

An Assessment of Factors Affecting Women Access to Management Positions: A Survey of Litein and Tenwek Hospitals, Western Kenya

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The study was a survey research carried out in a population of 688 employees of two hospitals namely, Litein hospital, with a population of 260, and Tenwek hospital with a population and 428 staff. A combination of face-to-face interviews and questionnaire were used as the main data collection instruments. Documentary sources and interview guides were also utilized as complementary methods of data collection. The sample of 204 respondents comprised of 126 staff from Tenwek and 78 from Litein, which included both the top management and other staff. A combination of purposive sampling and random sampling techniques were used to select the respondents. The data collected were analyzed using content analysis and inferential statistics thus qualitatively and quantitatively in order to establish barriers responsible for gender disparity in top management positions particularly in the two hospitals.

The findings of the study showed that women were still barred from ascending to the senior management positions by barriers which include traditional values cultural beliefs, education level of women, family roles, organization's mission, policy, and strategies among others.

Key words: Tenwek hospital, Litein Hospital, gender disparity an management positions.

Introduction

One of the main concerns of progressive minded organizations, institutions and governments today is how to eliminate gender discrimination that exists in all aspect of life. Though gender discrimination has slightly reduced over the years, female leaders still face some unique challenges compared to their male counterparts. Sullivan (1999) researched on the reason why few women make it to the director's level while the number of women who are working is at all-time higher. Interviewing some of the women executives in Britain in order to get their views, one of the respondents related the difficulty faced in setting up a firm of independent financial advisers targeting female investors in 1988. The reason given was that at that time, the financial sector was more male oriented and women were not considered decision-makers or earners. The study revealed that it is relatively easy for women to reach the middle management but rare for

them to get to take the final step to - the board of directors.

According to the report by the UK Institute of Management (1998) women held 18% of management positions in UK, up from 8% in 1990. However, only 3.6 % of women in UK reached the board of directors compared to 11% in the US. In Britain, the percentage fell from 4.5% in 1997 to 3.6% in 1998. The scenario in the developing countries is even worse. Kenyan women for example, are under-represented at key decision-making levels in development sectors, and institutions such as universities, government ministries, the private sector, NGOs, and the parliament. The current 9th parliament in Kenya for instance has got only three women ministers.

Cole, (2004) on the same note, argues that in 2002, women comprised 15.7% percent of all corporate officers in the Fortune 500, up from 8.7% in 1996. Yet despite this progress, women are still clustered in staff jobs, rather than in line management jobs that are more likely to lead to higher level positions. Cole, (1996) in his research, described management as a social process that consists of planning, controlling, coordination and motivation.

As far as the health sector is concerned, Snelgrove, (1998) articulated that more than half the people involved in health care are and have always been women. He argued that from time immemorial, wise women gathered herbs and infused them into vegetable remedies, gave everyday nursing care that was almost all the help available for the sick until two centuries ago. Women bathed the arthritic and manipulated their joints and looked after pregnant women and delivered babies. Since most of the remedies provided by the physicians therefore were ineffective till a hundred years ago, it may well be said that, most practical medicine was in the hands of women.

Health sector in Kenya, like health sector globally, has had remarkable growth over time with increasing players in the field, the main ones however, being the Government, the church hospitals, the private hospitals and the Non Governmental Organizations (NGOs). Among these players, the church hospitals contribute 40% of the health care services in the nation (Christian Health Association of Kenya Magazine). The remaining 60% is shared between the government and other players, the government providing `the largest portion of these services.

Walkup (2003) argues that in actuality, women continue to struggle to reach the top ranks of the corporate ladder, yet in a survey carried out in the food service industry, where the most visible role (that of servers) is dominated by women, it was found that female executives remain few and far between. The report further argues that, although governments, businesses, trade unions and women's organizations have devoted much thought and energy to overcoming the attitudinal and institutional discrimination that bars women from certain jobs and hinders their career development, and also the commitment to fight gender discrimination renewed periodically at international conferences, many of the results still fall short of expectations. International Labour Organization (1996-2004) argues that, wage differences in male and female managerial jobs stem from the reality that even when women hold management jobs, they are often in less strategic lower-paying areas of a company's operations. They are also linked to the fact that women managers tend to be younger on average, as most senior jobs tend to be dominated by older men. Despite the continuous entry of women into higher-level jobs, they remain under-represented in senior management. With few exceptions, the main challenge appears to be the sheer slow-ness in the progress of women into senior leadership

positions in organizations, which suggests that discrimination is greatest where the most power is exercised. The importance of gender equality for economic growth and the welfare of families are, however, being increasingly recognized. The economic power gained by women will play a key role in the struggle to sweep aside gender inequalities in all walks of life.

Other existing literature, attests to the fact that women have been disadvantaged since time immemorial. Looking at gender issues in Kenya's Agricultural sector, shows that women provide 75% of the country's agricultural production and contribute 96% of the family labour and 60% of the farm divided income yet they own only about 1% of land and have minimal control over the products of their labour (Gatheru and shaw 1998). Though women have proved to be as good as men in the development in this sector, they still face a number of challenges such as limited access to farm implements, land title deeds (in nearly all cases being held by men), inadequate time for productive work because of domestic and community chores and high level of poverty. Sandra (2002), in her research, states that, women have been demanding equal treatment at work since the 1960s.

The current study was undertaken in the management arena of the health sector to establish the factors that hinder women from rising to these managerial positions specifically in Tenwek and Litein hospitals in Kericho District, Kenya and whether the institutions' management teams were aware of gender imbalance and their view on the issues.

Materials and Methods

Research Design

The survey design was adopted because it was most appropriate given that a population sample was used to infer to the general population of interest. The design was also found to be suitable since it established the relationships that existed between the variables of the study.

Sample Size

The study covered two hospitals in Bureti and Bomet districts of the Rift Valley Province, Kenya. The hospitals were Tenwek and Litein with 428 and 260 employees respectively hence the total population under study was 688. Those who were in supervisory and managerial positions were 11 women and 16 men while those in staff and subordinate positions were 274 men and 387 women.

The sample comprised 126 staff from Tenwek, and 78 from Litein hospital, which was 30% of the population in each hospital - an acceptable sample size in quantitative research. The total sample size therefore was 204 staff. The sampling techniques used to select the sample comprised both purposive sampling and random sampling approaches.

This is because purposive sampling enabled the interviewer to collect the views of all the senior managers and the random sampling gave equal chance to the rest of the staff to respond for the purpose of getting a well representative sample.

All top managers of the two hospitals were interviewed using face-to-face interview.

Other employees were categorized into middle level management, supervisors and general staff, before administering questionnaires to them using simple random sampling in each unit or cluster.

Data Collection Procedures

Both Primary and secondary data were collected. The primary data was collected using face-to-face interviews and self-administered questionnaires whereas the secondary data was collected from existing records to establish the number of personnel according to gender in the two organizations.

Questionnaires: A set of questionnaires were administered to the two hundred and forty (240) respondents which was about 18% higher than the targeted sample size in order take care of those respondents that would fail to return the questionnaires. These questionnaires were distributed to the respondents then collected later after being filled.

Interviews: Face-to-face interviews with all the top management staff of the two hospitals were conducted. The data collection method gave more in-depth information, which could not be captured through questionnaires due to its ability to overcome resistance.

Validity and Reliability of the Instruments

To statistically test the reliability, a pilot study was carried out using a test re-test technique. A few questionnaires were administered to respondents then after two weeks; the same questionnaires were re-administered to the same respondents. The two sets of questionnaires administered in the two rounds were subjected to Pearson's moment correlation test in order to establish the relationship between the two responses. Conventionally, a correlation coefficient of 0.5 or higher is considered a good measure of reliability. Since the figure obtained was 0.6, it was considered sufficiently reliable and the researcher went ahead to use the instrument as planned.

Data Analysis

Descriptive and inferential statistics were used in this study. Descriptive statistics were important in examining the gender discrepancy in the management groups of the hospitals under study. Frequencies and arithmetic mean were used to assess the position of the majority of the respondents on the various variables.

Inferential statistics were also employed to test the relationship between the responses and the categories of respondents and to generalize the findings to the population. Chi-square, a non-parametric statistical test was used, since the data collected was categorized as ordinal data.

Results and Discussions

The most outstanding factor that was established was that culture affects different categories of respondents differently hence resulting in different responses to different issues. The findings indicated that 100% of the managers and the young, 80% of the more educated and 94.7% of the those who had served shortly agreed that culture limited women in rising to managerial positions. On the other hand, 40.3% of the staff, 38.3% of the elderly, 34.8% of the less educated and 68.1% of long service employees were of the opinion that culture did not limit women from getting into managerial positions.

As a confirmation of these effects, there were no female executive officers in the two hospitals and that only 33% of heads of department were women. It was also established that very few women were in middle and senior management positions. This was evidenced by the fact that many still believed that gender mainstreaming is important in achieving organizational goals, a factor which was mainly supported by those who were less educated and elderly, and which is quite detrimental to women aspiration to top management positions.

It was also confirmed that family roles played a major role in limiting women access to management. This item also was supported by 100% of the managers and the young employees though opposed by 69.7% of the less educated and 9.1% of the short serving employees.

It was also discovered that there were no clear laid down gender policies in the organizations hence there were no affirmative action plans to correct the existing imbalance. This was confirmed by 60% of the managers 63.5% of the young, 91% of the less educated and 60.6% of those who had served shortly. It was also evident that women remained with limited leadership skills because they were occasionally involved in decision making and that there was no clear policy on training them. Lack of organizations' periodical gender audits also had made the organizations less aware of the gender imbalance that existed in these organizations.

Conclusion

There are fewer women in management positions as compared to men. This is evident by the statistics whereby out of 398 women in employment in these hospitals, only 2.8% were in supervision and management positions yet out of 274 men; 5.8% were in supervision and management positions. Although the two hospitals had started implementing capacity building on women, they did not seem have policies to improve the number of women in management positions. It was confirmed that stakeholders related positively with women leaders in this organizations; a factor which is expected to enhance the number of women in management positions. The most important things therefore in ensuring women participate in management of the organization is that there's got to be commitment by the top management to bridge the gender gaps and promote gender equity and equality in all strategic plans. Women also need to be more aggressive in working toward these positions and stop looking at themselves as women but as equal competitors with their male counterparts.

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