We could understand each other well and support one another a lot…….. It wasn't the first time that one of us picks up the phone and burst out crying……. and saying…. I'll soon get a stroke (daqt tghaddini)…… We used to invite each other over for coffee and vent our stress….. yes, it is not easy at all. I sometimes say, women in other countries are more empowered, for example, they have flexi time. We do not have flexi time, emm…… it does not exist. In Malta, there is a childcare centre at MDH, so during break you can go over to see your kid. I have friends who are in England and Australia and tell me they have flexi rosters. I told them, how come…….. how is it possible? She told me flexi rosters work because we, mothers, work it out between us. We know that we have to form the necessary staff complement and fill in the rosters. My friend told me…. "We team up and we do it, there is bondage between us and cover up for each other…… Here we are limited, limited. We are treated like men, that's what I feel. I don't have the opportunity, as an active parent involved in the care of my family, to opt for what is best for me and the family. In my case, the option I got was to remain working in Malta if I wanted to keep my reduced hours.

I was happy when they phoned me to tell me I was going to be transferred to Gozo because I was going to be close to my family, but at the same time they told me I have to increase my working hours. I cried… I was not happy anymore…. I did not want to miss my chance because during that time, the only opportunity for few Gozitan nurses to be transferred to Gozo was before an election for a new government. I had to change my routine completely to adjust from reduced hours to a 46-hour roster. When you start evaluating things, you

say….. what have I done (x'ghamilt b'idejja)? It was not an easy decision. The situation is like a two-edged sword….. cuts both ways (sikkina taqta' minn zewg nahat)…… You either refuse and remain in Malta,….. away from your family, but have a good work roster ……. Yet you never know when your turn will come again to be transferred to Gozo, …… or else accept,…. be in Gozo close to your family, and struggle to cope with the long hours of work and your family commitments. When I look back I feel sad (inhoss ghafsa ta' qalb). I could have enjoyed more time with my kids. It was not my option…. It (DDOD roster) was imposed on me, ……. Yes (ehe)……. If I had a choice I would have chosen to go on reduced hours……. My kids were still very small then….. both of them were small when I came to Gozo. Unfortunately, things happened this way (gew kif gew). But as they say… In life, you cannot have your cake and eat it too and you must take a decision. It was not easy.

For quite some time, I used to call the ward (Malta) where I was before and tell the management to give me some trial time and if I cannot cope in Gozo, I will come back,…. I will come back…… I used to phone every day to go back….. Let me come back…… let me come back. The Deputy Charge on the ward was a woman, and that is why sometimes I say that a woman understands another woman. She used to tell me "Grace, you have to consider travelling time if you come back …… you're going to do a mistake. If you miss the boat on your way back home, see how much time you will waste….. time is precious…. I was looking at the long hours of work all along because I couldn't stick it anymore, but she was seeing the situation from another perspective.

….. domestic help……..

Something…. Sometimes I think of bringing a helper because cleaning of the house is a headache. With the limited time on my hands, some help will be useful because I will have more time for my family which is more important. A helper can come once a week and helps out with domestic work.

I think a woman puts her family first and then her career. When the kids grow up I might say my career takes priority…… but at the moment they still depend on me and I don't think…… I don't think that my career is a priority for me now……. Although I am in a managerial post…… alright,……I still say that my family is my first priority,……. Emm….. I don't know if you have any questions you would like to ask me…….

I think you shared a lot of your experiences with me……. Work, responsibilities, what the family expects from you, the Maltese culture and gender stereotyping etc. At one point, you mentioned 'short mind, long hair'…… anything you would like to add to harassment/ chauvinism?

Sometimes, when the manager is a woman, they take her lightly. They look at her as not capable to manage a ward as a man. How do they look at a male manager? They are afraid of him. At the beginning, they put her to test. Then when they see that you can take a stand and do not tolerate certain behaviours, then, their attitude changes, but at first they perceive you are 'soft'…… they look at you as a 'soft' person and think they can do anything with you (jaghmlu bik li jridu), tell you anything. When they realise a female manager knows her limits and boundaries, then they back you up. They respect more a male manager. They do not hesitate to say something to a female manager, but they are very careful what they say to a male manager. I think……. I do not accept many things…… If I'm not pleased, whether a man or a woman……. I will tell you…… I am not the type to let you manipulate me…..

You gave me the impression that you perceive your colleague, the Charge Nurse, as someone with a lot of experience, a bonus in your life because you have learned a lot from him…… sort of he is like a role model

to you that you emm…… follow his steps. Do you have any other role models? From what I understand you had no mentors to guide you in your new role as Deputy/Charge Nurse. What can you tell me about mentoring?

Let me tell you….. emm, yes…… Throughout the journey, that is, from when you start as a junior nurse to when you reach a management position, you will always have those role models,…….. judged by the way they tackle a situation. I have experienced people that when they are faced with a problem, they panic….. they flee the scene, literally disappear (litterallment jaharbu). I,….. maybe because I am that type of person, challenges do not bother me the least. I used to say, why all this fuss? Why?.... a Deputy….. but I wasn't seeing things I wished to see. I used to see him running away from the problem. Another Deputy (every shift has a Deputy) that I had at that time when I was a junior nurse, was a fighter and I used to admire her because she could cope with everything…….

For example, she forms part of many committees…… has a family…. she is a Deputy. For me…. and I shall always say it, she was an ideal role model…. Could cope with everything. When I used to see how she manages the ward, I used to say… nothing is impossible for a woman. If it were a man, I think if it were a man, who could cope with all the roles that she had,…… then, yes…. She was a woman who succeeded to find the time for everything. Today, when I have difficulties, I turn to her, I mean…..

So, you had a few good role models that you looked upon them as your idols…… and they inspire you, right?

This particular Deputy has also encouraged me to apply when a call for application for the post was issued. She told me "apply, you are capable, capable, capable. You have been refusing the post for so long. This time take the challenge (idhol ghaliha)…… there was time when she encouraged me. It depends what type of role models you find….. there are those that show the right path and those that…….

….. fine…..

But, from my experience as a nurse, I can say, I had mainly good role models. I am where I am today because I have always found who can guide me. We are not born experts, there are always others to guide us. There were those who gave me good examples. I've learned a lot, a lot, a lot when I was a nurse in Malta and I'm lucky that in Gozo I found the Charge Nurse on the ward who has so much experience and who has seen so many changes happening. He views things from a different lens and I am still a novice to have the same insight as his in management. When he speaks you can tell how competent he is. Yes, I think it is very positive to find someone experienced because …… he/ she can help and nurture you in your managerial role.

Good. Well done! …… I must have taken a lot of your time

_____ 0 _____

CLARE

Tell me about the challenges you faced (or still facing) when becoming a CN/ DCN and how did you manage them?

I faced challenges in view that I have 3 children and therefore as a mother and a wife I had to ensure my caring obligations towards my family. However, as a mother I needed to find a compromise with my entity to be able to cope with all my responsibilities….. at home and at work. My husband worked on a roster basis, so I requested to work different hours from his. We tried to share between us our family responsibilities. The entity refused my request…. I got no help from the entity. I even asked to start my duty at 8 o'clock in the morning but the entity informed me that I must start my duty earlier…. at 7 o'clock in the morning or else at noon. I wasn't ready to leave my small kids waiting alone on a dangerous road to board the bus to school. So, I had no option but to choose starting my duty at noon. This meant I couldn't keep my full-time job. Working on reduced hours, I could never apply for a managerial post because one of the conditions to become a manager is to be a full-time employee. That was one of my challenges…..

Despite being a mother of three kids with working time problems you still wished to advance in your career, right?

Yes, a lot. I love nursing and I always wished I could move on in my career…. to motivate myself… even in terms of finance. I have 3 children and I've sent them all to a private school. Everybody knows how expensive private schools are …. books and everything. I paid for their education out of my own pocket. My husband and I worked hard to bring up our kids. All my kids are qualified today, and I feel very satisfied that they have succeeded. I supported them in their education…… used to help them do their homework and study. That was primarily my commitment, more than the cleaning of the house…… sometimes neglecting the house to help my kids in their schoolwork, to say it all. To be honest, the house was never spick and span (pupilla). The kids came first for me. Feeding them well was also a priority. My domestic duties came last…. the cleaning of the house…… I used to put down the blinds to hide away the dirty windowpanes. I don't feel embarrassed at all admitting it. That was one of my challenges….

When it comes to work, a senior male manager in senior positions used to push me and encourage me to insist with top managers to grant me the working hours I was requesting…. Unfortunately, it was always female managers who kept refusing,…. no, no, no…. they never accepted…. They were female managers. Then, when a new male top manager took office, he fixed my roster and I could move on. The women have always suppressed any opportunity that could help me develop my career….. Those were my challenges…..

What were the working hours that your entity wanted you to work?

From twelve noon till seven in the evening. I could only come to work when my husband was not working to take care of the kids…. But my pay was only a third of what a full-timer earns. I worked like this for fourteen years.

Fourteen years….

Sometimes I worked night duties to improve my pay because I have a big family. But I don't think that was healthy leaving everyone at home….. sleeping alone. It was not healthy leaving my husband with the sole responsibility of three kids. In the morning, there was not enough time to get home and prepare the kids for school…. It wasn't easy. I used to prepare their lunch in the evening, but still…. in the morning, I used to

bathe them, dress them up to send them smart and tidy to school. My husband used to help me prepare them for school before he goes to work…. They don't let you leave work a bit earlier to prepare the kids. By seven in the morning, the kids had to be ready from their breakfast and waiting outside for the school bus. It wasn't always easy to speed up the kids and make them ready on time… a lot of patience. It wasn't the first time that I got home and found my husband very angry… I don't blame him… three kids….. not easy. Many times, I used to say… they (the managers) don't understand because they don't have kids of their own.

Yes, I guess you could also tell the difference when your family was growing larger….

There is less than a year between my son and my first daughter …. then I had a miscarriage when I was eight months pregnant. My youngest daughter came six years later. She is six years younger than her sister. At that time, there was no parental leave, but I always stopped working for at least three years when my children were born.

…parental leave did not exist….?

NO, there was no parental leave. But I used to take three years leave without pay when they were born.

I presume during these fourteen years you tried to work the most convenient hours for your family….

Yes, then when the youngest one started her secondary school and the other two attended sixth form classes, I started working on full-time basis. At that age, they did not need much my help. They were independent and, in the morning, they could wake up and get ready for school without any assistance.

Any experience from those challenging times you would like to share?

I remember when once my youngest daughter was not well and my husband called me to tell me that she had a temperature of 103°F. He told me he was very worried because the child looked blueish. Maria, I thought she had meningitis and I called the management office to tell them I was leaving work because my daughter was sick. She told me "you cannot go home". I told her… What do you mean I cannot go home? I'm just informing you that I'm leaving. I risked losing my job that day. The irony is (il-vili hi) that Gozitans have a concession to leave early to catch the boat back home and I was refused to go home to attend to my sick daughter. In fact, we ended up in hospital. My daughter didn't have meningitis, but she had a virus and got blue blotches all over her body. I really feel sad about it,….. they don't sympathise with you when your kids are not well and you need to go home….

(9:11) ***How does being a mother impact on your job role/ your interest in gaining promotion? What support do you get from your employer to manage this balance?***

I think I sympathise with female staff who are mothers when they come to me with family problems… I understand them very well. As a part-time nurse I used to work everywhere,… in all the wards. I met many staff members with various experiences…. So I can understand their problems. I always got on well with everyone and I have a good relationship with everyone. Wherever I worked, the staff felt '*at ease*' working with me….. I empathize with them and with our patients. I worked for four years in a male ward, but I was shifted here to Ward X now.

Your personal and work experiences helped how you……

My personal experiences helped me to deal better with situations at work. At present, the ward is going through refurbishment. I came here because the senior Charge Nurse of this ward has been away from the ward for six

months now. I found the ward very disorganised when I came here and there weren't many directions. I have been here for five weeks only and the staff are feeling more organised (qeghdin jiehdu r-ruh) and they want me to remain here….. we'll see……

Your experiences has helped you to mature…..

I have matured a lot and I'm very flexible. I can tell who is genuine and who is not. I know how to deal with these people. I have my own ways….

Do you have mixed staff

Yes, half women and half men.

Do you notice any difference in the way female and male nurses/ employees behave towards you?

No, no. The staff here is OK. I know how to deal with them. They respect me. I can almost say that the male staff respect me more than the female staff on this ward….. There are a couple of them (women) who feel I have taken their place, you understand?.... but they haven't even applied when the application for the post was out. When I came to this ward, all the male staff welcomed me. They tell me to remain here…. They don't want me to go back to my previous ward. I respect the staff and I am fair with them, and I distribute work evenly among them…. And I support them. I even help them in their work. They see it unusual… strange that I help them in their work…. I help them especially when there is shortage of staff or when they are inundated with work….. like…prepare the breakfast trolley. Most of the tasks they do, I do them regularly at home. It's not difficult for me to help them. We work as a team and so they give me the least possible problems. We discuss when they have clinical difficulties because I have quite a wide experience in the clinical field. I help them and at the same time I keep myself up-to-date and my clinical skills intact. I help them clinically, such as inserting NG tubes, bloodletting etc.

Did I understand well that male staff respect you more than female staff?

Yes, yes, it's a fact. Not only on this ward. I was in another ward where I had only male staff and I was really respected by them (kont fuq l-idejn). You might ask me why I changed the ward….. heqq… I was needed here, and I accepted to come here. I was a Deputy Charge Nurse when I was on that ward and the senior Charge Nurse was a male. His attitude is not so nice and I'm not sure if I want to go back there or stay here where I am now.

I practically used to do everything…. manage the ward, allocate staff, order pharmacy items for the ward,… everything ….. everything was in my hands. I enjoyed doing it. But then, it's not nice to tell the staff that he gives out orders, because that's what he said behind my back. We do not manage anymore by 'order and command'. Our role is to lead others…. I always tried to ignore his attitude…. Seems that he has a problem…. he doesn't accept a female colleague to be his equal.

(16:00) Y***ou think his attitude towards men and women varies?***

Yes, he is of the opinion that women have no place in managerial roles, you understand?.... Even when there is a '*study morning'* or an educational event, he doesn't tell me about it. I have to find out about it myself…… he doesn't tell me….

He is well known amongst staff. He keeps his hands clean, yet he expects to be praised (irid il-prosit). He is like that with everyone. He wants to give the impression that he is the most '*powerful*'….. but he is worse with

women. His attitude is worse with women. The clerk does all the work for him and he literally does nothing. I was asked by my senior management to go to that ward because they know that the problem there is the ward management.

… he has that culture….

Yes, he is a man and as a man he believes he is the one to be in command…..

Our new Chief Nursing Manager is a woman, and he does not accept her (ma jnizzilhix) I mean it's not something about me…. just me that he treats like that.

How does being a mother impact on your job role/ your interest in gaining promotion? What support do you get from your employer to manage your work-family balance?

When my kids were still small, I did not find any support as I have already explained. To add insult to injury (biex tkompli tghaxxaqili) our patients used to be bathed in the morning. When I came to work at noon, I used to find four patients still waiting to be bathed. One day, the wife of one of the top managers, who was also a nurse, came to work in the afternoon and was told to wash a patient. She lodged a report higher up and from that day onwards all the patients were bathed in the morning….. no, I never found support,… no I never found support from women.

The support I found when I couldn't balance between family and work was from my husband. Yet again, I don't think it's right for the wife and husband to never meet together and as a family….. Very difficult. I never found support from my family (her parents/siblings etc). I was the eldest of twelve brothers and sisters and my mum couldn't support all of us. I never asked her to baby sit with my kids. Both my husband and I were proud that we could manage all our family responsibilities between us.

My husband has a brother, but still we never got any support from his family. They never stayed '*baby-sitting'* with our kids because my father-in-law is against women going out to work. He used to tell me "you are dishonouring the family". When my mother-in-law died, at fifty-six years, my father-in-law came to live with us for three months. He made my life a hell. Each time he saw me going to work he used to tell me, "you are going again,… you are going again" (ergajt sejra) and he used to tell my husband "how come you let her go out working….isn't your pay enough for the family? Aren't you able to sustain your family? I've never sent your mother to work" It was an awkward situation for my husband, poor him, and I used to tell my father-in-law to mind his own business (tindahalx). My husband used to feel nervous with this situation. I mean, men are not much in favour of letting their wife go out working.

You won't believe this Maria….. My brother-in-law was without a job and I encouraged him to take my nursing books and do the nursing course. Actually, he became a nurse….. theatre nurse. I too was a theatre nurse when I qualified and started working. For my father-in-law, his son being a theatre nurse meant something big for him….. sophisticated…. and he thought highly of his son. However, his perceptions about me as a theatre nurse was completely different. He believed my job at the theatre was as a cleaner. Think of it…. makes me laugh…..

Do you think we still have the culture of linking women to family… domestic work…… kids…..?

I think so,….. I attribute separations of many couples to this issue. It's amazing…. I heard from a few female nurses saying that if they commit themselves to a master's course they end up separating.

Why?

I asked them whether their husband earns less money than them and found out that, yes, they are paid less. they don't accept it. So, I My husband is more qualified than me, but sometimes I get a slightly larger salary than his…. not much, just slightly. He tells me "hmmm, you are earning more money than me now…. I'm earning less income than you". Men don't accept it…. try not to work extra hours to make my pay less than his. Better that way than breaking a family, or start arguing…..

Have you experienced chauvinism and harassment in your work role? Do you feel protected against chauvinism and harassment?

I think yes…. there is harassment for sure at the workplace. If you allow for such abuse to happen, then it will keep happening. If you take a stand and take action to stop it, it will not happen again.

Have you ever experienced harassment?

Sometimes they tell you… "who knows how much you've bribed people to get the promotion"….. I also used to feel very intimidated while I was doing some job shadowing with a female Charge Nurse at the time when I was about to start in the role of a Deputy Charge Nurse. She used to tell me… "we are managing together even though you are nothing here…..". I am nothing…….

'*Come on*', instead of telling me we're doing fine together, she used to tell me that I am nothing…. I used to get annoyed (ittini f'ghajni). What does she mean by ….. I am nothing…. I didn't learn much management from her. Then, I got to know that at MCAST a short management course was going to start soon. I attended and did very well… I passed the test '*with flying colours*'. When I went for the interview of the Deputy post I could present the board with a good power point presentation on management. There were many applications for the post but again I did very well. I placed first and took the Deputy post.

When did you decide to move on with your career?

About twelve years ago….. the children were adolescents by then. At that time, they had just introduced the computer on the wards because we were going online with our manual systems.

Has the work-life balance ever become overwhelming? How have you managed when this happens?

When the kids were very small….. then when they were teenagers and studying for their 'O' and 'A' levels to go to the university. Even though they were adults your presence at home counts a lot…. makes a lot of difference. I could not help them with their studies anymore. At that level, my husband used to help them. Maths and physics are his special subjects and all my children studied science subjects. I never studied sciences. So, I took the opportunity to progress in my career and started working as a full-timer….. By then, my father-in-law passed away and I had less family responsibilities.

… you were taking care of an older person as well…..

Not as such…. It's his controversial opinion because he was never in favour of me going out to work. You understand? Each time he saw me going to work he used to comment and that annoyed my husband a lot. There is still a lot to be done to put Maltese female nurses on equal levels with their male colleagues.

My role as a manager has changed from that of a nurse….. more responsibilities. Staff turns to you when they have problems. You must be experienced to manage a ward. Becoming a manager after a couple of years' experience in nursing is not enough, not even if you have a Ph.D. We have problems on the new wards because

most of the managers there became managers within a short time from when they qualified as nurses. They lack experience, skills…..

You believe experience is very important in management…..?

They must be in nursing for at least 10 years before becoming a manager and another thing…. not working on the same ward. Working on the same ward will only give you '*limited experience'* especially within this entity. I think those who become managers and remain working on the same ward will be more restricted in their experience. My fear is that when something crops up, they will not be able to handle it.

…..they will be limited…..

You don't want your staff to lead you….. you gain respect from the staff because you are experienced and competent to help them solve their problems and guide them…. You have to be proactive and anticipate what can happen and prepare yourself for any eventuality,…. prevent where possible, and when problems crop up, you are experienced enough to tackle them….

On becoming a Deputy did you have a mentor to train you?

No, no, no. I learned by '*trial and error'*. You learn from good and bad experiences.

Do you think a mentor will be useful for nurses moving into management?

Of course it will be useful….. very useful to have someone trained to teach you…. show you how to manage a ward. The person I once had to show me how to do things was not much of help to me, not to mention her attitude. There are quite a few of these. Even the Charge Nurse of the ward where I was before,… when I told him I was promoted to a Charge Nurse he didn't congratulate me, he told me…. "I will still be the senior here". Yet, when he was admonished and charged with an offense I was considered his equal. He involved me in it, but I was found to have no blame in the case.

I learned a lot….. I learned a lot.

While managing the ward, do you ever think of good managers who you know and in your opinion, are role models?

Yes, the Charge Nurse who was temporary on this ward before me because just recently he was promoted to a Senior Nursing Manager. He is very good and looks like he has good experience about this ward…. he helps me a lot….. I find help mostly from men, not women…..

I have two female staff on this ward that do not work as a team. There is, sort of, a pique between them because they do not show each other what they do. I've already spoken to them and told them they cannot continue like this. They must work as a team and support each other…… You cannot work like this……

Do you have any suggestions how female nurses can improve their representation in top management roles?

I think that you have to believe in yourself. That is very important. You must believe that you can achieve and work your way towards your goal….. say…. I can do it. Whichever gender you belong to, you can get there if you are determined to do so.

….. fight against all odds…..

Plan and ride the wave…. Thinks have improved since that time when my children were small. There were no benefits to help me with my family responsibilities so that I could get along with my career. My daughter is a medical doctor. She is married and have two kids. She and her husband share their family responsibilities between them and take their kids to a '*play school*' (childcare centre). My daughter has reduced her working hours because at work they found no objections, you understand?.... we have progressed a lot. During my days, you couldn't work on reduced hours in management, so you had to choose between a family and a career. To-day, things have changed. At the moment, I can remember one who is currently Charge Nurse but is still working on part-time basis/ reduced hours. Seems they are allowed now-a-days…..

Is it a new policy implemented across the organisation, or each entity takes its own decisions?

No, no…. it depends on where you work. It mainly depends on how busy the entity is…. For example, here, the wards are mostly busy in the morning…. ward rounds, medications, outpatients' appointments, investigations etc etc. So, one can adapt certain arrangements and flexibility. I don't believe it can be that feasible at MDH, for instance, a very busy acute hospital….

Yet, the MUMN sectoral agreement says that nursing staff with a certain number of years in service can opt to work only eight hours a week without their pension being affected. Many managers took that option and retained their position. Most of them ended up in the relievers' pool and replace other staff who are on leave. However, the thing is that these people cannot progress further in their career.

What kind of roster do you work?

I work three 'in' and two 'out'…. Here we have that option of having a '*double off*'…..

What about socialising?

The entity organises mainly Team building but usually we organise our own events at ward levels. I think the team building event should be organised a little better. All the staff, including the cleaners, from all the wards are called to participate. So, there may be wards on that day when all the staff is away, and you end up with relieving staff who knows nothing about the patients and the daily routine. I used to be a reliever and know what happens….. You cannot do this on one day. The staff must be split in two groups at least for the training, to be able to run the wards without problems.

We also organise events at ward level…. We organise them ourselves. We are mixed, both men and women….. Not all the staff would come because it is impossible to have everyone coming to the event. Some of the staff must come to work…. Sometimes we invite our spouses to join us. Because of the pandemic, these events have stopped

We mentioned work-family life balance, do you get requests for reduced hours from women, men, or both?

It's women who ask for reduced hours. Men remain on full-time basis. I don't know of any male staff who work here on reduced hours…. Women yes, and the main reason is their family. It's us, women, who make use of such family-friendly benefits.

Even when their kids are sick…. it's the women who go out on sick leave to take care of them. Rarely (fula f'qargha), a man goes out on sick leave because of a sick child. During the pandemic crisis, sick leave spiked high because how can you leave small kids at home alone….. unattended. There were women who also requested '*special leave'* to remain home with their children.

They feel cornered…..

There is no choice. You must remain with them at home. Your mind cannot focus on what you're doing…. So you are sick too….. you are not fit for work,…. Am I right?

Pressure….

Yes, you feel that pressure…. You cannot come to work. We work with patients…. vulnerable people. Can you come to work with vulnerable people when you are vulnerable yourself? No, no…. you cannot….

Covid has changed our way of working. Thinking about Covid, negative things may come to mind, but Covid… emm has made us strengthen some of our systems to continue with our work as much as possible, for example, networking has been developed in particular….. Can you mention some advantages?

We held all our meetings virtually and so we could continue with our routine. But, in my opinion to go on e-network to participate in a conference…… I don't know. There are some who can stick in front of a computer…. But we're used to attend physically to conferences. There is that sort of 'live' communication and all…… I won't stick four hours in front of a computer…. I don't like it much to be honest. You lose interest and miss out (taljina rasek zgur) on what is happening. You can ask questions and make comments… but being physically present you get automatically involved and feel part of it because you are not on your own. You may share an opinion with those sitting next to you and inspire each other while communicating, you understand?.....

….not so effective…….

But when you are discussing with colleagues on the floor, and, for example, the group doesn't agree, someone from the group will voice that concern…. That difference counts. Even the fact that you are in a different environment… away from home or work….

Anything else you would like to add?

I don't think so.

Thank you. Very interesting.

Are we ready? Would you like a cup of coffee?

_____ 0 _____

MAUDE

Tell me about the challenges you faced (or still facing) when becoming a CN/ DCN and how did you manage them?

When I applied for the post of a Charge Nurse, '*it was OK'*. I had no problems because I had all the requirements… five years' experience etc. But then I found many obstacles, from both female and male staff '*because they wanted my position*'. They tell you "*I am more experienced*". And you know how they tell you? '*They try to undermine you. They make you feel you're not good enough for the job'*. That was a big challenge. There was one male colleague….. but on the other hand, females….

Yes, tell me about it….

I have an experience of one particular female nurse who used to speak ill about me with everyone behind my back. Emm…. once she asked whether I preferred a male or a female Deputy colleague because the post was vacant and since the ward caters for mixed patients, I told her that a male colleague would be more appropriate…. '*it will balance out the ward*'. She, sort of, told me… "What difference does it make for you… man or woman?" In reality it does not make any difference, but I preferred my colleague to be male, because, for instance, male patients may feel more comfortable to speak about certain issues with someone of the same sex. She caused me a lot of problems.

On the ward, patients are allocated to nurses and female nurses get male patients because we have more male patients than female patients here, apart from having more female nurses than male nurses in our shift complements. So, that is why I preferred to have my colleague a male manager. It's not the first time that we have accidents on the ward where we have to use physical strain on our patients. The strength of a man is not the same as that of a woman… She really caused me a lot of problems….. because she went around saying… "I'm not as good as a man". Yes, … I found a lot of obstacles at the beginning of my management career….. "I'm not good enough"….. '*I tried to prove them wrong with time'*.

If I am correct you were going to mention something about a male colleague…..

This male nurse used to annoy me with his comments because I wear lipstick and because of my physical look. He wanted to tell me that I got where I am now because of my personal appeal. '*That was what he was implying*'…. you know…. I'm not stupid. He was trying to….. and another thing… he tried to turn the staff against me…..

Was it to tell you that it's not because of your capabilities that you got your post?

Exactly… he used to give me the impression that I am not capable enough, and got my post because….. He used to hurt my feelings with his comments. How come he tells me that? '*I mean I worked hard'*. I don't think '*I deserve these comments, you know….'*

Any idea why he used to pass you those comments?

Because he wanted to be '*in the management role' himself….. be in the management position'*

But did not succeed….

He didn't succeed….. I don't know why, but when he came to Malta, he had to start from a staff nurse. If he already got experience when he was abroad…. Heqq… *'I mean it's not my problem'*. Yes, he used to hurt my feelings… and it still affects my feelings to-date. He used to even text me on whatsapp.

I was telling you about that particular female nurse. They used to put spokes in my wheel. She was one of two nurses who entered in a relationship with ex-prisoners (drug edicts). I tell you Maria, I support my staff…. I excuse many of my female staff to collect their kids from school,….. for a reason or another…. I never strike off time from their leave when taken for a good reason. Once I had to leave fifteen minutes early and called the senior manager to inform her. She called anonymously the senior manager after I left to tell her that I left early. The senior manager called me to inform me and tell me to be careful because some staff were '*backstabbing me'*. I knew it was her because her calls continued. Once she called my boyfriend to warn him about me. They intruded my personal life, trying to throw dirt at me. Things that really hurt my feelings. I used to say…. I've never done anything to hurt these people… I have always tried to help them… allow them to collect their children from school, sometimes coming to work a bit late….. She used to come late and I never said anything to her because I know she had four kids to take care of. And I say to myself…*'why this treatment?*' She tries to hurt me, heqq…. tries to insult me because she has her own family and I don't. These are the challenges '*I have faced and I am still facing'*. You have to stick to it, try to understand me…..*'At work you don't have friends, you have colleagues*'. More and more so when you are a manager because you have to correct them when they are wrong… '*you have to be firm and you have to be….. strict*.'

Do you find more challenges from men, women or both?

Equal challenges from both. The one I was speaking to you about '*she wanted my role eventually…* Her attitude is like that even with other staff. She even tries to call the Child Protection Commissioner to tell them that colleagues are neglecting their children to get them into trouble.

She first tried to destroy me (kissers lili) by calling my boyfriend…. speaking ill about me and then she turned her vindictive attitude towards two other staff nurses who work here.

A character….

As the manager of the ward I try to support my staff and help them. I have suffered a lot from the bad attitude of some nurses….. Sometimes you cannot trust them.

You have mentioned staff who are mothers, does being a mother impact on their job role/ their interest in gaining promotion? What support do they get from the employer to manage this balance?

Yes, I think…. Yes being a woman employee makes a difference not only in nursing but in the labour industry in general. She may not be promoted because of becoming pregnant…. go out on maternity leave and '*what not'* In fact, you see more men in '*leading positions*' because as I was saying the chances are that women with children have split responsibilities between work and family. The perception of management is that they neglect their work. Their main concern is their children and they seek to dismiss themselves or take leave off work to attend to their children's needs. Most married mothers on the ward come to work late in the morning because of their children and usually go out during their break too because of their maternal responsibility. The long leave they take hinders their scale….. their career progression.

…. You mean that family responsibilities may impact on career progression…. management…..?

Definitely….definitely that career progression is affected by family responsibilities. But there is more equality between men and women than there used to be about twenty, thirty years ago…

…. Sure….

But perhaps there are more opportunities now-a-days for a woman to advance in her career…..

In your case, as a manager, what obstacles do you foresee in your career progression if you had to make a family of your own?

I think to find the right person for you and have your own family is the dream of every woman. Then, I think I would want to be with my kids and enjoy nurturing them. I guess, this will affect my progression in leadership positions. Emm……you can only do it if you are financially well…..

May be after the maternity leave I find out I prefer to come back to work, but since always I feel that if I had my own kids I would spend a couple of years home with them…. Take a career break. The children take priority.

….. fine….

…. If I ever get to this point because I may never get to it. Emm…. yes having children hinders your career… yes.

… you agree that the family has a lot of responsibilities….. children win priority,…. by both parents? What do you think?

Hopefully, the responsibility will be shared by both.

Who of your staff mainly ask for parental leave?

Women take parental leave…. I think it has always been that way. It's in them…. Women are more caring…..

…. because she is more caring or we link caring to women….?

Maybe because I'm used to go home and find my mum there…. Cooked food always ready,…. the house clean, and my daddy goes to work. It looks like that is the norm, you know…. So *'that's the way how you would want your family to be, sort of'*. I wish I can afford to do.

The loan and ….. '*it's too much. I mean'* so many expenses. We get used to certain comforts… commodities…. I am used to living alone. I don't keep back from buying myself anything I wish. So… yes… it is expensive and you must afford it to take a couple of years off work…..

Do you think it is a luxury for women to go out working or it's a necessity that both spouses must go out working to support their family?

I think it's a necessity…. it's a necessity. But then I was brought up independent, I live on my own, work and at the same time I plan my career… you can do it…. make ends meet. My siblings tell me it's convenient for them to work from home. That's what they were doing during the pandemic. Work from home. I don't quite agree. I prefer to come to work. When you go out you meet people. You wake up in the morning, dress yourself, put on make-up, do your hair nicely. You feel a different person,…. in a different spirit. But, yes, when you have a family you have to find that balance… maybe when the kids are small you can go on reduced hours, yet again, it depends whether the entity would allow you to remain in management on reduced hours…..

Can you still progress in your career when working on reduced hours?

No, no… I don't think so. They tell you that you can't be in a Deputy/ Charge Nurse or senior management post when you go on reduced hours. If you ask for reduced hours when in management they won't help you…. No…..

To apply for a management position, you need experience. Working on reduced hours does not contribute much to experience and as I already said going to work is not a luxury. It's a must because the financial expenses to keep a family is not a joke. Yet again, do I really want to stay at home, look after the kids, and not go out to work? Had I the chance to work from home during the pandemic peak, I would have ended up really bad…. the pandemic has mentally affected everyone…. Let alone if I had to stay home……

During the pandemic, how did the online schooling of children affect you and your staff?

One particular nurse used to come to my office to make use of my computer during her working hours. I used to get confused what to do and always tried to find a balance because I knew it was a need. I tried to understand her situation….

You had the same situation with your male staff?

Women mainly….. From this perspective, it's the women who then take the responsibility of the kids. Yes, my female nurses demanded that they access online educational sessions or courses because of their children.

Covid has changed our way of working. Thinking about Covid, negative things may come to mind, but Covid… emm has made us strengthen some of our systems to continue with our work as much as possible, for example, networking has been developed in particular….. Can you mention some advantages?

Of course…. Teams, zoom etc. I make use of the network….. I access webinars…. Of course. The pandemic wasn't a pleasant experience for nobody.

I hope, emm…. pandemic or no pandemic some of the things remain online as well. You avoid traffic jams and all. I have just registered for another Masters' course. I prefer online lectures, though when you attend with others in a class, it is different…. '*meeting in person'* there is that '*physical contact'*…. feel the presence of others…. It's different you know. Online communication is convenient,….. less time, yet again, it's got it's '*pros and cons'*.

Has the work-life balance ever become overwhelming, and how have you managed when this happens?

The worst time was when I was reading for my first Masters' degree. Lectures were held in class. So, I used to utilise my own limited vacation leave to study. Along with the course I had my marriage preparations to do because I was going to get married…. It was very overwhelming for me…. it wasn't easy to cope with everything. I think the organisation should go all out to support us, especially those mother, who undertake postgrad courses Now I've learnt that '*I have to prioritize'*..... do those things that I love to do most , like hobbies…. running, cycling, sports in general. I try to find balance by prioritizing.

As a single person, you still have certain commitments in life……

Yes, I still have my commitments. Sometimes it gets overwhelming because I work very hard to do well in certain sports events. So, at times '*it can become stressful'* but I manage still….

Have you experienced chauvinism and harassment in your work role? Do you feel protected against chauvinism and harassment?

It's what I have told you earlier on. A male nurse who used to tell me '*why do you put on make-up or lipstick because you are insecure?*' I think that was sexual harassment……

Were his comments often?

He used to intimidate me, and it persisted for quite a while. He used to text me on whatsapp. I never felt good with what he used to write to me on whatsapp. In fact, I reported him to my senior manager because I used to feel very bad about it. My manager used to tell me not to answer back. This male nurse also created a group…. Emm… another chat link. He called it '*Ward A re management'. H*e wasn't part of the management but included himself, me and my colleague…. He really wanted my post and used to make me feel I'm not good enough. During meetings he always used to come up with something,…. such as, a set of guidelines to boast in front of everyone about his capabilities and make me feel like nothing. When he didn't succeed he used to create many tantrums, just like small children,…. get at me because '*he wanted to be seen….. he wanted to be seen what he is doing'* you know…. He used to make me feel '*I'm not good enough'*.... Yes, he used to hurt my feelings. But then, my colleagues started to note his behaviour…. Even my senior manager realised what was happening. They put up my moral again making me believe there's nothing wrong with me…. He was jealous for me because he wanted my post.

Do you notice any difference in the attitude of male and female staff towards you?

'*Not as such'.* My ancestor was also a woman…. although the staff at the ward have changed since then. Both male and female staff treat me the same way. Only this particular person '*looks down on me… he makes me feel inferior to him, for some reason or another*'…. A reason I cannot understand… Once he told me "*I have seventeen years of experience in a management position"*…. In that case, I expect him to help me and not try to make me feel down…. *'I mean share your experience with me'*… teach me, but don't try to trip me (ittini Gambetta). He was always criticizing me. Then I felt '*I had to do something'* I stood up (waqaftlu) and told him that I appreciate his opinion but '*keep in mind that you're a staff nurse'*…. I am your boss.

…. I understand….

That's how I see it…. harassment. With all due respect, it's none of his business if I wear make-up or not…. maybe I like to look well …. It doesn't make any difference to him….

Then I had another female nursing aide who used to pester me with many phone calls….. regarding matters related to work and personal matters. At one point, I almost became paranoid…. used to look around me because I was afraid of her…. thinking she would harm me. For some time, I used to come to work unhappy and very frightened that she will harm me. Now I have calmed down a bit because she had stopped calling me. I wrote many emails to higher up management to tell them about her…. they must have spoken to her. She doesn't do any work all day long…. And another thing one of the senior managers is a relative of her, so….

Now her attitude is changing. She never spoke to me before, but now she offers me coffee…. I still feel the effects of those incidents.

It's not easy…. you must take a stand for the good of everyone ….. staff and patients….

I never found *'stumbling blocks'* from the patients… but from my staff… yes. You have to know what's going on among your staff. Here, on the ward, I get constant turnover of patients. Sometimes, after two days away from work I find out that all the patients have changed when I come back. The stress I get from my staff and the overload of the patients is already a lot. I have to be careful not to make any mistakes because I know that some of my staff will be ready to put spokes in my wheel… '*to back stab me at the very first chance they get… It's not fair'.* I am a kind and helpful person, but not everyone is like me, so I suffer a lot as a person….

You mentioned WhatsApp. Do you network with health professionals…. senior managers?

Yes I do….. *I find What*sApp and Facebook very efficient and informative especially now during the pandemic.

And what about socialising?

We've stopped all activities since the pandemic outbreak….. We used to organise a few social outings among the staff throughout the year….. but now socialising has stopped.

When was the most difficult time for you to cope with work and with life commitments?

I think we have already gone through this….. When I was doing my Masters' course…..

Anything else you would like to add to this?

Yes…. I was horrified by what was happening to me. By what some of the staff was doing to me. I go home but my mind keeps thinking about it and speak to my mummy about it….. it was bothering me and '*it was taking a lot of my time and energy'*….. I never stop thinking about it… at home and everywhere…. It destroyed me,…. coming to work very unhappy,…… ,… moaning and regretting getting up in the morning to come to work. It was difficult for me to cope….. …..

Any experience of harassment from staff outside your ward?

No.

Do you have any suggestions how female nurses can improve their representation in top management roles?

I think that they should take up any opportunities that come their way to enhance their education by engaging in courses. More incentives, such as, more study leave, because incentives like this help women to progress in their career. I think we also need to have more childcare centres to give space to mothers to develop their academic standards. I think our rosters/ shifts should be revised and made more compatible with our life commitments.

Any other experiences you would like to share?

It's more a concern, we all agree about, that the Maltese mentality impose the responsibility of the family mainly on women. We are expected to stay home with the kids. I don't have children yet, but if I plan to have my own kids in the future, that decision may impact on my career progression……On the other hand, I was brought up in such a culture and I feel it is a mission for the woman to stop working to bring up her kids and the husband goes to work to support the family. For me, who is an independent person, not working means I have to depend on someone else for money and …… I don't think it's a luxury when a woman who has kids retains her job. It's a necessity. Even because of the pension, later on in life, a woman must continue working to sustain a decent quality of life.

Thank you and well done.

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