

Factors Affecting Women Leadership in Healthcare Industry:
A Study in Selangor, Malaysia

By

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Project Paper Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Business Administration
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May 2021

DECLARATION

The author hereby declares that this project paper is the original study undertaken by his unless stated otherwise due to acknowledgment has been given to references quoted in the bibliography. The views and analyses in this study are that of author's based on the reference made; and this does not constitute an individual to use this study as technical tool for investment.



Signature :

Name : Thilagavathy A/P Ramachandran

Date :

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TABLE OF CONTENT

DECLARATION.....	ii
ACKNOWLEDGEMENT.....	iii
LIST OF TABLES.....	vii
LIST OF FIGURES.....	viii
LIST OF ABBREVIATIONS.....	ix
ABSTRACT.....	x

CHAPTER 1 INTRODUCTION

1.1 Introduction of the Study.....	1
1.2 Background of the Study.....	1
1.3 Problem Statement.....	2
1.4 Research Objectives.....	3
1.5 Research Questions.....	4
1.6 Significance of the Study.....	4
1.7 Scope of the Study.....	5
1.8 Limitation of the Study.....	5
1.9 Structure of Dissertation.....	6

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction.....	8
2.2 Theoretical Foundation.....	8
2.2.1 Historical Review of Women's Career Development.....	8
2.2.2 Social Cognitive Career Theory in Women Career Advancement.....	13
2.3 Empirical Research.....	15
2.4 Conceptual Framework.....	15
2.4.1 Organizational Culture.....	16
2.4.2 Gender Stereotypes.....	21
2.4.3 Work Life Imbalance.....	25
2.5 Hypothesis Development.....	27
2.5.1 Organizational Culture.....	27
2.5.2 Gender Stereotypes.....	30
2.5.3 Work-life Imbalance.....	32
2.6 Summary of Chapter 2.....	33

CHAPTER 3 RESEARCH METHODOLOGY

3.1 Introduction.....	34
3.2 Research Design.....	34
3.3 Sampling Design.....	35
3.3.1 Target Population.....	36
3.3.2 Sampling Technique.....	36
3.3.3 Sampling Elements.....	37

3.3.4	Sampling Size.....	37
3.4	Data Collection Method.....	38
3.4.1	Primary Source: Survey Questionnaires.....	38
3.4.2	Secondary Source: Existing sources of information.....	39
3.5	Research Instrument.....	39
3.6	Construct Measurement.....	40
3.7	Operationalisation and Measurement.....	42
3.8	Data Analysis Techniques.....	46
3.9	Summary of Chapter 3.....	47

CHAPTER 4 DATA ANALYSIS AND FINDINGS DISCUSSION

4.1	Introduction.....	48
4.2	Descriptive Analysis.....	48
4.2.1	Part A: Respondent Demographic.....	49
4.3.1	Part B: Barriers that Impeded Women Career Advancement.....	54
4.3	Reliability and Convergent validity	58
4.4	Hypothesis Testing.....	59
4.5	Summary of chapter 4.....	64

CHAPTER 5 CONCLUSION AND RECOMMENDATION

5.1	Introduction.....	65
5.2	Findings of the Study.....	65
5.2.1	Organizational Culture.....	65
5.2.2	Gender Stereotypes.....	66
5.2.3	Work-life Imbalance	67
5.3	Recommendations for Future Research.....	68
5.4	Conclusion.....	69

REFERENCES.....	71
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APPENDICES.....	79
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LIST OF TABLES

Table 3.6	Origin of Construct in this research.....	40
Table 3.7	Part B Barriers that Impeded Advancement Questions.....	45
Table 3.8	Data Scale of Measurement.....	46
Table 4.1	Respondent Gender.....	49
Table 4.2	Respondent Age Group.....	49
Table 4.3	Respondent Marital Status.....	51
Table 4.4	Respondent Monthly Income.....	52
Table 4.5	Respondent Job Seniority Level.....	53
Table 4.6	Respondent Experience Present Job.....	54
Table 4.3.1.1	Summary of Organization Culture Statistics.....	54
Table 4.3.1.2	Summary of Gender Stereotypes Statistics.....	55
Table 4.3.1.3	Summary of Work-Life Imbalance Statistics.....	56
Table 4.3.1.4	Summary of Women Career Advancement Statistics.....	57
Table 4.7	Reliability and Convergent Validity.....	58
Table 4.8	Barriers that Impeded Advancement Question.....	60
Table 4.9	Hypothesis Testing.....	61
Table 5.1	Summary of Hypothesis Testing.....	63

LIST OF FIGURES

Figure 1.9	Structure of Dissertation.....	7
Figure 2.2	Social Cognitive Career Theory (SCCT).....	14
Figure 2.4	Conceptual Model of the Factor Affecting Women Leadership in Healthcare Industry in Selangor, Malaysia.....	16
Figure 3.2	Research Design.....	35
Figure 3.3	Research Populations, Research Sampling, and Research Sample Size.....	37
Figure 3.7	Primary Source: Survey Questionnaire.....	44
Figure 4.1	Respondent Age Group	49
Figure 4.2	Respondent Marital Status	50
Figure 4.3	Respondent Monthly Income.....	51
Figure 4.4	Respondent Job Seniority Level	52
Figure 4.5	Respondent Experience Present Job.....	53
Figure 4.6	Hypothesis Testing	59
Figure 4.7	Model Testing for Hypothesis.....	61

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LIST OF ABBREVIATIONS

Unirazak	Universiti Tun Abdul Razak
Dr	Doctor
PP	Percentage Point
CEOs	Chief Executive Officers
USA	United States of America
US	United States
SPSS	Statistical Package for Social Science
HOD	Head of Department
CNAs	Clinic Nurse Assistants
STEM	Science, Technology, Engineering, Mathematics
SCCT	Social Cognitive Career Theory
<i>H1</i>	First Hypothesis
<i>H2</i>	Second Hypothesis
<i>H3</i>	Third Hypothesis

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Abstract of the project paper submitted to the Senate of Universiti Tun Abdul Razak in partial fulfillment of the requirements for the Master of Business Administration.

**Factors Affecting Women Leadership in Healthcare Industry:
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By

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The research on factors affecting women leadership in healthcare industry, a study taken in Selangor, Malaysia. This study is focused on female employees working in healthcare industry located at Selangor, Malaysia. It's took total number of 85 women respondents. The fundamental elements applied in this research paper are precise information about the background of this research paper to identify the problem statement, to investigate the three research objective, three research questions, and three research hypothesis was framed. Quantitative research methods have been used in research methodology. The data collection method is wherever possible and need at personal and structure questionnaire. The data for this study are analysed using descriptive. The data tested was dood and validity of the three hypothesis has been obtained. The pie chart produced by descriptive statistics from the Statistical Package for Social Science (SPSS) assist the researcher in better understanding and analysing the data. The number of women at the middle and lower levels of management position is constantly increasing. However, this research is based on the fact that, among the greatest and best-known healthcare industries, gender equality and a fair chance for women to reach for top management level is not pervasive. Work-life imbalance, gender stereotypes, and organizational culture has significant impact on female career advancement.

CHAPTER 1

INTRODUCTION

1.1 Introduction of the Study

In the twenty-first century, there has been a noteworthy growth in the statistics of female found participating in leadership. Today, in many forms of daily life, both women and men are trying to be equivalent. Even though the number of women in the workforce is rapidly increasing, they continue to face obstacles and disadvantages when compared to men. In the field of leadership, this is particularly true. Aside from that, women are underrepresented in leadership positions, especially at the executive and board levels. Surprisingly, more women than men are said to have demonstrated traits like transparency, compassion, and teamwork support, all of which would benefit organizations as they move forward in healthcare delivery. However, females are outnumbered by males in the workplace and the number of women that climb up the ladder to high powered positions is very low. The researcher's objectives are to understand why women aren't more advancing to positions of leadership. The obstacles that most women have faced to reach top management positions must be analysed. The fundamental elements applied in this chapter are precise information about the background of this research paper to identify the problem statement, to investigate the research questions, research questions, the significance of the study, the scope of the study, the limitation of the study and the summary of the chapter 1.

1.2 Background of the Study

Leadership is a subject matter that comes up frequently in a discourse about leading organisations in our professional lives. Leadership is essential in all aspects of the healthcare system. It includes ruling individuals to achieve goals in the healthcare organization. Women have made significant progress in achieving leadership positions in today's business world (*Rani, 2017*). Modern ladies seek equal treatment as men and compete aggressively in politics, economics and society. Basically, in most countries in the world, women's empowerment is still an

illusion of reality (Selvi Narayanan, 2017). Having said that, a woman equally deserves to be a leader in the healthcare industry that carries successful and constructive changes with the given opportunities.

The healthcare industry is booming rapidly with the majority of women recruitment compared to men's but sadly there are still many challenges and disadvantages faced by women. Women in leadership positions are becoming more common today, but the number of female leaders around the world remains very limited. According to the report, the proportion of women in operational executive-level managers (C-suite) roles in Malaysia has increased year on year, with female chief finance officers increasing by 12 percentage points (pp) to 41%, female chief marketing officers (+14 pp to 36%), and female chief information officers (+3pp to 20%). The proportion of women in chief executive officer positions, on the other hand, had fallen by 5 percentage points to 10%, according to the report, which noted that this had been trending downwards since 2019 (May, 2021). Women own the prerogative to participate in society on an unbiased basis. Generally, gender is not supposed to represent a role to play in directing whether or not an individual can be a prominent leader. Individual strengths and personality traits should influence a person's leadership abilities.

1.3 Problem Statement

Theories of leadership emphasize characteristics that give a person the potential to mentor people, teams, or companies towards the achievement of growth and goals. The analysis has proven that the majority of women's seen in the healthcare industry as compared to men's but yet with a low percentage being in a higher position. In other words, the success of women often stems from the truth that they are determined not only on their professional abilities and successes, but also, in what respect the standards of what a woman and leader should be, meet their production and presenting, and how they identified a balance in the minds of decision-makers between the two categories that are often at odds with each other (MGCC, 2019). The level of perception of female leadership may be mediated by variations in interpersonal behaviour. There are various examinations that

emphasize the non-correspondence of male and female pioneers. This leads the peruses to believe that there might be many qualified ladies who need to accomplish the top jobs of the executives, yet they can't accomplish it on account of the huge number of hindrances in their manner. In this way, these ladies negatively affect their improvement in their vocations just as friendly turn of events. In fact, women make up the majority of healthcare workplaces, but not as leadership. The study in USA is showing that only 3% of healthcare industry CEOs lead by women, 6% are department chairs, 9% are division heads, and 3% are head of medical officers in the US at the moment (*Rotenstein, 2018*). Double standards issue still exist as a result of the gender pay gap and other sub-issues which constitute major obstacles to women's leadership. Looking at these results, we can see that men are appointed to more than half of the leadership positions, giving women a lower percentage of the upper hand in their careers.

1.4 Research Objectives

This research paper contains broad three objectives. To reach the problem statements, the following research objectives are chosen.

- i. To study the barriers to women's leadership in the healthcare industry in Selangor, Malaysia.
- ii. To investigate the organizational culture among women leaders in the healthcare industry in Selangor, Malaysia.
- iii. To explore strategies for women leadership in the healthcare industry Malaysia.

1.5 Research Questions

Following the identification of the research objectives mentioned above, the following research questions are framed to be answered as follows:

Research Question 1: *What are the substantial barriers that women face becoming leaders in the healthcare industry in Selangor, Malaysia?*

Research Question 2: *How does the organizational culture affect women leaders in the healthcare industry?*

Research Question 3: *What are the best strategies that are implemented in the women leadership in the healthcare industry in Selangor, Malaysia.*

1.6 Significance of the Study

The main significance of the study is to examine the reasons why there are still few women in top level positions. Even though important steps have been taken towards equal opportunities in the organization and many females have been hired in managerial positions, females continue to make up a smaller proportion of the upper echelons of leadership. The healthcare industry in Malaysia is one of the best in the region and is comparable to developed countries like Singapore. Malaysia has also been a popular destination for medical tourism in Southeast Asia in recent years (Dousin, 2017). However, the number of female Chief Executive Officers (CEOs) are still very few and there is clear social blockade that can be seen to this state of affairs (Rotenstein, 2018). Our modern, well-structured, high-tech society may have already accepted women in a wide range of jobs, but it may not be ready to welcome them into the world of management and superiority. Changes must be made to achieve a higher ratio of female leaders who persist, so some best practices as strategies will be recommended.

1.7 Scope of the Study

The study is focused on the female employee working in the hospital industry in Selangor, Malaysia, so it could only identify challenges faced by women. Following that, although the study is limited to women employees only, the researcher recognizes that challenges in career progression are faced by both men and women, this researcher only limited the study to women employees. Finding the relationship between organizational culture factors, gender stereotypes factors, and work-life imbalance factors that underrepresented women's career advancement, as well as developing and proposing the best strategies for women leadership in Malaysia's healthcare industry.

1.8 Limitation of the Study

This study has a few limitations that may have an impact on the study's results. Nonetheless, recommendations will be made for future researchers.

- **Geographical Location**

The researcher has chosen the geographical location of Malaysia because it is convenient and Selangor is the targeted district. The hospitals located in Selangor, Malaysia, was covered by this research.

- **Limited Sample Size**

For this study, the researcher target was to get 125 responses. The focus of this research was limited to small sample size which is 85 respondents due to time constraints and the area and therefore this could be a limitation.

- **Population Limitation**

Study is limited to women employees working in the hospital industry in Selangor, Malaysia. Normally, both men and women are counted as human beings. However, this is only one sided of study.

- **Time Limitation**

The time period for this study is three months, which may not be enough to conduct more detailed and in-depth data collection research. Therefore, the surveys are conducted between May 2nd to May 16th, 2021.

1.9 Structure of Dissertation

This research paper consists of five chapters. The **first chapter** of this research paper is the introduction. It provides an overview of women's leadership in the healthcare sector. The researcher discovered a few issues that prompted the researcher to investigate this matter. Following that, there are three research objectives and three research questions. Continue with the significance of the study.

The **second chapter** deals with reviewing and analysing the literature review, journal extracts, and articles that discussed the researchers' current and historical research study on the subject. The conceptual framework of three independent variables allocated, investigated to see if they have a positive impact on the dependent variable, which is to encourage whistleblowing in the workplace. Hypotheses would also have been established. In the following chapters, the findings apportioned, analysed and concluded with recommendations and conclusions.

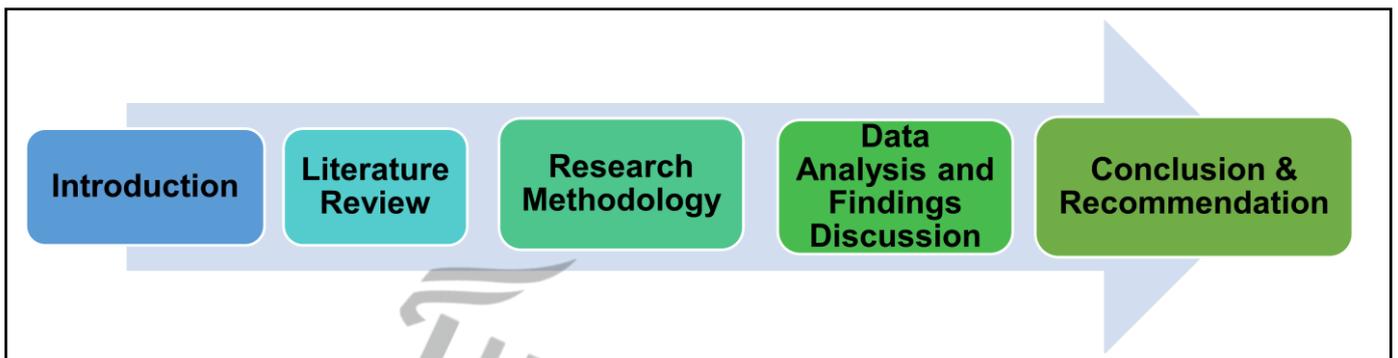
The **third chapter**, on research methodology, delves into sampling, research design, data collection method, research instrument, construct measurement, operationalisation and measurement, and data analysis technique. The goal of this chapter is to describe the research methodology and approach used, as well as the questionnaire design and administration required for this study.

The **fourth chapter**, on analysis and discussions, provides an overview of the data collected, summarized, and findings. All hypotheses and the three objectives are examined and discussed individually in SPSS system and calculations using an e-excel sheet have been used more frequently. The statistical analysis will be presented in the form of tables and figures in this chapter. The findings apportioned,

discussed and the necessary recommendations will be made based on the research findings.

The **fifth chapter**, on conclusion and recommendations, the implication of the study is arranged under various headings and recommendations are provided based on research findings.

Figure 1.9: Structure of Dissertation



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CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter presents the theories that are relevant to the research questions defined in Chapter 1. The discussion begins with an outline of our broad understanding of factors affecting women's leadership in the healthcare sector in Selangor and management approaches. Ultimately the barriers and challenges women encounter, the gender discrimination, societal perceptions and more. Hiring, promotion, and day-to-day interactions are all topics that need to be addressed in order to achieve a more responsive and equitable working community (*Gretchen Berlin, 2019*). This chapter will concentrate on literature reviews of previous studies conducted by some scholars in order to provide some basic history and foundation for the upcoming study project. Moving on, it demonstrates the theories that support my research paper and helped guide the development of hypotheses. On this topic, there will be a review of the variables. Next, from the research, a conceptual framework will be developed. Besides that, hypotheses on each of the elements will be developed continuously.

2.2 Theoretical Foundation

2.2.1 Historical Review of Women's Career Development

More women have entered the workplace over the last few decades due to advances in their level of education and equal rights that have not previously been accorded to women. In fact, when most people think of women in healthcare, they think of CNAs, Medical Assistants, Dental Assistants, or Registered Nurses. They rarely imagine a woman working in a hospital as a surgeon, CEO, HOD, or even a high-ranking doctor. Women in positions of power are frequently looked down upon. Despite the fact that we are now in the twenty-first century, they continue to face **discrimination, ridicule, and marginalization**. Similarly, we don't have a pipeline of

leadership for higher roles in the health sector, where women still make up the majority (*Women In Leadership Positions - A Shocking Reality, 2020*).

Women have made strides over the years, and women are now able to vote and go to college. But, given that women make up the rest of the healthcare workforce, why can't we see them as leaders in the industry? Is it true that women are not qualified to hold higher positions when they obtain degrees, complete internships, and achieve high ranks? Although women have accounted for nearly four decades for the vast majority of college-educated adults, their influence has not always been mirrored in the workforce, which has historically been dominated by men. The researcher found that, **gender stereotypes** and unconscious bias are also major impediments to women's advancement. In fact, Harvey Nash discovered male-dominated organisational cultures to be the primary barrier to women's advancement in a 2013 study. Add to this the effect of **gender discrimination**, in which some leaders consciously or unconsciously expect women to model the same behaviour that has resulted in executive success in the past: that is, typically 'male' behaviours (*Peake, 2017*).

Women prove their potentiality and ability in their niche field but failed to be acknowledged as a leader in the eye of a male leader (*Kalaitzi S et.al., 2019*). This is particularly evident in the achievement of a high-level position in the Malaysian Healthcare Industry. The very most position taken by women in the healthcare industry like Director of Nursing, Director of Human Resources and many managerial positions yet fail to see them in the position of CEO. Women in European countries are marginalised, according to the findings, due to social inequality, **organisational discrimination**, and occupational segregation. Some organisational strategies are effective, but they impede women's career advancement and have economic ramifications (*Nizam Ud Din, 2018*).

In today's modern world, fast modernization forms have a significant impact on both employment and professional opportunities. While there is much to be proud of, and most workers value diversity, analyzing women's representation at different levels shows that maintaining a diverse workforce in healthcare is also a problem (*Ellis, 2018*). Furthermore, statistics from local and global surveys clearly show that

women continue to be marginalized in this regard, as society's systems, structures, practices, and thinking are skewed toward patriarchal thinking, which is detrimental to the nation (*Hazim, 2019*).

In addition, it has proven by the Department of Statistics 2015 Salaries and Wages report, based on average earnings, there is a pay gap between men and women still exists (*Admin, 2017*). In the labor market, women face both vertical and horizontal segregation. As the metaphor of glass walls illustrates, **horizontal segregation** refers to men and women holding different positions in various economic fields, sectors, and occupations. Whereas **vertical segregation**, also known as the glass ceiling, refers to the lack of opportunities for advancement within an occupational hierarchy. When it comes to higher positions, women make up a much smaller percentage of the workforce. Women in positions of leadership remain a divisive issue (*Women In Leadership Positions - A Shocking Reality, 2020*). While society is discussing it, and the recognition that more female leadership would be beneficial appears to be growing, global statistics show that little or nothing is changing at the same time.

Following that, **work-life conflict** has emerged as one of the most significant barriers to women's organisational commitment, according to a review of the previous literature. Given the current economic and social changes, women are finding it difficult to balance their work and family lives. Work-life balance varies according to industry. Women's ability to balance work and family life is hampered by a lack of organisational support (*Ting Liu, 2021*). Besides that, there are various examinations that emphasize the non-correspondence of male and female pioneers. This appears the examines to accept that there may well be numerous competent women who got to fulfill the best employments of the executives, yet they can't accomplish it on account of the huge figures of hindrances in their manner. In this way, these ladies negatively affect their improvement in their vocations just as friendly turn of events.

The normal **people's mindsets**, from the young to the elderly, have been influenced by entertainment and fiction to see diversity and inclusion as the norm, a gender partnership. Eventually, in our culture, a woman's voice is silenced because

social norms demand that she behaves in a specific, determined way that is appropriate for a feminine being. In our culture, a woman's voice is silenced because the norms prescribe her specific, determined behavior appropriate for a feminine being (*John Fritch, 2019*). Therefore, with the challenges that Malaysia is facing, we definitely need a partnership of like-minded "heroes" of all genders and races. Women make up 80% of all front-line nurses, according to studies, but they are underrepresented in leadership roles in this crisis. In reality, only one of the three people who have made public comments about COVID is a woman (*Admin, 2017*). As a result, even in industries where women are well-represented overall, we're seeing a problem with under-representation of women in leadership positions.

It is discovered in studies on barriers to women's career advancement. Though we are now in the 21st century, women are still being discriminated against, put down and pushed aside (*Shiang Cheng Lim, 2020*). **Gender discrimination** is attributed to most of the problem's women face and has brought negative outcomes. To be honest, women are under-utilized, and this is the biggest challenge for the Malaysian labor force (*Department of statistics Malaysia Official Portal, 2020*). There are many talented women with their professional expertise in their field of work but sadly many dramatically underrepresented in the position of leadership in this country. In this healthcare sector, the main obstacles to gender equality include the threefold burden of domestic, clinical and leadership roles, resulting in higher rates of burnout and poor career management.

The problem is described by a well-written problem statement and the variables investigated in the research are identified. The research was managed by an Australian and a Turkish. It is the study that analyses differences in gender perceptions and leadership. The problem statement offers the rationale for the study and uses information and research to confirm the need for the study to address the problem. Research has identified various gender and leadership perceptions, reflecting distinct economic and social contexts. Most respondents from Turkey did not discuss the matter and did not believe that women were discriminated against as managers. On the other hand, Australian respondents have acknowledged discrimination. Leadership perceptions in Turkish universities align with a mainly male or transaction model and have shifted from heroic masculinity to more inclusive

leadership styles in Australia consistent with a transformation model of leadership (Tuvana Cure et. al., 2020).

The article outlines talk at a Gender Equity Workshop held in February 2020 as part of the Molecular Approaches to Malaria Conference (Hansen, 2020). There is well-written in Trends in Parasitology that cultural issues such as **bias and stereotypes**, as well as often male-dominated work environments with robust hierarchical natures, seemed to be the first hurdles faced by young female graduates beginning a career in STEM. In addition to these cultural tests, ladies are more likely to be the essential caregivers not as it were for youthful children but too for sick or elderly individuals of their families. Balancing work and caregiving responsibilities may be even more difficult for scientists in single-parent households. Furthermore, working conditions and work frailty were recognized as having a critical negative affect on women pursuing scientific careers. The large majority of appointments are for grant-funded short-term periods with no clear path to advancement. While this affects male researchers as well, career interruptions due to caregiving duties and the effect on their track records make these dubious scenarios more troublesome for ladies, encouraging them to seek alternative positions outside of the education sector. Whereas the aforementioned barriers are potentially quantifiable, other elements, such as a lack of role models and mentors, are more difficult to define with quantitative data but have also been identified as important detriments to women's career advancement in STEM (Hansen, 2020).

Our worldviews are shaped by these hidden, reflective preferences and can significantly impact how inviting and open a work environment is to distinctive people and concepts. Women leaders are performing an "interactive" leadership style that not only encourages the participation of others, but also seeks to enhance the self-esteem of others and to energize followers. Also, women often volunteer for office housework, which is time-consuming and regularly not recognized. On the other hand, for more visible activities, men tend to be volunteers. One resolution is for women not to offer every time for this type of activity. Whereas they are steady and accommodating, let other workers, counting men, contribute. On the off chance that you're capable for selecting individuals for these activities, assign tasks instead of inquiring for volunteers, so that you just can guarantee indeed gender distribution.

Moreover, lack of gender equality in leadership positions not only hinders progress in all areas, but also significantly affects the global economy. There is therefore a need to promote women's leadership.

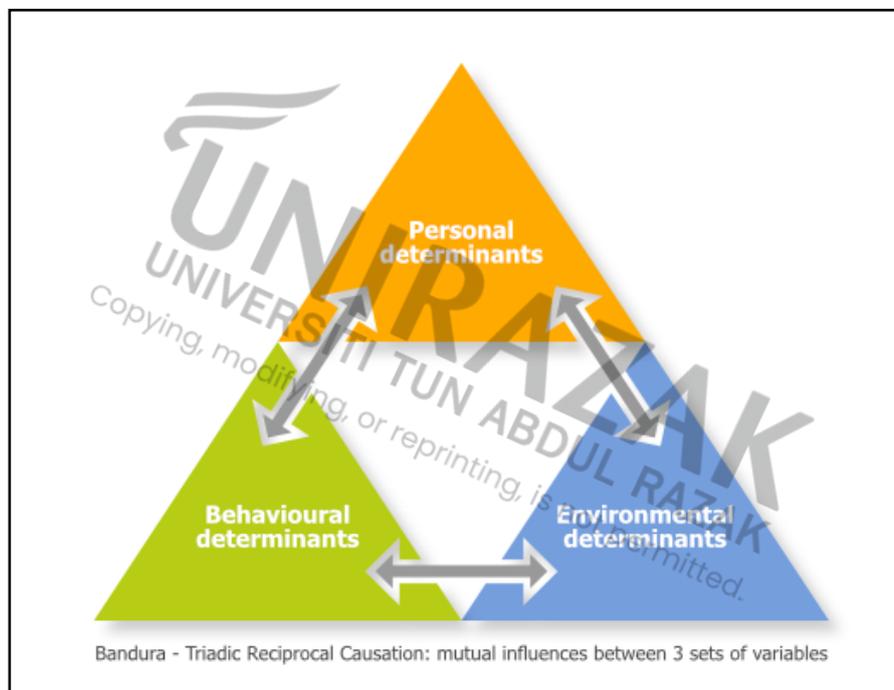
Being a reputable organisation, the best strategy is to lift a woman up by encouraging and making fair decisions in promoting by placing policies and procedures inclusive workplace cultures where women are valued regardless of the background or identity by respecting, their voices heard, and their action valued. Also, by having an inclusive and supportive environment where women can excel and achieve their desired goals. A message given by the Vice President of US Kamala Harris; women should be encouraged to boost their careers with a series of low-cost blocks, and is vital for women interested in Leadership roles. She emphasises that to grow a professional network, polish your written and verbal communication skills, earn professional certificates, and build a specialized area of expertise. Moreover, seek opportunity to develop her as a leader, with network connection to determine the value throughout entire career (*Deliso, 2021*).

2.2.2 Social Cognitive Career Theory (SCCT) in Women Career Advancement

Environmental factors that interact with self-Efficacy, outcome expectations, and goals have been found to affect career development and are different supports or barriers in earlier career theories. Neal Miller and John Dollard first proposed social cognitive theory in 1941. The social learning theory is another name for this theory (*Tinsley, 2017*). As the researcher dug deeper into the research, researcher found out that SCCT is based on the general social cognitive theory of Albert Bandura, a popular theory of cognitive and motivational mechanisms that has been applied to a wide range of psychosocial issues. SCCT was developed in 1994 by Robert W. Lent, Steven D. Brown, and Gail Hackett (*Sagas, 2020*). The purpose is inextricably linked to both self-efficacy and performance desires, according to social cognitive theory.

People prefer to set targets that are in line with their expectations of their own skill and the expected consequences of taking a particular course of action. In addition, today's women's achievement or loss in meeting personal goals becomes valuable evidence that tends to change or affirm self-efficacy values and outcome perceptions, according to a new report on influence and decision-making (Sagas, 2020). The framework below highlights learning and cognitive phenomena that complement existing career models and encourage them to connect them in conceptual terms. They drew heavily on Bandura's social cognitive theory, as previously stated (Truyens, 2019).

Figure 2.2: Social Cognitive Career Theory (SCCT)



Source : (Truyens, 2019)

Self-efficacy refers to a person's personal beliefs about his or her ability to perform specific behaviours or courses of action. Self-efficacy beliefs, unlike global confidence or self-esteem, are relatively dynamic and specific to specific activity domains. Expectations about the consequences or outcomes of specific behaviours are known as **outcome expectations**. People's choices about the activities in which they will participate, as well as deliberation of outcome as well as self-efficacy values are part of their effort and consistency in these practises. **Personal goals** can be defined as one's intention to participate in a specific activity or to achieve a certain

level of performance. People who set goals help to organise and guide their own behaviour, as well as to sustain it in the absence of more immediate positive feedback and in the face of inevitable setbacks.

There is a record of one person named Martha Matilda Harper, who first became the owner of her own franchise in the world as a woman, has proven this. Although she had difficulties working as a servant in her aunt's house since she was 7 years old in her early years, she never hesitated to accept any chances of success as a businesswoman. Martha eventually opened her first hair salon after a lot of hardships. Furthermore, she developed the very first idea of a franchise system and a professional hair salon. When operating the hair salons, she grooms female employees. This case highlights Martha's successful provision of the capacity of a woman as a businesswoman (*Shannon-Rose, 2020*).

2.3 Empirical Research

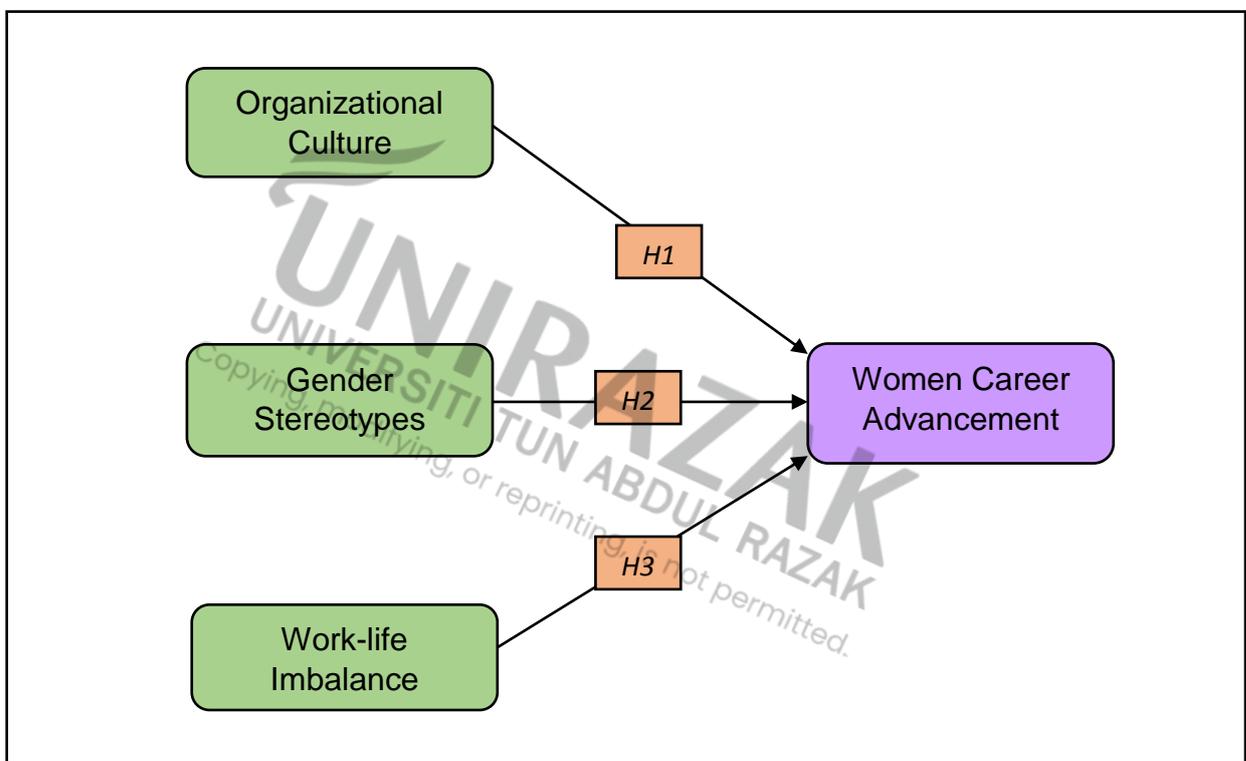
Empirical research typically seeks to find a general story or explanation, one that applies to various cases and across time. It functions to create new knowledge about the way the world actually works (*Bouchrika, 2020*). The information is gained through the data that is obtained from the survey form that was given to the respondent to fill in. It is used to quantify opinions, behaviour, or other defined variables that we set in the questionnaires in a structural format. All the research questions and objectives in this research paper can be answered after the data given by the respondent has been analysed based on the method prescribed in this research method. By having the finding of the research, the issue or the problem in these cases can be solved based on scientific rather than only based on speculation which is not really accurate.

2.4 Conceptual Framework

Factors affecting women leadership in the healthcare industry is an interesting topic to be investigated. Therefore, some of these principal variables will be further

reviewed to create a conceptual framework. The below model shows the conceptual framework that serves as the basis for this research study to be continued. The presentation contains an overview of the conceptual framework that is appropriate to the previously introduced theories, purpose and research concerns. Women in leadership are a broad subject, and the earlier chapter described many literatures. Consequently, the researcher has selected the theories that are most relevant to this topic.

Figure 2.4: Conceptual Model of the Factor Affecting Women Leadership in Healthcare Industry in Selangor, Malaysia.



2.4.1 Organizational Culture

Women's career advancement is also hindered by the organisational culture. The top five ways employers discriminate against pregnant women, according to the report, are making their jobs obsolete, refusing them bonuses, placing them on long-term probation, getting them off, and terminating or discontinuing their jobs. The study also exposed that after the women on their pregnancy, about 20% of women

had their rejection of job applications or revocation of job offers. Results of a survey also revealed that because they are afraid of losing their career or advancement, 30% of women are likely delaying their pregnancy plans (Faizli, 2017). Thereafter, women face the "motherhood penalty" once they have children. According to a Cornell University survey, mothers are considered to be less capable and dedicated than women without children, even when they have similar credentials. Working mothers, on the other hand, are stigmatised since fathers are thought to be more dedicated than men who do not have children (Murad, 2019). It penalises women because it is assumed that once they have children, they will be less committed to their jobs and careers. Furthermore, some people believed that the more children a woman has, the more she will be distracted from her career (Randstad, 2019).

The majority of healthcare professionals today are women, and they are saving lives and transporting patients to safety from harm. "Women are still viewed as "small men" with different reproductive organs in the US healthcare system. Of course, this is irrational, because it harms women as well as the healthcare system as a whole. (McClellan, 2019). Successful women frequently sabotage the success of other women. This dreadful tendency is referred to as the "queen-bee syndrome" is the name given to this terrible phenomenon. Women are highly ambitious, and when they see a chance to smear their female supervisor, often female workers become more capable. Following that, often women equate themselves to their female co-workers, and putting female leaders down helps them feel better for their own skills and qualifications, which is another reason why female manager are ranked lower by female employees (Reddy, 2018).

Successful female employees are a threat to male employees' ego, and thus their growth is obstructed (C. Nikhila Reddy et.al., 2017). The poor percentage of women in managerial roles is due to the misconception that men are better leaders than women. Men exemplify masculine attributes such as strength and authority, which were once thought to be desirable qualities in a leader. Furthermore, male leaders are more likely to take into account interpersonal fit perceptions when making successor judgments than female leaders is one of the highlighted reasons behind this judgment. The majority of the healthcare industry is led and full of male surgeons who, the majority of the time, have similar views towards women. Women's

sizes tend to be too thin, too sweet, and not naive to be leaders in this scenario. Men, on the other hand, are often perceived to be heavier, with more muscle, and to be more tough and frightening. Similarly, they get a sense of leadership when they see a more masculine female. But what most people don't realise is that a woman's appearance isn't everything, it is also how she uses her head.

Nevertheless, when fighting for their recognition in leadership positions, most females supported each other and remained united. They've always believed they're capable of it. Despite their unity, there are a few factions among the women who, to date, ended up with the perception that female leadership is wrong (*Alqahtani, 2019*). Adding on, prejudices against women limit their ability to be hired and promoted to higher positions of power in organisations. Cultural perspectives, social values, and the different ways in which people have been raised to think of and see women all play a role. Even when more women work in the healthcare sector, there are still very few opportunities for them to advance to positions of high leadership. This opportunity is worth considering, but it is likely not the only aspect. Employers are also sceptical that women can coexist successfully with men as co-workers. The primary reason given for such a situation is that women in many countries are responsible for childbearing. Secondly, the discrimination they faced in the early days and still worked to convince the general population that they were as capable as men to carry out all the roles assigned to them. Therefore, in female-dominated occupations as in the healthcare industry, women remain clustered in lower ranks.

As the situation of women involved in leadership roles is changing, there must be different perceptions of the role of women and men in senior positions and the gendering of these positions between men and women. Men believed that women were not in positions of leadership because they were ineligible to pursue those positions or because they desired more professional responsibility. Furthermore, they believe that women have no qualities to be strong leaders who can have the necessary impact. For example, there is a study of more than 1.5 million Medicare patients showed that those who had been treated with women's physicians are less likely than those treated by a male doctor to die or be hospitalized within 30 days. This same effect was found in a separate study of over 100,000 surgical patients. In the next 30 days, patients who had been operated on by a female surgeon were

significantly less likely to die (*Tsugawa, 2017*). Men and some ignorant women, moreover, would not treat a woman as a leader, regardless of what she does in the healthcare sector.

Thereafter, most women speak using words “I think, am not sure, perhaps, am trying, and tried”. The words they use in their conversation with their co-workers, make them sound unsure and damage their confidence level when holding one position. Having a softer voice could affect the progress of a woman to be a leader. Women are thought to be naturally less capable of taking on leadership responsibilities, so they do not seek them out, making women feel unworthy and unsuitable for top management positions. Dealing with emotions is completely normal. There are a wide range of emotions in the healthcare industry. Patient injuries, long hours in surgery, and workers who don't get enough sleep when they practise at night. Emotions are frequently uncontrollable in this environment. Certain people, on the other hand, conclude that having a woman as a leader would make her too emotional in all circumstances.

On the other hand, wages for both female and male employees are indefensible on the grounds of gender. The law states that any form of compensation, such as salary, vacations, or even life insurance, should be distributed equally to both sexes. In a similar establishment, both genders are expected to be paid equally. However, although both males and females have the same position in the company, their wages still have a different composition. This has been proven in the report on Statistics on Women's Empowerment in Selected Domains, Malaysia, 2019 by the Department of Statistics shows that the estimated income earned for a woman was RM35,508 versus RM38,088 for a male. This means that for every RM100 wage and salary received by men, only RM93.20 was received by women (*Goh, 2020*). Organizations dominated by men are not structured to bridge the gender divide and expand their workforce by exchanging ladies from low-wage to higher-wage positions.

Continuing with, women are also subjected to the social costs of bargaining. When men negotiate for a pay raise, they are seen as confident and assertive. When women do the same, they may be perceived as pushy and aggressive. It is still

critical to request a raise, especially if you are subjected to such gender biases at work (*Randstad, 2019*). In fact, males tend to be promoted more quickly than women because of the greater use of informal networking, while women simply rely on formal promotion procedures. Since there are very few women in management roles, businesses miss out on the benefits of having a diverse management team. Specialists with higher incomes are generally regarded as more competent, and as such, they are thought to be better prospects for top jobs.

Men's and women's median monthly salaries have gradually increased from around RM1,500 (men) and RM1,467 (women) in 2010 to amounts just above RM2,000 in 2017 and 2018 (*Lim, 2020*). Despite an average rise in median wages for both genders, female employees lagged behind their male peers every year for the last nine years, with the exception of 2016, where both genders earned the same RM2,000 median monthly wage (*Lim, 2020*). Men receive a median monthly salary of RM2,342 compared to women's RM2,227, according to the Malaysian Salaries and Wages Survey Report 2018, the most recent available data released by the Department of Statistics Malaysia in October 2019 (*Lim, 2020*). The gender pay disparity continues to widen as workers rise up the job ladder, according to WAO Advocacy and Communications Officer Tan Heang-Lee, because the consequences of gender inequality intensify with time (*Murad, 2019*).

Data has presented that 67% of Malaysian woman are cited as giving more attention and care to both familial, and personal responsibilities for them not being in the labour force likewise the men just at 2%. Therefore, women have been affected directly and negatively in their participation in the labour force (*Faizli, 2017*). Empowering women will be obliged to make them believe in themselves by having a positive attitude that all men can do the same to women. It is always known that the leadership and administrative style of the head are directly related to his or her success (*Farhana Hasbolah et.al., 2021*). Compared to a more practical problem-solving approach used by men, women are recognized for what can only be considered as an instinctive leadership style. It doesn't mean one is much better or vice versa than the other. What it merely suggests is that there is a distinction, nothing more, nothing less.

In this way, women's parts have developed to the point where most of them are often employed and this increases the status of women significantly. The concept of women and men are more bearable as compared to the 19th century. Effective healthcare leadership is important because it leads to successful outcomes. With that, having diversity in the organisation would create flexibility in work-life balance and positive organisational culture. There are always discussions about male vs female leadership. When asked to describe an effective leader, most employees envision a man. Such a pattern, according to research, exemplifies gender stereotypes. Most people associate leadership qualities with men, and social scientists have long been aware of this issue (Reddy, 2018) .

2.4.2 Gender Stereotypes

The main barrier to women's career advancement is gender stereotypes. Gender roles have a negative effect on the workplace, refusing women equal opportunity and empowering men to find their strengths and abilities through good professional achievement. Study shows, despite the rapid increase in the number of women in the healthcare workforce, the challenges and drawbacks women face compared to men remain unique (Ellis, 2018). Socially, internally, and in their work environments, women face a myriad of challenges. These stereotypes can have a positive or negative impact for both genders. However, because of some cultural and social norms, the negative effects are clearly more noticeable on the female side. Another topic that has been revealed by several research is that when men present suggestions for their teams, they are viewed as bosses, and their ideas are given greater weight. Simultaneously, when women make the same recommendations in the same language, their suggestions are not heard as well (Reddy, 2018).

Upon study, many book titles about female leadership have been inspired by the stereotype of these horrible bosses, such as Caitlin Freemant and Kimberly Yorio's "The Girl's Guide to Being a Boss" (Without Being a Bitch). In order to gain credibility and authority when female leaders were few, they had to prove themselves by being tough and cold. Conversely, when both genders are not provided with equal quality treatment and care for the same medical complaints, or when different manifestations of disease are not taken into account based on sex,

patient outcomes suffer. Gender stereotypes can be found in a variety of fields (Jefferson, 2019). Gender roles and responsibilities are changing every day because of technological changes and urbanization. Apart from that, the stereotype that only men had the right leadership skills and the culture that people used in the early days to make women in leadership positions have had a hard time guiding their employees. Therefore, they did not involve any female in any leadership-related activity (Alqahtani, 2019).

Research shows that there are still some regions of the world where stereotypes are being followed. Despite the fact that women possess all of the requisite skills and qualifications for a leadership position, women face barriers due to stereotypes (Faizli, 2017). The stereotype that only men had the right leadership skills and the culture that people used in the early days to make women in leadership positions have had a hard time guiding their employees (Alqahtani, 2019). In fact, as a result of the expected social roles they have to uphold, these stereotypes can put a stop to women from achieving their goals. These assumptions can lead to stereotypical danger, which is a self-reinforcing obstacle because women are always seen as simply less qualified of taking on leadership positions, so they do not seek them out or do not excel when they do. In comparison to men, women have fewer opportunities to hold coveted leadership positions.

We learn from history that society has a skewed perspective of leadership that is filtered through masculine lenses. Despite the strides made by the feminist movement, sexism still persists, and the society, both men and women, still favours men in leadership roles. Societal factors are the most difficult and time-consuming to change because they affect many aspects of life and cannot be easily controlled. As a result of globalisation, economic developments, and social circumstances, women's roles and self-perceptions in industrial countries are rapidly shifting, as is the lack of women in managerial positions, especially the one advanced by the "role congruity hypothesis of sexism against female leaders," which refers to the fact that women earn unfavourable considerations if the male-stereotype is maintained. On top of that, the form of glass ceiling in organizations is one of the negative consequences of gender stereotypes, which has sparked a workplace revolution

against them. It's a term for the intangible barrier that keeps people, especially women, from pursuing a particular career path.

According to (*Hazim, 2019*), the comparatively low proportion of women in politics is due to current assumptions and perceptions about men and women, although this is not necessarily the case. In addition, women are often ignored for positions that include certain "masculine" traits when we often see a man as a good leader. In fact, when something is so deeply ingrained, pursuing or desiring to work in demanding positions does not come naturally to all women. Women who are hardworking and career-oriented are frequently depicted as cold, stressed, and greedy. In fact, women are considered to be less qualified and capable of leadership roles, which have a direct impact on leadership.

Stereotyped assumptions also "significantly limit" young people's career choices, according to the findings of an influential commission set up by the leading gender equality campaigning charity the Fawcett Society, attributing to the gender pay gap (*Smithers, 2020*). It was understandably impossible to judge which gender has better management skills. Using the lens of social and multiculturalism to compare and extrapolate the phenomenon across countries may provide a foundation for better understanding the relationship between dominant sociocultural factors and barriers to women's leadership advancement (*Stavroula Kalaitzi, 2019*).

As time passes, from works focused on physical production and supply to social and ethical works, the types of jobs are extremely varied. Naturally, this gave women more job opportunities, reaching out to a larger number of women working in the workplace. This point has positively allowed significant changes to the concept of female in reaching a higher rank position as well. Although there have been significant changes in the role of women in management, in order women compete at the same level as men in the same field, energetically and need to work hard to achieve success (*Gretchen Berlin, 2019*). Besides that, women in positions of leadership continue to be a contentious topic. The recognition that more female leadership will be advantageous continues to be increasing, according to studies, but global numbers suggest that little or less is happening at the same time (*Marie Bismark1, 2015*). Power is traditionally held in the hands of men at the highest

levels. Essentially, the gender role concept aids in the definition of women's responsibilities in governance and provides guidance on areas where either gender should focus to increase efficiency according to (Andrews, 2021). People have only recently realised the importance of gender diversity at all levels. In the past three decades, several experiments have been undertaken to learn more about the relationship between women's inequality and leadership. In particular, these modifications contributed to the low number of women in positions of power.

It is important for society to recognise that if women are in positions of power, they will have an effect that is greater than their direct influence on society. However, the institutional mentalities are the most important obstacle and are a significant reason why we do not see more women at the top leadership levels. Individuals make presumptions almost ladies at work and as pioneers on the premise of their stereotypic parts in society. Often, women are restricted in their progress due to bias, or, worse, never even given an opportunity. In the workplace, ingrained stereotypical prejudices do the most damage by erecting walls that feel insurmountable for certain women who might do well under different, more desirable circumstances. To get to the top, women still need to overcome many hurdles that their male counterparts do not encounter (Ho, 2020). As a matter of fact, the characteristics and abilities displayed by women as they strived to be great leaders in the groups or organisations, they worked in were not becoming efficient because the promotion of other women was not supported only by male employees but also by female employees.

Employer impression is that if women were assigned a leadership position, they would not succeed as male leaders. Women are still subjected to pregnancy discrimination. When it comes to pregnant women in leadership, pregnancy is viewed as an inconvenience by many men because they will have to take a paid leave of absence from work and incur a financial loss. In fact, because a woman is pregnant, she may be rejected for a leadership position. They could even be demoted as a result of having a child and are now considered weak and incapable of performing their duties as efficiently and quickly as they used to.

2.4.3 Work life Imbalance

Women also are facing a work-life balance challenge. Modernization has had a significant impact on families today, where both parents are working full-time and do not have quality time to spend with their children. Women, along with their professional pursuits and obligations, have a larger burden of managing family responsibilities. In addition to the time and resources women devote to their families, the additional negative expectations of men will cause women with families to feel overburdened. Having a family is seen as a disadvantage or a distraction, and women are unable to successfully maintain a family and a job (*Marie Bismark1, 2015*). Moreover, during this Covid-19 pandemic, doctors, nurses, and all the front liners facing challenging issues as being work for long hours and hardly have time for the family. When the ladies are alone it may seem normal, but when they are married and have children it is not appropriate. Certainly, some women are being bold, and some are not, by getting negative feedback from the employer knowing that words are being manipulated yet women face emotional challenges that may affect work-life balance.

In both a home environment and a work environment, these stereotypes can be seen, and left unchecked in the workplace, can lead to a lack of gender equality in management positions. In the concept of gender bias, stereotyping plays a major role. Studies revealed that, women who do not have access to paid family leave are more likely to exit their employers, and only 12% of private-sector employees in the United States have it. There's even the question of fair pay, which is yet to be settled (*Dani, 2019*). In reality, working women spend more time on housework than men, despite the fact that men spend the same amount of time at work. Eventually, doing housework gradually became stereotypical for women, meaning that men moved away from home-related tasks and women are responsible for all the chores related to the house such as cooking, ironing, washing clothes, raising children, cleaning, dusting and etc.

Thus, for those grounds, there were rarely seen women in managerial positions in the world. Working women find it tough to balance family time and resources with work in order to do well in all jobs. For instance, women being a

majority contributor to the family and at the same looking forward to a leadership role. In the process they may fail to focus on the family needs, additionally losing their desired goals.

According to (*Council, 2018*), the quantity of females in management positions in the business world is extremely low, compounding the numerous challenges that women face in the workplace. The reason women are at a crossroads between economic growth and family development, and there are several organisational, individual, and societal factors that make work-life balance difficult (*Mengistu, 2018*). According to a Pew Research review of data from the United States Bureau of Labor Statistics, 29.5 million women in the labour force have at least a bachelor's degree in the first quarter of 2020, compared to 29.3 million males. Women, aged 25 and older, now account for more than half of the college-educated workforce (50.2%) — an 11% increase since 2000” (*Dani, 2019*). Women are by and large not respected as proficient specialists within the working environment because organisations regard women as having a domestic positioning. Male executives feel that women, even if they are not married or have no children, may have a negative effect on their job, which is necessary for the executive position. This typically results in the female being selected for a place at the top of the corporate ladder, which is a huge drawback for women. As a result, many organisations that employ the best employers assume that if women marry, they will be more responsible for their families and childcare, or that if they marry, their job performance will continue to suffer as a result of their family orientation.

Consequently, women have fewer opportunities to work in top management roles than men. Therefore, it seems men earn more money and keep getting the credits, women are more likely to quit their jobs in order to care for their children (*Reddy, 2018*). Besides that, in some regions of the world where men associate women with only household purposes, not leadership. They believe that women do not have the qualities required to be great leaders who can have the impact needed. Although caring for a family will add to the current challenges that women encounter, it is important to remember that women who seek jobs while upraise a family will still feel that they have accomplished an acceptable work-life balance. According to the report, 20 percent of employers are seen as the most significant factor in keeping

women in Malaysia from gaining equality with men by failing to assist women in balancing work and family responsibilities (*What helps or hinders Women's Equality?*, 2020). This gender difference cannot be ignored as such, and it remains an underlying factor in this paper, which is why it is taken into account. It is fundamental for society to understand that once women are in positions of leadership, they can make a difference that extends beyond their direct influence on society as a whole. This study will examine the factors influencing women leadership in the healthcare industry, particularly in Malaysia, to kick into the procurement of gender equality in the Malaysian healthcare industry. The challenges that women encounter in reaching the highest levels of management, as well as the reasons for the negative perception of women's leadership in the healthcare industry.

2.5 Hypothesis Development

2.5.1 Organizational Culture

Subsequently, career advancement opportunities are ignored by top managers after recruitment and therefore women are left behind to reach at top level. Apart from that, a study shows that about 49.9% of Women workers decided that in order to assert their integrity, they needed to work harder and longer to demonstrate their potential, efficiency and capacity in order to achieve the same level as men (*Selvi Narayanan, 2017*). Most organisations were founded by men and partake some predispositions that prevent women from rising through the ranks. Women are afraid to articulate themselves, particularly in boardrooms, and they usually lack outstanding communication skills, which are important factors because their desire to take risks is hampered by a lack of resources (*Council, 2018*). When it comes to hiring the best managers, leaders or in fact a surgeon, people sometimes assume that if a woman is married, she is more responsible for her family and childcare or that if they marry, their work efficiency will begin to decline due to their family orientation and unable to attend any cases during emergency. As a result, women clinicians are rare to be seen and the same goes to women working under management have fewer opportunities to work in senior management positions than men.

Women are sometimes not chosen to be in the leading position because they were told not to be able to explain the product of the company, not to know the type of material, not very firm in providing instructions, and worst of all because they are dumber than men (*Melanie M. Hughes, 2018*). Both men and women possess problematic beliefs and perceptions. If they hold a leadership position, get discriminated against, put down, and shoved to the side, women are too often frowned on those (*Alqahtani, 2019*). The present study seeks to examine the perception of people towards female leadership because women have historically been largely excluded from leadership and managerial roles in Malaysian organizations. Therefore, though the healthcare sector is mostly covered by female employees, they are very low chances for them to reach top level management. Moving on, a report revealed employers are not doing enough to narrow the wage gap between men and women. Employers aren't doing enough to help women balance jobs and care roles, according to 26% of women. Employers are not recruiting enough women to senior jobs, according to 25% of women. The top three barriers that are internationally highlighted as the most significant reasons preventing women from reaching success are 21%, respectively (*What helps or hinders Women's Equality?, 2020*).

Employees do not perceive male leaders as less likeable when they make unpopular decisions, because they see them as leaders who do their jobs. Female leaders, on the other hand, lose popularity and face harsh criticism when they make the same decisions, because power and superiority are stereotypically considered masculine traits. Women who exhibit stereotypically feminine behaviour, such as being kind and sweet, are more likeable but perceived as less competent, according to Krishna Reddy. The less popular they become, the more competent and powerful they appear to employees (*Reddy, 2018*). In order to accelerate recent gains, we must strive to recognise success stories and exchange best practises in order to be proud of women's growth in the healthcare sector. In areas where we are still lagging, we must endure to eliminate blocks and report matters that are important to all employees in the industry (*Gretchen Berlin, 2019*). It is not boasting to let others know about your fields of concern, abilities, and achievements; it is giving others useful knowledge. Such solutions include changing the educational curriculum to allow young women to pursue positions of leadership and requiring quotas on

electoral ballots. Demanding quotas, organising actions, and designing trainings and campaigns targeted directly at women will all help to shift the result and, in the long term, discrimination (Ho, 2020).

Individuals are emotionally happy, will contribute more to the organisation, and will continue to function if their principles and processes are compatible with the corporate values. Promoting equity in hiring and promotion practises is perhaps one of the most important. Despite the fact that women make up a large portion of the nursing workforce, studies show that men hold a disproportionate number of leadership positions in the health-care industry. Increasing the number of women at the top of the health-care system will provide a critical depth of experience and understanding of women's particular health-care needs (Johansen, 2021). The wage disparity will not disappear overnight. Changes in policy, philosophies, and the workplace environment will be required. Management, on the other hand, will help to level the playing field and make the business a model of organisational equity by striving to pay workers equally regardless of gender (Doherty, n.d.). Most companies find that up to 5% of employees are eligible for a raise, according to Korn Ferry's 2019 study, and the average salary adjustment typically ranges from 4% to 6%," writes Ms. Barnard-Bahn. The total cost of remediation for businesses ranges from 0.1% to 0.3% of their total salary budget (Gamble, 2020).

Female employees' dissatisfaction with their lack of career opportunities is an issue as serious as the gender pay gap, and employers should address it. According to a survey conducted by The Happiness Index into workplace happiness, women did not feel as valued as their male colleagues regardless of sector or company size. When we talk about females feeling undervalued, we're not just talking about pay. It is part of a larger picture in which women are less happy at work than men. This suggests that female workers' concerns are not being addressed, in the same way that pay levels have been ignored for far too long (Tonylatter, 2018) .

H1: Organizational culture has significant impact on female career advancement.

2.5.2 Gender Stereotypes

In reality, the number of CEOs under the healthcare sector is still low. This was explained by Sunita Mei-Lin Rajakumar, who is one of a growing number of women who have defied gender stereotypes to rise to the top of the male-dominated corporate sector in recent years, not only in Malaysia but around the world (Ho, 2020). As per (Jun, 2020), there has been a decrease in the number of women holding the role of chief financial officer position in Malaysia. Another part covered by the report also revealed that 60% of Malaysian businesses, the lowest in the ASEAN region, are actively working to remove barriers to gender parity at senior levels. The career advancement in reaching top management level is tough for women executives since the glass-ceiling still occurs (Alqahtani, 2019). This implies that the most important obstacle to the upward progress of women is the organizational barriers that go beyond personal control. The need of mentorship is the number one figure contributing to the need of ladies in high-level authority parts (Capshaw, 2019).

Furthermore, on the one hand, the distinct has his personal set of arrangements or morals. Some discriminations refer to the description of stereotypical characteristics of women as negative leadership qualities, such as emotionalism and limited stress resistance. Culture alludes to the ways of life, expressions, values, measures, and images that have been created for a society in arrange to be passed on from era to era, thus the masculine characters are usually regarded as more appropriate for management. Ultimately, because women in organizations are highly visible as minorities, they are normally forced to conform to the dominant society. in the organization (Shiang Cheng Lim, 2020). Along with that, women have apparently needed to be more conscious of their appearance than their male co-workers due to unfavourable stereotypes of their male co-workers due to their appearance, skills, and in some cases, women have reportedly needed to be more aware of their appearance than their male co-workers.

According to both secular and non-secular leadership models, women have more transformational leadership characteristics than men. The organization's current challenge would be to find a consistent role model for female leadership.

Women are dynamic changemakers, and democratic governance requires their participation. Women politicians, according to a Global Voice for Women report, take a different approach to leadership. By relying more on social security and legal rights, they would increase confidence, yield the economy, and give fair value to their male counterparts (*Women In Leadership Positions - A Shocking Reality, 2020*). Women have the right to participate in society on an equal footing with men. Gender isn't supposed to be a determining factor in whether or not someone can be a great leader. To ensure that everyone has a fair chance of becoming a leader, a person's leadership skills should be dependent on their unique talents and personality traits.

Society should consider whether they are willing to grant women their vote of confidence, rather than whether they are ready to give women a key role. Perhaps this pandemic would aid in the eradication of the stigma. For instance, Kamala Harris is the first woman of color to be elected vice president of the US during the recent US election. Her message “to many women who will continue to break the barriers to be ‘first’ in their fields is not to give up, believe in yourself, and let your talent lead you. Moving forward with a positive directive having a good and supportive friend to keep you lifted up.” A woman identifies with a potential role model, predicts that she will follow in her footsteps, and guides her own career choices (*Deliso, 2021*).

It is important for leading female leaders to inspire and empower other females. Mentorship is basic in creating enabled ladies who are willing to fight biases and resist them. Being a reputable organisation, the best strategies is to lift a woman up by encouraging and making fair decisions in promoting by placing policies and procedures inclusive workplace cultures where women are valued regardless of the background or identity by respecting, their voices heard, and their action valued. By having an inclusive and supportive environment where women can excel and achieve their desired goals. A message given by the Vice President of US Kamala Harris; women should be encouraged to boost their careers with a series of low-cost blocks and is vital for women interested in Leadership roles. She emphasizes that to grow a professional network, polish your written and verbal communication skills, earn professional certificates, and build a specialized area of expertise. Moreover,

seek opportunity to develop her as a leader, with network connection to determine the valuable throughout entire career (*Deliso, 2021*).

H2: Gender stereotype has significant impact on female career advancement.

2.5.3 Work-life imbalance

During this COVID pandemic, most female front liners have to do overtime due to the number of cases increasing and internally hospitals need manpower. Thus, the female nurse will face challenges in recouping with their work-life balance, personal life, and career. Long working hours take up their entire day. When they are single, it may seem normal, but when they are married and have children, it is inappropriate. Therefore, they decide to leave the workforce. Once women leave the workforce to stay home, it becomes more difficult for them to return back to work and the position may have been replaced by others. Moreover, there is a model called Kaleidoscope career proposed by (*Wazir, 2018*), it says that women's career achievements are shifted according to their needs, interest, and life circumstances between the work-life balance and real life.

Because men earn more money, women are more likely to quit their jobs in order to care for their children (*Reddy, 2018*). Compared to men, women have different lifestyle options, but an important note is that it even varies between women, depending on their backgrounds and culture. One of the main reasons why women generally choose the way of life to raise a family is because women have lower wages than men. To make it easy for staff with children to participate to the greatest degree possible, work to meet schedules that will include children. This can include things like flexitime, four-day weeks, telecommuting, and after-hours work. The organisation can give talented candidates or certain roles more opportunities to gain the experience that leads to higher wages by making it laid-back to plan a full workday and eradicating some of the prominence on 9 to 5 facetime.

Hence, the pattern of Kaleidoscope has a changing pattern that gives a woman being sensitive to their needs of the family and integrate them accordingly in their careers with interprets the relational and situational in woman's career pattern. It's a daily challenge to achieve a work-life balance. In addition to the demands of the workplace, it is hard to make time for family, friends, community participation, spirituality, personal growth, self-care, and other personal activities. Basically, the ideal situation in which a woman can divide and manage her time and energy between personal fulfilment, work fulfilment, the fulfilment of one's role as spouse and parent, fulfilment of one's role as a responsible citizen and other important aspects of her life is described. A woman in a position of leadership is still ready and willing to deal with any emotion that is thrown at or dealt with by her. The barrier is sometimes open, and the barrier is sometimes hidden behind another itinerary. For case, a mother with a youthful child at domestic applies for an administration errand that needs more travel. She doesn't get her job, and another candidate is told that he's more skilled, which's wrong. The genuine reason for usually that the boss accepted she wouldn't need to travel or commit to a work since she had a youthful child.

H3: Work-life imbalance has significant impact on female career advancement.

2.6 Summary of Chapter 2

A thorough overview and understanding of the obstacle's women overcome to become a leader is covered in Chapter two. Besides that, on the basis of the survey response conducted with small population participants, all 3 hypotheses will be evaluated, and a suitable research methodology will be deliberated in the next chapter with that sample. Health care providers are society's true heroes, but they're not perfect. Although unconscious gender bias exists, it does not mean that clinicians or their patients are helpless. There are strategies that can be implemented to improve the care quality for female patients. These include encouraging gender diversity in health leadership, increasing women's representation in medical research, and training practitioners to recognise and eliminate personal biases (Johansen, 2021).

CHAPTER 3

RESEARCH METHODOLOGY

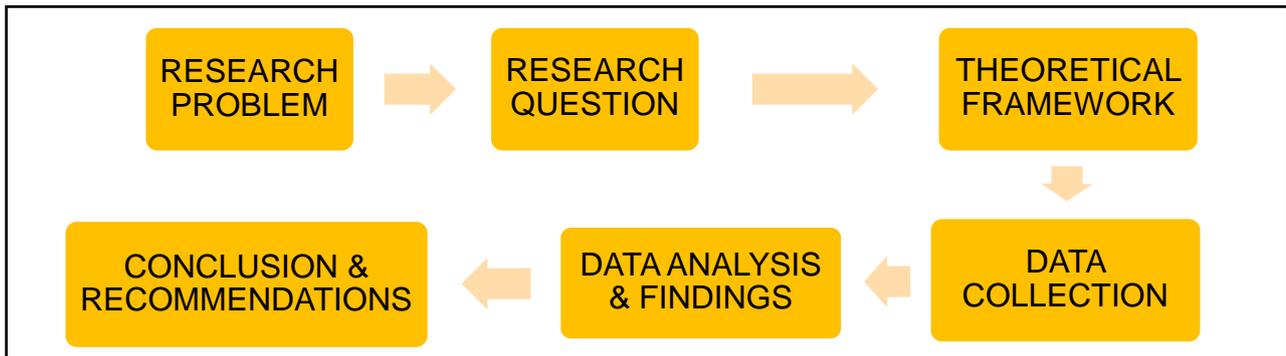
3.1 Introduction

The approaches for finding the required data to scrutinize the hypotheses highlighted in Chapter 2 would be explained in this chapter. The sections of this chapter will discuss the design of research to be, population study and sampling procedures, data collection, operationalization and measurement methods, data analysis techniques, and, finally, a summary of Chapter 3.

3.2 Research Design

The parameters of the research project are established by the research design. The choice of research approach is a key decision in the research design process because it determines how relevant information for a study will be obtained. Aside from that, the researcher should choose a design that provides relevant information on the research questions and hypotheses. Furthermore, the design allows the researcher to complete the task quickly. The researcher's reliability and validity are determined by how the data is collected, measured, analyzed, and interpreted (McCombes, 2021). The pie chart produced by descriptive statistics from the Statistical Package for Social Science (SPSS) assist the researcher in better understanding and analysing the data. Other than that, the descriptive research is carried out to gather information that portrays the factors of this ponder. In this ponder, a cross-sectional thought is utilized, in which information is collected from the target populace at a particular point in time and measurably outlined.

Figure 3.2 Research Design



3.3 Sampling Design

The population of interest is the study's target population that it intends to study or treat. In clinical research studies, it is often not appropriate or feasible to recruit the entire population of interest (Majid, 2018). In such cases, the objective of the research study is to generalize the study findings from the sample to the population of interest.

Sampling is the process of selecting a statistically representative sample of individuals from the population of interest. Online surveys in order to obtain a reliable result in support of the main barriers that researchers have pointed out. The design of the questionnaire that is given to the respondent answers the questions that the researchers address in the problem statement and hypothesis. The researcher will construct the question in such a way that there is no double answer for the questions given and that there is no bias. The questionnaire provides well-grounded information about perception as the barriers to women leadership in the healthcare industry. The researcher also ensures that the wording of the questions is in sequence and that the respondent can respond to the questionnaires based on their own experience. Besides that, the question sequence progresses from simple to difficult questions and from a general question to a specific question.

3.3.1 Target Population

In defining the target population, the scope of the study is important, and the target population is related to the research objective. This study will take an application research approach by a contribution of the healthcare field women employees. Furthermore, the targeted population is focused on those women's working in the healthcare industry in Selangor. It has 11 public hospitals and 44 private hospital institutions in Selangor, Malaysia. In addition, researcher will focus on those women working under clinical and management/administrative positions. Furthermore, the study's target population was aged 21 and above. The surveys are carried out from May 2nd to May 16th, 2021, which takes approximately two weeks. The goal is to investigate the factors that limit women's career advancement and to understand the obstacles to women's leadership in the healthcare sector.

3.3.2 Sampling Technique

Sampling refers to the method of selecting an appropriate number from the population of the exactly right element. In this research proposal, non-random sampling techniques (non-probability sampling) would be applied. This is often since they would offer the analyst with related information to reply the investigate questions and eventually meet the inquire about destinations. The company focuses on this study mainly because of the type of industry. For the drive of analysing the hypotheses and explaining the research questions, researcher have chosen the study population consisting of healthcare industry women employees from Selangor, Malaysia. The questionnaire method was used by the researcher to conduct this research because it was the most useful method of data collection in research methodology. A set of questions related to the research problem that elicited responses from respondents based on their basic understanding and beliefs that were provided. The sample size was determined using an online sample size calculator.

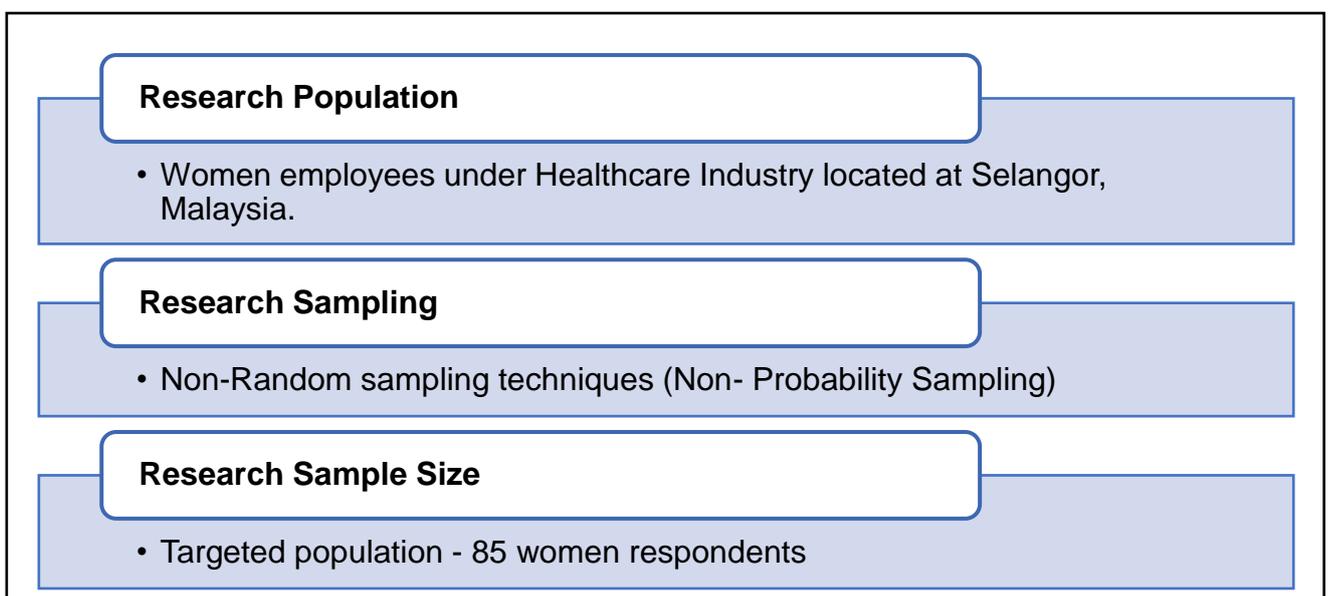
3.3.3 Sampling Elements

The examined perception and barriers by these non-sampling techniques are all inter-related between organization culture, gender stereotype, and work-life imbalance Malaysian women in the Selangor healthcare sector. It is vital and supportive for making comparisons among the things inside a specific develop. The main thing that will apply to my research project is the quantitative approach by conducting an online survey to gain and measure the factors that affect women's leadership in the health care sector.

3.3.4 Sampling Size

The process of allocation of questionnaires is the selection technique used in this research. A powerful tool for gathering information from respondents is the method of dissemination of questionnaires. Furthermore, the questionnaire distribution technique facilitates the compilation of the sample by the researchers and offers an uninterrupted method for selecting the sample. Consequently, by way of questionnaire dissemination, the researcher may achieve an efficient and reliable answer. The study of convenience sampling is non-random sampling techniques. The sample size consists of 85 of respondents working women employees from the healthcare industry in Selangor, Malaysia.

Figure 3.3: Research Population, Research Sampling and Research Sample Size



In Selangor, Malaysia, there are 11 public hospitals and 44 private hospital institutions. The researcher only selects the top ten hospitals in Selangor which consist of 5 best private hospital and another 5 best government hospital. In each hospital, there are more than 50 female employees. The survey was distributed to 10 female employees at each hospital. The target was to get 125 responses. The focus of this research was limited to 85 respondents due to time constraints and the area or coverage of the respondents who participated in these questionnaires being limited to the area.

3.4 Data Collection Method

This study takes an applied research approach by the contribution of the healthcare field women employees on the factors that hinder Malaysian women's career advancement. The data collection method is wherever possible and needed at personal and structure questionnaires. Primary and secondary data are the two types of data are used in research to collect data for the drive of examining hypotheses and answering research questions, a variety of data collection sources and methods are used. It is also fundamental to ensure that the data collection methods are suitable so that the research project can be carried out effectively and efficiently.

3.4.1 Primary Source: Survey Questionnaires

Primary data is by collecting the use of survey questionnaires. The researcher using questionnaire guides, key informants, and focused group discussions. An assessment of the concept of women leadership in the healthcare sector, analysis, range of outcomes, and perceptions of employees will be presented. The quantitative approach is conducted via online survey in order to gain and to measure the factors affecting women leadership in the Healthcare sector has been applied. Researcher uses a small number of participants conducted via an online survey to obtain a reliable result in order to focus on the main barriers women face in the healthcare sector. The advantage of using mail questionnaires is that they cover a

larger geographical area at a lower cost. Furthermore, respondents can complete it at their leisure, at any time and from any location. To achieve a progressed reaction rate, the analyst kept the questions short-lived and driven study follow-up.

This study is about factors affecting women's leadership in the healthcare sector and aims to identify the barriers women face to achieving these leadership positions. This paper also aims to verify whether there is gender discrimination in the workplace, and whether it is the primary cause that hinders the career advancement of women. Therefore, evaluating reliability and validity is the question of measurement. Analytical questions are tools or analytical methods used to measure the relationship between dependent variables and independent variables. The survey tool which has been used in this research paper is a systematic and structured questionnaire, which is divided into three parts in order to obtain reliable data.

3.4.2 Secondary Source: Existing sources of information

Secondary data refers to information obtained from previously existing sources and is essential for the majority of research. Subsequently, secondary data information would be obtained from sources that have already existed and are essential for most of the research. In my research project, several sources will be used, including books, organizational booklets, statistical abstracts, published journals, and some articles from websites.

3.5 Research Instrument

The e-mail questionnaires are used as study instruments in this research paper.

A mail questionnaire is a data collection mechanism in which the respondent can comprehensive the questionnaire at their own pace and place, and the researcher follows up on the return of the questionnaire. The questionnaire is adapted from previous researchers based on a review of the literature, with the goal of

investigating the relationship between gender stereotypes, organisational culture, and work-life imbalance. The analyst has chosen the subjective inquire about technique in arrange to pick up a closer and hint understanding of female and sexual orientation authority in hypothesis as well as in hone. This approach will permit me to construct connections and pick up believe of the pioneers in arrange to construct a great fabric in this thesis. The pie chart produced by descriptive statistics from the Statistical Package for Social Science (SPSS) assist the researcher in better understanding and analysing the data.

3.6 Construct Measurement

The constructs used in this research paper are adapted from various researchers, journals, and articles, as shown in the table below:

Table 3.6 Origin of Construct in this research

Variables	Question By Authors	Authors Sources /	Example of Measurement Items	Sources
Gender Stereotype	<p>Women are responsible for raising children.</p> <p>Men are mentally stronger than women.</p> <p>Women should cook and do housework.</p> <p>Men have more socialization skills.</p> <p>Men are better at making financial decisions.</p>	(Parameswari, 2020)	Men moved away from home-related task and women is responsible for all the chores related to the house.	(Alqahtani, 2019)
Organizational Culture	The organization is a very personal place. It is like an extended family. People seem to share personal information.		Management believes that men leader is better in decision-making than female leader	(Reddy, 2018)

	<p>The organization is a very controlled and structured place.</p> <p>The organization is very results oriented. A major concern is with getting the job done. People are very competitive and achievement oriented.</p> <p>We fulfill demands for rapid-response, special requests of our customers whenever such demands arise. Our customers have confidence in our ability.</p> <p>The organization defines success on the basis of the development of human resources, teamwork, employee commitment and concern for people.</p>	<p>(Carmen M. Felipe, 2017)</p>		
<p>Work-Life Imbalance</p>	<p>Does your organisation provide Flexible Work timings?</p> <p>Does your family gives you support for your job?</p> <p>Do they provide leaves to manage work life?</p> <p>Do they allow work from home?</p> <p>Does your organization take any initiatives to manage work life of its female employees?</p>	<p>(Dr. Shweta Sharma, 2019)</p>	<p>The time resources not equally distributed between work and home.</p>	<p>(Faizli, 2017)</p>

<p>Women Career Advancement</p>	<p>Because of who I am, a doctor or nurse, or other health care provider may treat me poorly.</p> <p>Because of who I am, I might have trouble finding or keeping a job.</p> <p>I worry about being treated unfairly by a teacher, supervisor, or employer.</p> <p>Because of who I am, people might try to attack me physically.</p> <p>I fear that I will have a hard time finding friendship or romance because of who I am.</p>	<p>(Ayden Scheim, 2019)</p>	<p>Women faces barriers to career advancement in every industry</p>	<p>(Admin, 2017)</p>
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3.7 Operationalisation and Measurement

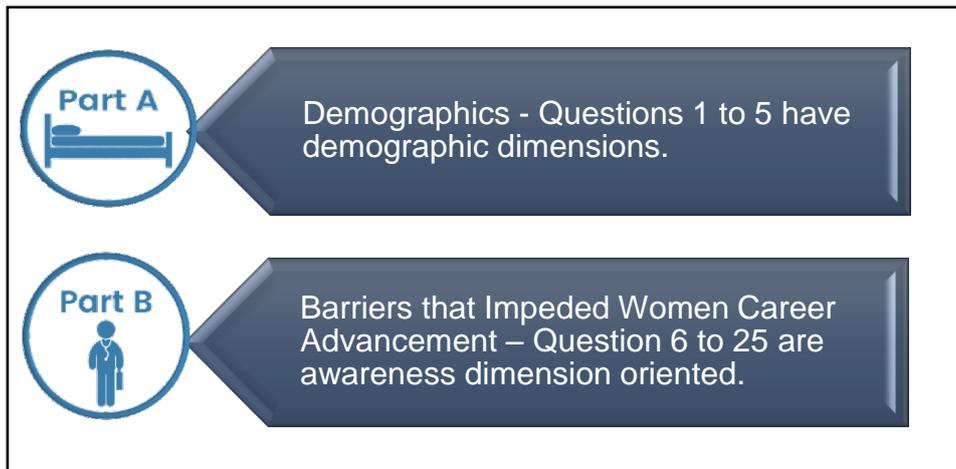
The researcher adopts an application of research approach by the contribution of the employees from the healthcare field on the perception around women in leadership. The data collected by the use of mail questionnaires means online surveys. The advantage of using mail questionnaires is that they cover the entire geographical area of Selangor at the lowest possible cost. Additionally, the respondents can too comprehensive it at their comfort at anyplace and anytime. In arrange to attain distant better; a much better; a higher; a stronger; an improved as well as a stronger reaction rate, the analyst kept the questions brief and did follow-up for the study.

Measurement is a matter of assessing reliability and validity. Therefore, the tool of analytical methods would be used to measure the relationship between dependent variables and independent variables. The survey tool to be used in the research project is a systematic and structured questionnaire. Furthermore, this

study includes quantitative research that examines the connection between the dependent variable (women's career advancement) and the independent variables (gender-stereotypes, organisational culture, and work-life imbalance). Surveys were used to collect data. The data collection method is wherever possible and needed at personal and structure questionnaires. It is also fundamental to ensure that the data collection methods are suitable so that the research project can be carried out effectively and efficiently. The researcher was able to understand the factors that impede Malaysian women's career advancement by collecting data through the use of a survey.

There are four different types of data scales: nominal, ordinal, interval, and ratio. As the scale moves from nominal to ratio, the level of sophistication increases gradually. The nominal and ordinal scales were used to design Part A of the questionnaire, which consists of five questions. The nominal scale is used by the researcher to assign subjects to each category. Part A of the questionnaire is about the respondents' demographic profile. The profile is split up into five categories: age, marital status, level of job, year of service, and monthly income. Respondents can be classified into four age groups based on their age: 21-30, 31-40, 41-50, and 51 and up. These four groups will be assigned the code numbers as 1, 2, 3, and 4. These numbers signify a modest and convenient tag with no real meaning. They are all female employees working in the healthcare industry. The respondent's preliminary information is also divided into five age groups, three types of marital status, monthly income which has been divided into four levels, job seniority level consisting of four levels and lastly year of experience in the present position four group. Part B of the questionnaire is the focus area of this research study, on the other hand, consists of four focus areas, which is organizational culture, gender stereotypes, work life imbalance and women career advancement. Each of the focus areas consist of five questions. The overall questions are 20 and are designed on an interval scale. Below shows Figure 3.7: Part B Barriers that Impeded Women Career Advancement.

Figure 3.7: Primary Source: Survey Questionnaires



Two sets of questionnaires are distributed to those women working under healthcare sectors. It permits the respondents to stipulate their own level of fulfilment for a specific point or title of the subject matter.

1. Part A is designed to assess the demographics of respondents. Questions one to five in this survey have demographic dimensions.
2. Part B is designed to evaluate respondents' opinion of "Barriers that Impeded Women Career Advancement" which is divided into four dimensions of awareness: Gender Stereotypes, Organizational Culture, Work-life Imbalance and Women Career Advancement.

This research uses quantitative methods. Quantitative approaches, which use statistics to test hypotheses, provide objectivity and general knowledge. The interval scale also entails conveying numbers to replicate how powerfully respondents agree or disagree with the construct statements.

Table 3.7: Part B Barriers that Impeded Women Career Advancement

Women Career Advancement Questions	Labeled	Likert Scale				
Organizational Culture	A	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The organization is a very personal place. It is like an extended family. People seem to share personal information to their colleagues especially women.	A1					
The organization is a very controlled and structured place. Women are not as outspoken as men due to this reason.	A2					
The organization is very results-oriented. A major concern is with getting the job done. People are very competitive and achievement-oriented regardless of employee from which gender has done the work.	A3					
Women can fulfill demands for rapid-response, special requests of the customers whenever such demands arise. Our customers have confidence in our ability.	A4					
The organisation measures success by how committed women are to the tasks they are given.	A5					
Gender Stereotypes	B	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Women are responsible for raising children.	B1					
Women should cook and do house work.	B2					
Men are mentally stronger than women.	B3					
Men have more socialization skills than women.	B4					
Men are better at making decisions.	B5					
Work-Life Imbalance	C	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Organisation offers flexible working hours.	C1					
Family provides you with support for your job.	C2					
Organizations provide leave to help employees manage their work lives.	C3					
Women should be allowed to work from home.	C4					
Organisation takes any initiative to manage the work lives of its female employees.	C5					
Women Career Advancement	D	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Because of women, other health care providers or employers may be treated poorly.	D1					
Because of women, men might have trouble finding or keeping a job.	D2					
Because of women's physical appearance, people might attack them either physically or emotionally.	D3					
Women worry about being treated unfairly by employers.	D4					
Women fear that enrolling in job may cause them to be unable to have family or personal time.	D5					

The Likert scale is also envisioned to measure the degree of intensity with which respondents agreed or disagreed with the statements. or disagreed with the

statements. The variables are evaluated using a 5-point Likert scale measurement questions ranging from strongly disagree (1) to strongly agree (5) shown in below table 3.8 *Table Data Scale of Measurement*. The Part B questionnaire is developed to evaluate respondents' opinion of “Barriers that Impede Women Career Advancement” which is divided into four dimensions of awareness.

Table 3.8: Data Scale of Measurement

Variables	Likert Scale
<u>Dependent variable</u> Career advancement	1 - Strongly Disagree 2 - Disagree 3 - Neutral
<u>Independent variables</u> Gender Stereotype Organization culture Work-life imbalance	4 - Agree 5 - Strongly Agree

3.8 Data Analysis Techniques

The framework of research methods and techniques chosen in this research is the descriptive research design. The design enables researchers to focus on research methods that are appropriate for the topic and set up their studies for success (*Research Design: Definition, Characteristics and Types, 2021*). The questionnaires were compiled and checked for errors and incompleteness. Following the completion of data processing, the researcher used SPSS software to analyse the data obtained in the research because it can help the researcher analyse quantitative data in an efficient and effective manner. Data is analysed using brief statistics such as percentage and frequency.

Descriptive analysis is utilised to enlighten the features of the study's target population, such as age, marital status, level of job, year of service and monthly income. Graphs, charts, and diagrams used to summarise and present data

collection in a more meaningful way. The pie chart generated by descriptive statistics from the Statistical Package for Social Science (SPSS) assist researchers in understanding and analysing numerical data more easily. This descriptive research design framework shows the inter-related variables used to look into and analyse the interrelation between organizational culture, work-life imbalance, and gender stereotypes with Malaysian women in the healthcare sector.

3.9 Summary of Chapter

This chapter commences with illumination of the method of research design, sampling size, data collection method, research instrument, operationalization and measurement, and expansion of the questionnaire till the method of data analysis which would be further discussed in my research project in order to interpret the statistical output. To ensure easy reading, the reports on the results will be presented in table or chart form and linked to the research questions and hypotheses of this study.

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CHAPTER 4

DATA ANALYSIS AND FINDINGS DISCUSSION

4.1 Introduction

Data analysis is the process of transforming, remodelling, and revising data in order to reach a specific conclusion for a given situation or problem. The data analysis in the research aids the researcher in reaching a conclusion. In the previous chapter of this study, the researcher has discussed the research methods that will be used for this research project. In this chapter, the researcher will present findings from the research project. This chapter presents data collected from the field, analyses it, discusses the results obtained from the questionnaires completed by the respondents, and finally interprets the findings on the factors influencing women leadership in the healthcare industry in Selangor. There is a statistical test used to determine the validity of the hypothesis that is designed in chapter 2 which determined women career advancement with organization culture, gender stereotypes and work-life imbalance.

4.2 Descriptive Analysis

The frequency analysis obtained from the demography data assists researcher in identifying any irregularities in the data collected and entered into SPSS. To interpret the data for dependent variables and independent variables, the researcher used frequency statistics and measurement model to describe the demographic profile of respondents and barriers that impeded women career advancement. This section will present findings related to the research project's context and will educate the readers.

4.2.1 Part A: Respondent Demographic

4.2.1.1 Respondent Gender

Out of the 125 targeted respondents of women employees working in the healthcare sector, 85 filled in and returned the questionnaires giving a response rate of 100 per cent. The targeted respondent are women employees working in the healthcare industry, both private and public sector, in Selangor, Malaysia. This response was attained after the researcher made efforts to call and remind the respondents to fill and return the questionnaires. From the table 4.1 the detail of respondent's gender is given.

Table 4.1 Respondent Gender

Gender		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	85	100.0	100.0	100.0

4.2.1.2 Age Group

Figure 4.1 Respondent Age Group

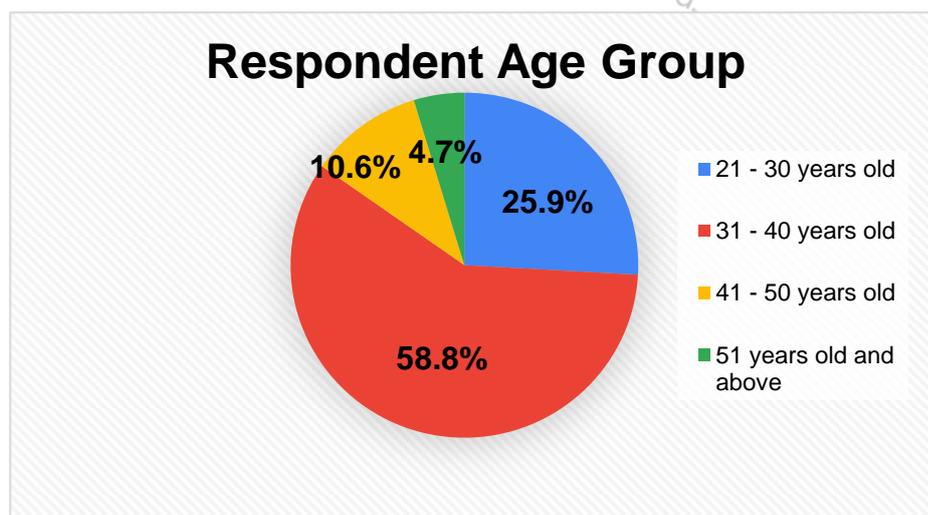


Table 4.2 Respondent Age Group

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21 - 30 years old	22	25.9	25.9	25.9
	31 - 40 years old	50	58.8	58.8	84.7
	41 - 50 years old	9	10.6	10.6	95.3
	51 years old and above	4	4.7	4.7	100.0
	Total	85	100.0	100.0	

Figure 4.1 depicts that the age group of respondents from the healthcare industry in Selangor, Malaysia. From the table above it is clear that the age group of 31 - 40 for 50 per cent of the research population. That shows the 58.8 per cent which is very high. The least is 51 years old and above which shows 4.7 per cent. Therefore, we can conclude this study focuses on the middle age group aging 31 – 40 years old. From the table 4.2 the details of respondents age group are given.

4.2.1.3 Marital Status

Figure 4.2 Respondent Marital Status

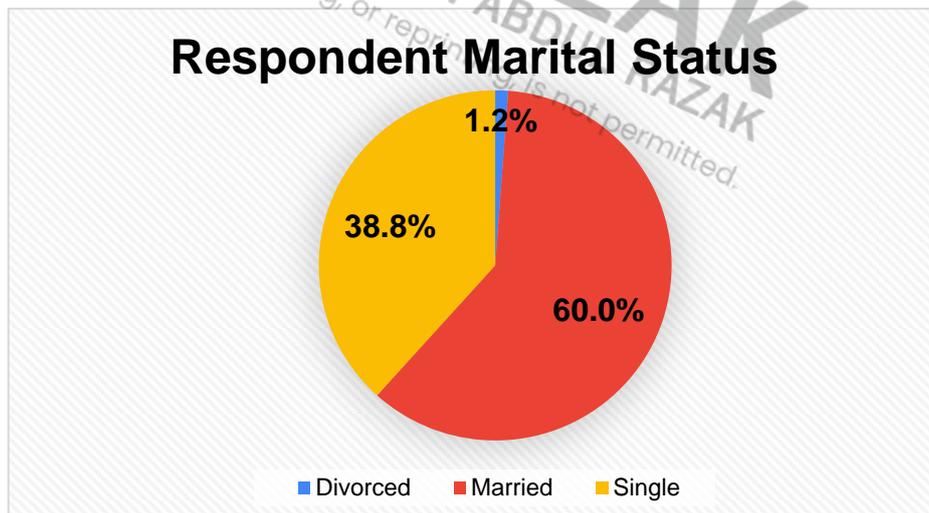


Table 4.3 Respondent Marital Status

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Divorced	1	1.2	1.2	1.2
	Married	51	60.0	60.0	61.2
	Single	33	38.8	38.8	100.0
	Total	85	100.0	100.0	

Figure 4.2 depicts that the marital status of respondents from the healthcare industry in Selangor, Malaysia. Most of the respondents are married people showing 51 respondents with 60 per cent while divorced women respondent is 1 showing only 1.2 per cent which is very negligible for any conclusion. So, from this data, we can conclude that the respondent research area focuses find that married women are more in the study area. From the table 4.3 the details of respondent's marital status are presented.

4.2.1.4 Monthly Income

Figure 4.3 Respondent Monthly Income

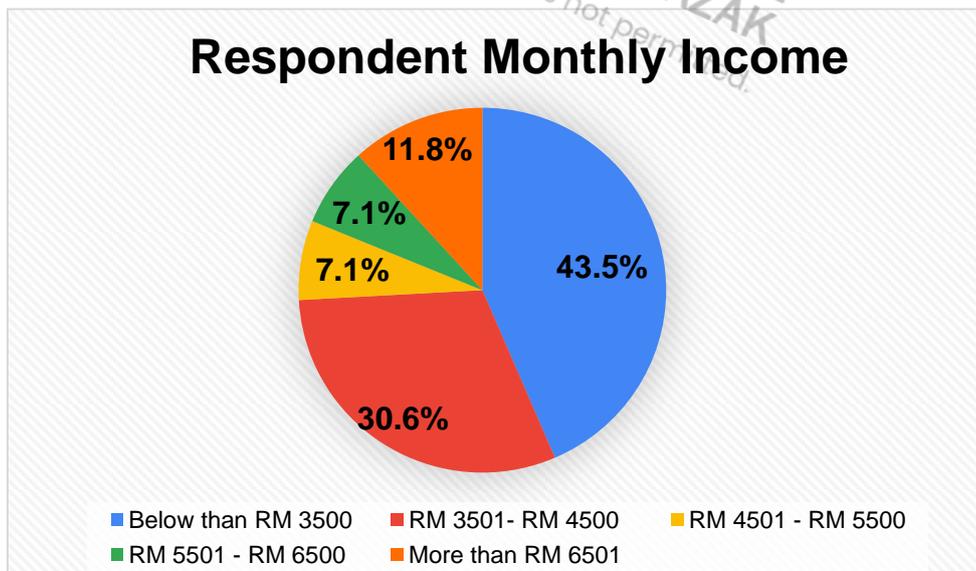


Table 4.4 Respondent Monthly Income

Monthly Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below than RM 3500	37	43.5	43.5	43.5
	More than RM 6501	10	11.8	11.8	55.3
	RM 3501- RM 4500	26	30.6	30.6	85.9
	RM 4501 - RM 5500	6	7.1	7.1	92.9
	RM 5501 - RM 6500	6	7.1	7.1	100.0
	Total	85	100.0	100.0	

Figure 4.3 shows the monthly income of respondents from the healthcare industry in Selangor, Malaysia. From the table above 43.5 per cent of those polled said their monthly income is less than RM 3,500. Following that, only few respondents the monthly income ranging between RM 4501 – RM 5500 and RM 5501 – RM 6500 is only 7.1 per cent each. In this study area, the salary scale is unacceptable. It is categorised as the majority of respondents experiencing economic hardship, and it displays the respondent's average monthly family earning income. From the table 4.4 the details of respondent's monthly income are provided.

4.2.1.5 Job Seniority Level

Figure 4.4 Respondent Job Seniority Level

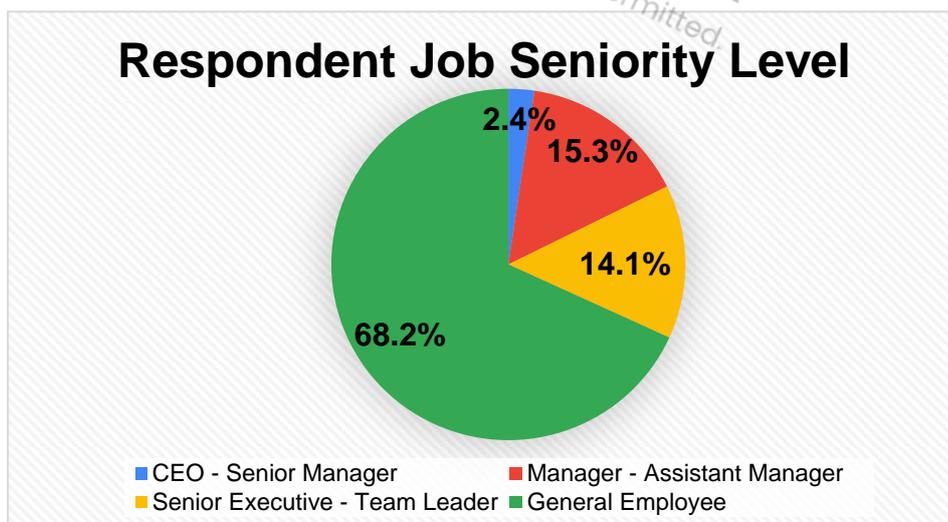


Table 4.5 Respondent Job Seniority Level

Job Seniority level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	CEO - Senior Manager	2	2.4	2.4	2.4
	General Employee	58	68.2	68.2	70.6
	Manager - Assistant Manager	13	15.3	15.3	85.9
	Senior Executive - Team Leader	12	14.1	14.1	100.0
	Total	85	100.0	100.0	

Figure 4.4 represents the job seniority level of respondents from the healthcare industry in Selangor, Malaysia. From the above table 4.5, the majority of women showing 58 respondents which 68.2 per cent continue to work as general employees. This data showed the researcher that only 2 respondent which is 2.4 per cent CEO - Senior Manager positions are held by women. As a result of the study population, we can conclude that it is difficult for women to achieve top positions.

4.2.1.6 Experience Present Job

Figure 4.5 Respondent Experience Present Job

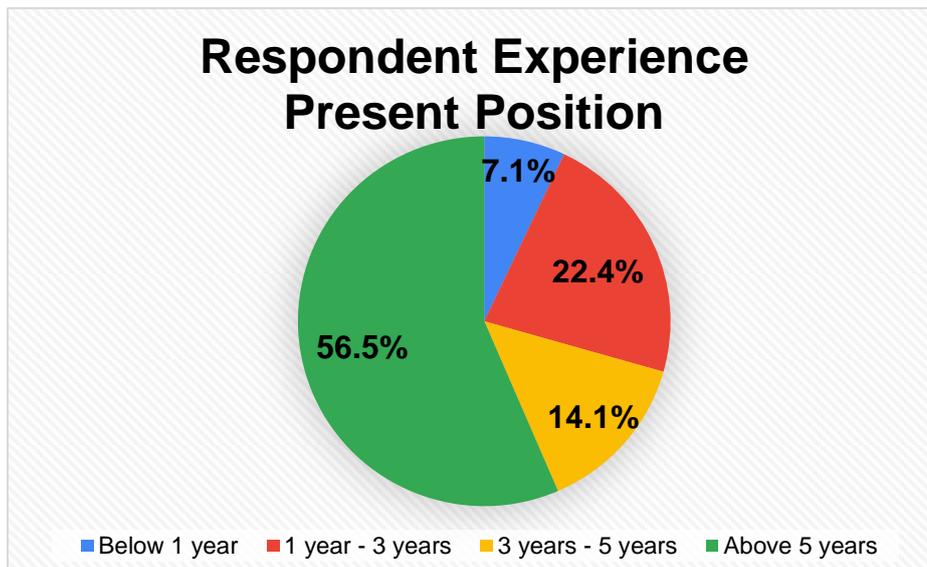


Table 4.6 Respondent Experience Present Job

Experience present position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 year - 3 years	19	22.4	22.4	22.4
	3 years - 5 years	12	14.1	14.1	36.5
	Above 5 years	48	56.5	56.5	92.9
	Below 1 year	6	7.1	7.1	100.0
	Total	85	100.0	100.0	

Figure 4.5 describes the years of working experience in the present position of respondents from the healthcare industry in Selangor, Malaysia. The data shows in table 4.6 is that only 6 people which is 7.1 per cent of respondents had worked in their current position for less than a year. These data show that majority of 56.5 per cent whereas 48 women had worked in their current position for more than 5 years. Therefore, we can conclude that the study population will continue to work in the same position regardless of the circumstances.

4.3.1 Part B: Barriers that Impeded Women Career Advancement

4.3.1.1 Organizational Culture

Table 4.3.1.1: Summary of Organizational Culture Statistics

Statistics		A1	A2	A3	A4	A5
N	Valid	85	85	85	85	85
	Missing	0	0	0	0	0
Mean		3.2118	2.7176	3.4706	3.8471	3.7412
Std. Error of Mean		.09915	.10264	.11666	.07940	.10338
Median		3.0000	3.0000	4.0000	4.0000	4.0000
Std. Deviation		.91410	.94632	1.07558	.73202	.95310
Variance		.836	.896	1.157	.536	.908
Sum		273.00	231.00	295.00	327.00	318.00

From the above table 4.3.1.1, it is clear that the mean for A4 “*women can fulfil demands for rapid-response, special requests of the customers whenever such demands arise. Our customers have confidence in our ability*” is very high which is 3.8471 and the lowest mean is for A2 “*The organization is a very controlled and structured place. Women are not as outspoken as men due to this reason*” which is 2.7176.

Following that, the highest standard deviation is 1.07558 for A3 “*The organization is very results-oriented. A major concern is with getting the job done. People are very competitive and achievement-oriented regardless of employee from which gender has done the work*” and the lowest standard deviation is 0.73202 for A4 “*women can fulfil demands for rapid-response, special requests of the customers whenever such demands arise. Our customers have confidence in our ability*”.

Lastly, the variance for A4 “*women can fulfil demands for rapid-response, special requests of the customers whenever such demands arise. Our customers have confidence in our ability*” is lowest variance which is 0.536 and the highest variance is A3 “*The organization is very results-oriented. A major concern is with getting the job done. People are very competitive and achievement-oriented regardless of employee from which gender has done the work*” which is 1.157.

4.3.1.2 Gender Stereotypes

Table 4.3.1.2: Summary of Gender Stereotypes Statistics

Statistics		B1	B2	B3	B4	B5
N	Valid	85	85	85	85	85
	Missing	0	0	0	0	0
Mean		3.2706	2.6824	2.7059	2.8353	2.7529
Std. Error of Mean		.13739	.13721	.13681	.12167	.12288
Median		3.0000	3.0000	3.0000	3.0000	3.0000
Std. Deviation		1.26668	1.26502	1.26136	1.12172	1.13290
Variance		1.604	1.600	1.591	1.258	1.283
Sum		278.00	228.00	230.00	241.00	234.00

From the above table 4.3.1.2, it is clear that the mean for B1 “*Women are responsible for raising children*” is very high which is 3.2706 and the lowest mean is for B2 “*Women should cook and do house work*” which is 2.6824.

Following that, the highest standard deviation is 1.26668 for B1 “*Women are responsible for raising children*” and the lowest standard deviation is 1.13290 for B5 “*Men are better at making decisions*”.

Lastly, the variance for B4 “*Men have more socialization skills than women*” is lowest which variance is 1.283 and the highest variance is for B1 “*Women are responsible for raising children*” which is 1.604.

4.3.1.3 Work-Life Imbalance

Table 4.3.1.3: Summary of Work-Life Imbalance Statistics

Statistics		C1	C2	C3	C4	C5
N	Valid	85	85	85	85	85
	Missing	0	0	0	0	0
Mean		3.6824	4.2000	3.8471	3.6588	3.6706
Std. Error of Mean		.13411	.10425	.10912	.11900	.10096
Median		4.0000	4.0000	4.0000	4.0000	4.0000
Std. Deviation		1.23647	.96115	1.00600	1.09711	.93080
Variance		1.529	.924	1.012	1.204	.866
Sum		313.00	357.00	327.00	311.00	312.00

From the above table 4.3.1.3, it is clear that the mean for C2 “*Family provides you with support for your job*” is very high which is 4.2000 and the lowest mean is for C4 “*Women should be allowed to work from home*” which is 3.6588.

Following that, the highest standard deviation is 1.23647 for C1 “*Organisation offers flexible working hours*” and the lowest standard deviation is 0.93080 for C5 “*Organisation takes any initiative to manage the work lives of its female employees*”.

Lastly, the variance for C5 “*Organisation takes any initiative to manage the work lives of its female employees*” is lowest which is 0.866 and the highest variance is for C1 “*Organisation offers flexible working hours*” which is 1.529.

4.3.1.4 Women Career Advancement

Table 4.3.1.4: Summary of Women Career Advancement Statistics

Statistics		D1	D2	D3	D4	D5
N	Valid	85	85	85	85	85
	Missing	0	0	0	0	0
Mean		2.2118	1.8118	2.7647	3.2471	2.8941
Std. Error of Mean		.12535	.11038	.13663	.13792	.14784
Median		2.0000	1.0000	3.0000	3.0000	3.0000
Std. Deviation		1.15567	1.01763	1.25970	1.27154	1.36298
Variance		1.336	1.036	1.587	1.617	1.858
Sum		188.00	154.00	235.00	276.00	246.00

From the above table 4.3.1.4, it is clear that the mean for D5 “*Women fear that enrolling in job may cause them to be unable to have family or personal time*” is very high which is 2.8941 and the lowest mean is for D2 “*Because of women, men might have trouble finding or keeping a job*” which is 1.8118.

Following that, the highest standard deviation is 1.36298 for D5 “*Women fear that enrolling in job may cause them to be unable to have family or personal time*” and the lowest standard deviation is 1.01763 for D2 “*Because of women, men might have trouble finding or keeping a job*”.

Lastly, the variance for D2 “*Because of women, men might have trouble finding or keeping a job*” is lowest which is 1.036 and the highest variance is D5 “*Women fear that enrolling in job may cause them to be unable to have family or personal time*” which is 1.604.

4.3 Reliability and Convergent validity

Convergent validity refers to how closely the new scale is related to other variables and other measures of the same construct. Unwavering quality evaluates whether a variable is reliable in what it is expecting to degree, while unwavering quality evaluates whether a variable is steady in what it is aiming to degree.

Table 4.7 Reliability and Convergent validity

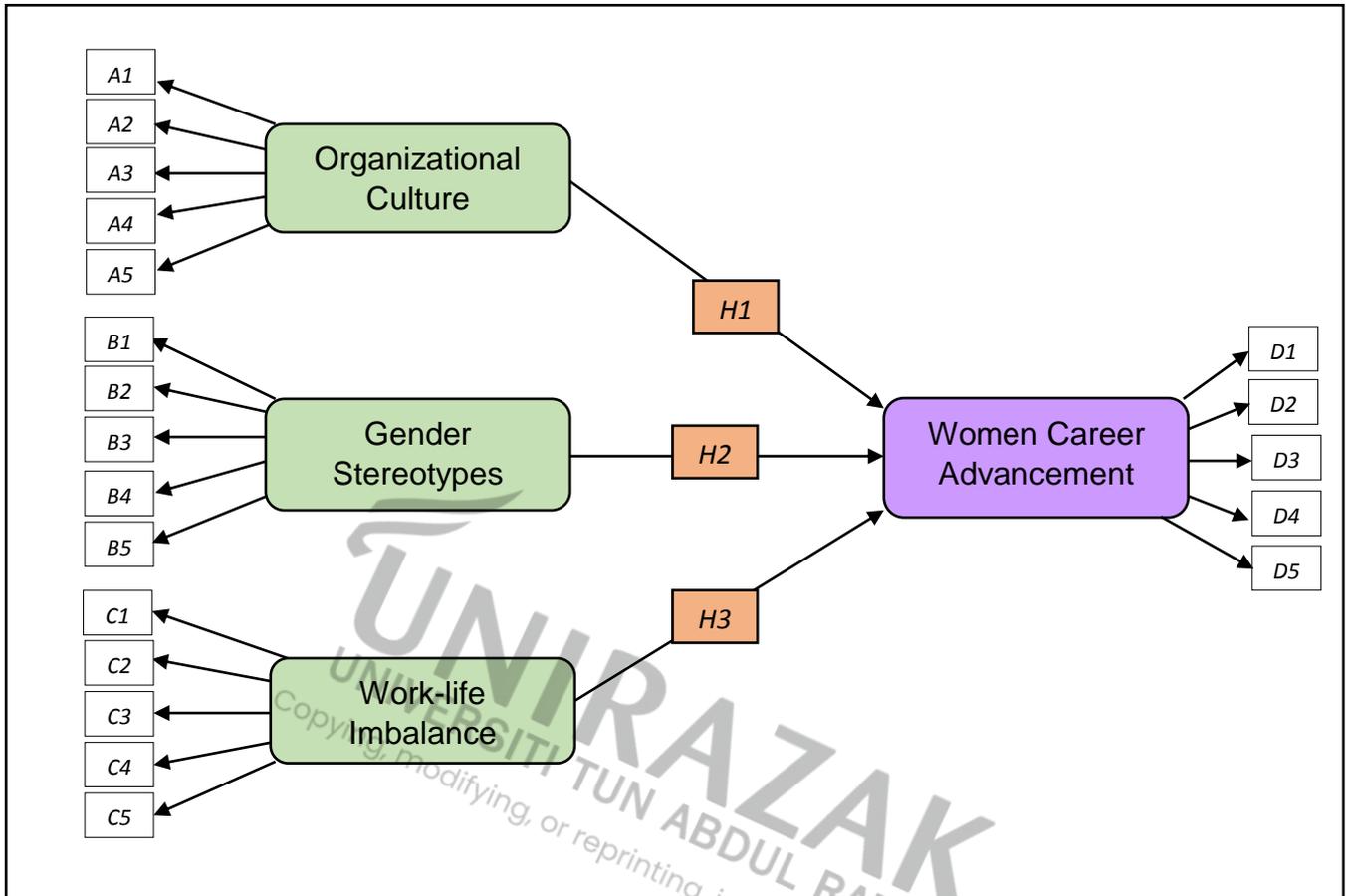
Constructs	No. of Items	Composite Reliability	Average Variance Extracted (AVE)
Gender Stereotypes	5	0.814	0.528
Organizational Culture	5	0.756	0.526
Women Career Advancement	5	0.846	0.523
Work Life Imbalance	5	0.744	0.504

Note: Develop for this research

Based on Table 4.7, the value of Average Variance Extracted of women career advancement is 0.523, gender stereotypes are 0.528, organizational culture is 0.526, and work-life imbalance is 0.504. All the four constructs had AVE more than 0.5 and Convergent validity is claimed when the correlation coefficient is greater than 0.50, though it is usually recommended when it is greater than 0.70. and therefore, this research and the contained questionnaires are valid and acceptable for the study.

4.4 Hypothesis Testing

Figure 4.6 Hypothesis Testing



Factor loading for all variables on their respective constructs is shown in Table 4.8 below. As shown in Figure 4.6, to test the hypothesis, the following questions were sent out to women employees in the healthcare industry, both private and public sector, in Selangor, Malaysia,

Table 4.8: Barriers that Impeded Women Career Advancement

Women Career Advancement Questions	Labeled	Likert Scale				
Organizational Culture	A	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The organization is a very personal place. It is like an extended family. People seem to share personal information to their colleagues especially women.	A1					
The organization is a very controlled and structured place. Women are not as outspoken as men due to this reason.	A2					
The organization is very results-oriented. A major concern is with getting the job done. People are very competitive and achievement-oriented regardless of employee from which gender has done the work.	A3					
Women can fulfill demands for rapid-response, special requests of the customers whenever such demands arise. Our customers have confidence in our ability.	A4					
The organisation measures success by how committed women are to the tasks they are given.	A5					
Gender Stereotypes	B	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Women are responsible for raising children.	B1					
Women should cook and do house work.	B2					
Men are mentally stronger than women.	B3					
Men have more socialization skills than women.	B4					
Men are better at making decisions.	B5					
Work-Life Imbalance	C	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Organisation offers flexible working hours.	C1					
Family provides you with support for your job.	C2					
Organizations provide leave to help employees manage their work lives.	C3					
Women should be allowed to work from home.	C4					
Organisation takes any initiative to manage the work lives of its female employees.	C5					
Women Career Advancement	D	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Because of women, other health care providers or employers may be treated poorly.	D1					
Because of women, men might have trouble finding or keeping a job.	D2					
Because of women's physical appearance, people might attack them either physically or emotionally.	D3					
Women worry about being treated unfairly by employers.	D4					
Women fear that enrolling in job may cause them to be unable to have family or personal time.	D5					

Table 4.9 Hypothesis Testing

Constructs	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Organizational Culture -> Women Career Advancement	0.205	0.229	0.117	1.757	0.039
Gender Stereotypes -> Women Career Advancement	0.285	0.303	0.118	2.406	0.008
Work Life Imbalance -> Women Career Advancement	0.21	0.238	0.106	1.984	0.024

Figure 4.7 Model Testing for Hypothesis

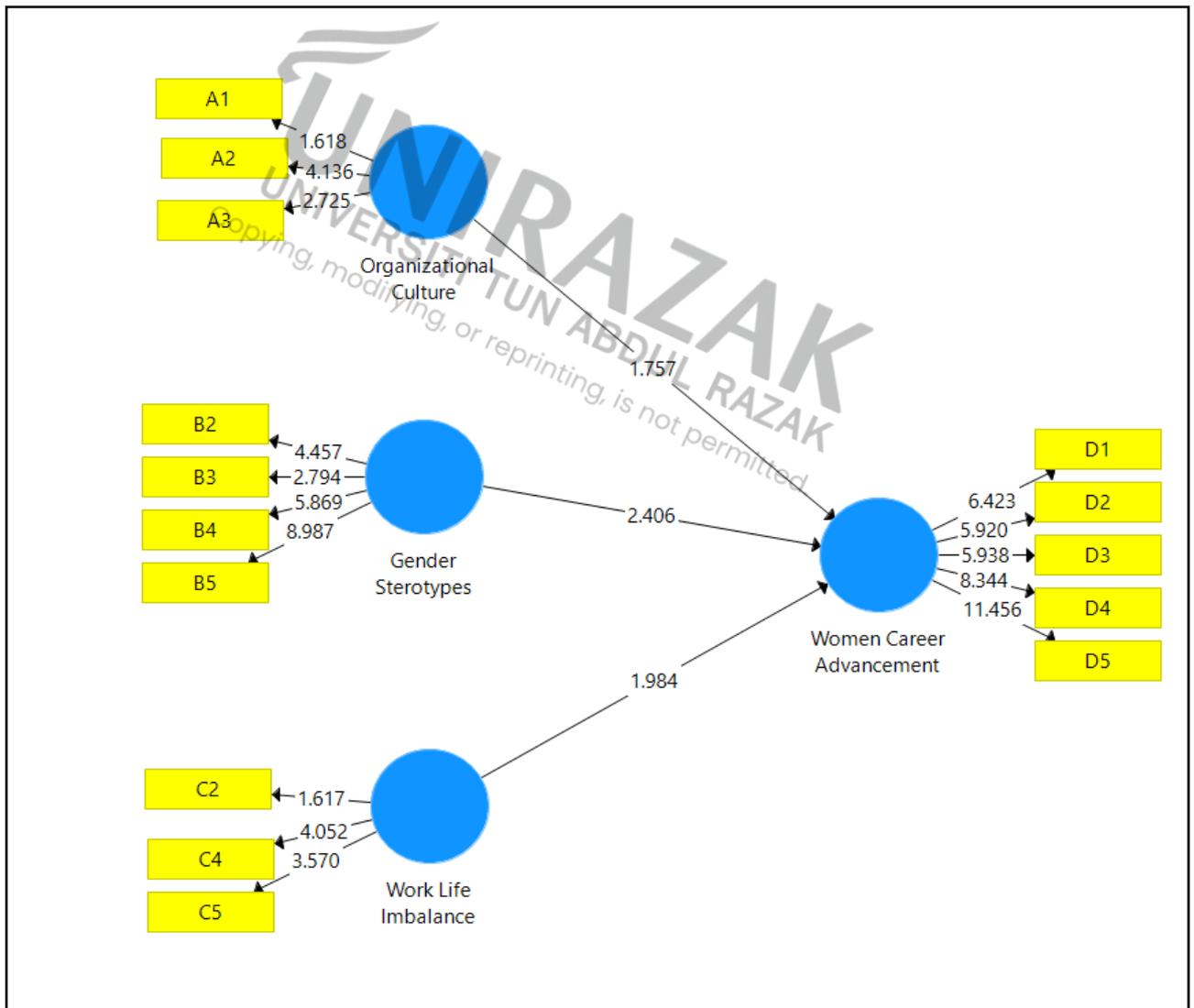


Figure 4.7 above portrays model testing for 3 hypotheses. Section B of the questionnaire collected data on numerous constructs professed as blockades to women career advancement in the healthcare industry in Selangor, Malaysia. Organizational culture, gender stereotypes, and work-life imbalance are the barriers investigated in this study.

The first variable is organisational culture, for which 5 questions A1, A2, A3, A4, and A5 were initially generated. The system supports questions A1, A2, and A3, but not questions A4 and A5. Therefore, the system is unable to generate results for questions A4 and A5.

A2 question scored the highest t-value which is 4.136, followed by A3 with t-value = 2.725, and the lowest t-value is A1 with t-value = 1.618. As a result, utmost of the respondents tends to agree the declarations of organizational culture for question A1, A2 and A3.

The second variable is gender stereotypes, for which 5 questions B1, B2, B3, B4, and B5 were initially generated. The system supports questions B2, B3, B4 and B5, but not questions B1. Therefore, the system is unable to generate results for questions B1.

B5 question scored the highest t-value which is 8.987, followed by B4 with t-value = 5.869, B2 with t-value = 4.457 and the lowest t-value is B3 with t-value = 2.794. Consequently, maximum number of the respondents tend to agree the statements of gender stereotypes for question B2, B3, B4 and B5.

The third variable is work-life Imbalance, for which 5 questions C1, C2, C3, C4, and C5 were initially generated. The system supports questions C2, C4 and C5, but not questions C1 and C3. Therefore, the system is unable to generate results for questions C1 and C3.

C4 question scored the highest t-value which is 4.052, followed by C5 with t-value = 3.570, and the lowest t-value is C2 with t-value = 1.617. Thus, most of the respondents tend to agree the statements of work life imbalance for question C2, C4 and C5.

The final variable is women career advancement, for which 5 questions D1, D2, D3, D4, and D5 were initially generated. The system supports all the five questions; therefore, the system is able to generate results for all the five questions.

D5 question scored the highest t-value which is 11.456, followed by D4 with t-value = 8.344, D1 with t-value = 6.423, D3 = 5.938 and the lowest t-value is D2 with t-value = 5.920. As a result, the majority of respondents agree with all of the statements about women's career advancement.

Table 5.1 Summary of Hypothesis Testing

Relationship	Hypothesis	T Statistics (O/STDEV)	Remarks
Organizational Culture -> Women Career Advancement	H2	1.757	Accepted
Gender Stereotypes -> Women Career Advancement	H1	2.406	Accepted
Work Life Imbalance -> Women Career Advancement	H3	1.984	Accepted

First hypothesis H1: Organizational culture has significant impact on female career advancement.

Based on Table 5.1, the organization culture has a significance value of 1.757 where p value is less than 0.05. Most organisations nowadays prefer to promote men. Many organisations prefer men over women because they believe men are more skilled, result-oriented, outspoken, and confident than women. Subsequently, there's a prove to back H1 is redress, authoritative culture is vital and emphatically related to women's career headway in Selangor, Malaysia.

Second hypothesis H2: Gender stereotype has significant impact on female career advancement.

Based on Table 5.1, the gender stereotypes have a significance value of 2.406 where p value is less than 0.05. Gender stereotypes can have an impact on a woman's career advancement in general. This is because women are stereotyped as only doing housework. Aside from that, society believes that men make better decisions than women. As a result, it prevents women from moving ahead in their careers. Subsequently, there's an prove to bolster H2 is rectify, gender orientation

generalizations are noteworthy and emphatically related to women's career headway in Selangor, Malaysia.

Third hypothesis H3: Work-life imbalance has significant impact on female career advancement.

Based on Table 5.1, the work-life imbalance has a significance value of 1.984 where p value is less than 0.05. Generally, family can have an impact on a woman's career advancement. The reason for this is that, women must care for their families, particularly their kids and the elderly. Women value their families more than their careers. Hence, there's an prove to bolster H3 is redress, work-life awkwardness is critical and emphatically related to women's career headway in Selangor, Malaysia.

4.5 Summary of Chapter 4

In this chapter, descriptive analysis, reliability testing, and convergent validity testing are used to evaluate the quality of the data. Using frequency, the demographic characteristic is explored. The reliability analysis proves that all variables in this study developed consistent and stable results, as well as those variables have positive relationships between independent and dependent variables in this study and test the hypotheses. All the three hypotheses are supported by the research findings. Gender stereotypes have the greatest impact on women's career advancement, followed by work-life imbalance and organisational culture. The recommendation will be covered in the following chapter.

CHAPTER 5

CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter contains a discussion of the overall findings from the previous chapter. Finally, recommendations for future research will be discussed in order to address the limitations of this study.

5.2 Findings of the study

The 3 objectives of this research paper are to identify the barriers to women's career advancement in the healthcare industry in Selangor, Malaysia. Many researchers have looked into this particular topic, but the majority of them have concentrated on other countries but not Malaysia. Even if research on this study has been conducted in Malaysia, Selangor is not covered in the researcher's findings. As a result, this study is based on the previous researcher's paper published in other countries and states. It is absolutely essential for the government, employers, and any individuals to understand the barriers to women's career advancement in order to create a favourable environment for women to enter and remain in the Malaysian workforce. Based on the findings of this study, the government, employers, and individual people can take a few steps to generate a family-friendly atmosphere for working women to overcome the barricades they, such as per below;

5.2.1 Organizational Culture

H1: Organizational culture has significant impact on female career advancement.

This will be a reference for working women not only in the healthcare industry but also in other industries who want to advance in their careers to gain a better understanding of the factors that prevent them from getting the higher position or promotion. Consequently, employers must be aware of the factor in order to identify

the talented individual within their organisation. Organizational culture and barriers to Malaysian women's career advancement have a positive relationship. As per the findings the significance value of 1.757 has proven that the organisations should not look down on women's abilities because they are just as capable as men. Women will be equally successful as men if organisations provide the same support that they do for men. The organisations have not taken any steps to near the wage crevice and broaden their workforce by moving ladies from low-paying occupations to higher-level positions. Furthermore, some organisations employ job segmentation, with men typically assigned to decision-making departments and women to support departments. In a male-dominated culture, the toxic environment has resulted in high female turnover rates and a lack of female role models within organisations. Organisations should give women opportunities in their organisations so that they can gain valuable experience that will help them advance further. Job-related knowledge, such as training and skills gained by doing a specific job will be developed if the organisations give them a chance. Organizations ought to actualize best hones in differences and incorporation by executing a break even with opportunity culture in conjunction with a strong and straightforward authority advancement handle. For instance, ensuring that senior women serve as role models for juniors, and providing a specific development programme for women to advance to leadership positions. Moreover, the government should influence organisational behaviour by requiring gender diversity reporting as part of corporate governance, similar to compulsory reporting on Corporate Social Responsibility (CSR).

5.2.2 Gender Stereotype

H2: Gender stereotype has significant impact on female career advancement.

Some gender stereotypes exist, which create barriers to Malaysian women's career advancement. As proved by hypothesis testing with a significance value 2.406, These stereotypes are widening the gap between men and women, preventing them from advancing to a higher level of professional status. Women should not be forced to choose between having children and working. They should have the right to take a paid vacation after giving birth and then return to work. Moreover, lack of gender

equality in leadership positions not only hinders progress in all areas, but also significantly affects the global economy. There is therefore a need to promote women's leadership. Besides that, it is wise to change the parenting and educational systems because they have a significant impact on the next generation. Following the implementation of anti-discrimination, equal opportunity, and gender equality policies in some organisations, the perception of career barriers has shifted. This implies that women are more accepted in leadership roles and are recognised as leaders in all industries. In general, an expanding number of associations hone culture alter and workforce enhancement to empower ladies to be more confident and ambitious in their career advancement. However, the government should also work together to provide some intensive programmes, as women need to be up skilled to fill these positions. Similarly, media content should be supervised because it influences how genders perceive their abilities and identities.

5.2.3 Work-Life Imbalance

H3: Work-life imbalance has significant impact on female career advancement.

There is a direct relationship between work-life imbalance and barriers to Malaysian women's career advancement, as proved by hypothesis testing with a significance value 1.984. These findings shows that family may be preventing Malaysian women in the healthcare industry from rising to the top of the organization's chain of command. This is due to the reason of Malaysian women receiving insufficient support from their families in order to advance in their careers. Women have always had a difficult time making decisions about employment and promotion opportunities because of their conflicting roles at work and at home. In order to advance in their careers and achieve their professional goals, they must sometimes sacrifice quality time with their families. There is a lack of responsibility sharing between husband and wife in terms of parental care and housework. Women have multiple roles to deal with in order to bargain with their work and family, which has come about in a struggle between their parts as a spouse and mother. In fact, women's strong commitment to family responsibilities is one of the factors preventing them from coming back to the workforce. So do looking after the elderly. It is not always necessary to rely solely on women. They can send the kids to childcare centres or

hire a maid. In fact, employers could help employees with their families by establishing an onsite childcare centre. Thereafter, employers should then implement a flexible work schedule. It can also be remote working, in which assign the task for women to be done from home, the employee works from home rather than in the office. Employees benefit from flexible working arrangements because they can better balance their work performance and personal life quality.

5.3 Recommendations for future research

Based on the limitations discussed in Chapter 1, some recommendations can be made to future researchers and others in order to produce more reliable data and conduct in-depth research on the barriers to women's career advancement in the healthcare industry.

Recommendation to Malaysia Government

By conducting awareness campaigns such as women empowerment, the Malaysian government should raise awareness and provide opportunities for all young women to grow. Educate not only the women, but also their relations and communities, so that they can raise into effective and compassionate leaders in a safe environment.

Recommendation to Healthcare Industry in Malaysia

Based on the research, the researcher believes that it is best not to have gender stereotypes in the workplace in order to create a better working environment. Aside from that, equality for both genders must be successfully accomplished in order to overcome this gender stereotypes.

Recommendation to future researches

1. This study was limited to females who were currently working under healthcare industry, located in the state of Selangor, Malaysia. Future researchers who want to do more research on Malaysian women's career advancement in the healthcare industry should look into locations that aren't covered in this paper to increase the validity of future research.

2. Because this study was limited to female counterparts only, future studies on Malaysian women's career advancement in the healthcare industry should include a comparison to male counterparts.
3. The greater the number of respondents in the sample, the more reliable the result. Therefore, future studies should include a larger number of participants.
4. To elicit additional information or opinions from respondents, a discussion box should be included in the questionnaire survey. This may reveal unanticipated responses from respondents to this study.
5. Future researchers should think about other industries that aren't covered in this study, such as agriculture, telecommunications, education, and so on.

5.4 Conclusion

Our worldviews are shaped by these hidden, reflective preferences and can profoundly influence how welcoming and open a workplace is to different individuals and ideas. The perceptions of employers and other leaders have a key role in ensuring the success of the individual's leadership, their ability to affect people and to affect situations. The findings of this research will be useful in implementing gender diversity and inclusion practises in the healthcare industry for employees, co-workers and employers in increasing women's participation. Women themselves must be employed and become financially independent women so that they can make a decision for themselves without relying on others for money. Furthermore, if women become financially dependent, they can provide family with financial support.

To conclude, women should have been granted equal opportunity at work in order to be effective and competent leaders capable of bringing about positive change in society. Many studies and literature have shown that more women in leadership positions must come out and mentor young women in order to build self-confidence and equip them with the required communication skills that will allow them to express themselves powerfully in the workplace. Thus, young women must participate in leadership programmes, improve their communication skills, and join

mentorship programmes with other successful women leaders as a call to action. Nevertheless, women's leadership is on the rise, supported by the majority of men and women. Women are great leaders who can deliver great results and have an impact that can last generations.



REFERENCES

- Admin. (2017, 10 06). *Women In Leadership Positions: Where Is Malaysia At?* Retrieved from Leaderonomics: <https://www.leaderonomics.com/articles/leadership/facts-fiction-womens-agenda>
- Alqahtani, T. (2019). Barriers to Women's Leadership. *Granite Journal*, 10.
- Andrews, D. S. (2021). *Gender Barriers and Solutions to Leadership*. Retrieved from Training Industry: <https://trainingindustry.com/magazine/issue/gender-barriers-and-solutions-to-leadership/>
- Ayden Scheim, G. B. (2019). The Intersectional Discrimination Index: Development and validation of measures of self-reported enacted and anticipated discrimination for intercategory analysis. *Social Science & Medicine* , 12.
- Bouchrika, I. (2020, 09 04). *What Is Empirical Research? Definition, Types & Samples*. Retrieved from Guide2research: <https://www.guide2research.com/research/what-is-empirical-research>
- C. Nikhila Reddy et.al. (2017, 06 2). Understanding and Managing Gender Diversity Challenges at Leadership Positions : A Review. p. 5.
- Capshaw, J. (2019). Connecting Education & Careers. *Career tech women in leadership. An investment in professional* , 94(5), 50.
- Carmen M. Felipe, J. L.-R. (2017, 12 17). Impact of Organizational Culture Values on Organizational Agility. *sustainability*, p. 23.
- Council, F. C. (2018, 02 26). *15 Biggest Challenges Women Leaders Face And How To Overcome Them*. Retrieved from Forbes: <https://www.forbes.com/sites/forbescoachescouncil/2018/02/26/15-biggest-challenges-women-leaders-face-and-how-to-overcome-them/?sh=59718ac14162>

- Dani, M. (2019, 06 20). *New Report Says Women Will Soon Be Majority Of College-Educated U.S. Workers*. Retrieved from RESEARCH NEWS: <https://www.npr.org/2019/06/20/734408574/new-report-says-college-educated-women-will-soon-make-up-majority-of-u-s-labor-f>
- Deliso, M. (2021, 01 20). *Kamala Harris set to make history as 1st woman of color to be vice president*. Retrieved from abcNEWS: <https://abcnews.go.com/Politics/kamala-harris-makes-history-woman-person-color-vice/story?id=73999923>
- Department of statistics Malaysia Officail Portal*. (2020, 06). Retrieved from Key Statistics of Labour Force in Malaysia: https://www.dosm.gov.my/v1/index.php?r=column/cthemedByCat&cat=124&bul_id=NXU1dHdIMFFDbm53V0NhYWxpNFE0UT09&menu_id=U3VPMldoYUxzVzFaYmNkWXZteGduZz09
- Doherty, M. (n.d.). *5 Ways To Ensure Your Organization Offers Equitable Wages*. Retrieved from Advice & Insights: <http://education.healthcaresource.com/5-ways-you-can-ensure-your-organization-offers-equitable-wages/>
- Dousin, O. (2017, 08). *Work-Life Balance Practices in the Healthcare Industry: The Case of East Malaysia*. Retrieved from RMIT Research Repository: <https://core.ac.uk/reader/127612970>
- Dr. Shweta Sharma, D. S. (2019). *Work Life Balance of Working Women Professionals: Scale Development*. *Scientific & Technology Research Volume 8, 8*.
- Ellis, C. D. (2018, 03 28). *Exploring the Challenges Facing Women Leaders in Health Care*. Retrieved from Harvard T.H.: <https://www.hsph.harvard.edu/ecpe/challenges-facing-women-leaders-health-care/>
- Faizli, A. A. (2017, 01 11). *Women: The key to a brighter Malaysia*. Retrieved from Astro Awani: <https://www.astroawani.com/berita-malaysia/women-the-key-to-a-brighter-malaysia-128681>

- Farhana Hasbolah et.al. (2021). A Preliminary Study of Academicians Perception Towards Women on Boards in Malaysian Public Listed Companies. *Akuntansi*, 1-8.
- Gamble, M. (2020, 11 4). *5 steps to address pay inequity in your hospital* . Retrieved from <https://www.beckershospitalreview.com/compensation-issues/5-steps-to-address-pay-inequity-in-your-hospital.html>
- Goh, J. (2020, 03 7). *2010 > 2019: Decade of Disruption - Pushing women to the forefront*. Retrieved from The Edge Malaysia: <https://www.theedgemarkets.com/article/2010-2019-decade-disruption-pushing-women-forefront>
- Gretchen Berlin, L. D. (2019, 06 07). *Women in the healthcare industry*. Retrieved from McKinsey: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/women-in-the-healthcare-industry>
- Hansen, D. S. (2020). Identifying Barriers to Career Progression for Women in Science: Is COVID-19 Creating New Challenges? *CellPress Review*, 4.
- Hazim, M. (2019, 03 07). *Women participation in leadership, policy-making still low, says Dr Wan Azizah*. Retrieved from Malaymail: <https://www.malaymail.com/news/malaysia/2019/03/07/women-participation-in-leadership-policy-making-still-low-says-dr-wan-aziza/1730266>
- Ho, S. (2020, 03 Samantha Ho). *More women are entering company boardrooms, but not everywhere*. Retrieved from Aljazeera: <https://www.aljazeera.com/economy/2020/3/9/more-women-are-entering-company-boardrooms-but-not-everywhere>
- Jefferson, T. (2019, 09 04). *Exploring Gender Bias in Healthcare*. Retrieved from https://medcitynews.com/?sponsored_content=exploring-gender-bias-in-healthcare&rf=1

- Johansen, A. (2021, 01 14). *How Can We Eliminate Gender Bias in Health Care?*
Retrieved from Career advice: <https://dailynurse.com/how-can-we-eliminate-gender-bias-in-health-care/>
- John Fritch, C. H. (2019). More Disingenuous Controversy. *Networking Argument*.
- Jun, S. W. (2020, 03 06). *33pc Malaysian women hold senior leadership roles in country, higher than global average*. Retrieved from malaymail: <https://www.malaymail.com/news/malaysia/2020/03/06/study-33pc-malaysian-women-hold-senior-leadership-roles-in-country-higher-t/1843809>
- Kalaitzi S et.al. (2019, 14 12). Women, healthcare leadership and societal culture: a qualitative study. pp. 43-59.
- Lim, I. (2020, 08 13). *Do Malaysians think men and women receive different pay? Two out of five polled say 'yes'*. Retrieved from malaysiamail: <https://www.malaymail.com/news/malaysia/2020/08/13/do-malaysians-think-men-and-women-receive-different-pay-two-out-of-five-pol/1893418#:~:text=In%20the%20latest%20available%20data,to%20women%20at%20RM2%2C227>.
- Majid, U. (2018). Research Fundamentals: Study Design, Population, and Sample Size. *URNCSST Journal* , 7.
- Marie Bismark1, J. M. (2015). Reasons and remedies for under-representation of women in medical leadership roles: a qualitative study. *Australia BMJ*, 9.
- May, C. C. (2021, 03 08). *Number of women holding senior leadership positions in Malaysia at record-high of 37pc, says report*. Retrieved from Malay mail: <https://www.malaymail.com/news/malaysia/2021/03/08/number-of-women-holding-senior-leadership-positions-in-malaysia-at-record-h/1955856>
- McClellan, S. (2019, 12 09). *Women's health is about more than gynecology*. Retrieved from QUARTZ: <https://qz.com/author/stephanie-mcclellan/>

- McCombes, S. (2021, 04 23). Retrieved from Scribbr: <https://www.scribbr.com/research-process/research-design/>
- Melanie M. Hughes, B. D. (2018, 12 8). Women Leadership's as a Route to Greater Empowerment. *Management Systems Internationa*. United States Agency for International Development. Retrieved from <https://www.usaid.gov/sites/default/files/documents/1866/Diamond%20Model%20Report.pdf>
- Mengistu, B. B. (2018). The Challenges of Women Leaders of Business Organizations in Addis Ababa, Ethiopia, in Balancing Work-Family Responsibilities. *International Women's Studies*, 19(2), 140-158. Retrieved from <https://vc.bridgew.edu/jiws/vol19/iss2/9/>
- MGCC, M.-G. C. (2019). *Empowering Women In The Malaysian Corporate Sector*. Malaysia: EUMCCI.
- Murad, D. (2019, 11 24). *The Gender Wage Gap*. Retrieved from TheStar: <https://www.thestar.com.my/news/nation/2019/11/24/the-gender-wage-gap-is-real>
- Nizam Ud Din, X. C. (2018, 09 24). Women's skills and career advancement: a review of gender (in)equality in an accounting workplace. pp. 1512-1525.
- Parameswari, A. S. (2020). Development and Validation of Gender Stereotype Scale. *Applied Psychology*, 48 - 56.
- Peake, S. (2017, 03 09). *The 4 (real) barriers that hinder women's career progression*. Retrieved from LinkedIn: <https://www.linkedin.com/pulse/4-real-barriers-hinder-womens-career-progression-sharon-peake/>
- Randstad. (2019). *what women and men can do to close the gender pay gap*. Retrieved from Randstad: <https://www.randstad.com.my/career-advice/career-development/what-women-and-men-can-do-to-close-the-gender-pay-gap/>

- Rani, S. H. (2017). Factors that Influence Women Entrepreneurial Success in Malaysia: A Conceptual Framework. *Research in Business Studies and Management*, 16-23.
- Reddy, K. (2018). *Male vs Female Leadership: Differences and Similarities*. Retrieved from Leadership: <https://content.wisestep.com/male-vs-female-leadership/>
- Research Design: Definition, Characteristics and Types*. (2021). Retrieved from QuestionPro: <https://www.questionpro.com/blog/research-design/>
- Rotenstein, L. S. (2018, 10 01). *Fixing the Gender Imbalance in Health Care Leadership*. Retrieved from Harvard Business Review: <https://hbr.org/2018/10/fixing-the-gender-imbalance-in-health-care-leadership>
- Sagas, E. W. (2020). An Application of the Social Cognitive Career Theory Model of Career Self-Management to College Athletes' Career Planning for Life After Sport.
- Selvi Narayanan, B. S. (2017). Children, Women, Elderly And Disabled. *International Journal*, 1-7.
- Shannon-Rose. (2020). *Martha Matilda Harper*. Retrieved from National Women's Hall of Fame: <https://www.womenofthehall.org/inductee/martha-matilda-harper/>
- Shiang Cheng Lim, e. a. (2020). Priority-setting to integrate sexual and reproductive health into universal health coverage: the case of Malaysia. *Sexual & Reproductive Health Matters*, Volume 22, Issue 2.
- Sileyew, K. J. (2019, 08 7). *Research Design and Methodology*. Retrieved from <https://www.intechopen.com/books/cyberspace/research-design-and-methodology>
- Smithers, R. (2020, 12 15). *Gender stereotyping is harming young people's mental health, finds UK report*. Retrieved from Mental health:

<https://www.theguardian.com/society/2020/dec/15/gender-stereotyping-is-harming-young-peoples-mental-health-finds-uk-report>

Stavroula Kalaitzi, K. C.-M. (2019, 04 12). Retrieved from J Healthc Leadership: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6469472/>

Ting Liu, J. G. (2021, 02 09). Women's Work-Life Balance in Hospitality: Examining Its Impact on Organizational Commitment.

Tinsley, A. L. (2017, 04 12). *Spring 2014 - Self-Efficacy and Social Cognitive Theories Case Study*. Retrieved from <https://wikispaces.psu.edu/display/484SU17001/Spring+2014+-+Self-Efficacy+and+Social+Cognitive+Theories+Case+Study>

Tonylatter. (2018, 07 30). *Women's career development is as big a problem as the gender pay gap*. Retrieved from Gender pay gap, Gender, Career paths, Career development, Latest News, Employee engagement: <https://www.personneltoday.com/hr/womens-career-development-is-as-big-a-problem-as-the-gender-pay-gap/>

Truyens, M. (2019). *Social Cognitive Career Theory (SCCT)*. Retrieved from MARCR for Career Professionals : <https://marcr.net/marcr-for-career-professionals/career-theory/career-theories-and-theorists/social-cognitive-career-theory-scct/>

Tsugawa, Y. (2017, 02). *Comparison of Hospital Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians*. Retrieved from JAMA Internal Medicine: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2593255>

Tuvana Cure et. al. (2020). Impression Management in Graphical Representation of Economic, Social, and Environmental Issues: An Empirical Study. *MDPI*, 12(1), 379.

Wazir, S. (2018). *Impact of Women Career Stages on Subjective Career Success, with Mediating role of Kaleidoscope Career and Moderating role of*

Masculinity. Retrieved from
<https://thesis.cust.edu.pk/UploadedFiles/Sidra%20Wazir-MMS143067.pdf>

What helps or hinders Women's Equality? (2020, 03 4). Retrieved from Ipsos:
<https://www.ipsos.com/en-my/what-helps-or-hinders-womens-equality>

Women In Leadership Positions - A Shocking Reality. (2020, 11 17). Retrieved from
A Global Voice for Women: <https://www.soroptimistinternational.org/women-in-leadership-positions-a-shocking-reality/>


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APPENDICES

 **UNIRAZAK**
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Survey Questionnaire

Part A. Demographics

1. Select your gender
 - A. Female
 - B. Male

2. Select your age range
 - A. 21 – 30 years old
 - B. 31 – 40 years old
 - C. 41 – 50 years old
 - D. 51 above

3. Marital Status
 - A. Single
 - B. Married
 - C. Divorced
 - D. Others

4. Monthly Income
 - A. RM 3500 – RM 4500
 - B. RM 4501 – RM 5500
 - C. RM 5501 – RM 6500
 - D. More than RM 6501

5. What is your current job seniority level?
 - A. CEO-Senior Manager
 - B. Manager – Assistant Manager
 - C. Senior Executive-Team Leader
 - D. General Employee

6. How many years of working experience in the present position?
 - A. Below 1 year
 - B. 1 year – 3 years
 - C. 3 years – 5 years
 - D. Above 5 years

Part B. Barriers that Impeded Women Career Advancement

Women Career Advancement Questions	Likert Scale				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Organizational Culture					
The organization is a very personal place. It is like an extended family. People seem to share personal information to their colleagues especially women.					
The organization is a very controlled and structured place. Women are not as outspoken as men due to this reason.					
The organization is very results-oriented. A major concern is with getting the job done. People are very competitive and achievement-oriented regardless of employee from which gender has done the work.					
Women can fulfill demands for rapid-response, special requests of the customers whenever such demands arise. Our customers have confidence in our ability.					
The organisation measures success by how committed women are to the tasks they are given.					
Gender Stereotypes	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Women are responsible for raising children.					
Women should cook and do house work.					
Men are mentally stronger than women.					
Men have more socialization skills than women.					
Men are better at making decisions.					
Work-Life Imbalance	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Organisation offers flexible working hours.					
Family provides you with support for your job.					
Organizations provide leave to help employees manage their work lives.					
Women should be allowed to work from home.					
Organisation takes any initiative to manage the work lives of its female employees.					
Women Career Advancement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Because of women, other health care providers or employers may be treated poorly.					
Because of women, men might have trouble finding or keeping a job.					
Because of women's physical appearance, people might attack them either physically or emotionally.					
Women worry about being treated unfairly by employers.					
Women fear that enrolling in job may cause them to be unable to have family or personal time.					

APPROVAL PAGE

**TITLE OF PROJECT PAPER: FACTORS AFFECTING WOMEN LEADERSHIP
IN HEALTHCARE INDUSTRY: A STUDY IN
SELANGOR, MALAYSIA**

NAME OF AUTHOR: THILAGAVATHY A/P RAMACHANDRAN

The undersigned certify that the above candidate has fulfilled the condition of the project paper prepared in partial fulfillment for the degree of Master of Business Administration.

SUPERVISOR

Signature : _____

Name : _____

Date : _____



ENDORSED BY:

Dean

Graduate School of Business

Date: