HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030

Evidence-based Interventions to Promote Women in Health Management

Summary of findings from a mixed-methods research study on the barriers and enablers of women's career progression to management positions in Jordan's health

This publication was produced for review by the United States Agency for International Development. It was prepared by members of the HRH2030 consortium.

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Executive Summary

This research summary report discusses the barriers and enablers to women's career advancement in the public and private health sectors in Jordan. Through this study on occupational segregation, initiated by the HRH2030 (Human Resources for Health in 2030) program, the United States Agency for International Development (USAID)[1] will assist the government of Jordan and the Ministry of Health to improve its health workforce with evidence by informing policies and other interventions to strengthen women's progression to top-level management positions. The findings provide vital information that can be used by government, health institutions, and other stakeholders to strategize ways to reduce gender inequalities in the workplace and promote qualified women into the decision-making sphere. Improving gender parity will optimize participation, performance, productivity, and efficiency of the country's human resources for health. This will in turn strengthen the overall health system, which is critical for enhanced health outcomes in Jordan.

The research used a mixed-methods design utilizing quantitative and qualitative data collection techniques. The study included both female and male health professionals from a variety of health sectors (the Ministry of Health, university hospitals, and the private sector) and from a range of health professions (including physicians, registered nurses/midwives, and pharmacists). Research tools included structured questionnaires for the quantitative research, which surveyed a total of 2,082 female health professionals and 1,100 male health professionals, and semi-structured in-depth interviews and focus groups discussions to obtain qualitative findings from 103 individuals.

The majority of respondents (89.8% of women and 90.6% of men) agreed that people should be rewarded based on performance, regardless of whether they are men or women. Almost three-quarters (73.2%) of women reported they have the skills and abilities for career advancement, with 69.4% feeling like they deserved to be in a higher management position. The study also found that 58.9% of female health professionals perceived that women are more likely to face barriers for career advancement, and 61.1% of male health professionals believed female managers are less capable in managing the organization. Recognizing multiple structural barriers in the environment, this report examines the various gender disparities that derive from sociocultural norms and attitudes, access to professional development opportunities, family responsibilities, and their effects on institutional policies, workplace practices, and women's career progression in Jordan's health sector.

The findings give way to a set of recommendations to implement data-informed interventions to systematically respond to existing barriers and strengthen women's opportunities for career advancement. These include:

- Establishing clear and transparent promotion criteria to all employees and ensuring gender diversity in selection processes
- Increasing professional development opportunities with equitable access for all staff, including targeting women to strengthen management and soft skills, offering courses during work hours, and linking training to career planning and promotion
- Enhancing mentoring and networking possibilities by forming a national network for women's leadership in health and establishing formal and informal institutional mentoring programs

[1] This research summary report was produced for review by USAID. It was prepared by members of the HRH2030 consortium. The views expressed in this research summary including its interpretation of findings and recommendations are entirely those of the research team and do not necessarily reflect the views of USAID or the United States government.

- Addressing institutional discrimination by committing to gender equity as a workplace value in policies and regulations, maintaining gender-disaggregated human resources data, and putting mechanisms in place to report and address gender discrimination violations
- Strengthening work/life balance considerations in scheduling shifts, offering flexible working options, and supporting family obligations by providing child care services

Research Background and Purpose

USAID/Jordan underlines gender equality and female empowerment as core development objectives and has a long history of supporting programming to increase gender equity in the workforce, "as higher levels of female participation in the labor force will increase economic growth at the macro level and household security at the micro level."[2] Over time, USAID investments in gender programming and the health sector have resulted in notable progress — expanding access to health services, improving the skills and performance of providers, and therefore improving the quality of health services have all led to improved health outcomes. However, barriers remain in ensuring equitable access for male and female health professionals that affect opportunities for leadership and management positions.

This research was initiated by HRH2030, USAID's flagship program on human resources for health, to assist the government of Jordan and the Ministry of Health to strengthen its health workforce with data to inform policies and other interventions that support career advancement for women to top management positions. This research was guided by HRH2030's gender strategies and literature review of women's enrollment in the health workforce in Jordan.

HRH2030 seeks to address existing barriers and utilize potential enablers to improve the understanding of the factors behind women's underrepresentation in management positions. Greater gender diversity in health sector management will optimize the participation, performance, productivity, and efficiency of the country's human resources for health, all of which are important components of a strong health system and critical to improving overall health outcomes in Jordan.

Country Context

The health sector in Jordan comprises service providers from the public and private sector, including the Ministry of Health, which is responsible for providing public health services and supervising the health sector for the entire country; the Royal Medical Services, responsible for managing the armed forces health sector, also considered public; university hospitals (King Abdullah and Jordan University Hospitals), also considered public; the private sector; United Nations agencies, including the United Nations Relief and Works Agency; and international and nongovernmental organizations.

Jordan's health system comprises a variety of health cadres and specialties housed in 106 public and private sector hospitals throughout the 12 governorates. Approximately 44% of the total workers in the health sector are women[3] — many of whom funnel into specialized fields. In 2017, women in Jordan were estimated as comprising 81% of pharmacists and 80% of nurses, compared with 21% of physicians.[4] While these numbers show a high level of participation from women in the health sector, female health

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[2] USAID Jordan. "Jordan Country Development Cooperation Strategy 2013-2019," 25.
[3] High Health Council. "The National Strategy for the Health Sector in Jordan 2015- 2019," 64.
[4] The Jordan Times. "SIGI to Hold Conference on Women in Health Sector Saturday," *Jordan Times,* May 16, 2017. (http://www.jordantimes.com/news/local/sigi-hold-conference-women-health-sector-saturday)

professionals have a minor presence in senior decision-making or top-level managerial positions, which is similar to other sectors in Jordan.

An unpublished audit of the gender distribution of employees of the Ministry of Health[5] reveals that women represented more than half (53.8%) of the ministry staff in 2015, comprising 74.9% of pharmacists, 69.8% of nurses, 57.1% of allied medical professionals, and 15.3% of physicians. Although more than half of all ministry employees were women, they held a very small proportion of management positions: 32.6% of low-level management positions, 13.2% of middle management positions, and 9.5% of the top-level management positions.

Studies in different sectors in Jordan show several obstacles hindering women's advancement to management positions, including negative attitudes of employees toward leadership by women, social norms and stereotypes, and women's personal or familial circumstances.[6] This research study is a step toward improving knowledge gaps and addressing drivers behind the underrepresentation of women in management positions in Jordan's health sector.

Methodology

Research objective

The objective of this research is to identify the barriers and enablers to women's career progression to management positions in the public and private health sectors in Jordan. Findings may inform policies and other interventions to improve gender parity and optimize the participation, performance, productivity, and efficiency of the country's human resources for health. This will ensure a sustainable and well-functioning health system, critical for positive health outcomes in Jordan. Specifically, the main objectives of the study are to:

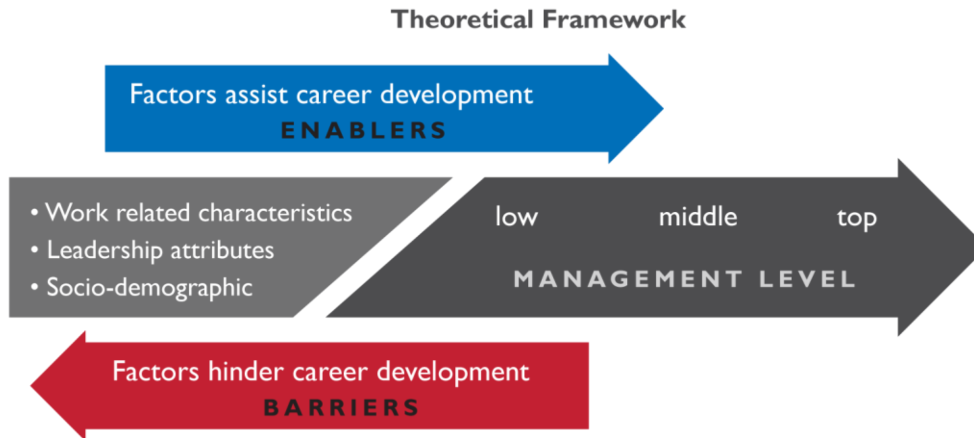
1. Identify and explore experiences, perspectives, barriers, and enablers to women's career progression to management positions in the health care sector
2. Establish individual characteristics that impede or support women's career progression to managerial positions
3. Analyze women's career path trends in the health care system, from hiring to senior management positions
4. Assess women's and men's perception of the institutional policies and practices of the health care system with regard to equality and nondiscrimination between women and men

Conceptual framework

This study presumes that women's progression to top-level management positions is affected by two opposite and competing groups of factors (factors hindering and factors assisting the advancement), leadership skills, and underlying sociodemographic and work-related characteristics.

[5] Unpublished gender audit. Study of gender distribution of employees of the Ministry of Health, 2016.
[6] Azzam, A.-M., & Al- Shhabi, I. Attitudes of women leaders in Jordan towards obstacles hindering women's reaching high leading position. Jordanian Journal for Applied Science - Human Sciences. 2003; 6(2), 114.

Figure 1. Female health professional's career path to management positions



Study design and approval

This study employed a mixed-methods design utilizing quantitative and qualitative research methods. The study included a selected group of health professionals of both genders including physicians, registered nurses/midwives, and pharmacists. The research tools included structured questionnaires for the quantitative research and semi-structured tools for the qualitative in-depth interviews and focus groups discussions. Ethical approval was obtained from the Ministry of Health's Ethical Review Board and the Jordan University of Science and Technology Institutional Review Board, and data collection approval was received from private hospitals included in the research. The data were collected from respondents through signed informed consent with all efforts to protect anonymity and confidentiality.

Sampling

One-stage cluster sampling technique was used to select the potential participants for the quantitative research component. Clusters included hospitals in the public, private, and teaching sectors and other health institutions such as professional councils and private sector pharmaceutical companies. A sample of hospitals was selected[7] according to the following criteria:

- Hospitals from three health sectors (Ministry of Health, private, and university hospitals)
- Hospitals covering the three regions in Jordan (the South, Middle, and North)
- The largest hospitals (according to the number of beds and workload) from Ministry of Health and private sectors in each region
- Two peripheral Ministry of Health hospitals

The quantitative research sample consisted of a total of 2,082 female health professionals (1,429 nurses/midwives, 336 pharmacists, and 317 physicians) and 1,100 male health professionals (630 nurses, 374 physicians, and 96 pharmacists). Annex A shows the table for a full description of respondents.

The qualitative research sample consisted of a total of 15 focus group discussions and 23 semi-structured in-depth interviews, as detailed in Annex A. A total of 103 health professionals at different levels, with or

[7] Prince Basma Hospital, Al-Basheer Hospital, the Al-Karak Hospital, Specialty Hospital in Amman, Specialty Hospital in Irbid, King Abdullah University Hospital and Jordan University Hospital.

without managerial positions, participated in the qualitative component. Sixty-two females and 41 males included physicians, registered nurses, pharmacists as well as health professionals not included in the quantitative sample, such as dentists and lab technicians. Of the 103 health professionals, 37 of them only participated in the qualitative data collection, while 66 participated in both the qualitative and quantitative research.

While the focus of the study was on female health professionals, male health professionals were included for a better understanding of gender roles, attitudes, practices, and potential gender bias toward their female colleagues in the health sector.

Quantitative data collection and analysis

Structured, pretested, and self-reported paper questionnaires were used to collect data from female and male health professionals. The aim of the questionnaires was to solicit information on demographic variables of the respondents; career ambitions and perceptions; family-related barriers; social and cultural factors, norms, and beliefs; organization structure and culture; negative stereotypes about women; "glass ceiling"; gender bias; women's perception of equity, equality, and nondiscrimination in the workplace; and other barriers.

The respondents were asked to express the extent of their agreement with the given statements using a four-point Likert-type scale ranging from 1 – "strongly disagree" to 4 – "strongly agree." Some questions were answered by "Yes" or "No" answers. Cronbach alpha coefficients were calculated to determine the reliability of the instrument. Descriptive and inferential analyses were used to evaluate the quantitative data. Multivariate binary logistic regression was used to determine the effects of sociodemographic and job-related characteristics on the individual responses.

Qualitative data collection and analysis

The qualitative portion utilized a focus group discussion and in-depth interview approach, which were conducted in person using semi-structured, open-ended interview questions. The focus group discussions and in-depth interviews aimed to collect data from women and men of various health professions and positions of seniority, including nurses, pharmacists, physicians, dentists, and technicians, to understand potential barriers and enablers to women's career development to top-level management positions in the health system.

For the focus group discussions, a small group of women was led through a free-flowing open discussion by a skilled female moderator using a semi-structured topic guide. The number of focus group discussions conducted reached the sufficient level of detail and data needed on the research questions. For the in-depth interviews with female health professionals, a female researcher carried out the interview. For male participants, either a male or female researcher carried out the interview. All qualitative data were recorded, transcribed verbatim and translated, and reviewed for quality assurance, and coding was finalized. Content analysis and comparative analysis of the themes were carried out according to the agreed-upon variables used in the quantitative research and variables based on additional research subjects.

Strengths and limitations of the study

This study attempts to be as comprehensive as possible to capture a detailed understanding of gender roles within the health sector. The strengths and limitations of the study methodology include:

Strengths

- This is the first national comprehensive study of its kind on barriers and enablers to women's career advancement in the public and private health sectors in Jordan, providing a basis for policy changes regarding management roles.
- The study used a mixed-methods approach (qualitative and quantitative) and intentionally included both female and male respondents from different health professions, sectors, and career levels to strengthen and validate findings.
- The research design was created for the purpose of collecting evidence and concrete data points to support and inform policies and interventions to improve gender equity in the management of the health sector, as this will in turn strengthen the health system and contribute to positive health outcomes.

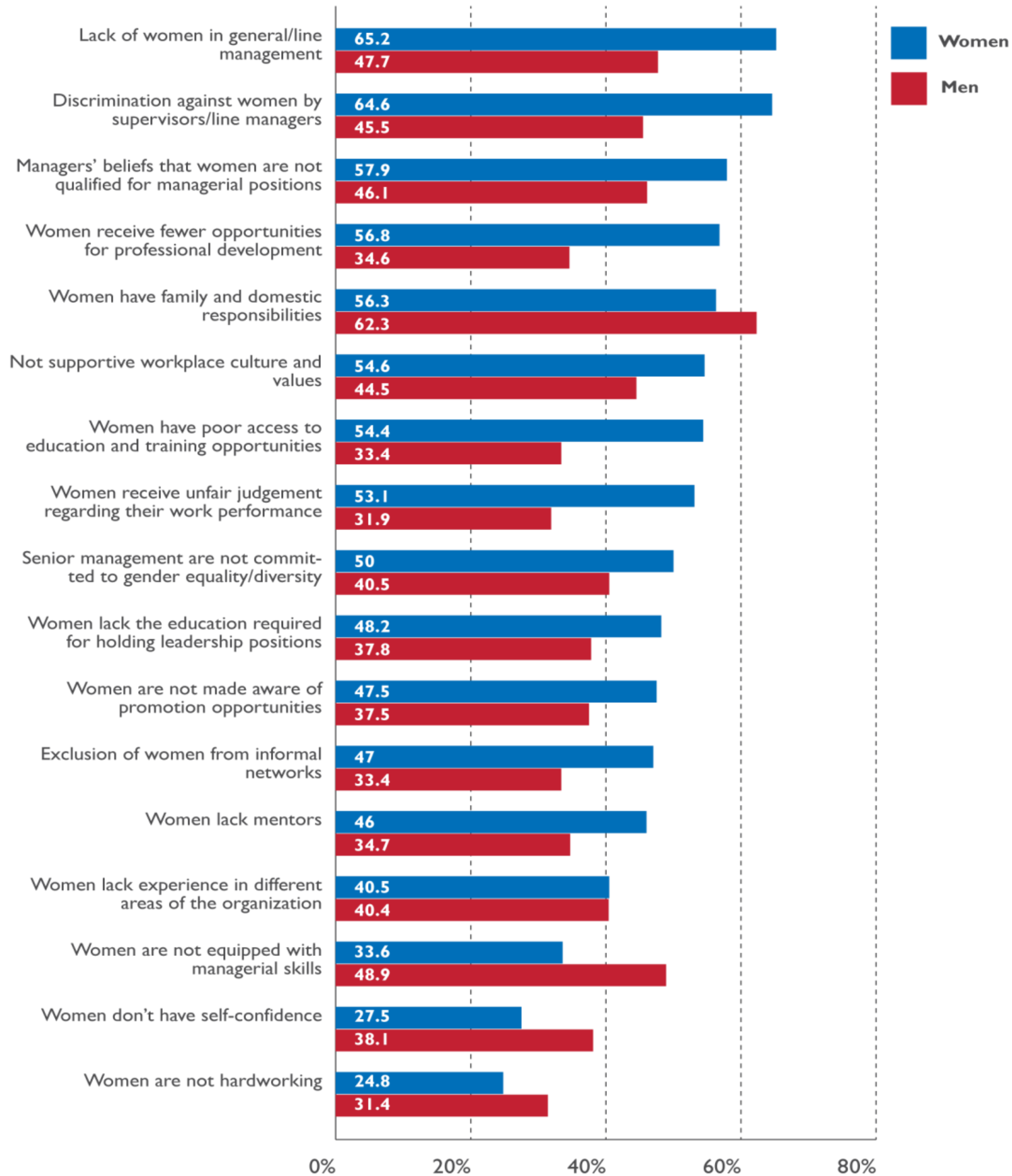
Limitations

- Nonresponse bias is a limitation in this study. However, the overall response rate for the quantitative study was relatively high at 81.8%. Most nonrespondents refused to participate in the study because of busy schedules.
- The study did not include health professionals in the Royal Medical Services due to approval difficulties and their unique military rank system, which could have brought an interesting perspective to the data regarding gender experiences under preset military regulations for career advancement.
- Dentists were excluded from the quantitative sample because the vast majority of dentists have private practices and their career and promotion paths are different from health professionals in the public, private, and teaching hospitals. Similarly, allied health professionals were excluded from the questionnaire sample.
- The study did not analyze economic variables that could influence a woman's opportunities for career advancement, such as financial incentives, household income needs or scenarios, salary levels, or pay gaps.

Perceived Barriers and Enablers for Career Advancement

More than half of female health professionals (58.9%) in this study reported that women are more likely to face barriers to career progression and data analysis reveals areas for evidence-based interventions to address some of the barriers. The figure below shows the individual perceived barriers to women's career progression, with comparisons between the percentage of female and male professionals reporting them. "Lack of women in general/line management" and "discrimination against women by supervisors/line managers at point of promotion" were the main barriers to women's career progression as they were reported by almost two-thirds of women (65.2% and 64.6%, retrospectively). However, the main barrier as perceived by men was "women having family and domestic responsibilities," which was reported by 62.3% of men (it was the fifth most mentioned barrier by women at 56.3%).

Figure 2. The individual perceived barrier to women's career progression and the percentage of female and male health professionals who reported these barriers

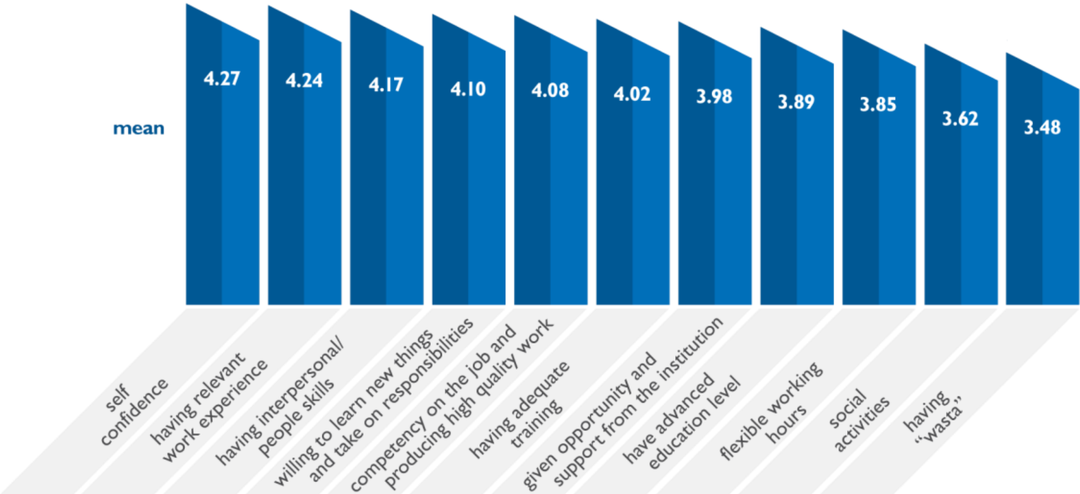


When it comes to women's individual characteristics and skills, women were less likely to consider the listed issues as possible barriers to their career progression: the three least mentioned barriers by women were "women are not hardworking" (24.8%), "women don't have self-confidence" (27.5%), and "women are not equipped with the managerial skills" (33.6%). However, there was a discrepancy in responses between men and women on the equity of judgment of women's work performance. Only 31.9% of men reported that "women receive unfair judgment regarding their work performance," while over half of the women (53.1%) reported this as a barrier to career advancement.

The qualitative research indicated that for management positions such as hospital and department heads, a more masculine association is made with professions such as physicians, and surgeons, as they are perceived as more technical professions, whereas feminine traits and professions are associated with caring, nurturing, and humanistic traits, perceived as characteristics for lower-ranking positions (e.g. nursing). This clearly influences the self-expectations and performance of women so that they enter the health care sector but remain within professional roles that do not require ‘masculine,’ ‘technical,’ characteristics and responsibilities, or in other words, leadership positions.

In this study, 12.8% of female respondents held some type of management role. The figure below shows the perceived extent of tools, resources, and initiatives that helped women with managerial positions to overcome the barriers to career advancement. More than three-quarters of women reported that "self-confidence," "having relevant work experience," "having high interpersonal/people skills," and "willing to learn new things and take on responsibilities" had helped them to the highest extent. On the other hand, they perceived "flexible working hours," "social activities," and "having ‘wasta’" (loosely translated as nepotism) as helping them to a lesser extent to overcome the barriers. No significant difference was found between women’s responses according to health profession and health sector in regard to the tools that had helped them overcome career advancement barriers.

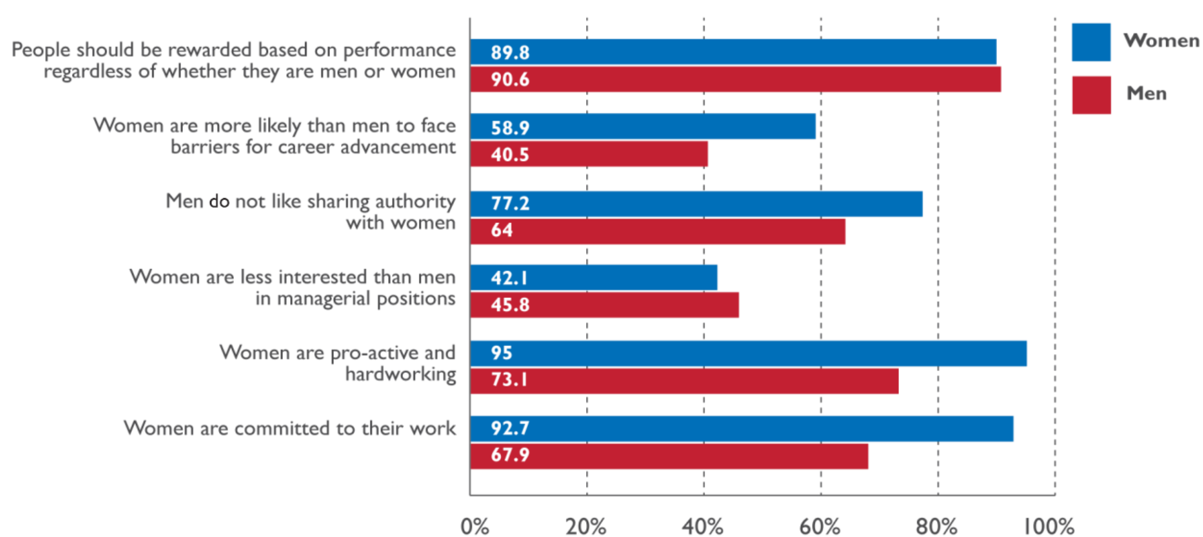
Figure 3. The extent to which tools, resources and initiatives had helped women with managerial positions to overcome the barriers to career advancement



Discussion of Findings and Recommendations

Persistent gender inequality in health systems exists, preventing equitable opportunities for women and men to reach health management positions. Evidence suggests linkages between women's leadership in health and a more responsive health system with more equitable health outcomes, in particular for girls and women.[8] This research study aims to identify barriers and enablers of women's career progression to management positions in Jordan's health sector by exploring the experiences and perspectives of female and male health professionals. Although women compose approximately half of the health workforce in Jordan, they remain underrepresented in management and decision-making positions.[9] It is clear from the findings that there are opportunities for evidence-based interventions to strengthen gender equity in health management and leadership.

Figure 4. Health professionals' perceptions of women's work and career advancement



The research findings suggest health professionals' perceptions are supportive of performance-based promotions irrespective of gender and that women exhibit qualifications needed for career advancement. The vast majority of health professionals surveyed (89.8% of women and 90.6% of men) agreed that people should be rewarded based on performance regardless of whether they are men or women. The qualitative data also support this principle, illustrated by a male health professional's statement that "if a male and female were both applying for the same job… they will select the more competent one."

At the same time, nearly three-fourths (73.2%) of women noted they have the needed skills and abilities for career advancement to higher management positions, and 69.4% felt they deserved to be promoted to a higher management position.[10] As one woman remarked, "female employees have the required skills to reach management levels and do well." In one public hospital, men in a focus group discussion stated

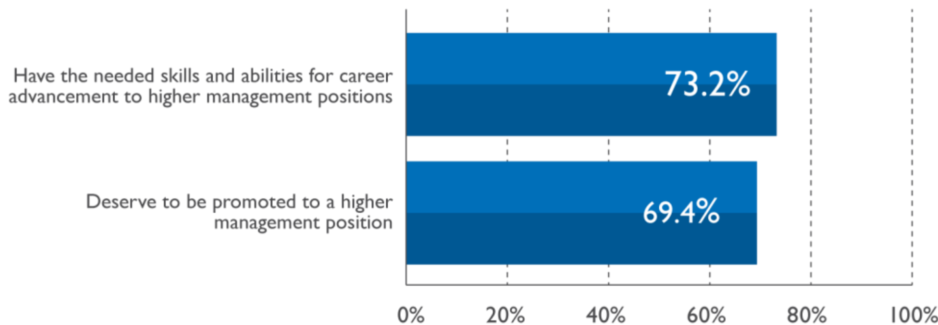
[8] Dhatt, R., Theobald, S., Buzuzi, S., Ros, B., Vong, S., Muraya, K., . . . Jackson, C. (2017). The role of women's leadership and gender equity in leadership and health system strengthening. Global Health, Epidemiology and Genomics, 2. doi:10.1017/gheg.2016.22

[9] A recent gender audit at the Ministry of Health reported that women comprise around 55% of their workforce, yet less than one-third of low-level management positions and less than 10% of top-level management positions.

[10] There was correlation between having only a diploma degree and less than 10 years of experience with decreased odds of reporting having the needed skills for further career advancement and of deserving to be promoted to a higher position.

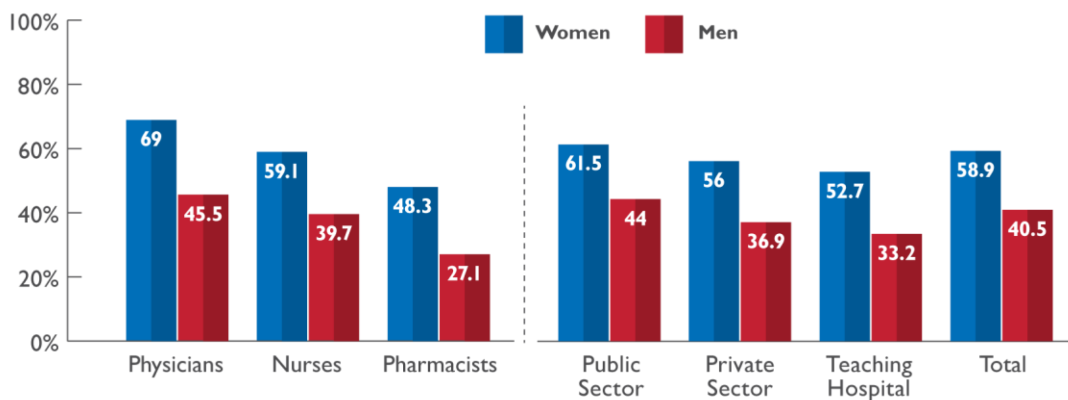
that women had better promotional opportunities for leadership positions because of their numbers, commitment, and high work productivity compared with men.

Figure 5. Women's perceptions of their career advancement



However, 58.9% of female health professionals reported women are more likely to face barriers for career advancement, compared with only 40.5% of men who reported the same. There was a difference among health professionals among both genders, with physicians perceiving that women were more likely to face barriers in career advancement mat a higher rate than nurses and pharmacists. A significant proportion (61.1%) of male health professionals believe that female managers are less capable of managing the organization, and most respondents (64% of men and 77.2% of women) reported that men do not like to share authority with women. One participant commented "when [a woman is] given a [management] position, people fight her…pushing her to resign." As a crosscutting qualitative finding, recognizing the challenging circumstances, female health professionals may not even seek out or apply for management positions and career advancement opportunities.

Figure 6. The percentages of female and male health professionals who reported that women are more likely to face the barriers for career advancement than men do in their workplace

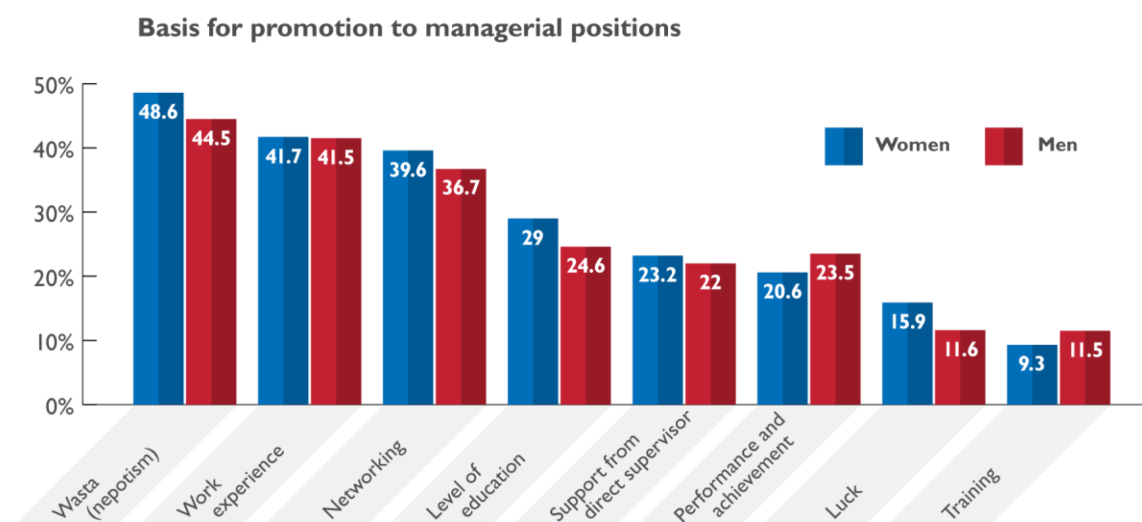


Many of the career obstacles faced by women in Jordan are tied to gender disparities rooted in the traditional patriarchal society and culture, primarily those related to expectations of women's responsibilities to the family and household. Despite these societal challenges, there are many ways to implement data-informed interventions to strengthen women's advancement into management positions within the health sector. Suggested activities are presented under the themes of promotion criteria and selection, professional development and training opportunities, mentoring and networking, institutional environment, work/life balance, marital status and children, and management versus specialization career progression.

Promotion criteria and selection

No significant difference was reported between men and women in the perception of performance-based rewards or opportunities for advancement. Ninety percent (89.8%) of female health professionals and 90.6% of male health professionals agreed that people should be rewarded based on performance regardless of their gender. Furthermore, about 70% of both male and female respondents agreed that opportunities for advancement are based on knowledge and skills.[11]

Figure 7. The basis for promotion to managerial positions in the health institutions as reported by male and female health professionals



While most health professionals agreed with the principle of performance-based promotion, the actual practice was not reported as very common. When asked about the basis used for promotion, performance and achievement was the sixth most mentioned by women at 20.6%, and the fifth most mentioned by men at 23.5%. In one public hospital, a female participant expressed, "On what basis do they select the heads of departments? We have no idea; no one has ever showed up to explain to us what selection criteria are followed or asked us who wished to nominate herself based on such criteria."

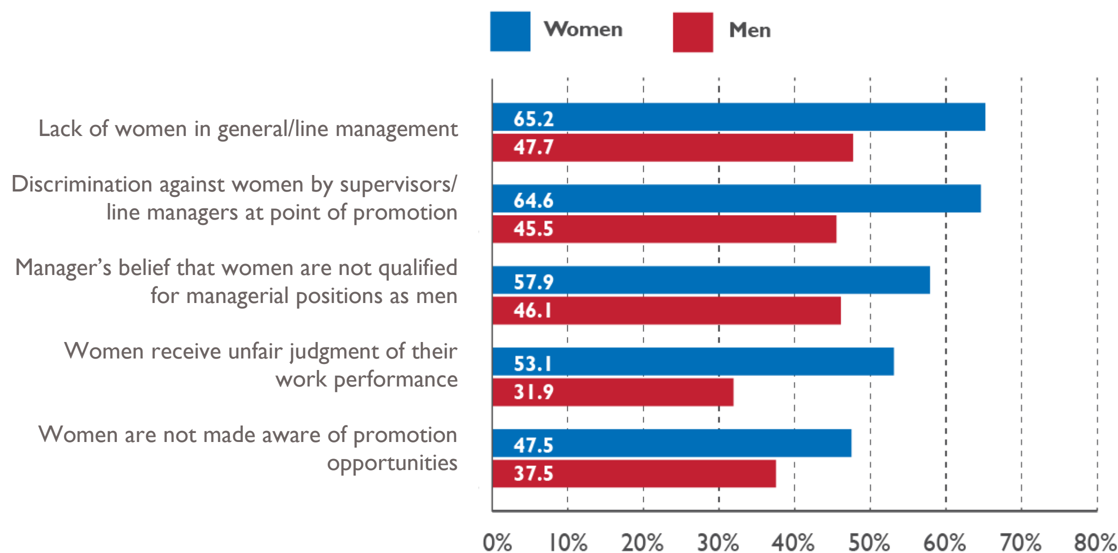
While public sector participants often mentioned clear criteria for promotion under the Civil Service Bureau, "wasta" (nepotism) was the most reported basis for promotion by them, whereas in the private sector, work experience was perceived as the number one basis. In one private hospital, female department heads expressed that managerial positions are selected based on an employee's work, whether male or female, though still noting criteria were unclear.

Despite agreeing in principle to rewarding employees based on performance regardless of gender, in practice health professionals often perceive women to be at a disadvantage. Nearly half (47.5%) of female health professionals reported a lack of awareness of promotion opportunities as a barrier to their career progression. In a public hospital focus group discussion with women, they noted that criteria for managerial

[11] Health professionals from the private sector agreed more strongly than those from the public sector or teaching hospitals that opportunities for advancement are based on knowledge and skills. From the private sector, 85.4% of men and 74.7% of women agreed with this principle, higher than the overall average of 70%.

positions are unclear and promotional opportunities for management are not provided to women. One participant stated that "there should be criteria governing how to move up the occupation ladder and make progress in your career path; opportunities must be given to both men and women."

Figure 8. Perceived barriers to women's career progression related to promotions



Gender bias often appeared from the research regarding perceived qualifications for promotion and performance evaluation by managers. As a perceived barrier to women's career progression, 57.9% of women and 46.1% of men reported that managers believe women are not qualified for managerial positions. Furthermore, 53.1% of women and 31.9% of men feel women receive unfair judgment regarding their work performance. The consequences of these perceptions can impede women's career advancement and are further exacerbated by the lack of women in line management.

While there was no clear consensus on the practice of promotions among respondents, the reported lack of clarity in criteria and selection practices poses a barrier to women's career progression. Many women, particularly nurses and lab technicians, stated that no clear criteria for promotions exist, but many men and some women contradicted this — it often depended upon the cadre of health professional and the hospital itself. In a private hospital, one male respondent noted that there are no systematic promotional opportunities due to the lack of or unclear criteria, job standards, and productivity-based assessments. Research observations revealed that men may have an advantage for better understanding promotion criteria (particularly if criteria are unwritten, subjective, or unavailable), as they may have more experience in either receiving promotions or knowing someone who has and are thus more likely to have the workplace connections to clarify the criteria. Studies on female nurses have also noted the widespread use of "wasta,"[12] which is also empirically proven to have a significant impact on the career advancement of women in the Middle Eastern region.[13]

[12] El-Jardali F, Alameddine M, Dumit N, Dimassi H, Jamal D, Maalouf S, Maalouf S. Nurses' work environment and intent to leave in Lebanese hospitals: Implication for policy and practice. International Journal of Nursing Studies. 2011; 48: 204–14.

[13] Tlaiss H, Kauser S. The importance of wasta in the career success of Middle Eastern managers. Journal of European Industrial Training. 2011; 5: 467–86.

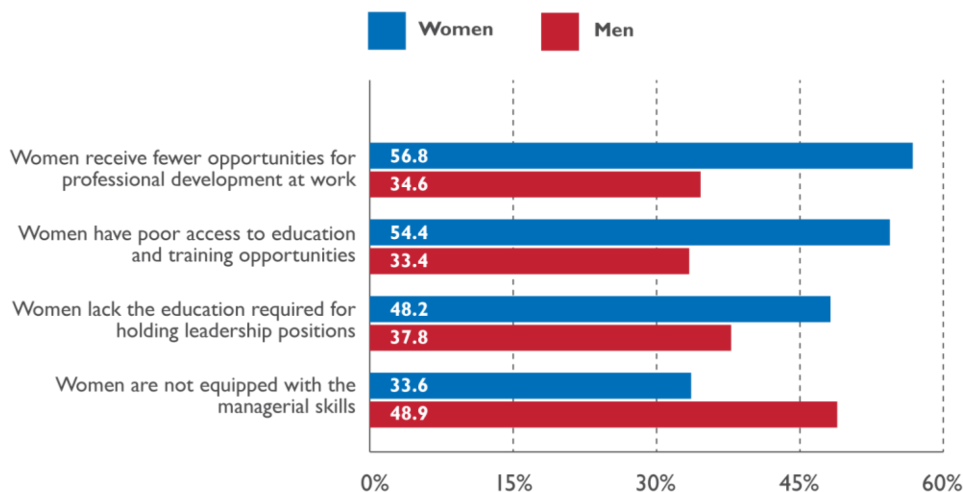
Recommendations:

- Establish and make available to all employees clear and transparent competency-based models for career advancement to management positions, including objective and measurable criteria for promotion, corresponding job descriptions and levels, and avenues for openly announcing opportunities
- Review current performance management systems to ensure fair evaluations are based on required competencies from job descriptions, decreasing a chance for gender bias
- Provide training for managers on performance management and promotion selection, with attention to perceived gender bias in performance appraisal
- Ensure gender diversity on selection panels for management positions to reduce gender bias in promotions
- Advocate for high-level institutional buy-in to affirmatively promote qualified female health professionals into management positions and address the lack of women in line management; advocates should highlight the benefits of gender equity in management to further improve the health system and health outcomes.

Professional development and training opportunities

Both male and female health professionals in this study often mentioned the importance of training opportunities for promotions keeping them informed within their profession and more suitable for career advancement. Participants also noted challenges in their accessibility and availability, with one-third (33.4%) of men and over half (54.4%) of women reporting female health professionals' poor access to education and training opportunities as a barrier to their career progression.[14] While most respondents (71.3% of women and 79% of men) perceived equal access to education and training opportunities for both genders at their workplace, 56.8% of female health professionals reported women receive fewer opportunities for professional development, compared with only one-third (34.6%) of men.

Figure 9. Perceived barriers to women's career progression related to professional development and training



[14] In the quantitative survey, men were asked about their perceived barriers to women's career progression, not their own. In this case, 33.4% of men reported "women have poor access to education and training opportunities." In the qualitative findings, both men and women voiced the lack of available and accessible training opportunities that impeded their career progression.

The distinction between men's and women's perceived equal access to education and training on the one hand, and reported issues of women's poor access or receiving fewer opportunities is important. For women, equal access does not translate to equitable opportunities for professional development. For instance, informal announcements from primarily male managers and the location or timing of training may disadvantage women. Female nurses from a public hospital stated that department heads should inform all staff about training opportunities and training should be offered during work hours to better balance their domestic responsibilities.

The training gap for women can also impact perceptions of women's managerial qualifications. Nearly half (48.9%) of male health professionals reported that women are not equipped with the managerial skills necessary for career progression, and 48.2% of female health professionals believed that lacking the requisite education for management positions is a barrier to their career progression. One nurse from a private hospital in Amman stated that "they [women] should seek self-development because … opportunities in this regard are very limited, as well as career development opportunities." Adequate training is a factor for women's career progression, as women who reached management positions reported it as the sixth biggest tool or resource to overcome career barriers.

According to respondents, training opportunities, when available, are generally offered for developing specific clinical skills rather than management skills. Research findings suggest the type of training modules women feel they need for management positions. When asked what tools or resources helped women overcome barriers to career advancement, female managers reported self-confidence (first-ranked tool or resource) and interpersonal/people skills (third-ranked tool or resource). From the qualitative data, female participants in a public teaching hospital expressed the need for training on job promotion criteria, career paths, time management, crisis management, communication skills, and employee rights.

Although several participants stated that training increased the likelihood of promotions, training was the least mentioned basis for promotions to managerial positions, with only 11.5% of men and 9.3% of women reporting it. The findings reveal a disconnect between the perception of training as preparing staff for promotions and its inclusion as a selection criterion for management positions. Reviewing practices of professional development in the areas of equitable access, relevant and adequate topics, and use in promotions may reduce career barriers faced by women.

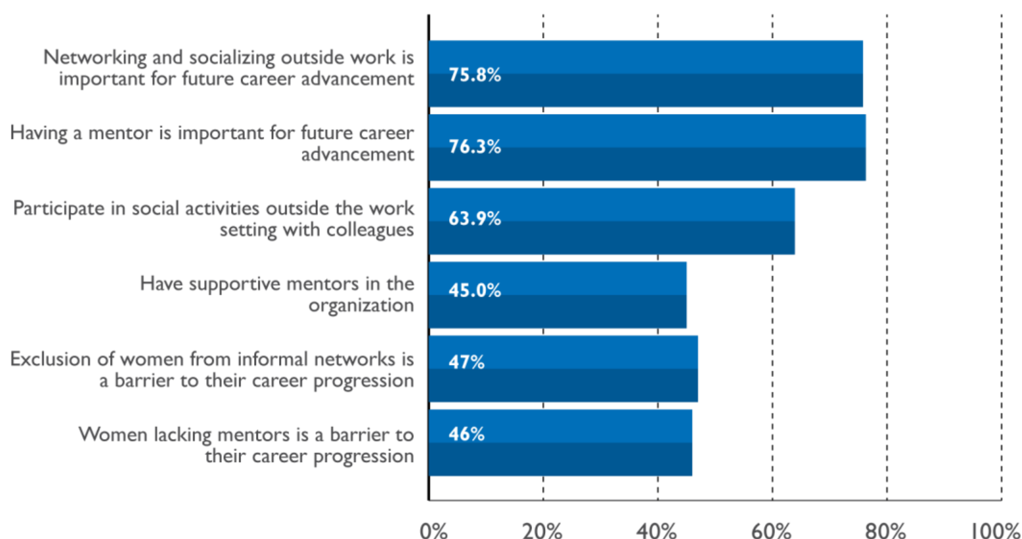
Recommendations:

- Improve the accessibility, availability, and awareness of professional development and training, specifically informing all staff of opportunities and ensuring the timing of training considers women's needs
- Increase the number of courses offered during working hours on management and soft skills, such as interpersonal and communication skills, human resources (job criteria, career paths, employee rights), time management, and crisis management
- Provide targeted training for women to focus on building confidence and empowerment to take on new responsibilities
- Identify and link relevant training to career planning and the promotion process (criteria and selection) to management positions

Mentoring and networking

Mentoring and networking relationships are important for career progression.[15] Mentors are potentially valuable for women's career advancement as they participate in career progression through coaching, role modeling, and counseling in addition to developing a manager's sense of identity, providing emotional support, and boosting professional confidence.[16] In this study, three-quarters (75.8%) of female health professionals reported that networking and socializing outside work are important for future career advancement. Approximately the same proportion (76.3%) reported that having a mentor is important for future career advancement.

Figure 10. Female health professionals' perceptions of mentoring and networking



Networking and connections to other senior leaders was the third most mentioned basis for promotion to managerial positions in health institutions by both men (36.7%) and women (39.6%).[17] However, only 45% of female health professionals reported having supportive mentors in the organization, and 47% reported being excluded from informal networks. Nearly half (46%) of women perceived that the lack of mentors is a barrier to their career progression. This perception is supported by existing research — one study[18] reported that the absence of role models and mentoring programs is a major organizational concern limiting women's access to top managerial positions.

Seventy-nine percent (79.3%) of female health professionals reported that successful women have influential mentors to support their challenging assignments and to ensure they consistently exceed performance expectations. Additionally, 88.8% reported that ambitious women develop social networks and enter mentoring relationships. Finding a mentor in Jordanian organizations can be difficult given that mixed-gender mentorships are less common, and there are few women in top-level management positions to provide support — the lack of women in general/line management was perceived as the biggest barrier to women's career progression, reported by 65.2% of female health professionals (men perceived it as the

[15] Burke JR, McKeen CA (1997) Not every managerial woman who makes it has a mentor. Women in Management Review, 12(4):136-139.
[16] Raggins BR, Cotton J (1991) Easier said than done, Gender differences in perceived barriers to gaining a mentor. Academy of Management Journal, 34:399-351.
[17] The number one basis for promotion reported by both men and women was "wasta" (nepotism); the study made a distinction between nepotism and networking.
[18] Al-Lamki S(1999) Paradigm Shift: a perspective on Omani women in management in the Sultanate of Oman. Advancing Women in Leadership, 2(2):652-666.

third biggest barrier at 47.7%). Avenues for increasing women's participation in networking and mentoring can serve as enablers for their career progression.

Recommendations:

- Form a national network for women's leadership in health to recognize the accomplishments of female health professionals; encourage collective and individual empowerment; and advocate for policy and practice change to address barriers for women's advancement into management positions
- Establish formal and informal institutional mentoring programs to expose lower- and middle-level female health professionals to management tasks, including attending meetings
- Provide targeted training for female health professionals on advocacy, successful networking, and effective mentorship relationships

Institutional environment

Many health professionals in this study reported that policies and regulations do not discriminate between men and women; however, women noted that policies also do not consider the situation of working mothers to provide equitable opportunities for career advancement. Further, while policies may not discriminate, 64.6% of women and 45.5% of men perceived discrimination against women by supervisors/line managers as a barrier to women's career advancement. This issue is exacerbated as less than one-third (31.6%) of women, compared with 45.3% of men, reported that their institution follows formal procedures for employees to present gender discrimination complaints.

Figure 11. Health professionals' perception of institutional practices and gender

	Women (N = 2082)		Men (N = 1100)	
	n	%	n	%
Women are less respected in the workplace than men	852	41.4	328	29.8
There is an emphasis on reducing sources of unnecessary stress such as harassment and work-family conflict	1227	60.1	757	68.8
The institution follows formal procedures for presenting complaints in case of discrimination on the grounds of gender	649	31.6	498	45.3
Equality between women and men is expressly mentioned as an institution value in strategic documents	954	45.8	696	63.3
The institution keeps information, disaggregated according to gender, related to the recruitment and selection processes	564	27.2	417	37.9

To improve the institutional environment, gender equity needs to be expressed as a workplace value, written in strategic documents, and committed to by leadership. Only 45.8% of women, compared with 63.3% of men, reported that equality between women and men is mentioned as an institutional value in strategic documents of their workplace. Strategic documents should be evidence-based, and gender-disaggregated human resources information should be monitored and evaluated. However, only 27.2% of women and 37.9% of men reported that gender-disaggregated information related to recruitment and selection are kept by their institution. Additionally, 50% of women and 40.5% of men reported that the lack of commitment by senior management to gender equality/diversity is a barrier for women's career advancement. Gender bias may be reduced through revised policies, documents, and practices at health institutions and through committing to gender equity in institutional values by leaders and employees.

Recommendations:

- Review institutional policies and regulations to ensure for gender equity considerations, recognizing policies promoting equality do not always ensure parity in opportunity by men and women based on different constraints
- Establish formal complaint mechanisms to confidentially report gender discrimination, with competent and trained personnel to investigate reported violations
- Review institutional values and strategic documents with senior leadership to expressly mention gender, with senior leadership communicating their commitment to these values and strategy to all staff
- Establish human resources data systems with gender disaggregation, particularly for institutions to monitor and evaluate recruitment, hiring, performance management, succession planning, and promotion practices, and inform senior leadership
- Provide gender bias training for employees and managers, utilizing gender-disaggregated data, instilling institutional values and strategies, emphasizing gender equity in policy implementation, and stressing senior leadership commitment to inform policy and decision makers

Work/life balance

Female health professionals expressed that their employers could do more to support women in balancing their professional and personal responsibilities. Less than half (41.4%) of female health professionals reported that their institution considers the needs of both male and female workers when scheduling shifts to reconcile professional, family, and personal life. Male physicians and nurses in one public hospital also noted that the morning, evening, and night shift system, which is particular to the health sector, is an obstacle for women's career progression. One female pharmacist in a public hospital commented that "for the night shifts you will be told 'You have to take them, you are a public servant. You are paid the same as your male colleagues, aren't you asking for equality?' So you have to take the night shift just as he does."

Figure 12. Health professionals' perception of institutional considerations for work/life balance

	Women (N = 2082)		Men (N = 1100)	
	n	%	n	%
The institution considers the needs of both male and female workers when scheduling shifts to conciliate their professional, family and personal life	845	41.4	597	54.3
The institution offers female workers leave that exceeds the period foreseen by the law to take care of their young or handicapped children	658	32	465	42.3
The institution offers flexible working hours in order to conciliate professional, family and personal life	535	26.1	349	31.7
The institution allows workers to work part-time	351	17.2	258	23.5

In Jordan, where household and family duties are oftentimes considered a woman's obligation, even an effort to equally distribute or schedule shifts between men and women may disproportionately affect female health professionals. One married male participant noted about his working spouse, "I feel sorry for her because she has to exert double the effort; she is a housemaker and responsible for the household chores, being a woman makes it her job too, while I do only one job as an anesthesiologist." The need to

consider work/life balance in shift scheduling is important to ensure that women are able to stay the course in their career and advance to managerial positions.

In addition to shift scheduling, other institutional work/life balance options offered were reported less. Less than a third (32%) of women reported that their institution offers extended leave for child care, 26.1% reported flexible working hours are offered, and 17.2% noted part-time work as an option. Male health professionals also followed this digression roughly, though with higher reported percentages for each institutional consideration offered: shift scheduling based on female/male needs (54.3%), extended leave for child care (42.3%), flexible working hours (31.7%), and part-time work (23.5%). Recognizing individual needs, as reported by a female nurse, would increase the employee's loyalty and commitment to the workplace. Offering different work/life balance considerations would also provide greater equity for women to seek out opportunities for career progression.

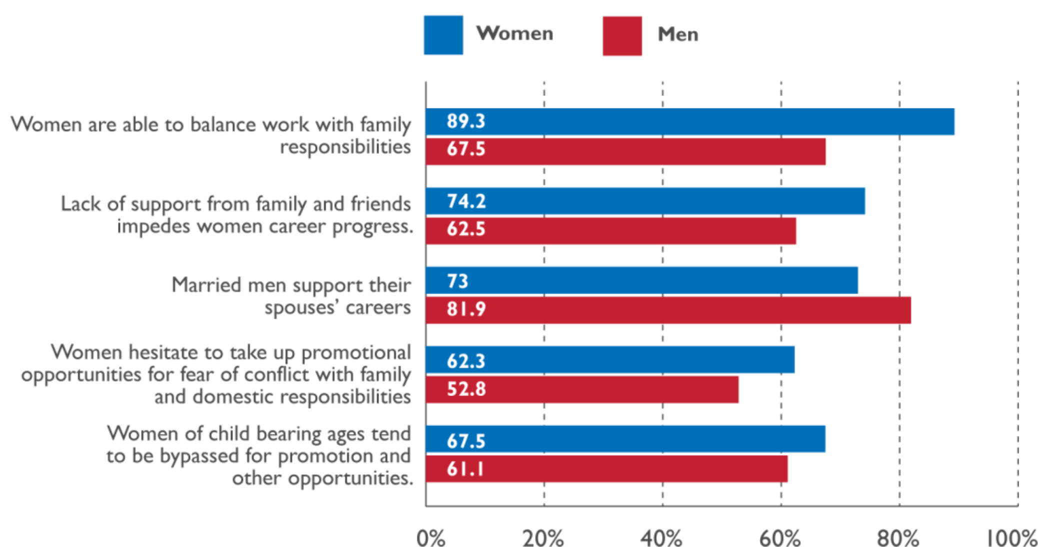
Recommendations:

- Advocate with decision-makers and managers to employ gender equity, not strict equality, when scheduling shifts for men and women to take into consideration their professional and family life needs
- Promote awareness of the flexible working hours bylaw signed in March 2017 and the related instructions issued in March 2018 to allow for additional options for work/life balance
- Explore options to offer part-time work within the current employment structures and labor law

Marital status and children

Closely related to the need for gender equity considerations when striving for work/life balance in the health sector (for instance, when scheduling shifts or determining flexible working hours), gender equity can be strengthened further by enhancing health employers' understanding of the potential impact of marital status and children on health professionals. There was a difference in perception between respondents, 89.3% of women and 67.5% of men, regarding women's ability to balance work with family

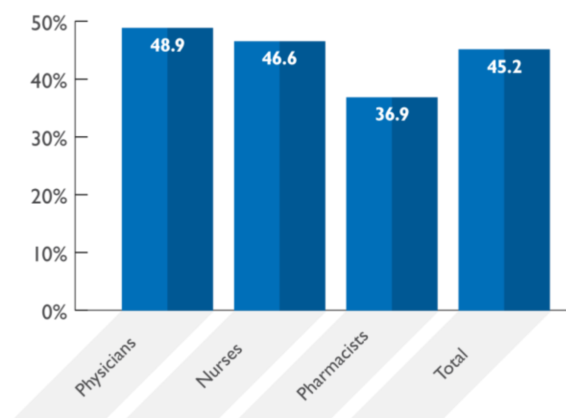
Figure 13. Health professionals' perception on the impact of marital status and children on women's careers



responsibilities. However, the majority of both groups, 74.2% of women and 62.5% of men, agreed that a lack of support from family and friends impedes women's career progression. To explain further, while women may be able to balance work and family life, the burden to do so is often solely on her, leaving feelings of anxiousness and stress while she is at work. As six top-level female managers at a private hospital explained, male colleagues, on the other hand, "can take a break."

Health professionals, both male and female, generally recognized that the greatest obstacle to a woman's career advancement into management positions is her family and household obligations. Forty-five percent (45.2%) of women said that having children permanently altered their career goals, and married women were five times more likely than married men to compromise their career targets and give their spouse's career priority.[19] Overall, 73% of women perceived that married men support their spouse's career. However, support does not necessarily mean sharing household duties, but rather not standing in the way of his spouse's employment. In the qualitative data, some men, even when married to female health professionals, admitted that they don't help to alleviate this challenge. As one female nurse stated, "If it means she exerts effort outside the household then she should exert more effort at home too, without complaining! I feel this is how women are actually seen if they are successful in their professional life."

Figure 14. The percentage of female health professionals who reported that having children had permanently altered their career goals



The fear of conflict with family and household responsibilities may cause women to hesitate to take up promotional opportunities, which was reported by 62.3% of women and 52.8% of men. The perceived barrier is closely tied to married women, and discrimination was reported in the practice of hiring and promoting single women, which from research evidence was higher in the private sector. Both men and women reported bias toward single women, though from different perspectives. Unmarried women reported fewer restrictions due to the absence of heavy marital and family responsibilities at home, which allows them greater freedom for career advancement. Alternatively, one man claimed that married women in the public sector "keep getting pregnant" so that they can take time off.

In Jordan, marital status is associated with the probability and expectation of pregnancy, and just its possibility is perceived as a barrier to women's career progression, especially by men. Not surprisingly,

[19] 24.7% of married women reported compromising their career targets and prioritizing the career of their spouse, compared with only 4.9% of married women who reported that their spouse compromised his career targets for their career to take priority. The qualitative data showed that married men were more likely to support the career advancement of their spouse if there were financial incentives to do so or a strained family economic situation.

67.5% of women and 61.1% of men reported that women of childbearing ages tend to be bypassed for promotion and other opportunities. There was a correlation between women continuously on the lookout for career advancement opportunities with having children; 58.8% of woman with no or one child reported it compared with only 37.7% of women with more than one child. One department head from a private hospital expressed that she "didn't go to work until [her] children got older and were able to take care of themselves."

Both women and men agree that child care services provided by the hospital are practical for female health care professionals, which would allow women to be more efficient at work. With onsite child care, she could easily check on her child and save transportation time, especially during the breastfeeding hour in the first year after a child is born. Male respondents from one hospital noted that they would benefit from child care centers too. Only one hospital included in the research had a 24-hour child care center. Female nurses in that hospital noted how access to the center's child care services allows them to focus on work, significantly stabilizes their career, increases efficiency, and decreases stress, leading them to better balance their work and family responsibilities. Prior to the child care center, they noted they resorted to taking unpaid leave or leaving their jobs completely to take care of children. In other hospitals, some child care services offered limited operational hours (morning and afternoon shifts only), quality of care was poor, and many child care centers were unlicensed.

Recommendations:

- Establish, when feasible, 24-hour child care centers that are licensed within hospitals or seek an alternative employer contribution to child care services
- Review and create nondiscrimination policies for hiring and promotion based on marital and family status (current pregnancy and having children)
- Implement paternity leave to at least the minimal standard of the 2018 labor law amendment of two days paid leave to encourage male participation in child rearing[20]

Management career progression versus specialization

The qualitative data revealed an interesting issue of management career advancement versus specialized professional development, which was not fully explored in this study. Nurses and physicians emphasized the importance of professional classification and specialization for promotion and advancement within their specialty areas. This might be explained by the fact that professional development is linked to incentives and specialization titles; managerial positions in their view "are not worth it." In addition, qualitative data indicated a strong preference for doctors in management positions, including perceptions that "it is a physician's Ministry" and that the person in a management position must be a doctor.

Recommendations:

- Conduct further studies on the policies and practices for career advancement in the health sector, comparing the emphasis on specialty training with managerial training and development
- Ensure incentives and training are tied to both clinical and managerial training and development

[20] A few men noted in the qualitative data that "it is important for the father to be present with his wife after the delivery" and mentioned the need for paternity leave. To note, the labor law was amended in 2018 to include two days of paternity leave after the time of data collection in December 2017.

Conclusion

In Jordan's health sector, opportunities for women's career advancement exist, partly due to their high percentage in the workforce and nature of the job. In principle, health professionals agree that promotions should be merit based regardless of gender and that women have the capacity to succeed in career progression. While many obstacles are affected by sociocultural beliefs and attitudes, avenues for evidence-based interventions to address tangible barriers were highlighted in this study. Activities to promote women's career progression should focus on:

- Clarifying job promotion criteria and selection
- Improving equitable access to professional development and training
- Increasing women's participation in mentoring and networking
- Strengthening gender equity in institutional mechanisms and policies
- Offering work/life balance options
- Providing child care services

The findings are a step toward filling in knowledge gaps and addressing drivers behind the underrepresentation of women in management positions in Jordan's health sector. Greater gender diversity in decision-making will optimize Jordan's human resources for health, contributing to a more responsive health system with improved health outcomes.

Annex A – Description of Respondents

Description of quantitative respondents

This study included a total of 2,082 female health professionals and 1,100 male health professionals in three health sectors (public, private, and teaching hospitals). The descriptive characteristics of respondents are presented in the table below.

Figure 15. The socio-demographic and work-related characteristics of survey sample respondents

Variable	Women (N = 2082)		Men (N = 1100)	
	N	%	N	%
Level of education				
Diploma	409	19.6	121	11
Bachelor degree	1432	68.8	756	68.9
Master's degree or high specialty	199	9.6	151	13.8
Doctoral degree or sub-specialty	42	2	70	6.4
Years of experience in the current institution				
<5	724	34.8	430	39.1
5-9.9	496	23.8	206	18.7
≥10	862	41.4	464	42.2
Marital status				
Single	520	25	264	24
Married	1500	72	825	75
Divorced	47	2.3	8	0.7
Widow	15	0.7	3	0.3
Health profession				
Physician	317	15.2	374	34
Nurse/midwife	1429	68.6	630	57.3
Pharmacist	336	16.1	96	8.7
Health sector				
Public	1388	66.7	714	64.9
Private	226	10.9	103	9.4
Teaching	468	22.5	283	25.7
Current managerial level				
Has no managerial roles	1815	87.2	621	56.5
Low management level	152	7.3	337	30.6
Middle management level	95	4.6	100	9.1
Top or Senior management	20	1	42	3.8

Description of Qualitative Respondents

The qualitative research sample consisted of a total of 15 focus group discussions (FGDs) and 23 semi-structured in-depth interviews. A total of 103 individuals participated in the qualitative component, 62 females and 41 males, including physicians, nurses, pharmacists, dentists, and lab technicians at different levels of position. Qualitative research was carried out in seven hospitals in Jordan, with one focus group discussion at a professional administrative council. A breakdown of the qualitative research is found below:

Figure 16. Description of respondents from qualitative research sample

Public or Private Sector	Governorate	Number of FGDs and IDIs	Number of Female and Male Participants and Type of Profession/Position	Number Who Only Participated in the Qualitative Research
Private Hospital	Irbid	2 FGDs 4 IDIs	Females (9) including department heads, a deputy director and technicians Males (5) including managers, an administrative unit and technician	4
Public Hospital	Irbid	2 FGDs 3 IDIs	Females (12) including a department head and practitioners Males (4) including department heads, managers and practitioners	3
Teaching Hospital	Irbid	3 FGDs 1IDI	Females (13): including department heads, practitioners, technicians and admin units Males (7): including department heads, practitioners, technicians	7
Private Hospital	Amman	5 IDIs	Females (3) including department heads and practitioners Males (2) including department heads and practitioners	3
Public Hospital	Irbid	8 IDIs	Females (4) including practitioners Males (4) including practitioners	5
Public Hospital	Amman	1 IDI	Females (12) including practitioners Males (8) including practitioners and technicians	8
Public Hospital	Karak	3 FGDs 1IDI	Females (6) including departments heads, practitioners and admin units Males (11): including practitioners	4
Public Council	Amman	1 FGD	Females (2): including departments heads and practitioners Male (1): including departments heads	3