



Research Article

Impact of Gender Stereotypes and Work-Life Balance on Female Leadership with the Mediating Role of Organizational Culture: A Case of Healthcare Setups in Karachi, Pakistan

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ABSTRACT

This study aimed to examine the impact of gender stereotypes and work-life balance on female leadership with the mediating role of organizational culture. Utilizing a quantitative explanatory research approach, it targeted the employees currently working in healthcare setups in Karachi to approach the data collection. The findings of the study reveal that among the employees currently working in healthcare setups in Karachi male employees hold the top management position with a significant number of differences. Furthermore, gender stereotyping and work-life balance in organizations were found unsatisfactory for women to struggle for top management positions. The organizational culture associated with the targeted population was found to be inclined towards gender stereotyping. The study recommends that the healthcare setups in Karachi should introduce a female-friendly culture in their organizations to initiate gender diversity, particularly for women in the top management.

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INTRODUCTION

Gender stereotypes are encouraged by the male-controlled system and defined by Glick and Fiske (2001) as the organization with male dominance over every decision and matters like political, social and religious. Benevolent sexism is the concept which encourages the belief that women are considered weak and need men to protect them. This belief leads to creating a negative image of women managers. In terms of organizational barriers, the process of selection and hiring by various organizations

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is biased (Kalaitzi et al., 2017). First, it is quite evident that the pool of qualified women who can be promoted to senior levels is very small so the opportunity for women is very low as compared to men with similar qualifications and experience. The study by Nelson and Burke (2000) revealed that around 82% of organizations lack management expertise and skills and it becomes an important factor in their decisions to not promote females.

Another study by Burke (2016) revealed that even though various firms have a large pool of experienced and qualified women they still do not consider women for promotion. One rationale to explain this is the fact that the executive positions are held by males and therefore there is always a bias by men to include men in succession planning. Women are increasingly scarce in the upper tiers of organizations resulting in internalizing gender stereotypes and thus women believe they are incapable of leadership roles (Adams et al., 2007). Kalaitzi et al., (2019) highlight gender stereotypes and work-life balance as key barriers for women in Greek healthcare leadership. The purpose of the study was to understand gender discrimination in top leadership roles in the healthcare setups of Karachi.

The purpose of the study was to examine the impact of Gender Stereotypes and Work-Life Balance (WLB) on female leadership with the mediating role of Organizational Culture. The study addressed the following research questions:

- What is the impact of WLB on women in getting leadership roles in healthcare setups in Karachi, Pakistan?
- What is the impact of Gender Stereotypes on women in getting leadership roles in healthcare setups in Karachi, Pakistan?

LITERATURE REVIEW

Female Leadership and Barriers

In healthcare setups, females are very prominent in achieving leadership positions. Research by Roth et al., (2016) shows that the companies having female leadership outperformed those without female leadership by 41 per cent on ROI and 56% on operating figures. However, the lack of female leadership is not only due to gender bias but also because there are certain social and domestic expectations due to which women don't feel motivated enough to manage leadership roles in healthcare. A similar issue is addressed in the mixed-method study conducted by Obino (2023). The results revealed that although about one-third of women represented executive management positions in healthcare setups the progress in their careers faced challenges due to various factors as identified through qualitative interviews including but not limited to, WLB challenges, gender biases, lack of support and mentorship, patriarchal structure of the organization and limited succession planning (Ahmad & Masood, 2011).

In addition to hospitals, the same situation is faced by women in other fields. The research conducted by Howe-Walsh and Turnbull (2016) found that very few women reach senior posts in the Science & Technology (ST) field in the UK. The research examines the experiences of females regarding the barriers and challenges in achieving leadership positions in ST academia. The research is based on qualitative interviews and the results show the barriers and challenges faced by women including the gendered nature of ST Academia Faculties. In the United States, the study conducted by Greenwood (2023) identified the challenges female healthcare leaders usually face. The nature of the study was an explanatory and qualitative case study. The results show various barriers and challenges faced by female healthcare leaders in the USA including leadership style differences between male and female employees, glass ceiling effect, leak pipeline model, WLB, gender bias of the organization, role congruity theory and lack of female professional coaches.

Managing Work-Life Balance

In the case of female employment, the importance of WLB holds significance because of the added responsibilities of the household, domestic work as well as child-rearing responsibilities (Northouse, 2025). Men with children have less impact on their careers as compared to females due to these domestic responsibilities. Women face challenges and struggle to balance their work and personal lives (World Health Organization, 2019). Maternal femininity is the highest level of work-family conflict which means there are social, emotional and physical reasons which create hurdles for women in accepting

senior executive roles. There are various explanations for this. Looking at the studies and literature, it is found women spend more time on their family matters. This results in a perception that women are less motivated hence there are fewer opportunities for them to get promoted (Garant, 2020).

The stressful environment of the healthcare industry is creating work-life conflicts and it is very essential to decrease this problem through work-life balance (Suifan et al., 2016). For instance, if we see the life of doctors, we realize that it is very difficult for them to separate their personal lives and work lives. They have high workloads and burnout issues and they have to do trade-offs with their personal lives. This inflexible pattern turns domestic life upside down and it becomes difficult for females to balance both as females have added responsibilities related to traditional and conventional responsibilities (Adisa et al., 2017). In other healthcare setup like academic medicine, there exist conflicts in their private and work lives. The study conducted by Sultana (2012) on the impact of conflicts in personal and work lives for married women highlights the work-family conflict among married women and their progress pathway. The findings of this study suggest that women's childcare and domestic activities are significant hurdles in their smooth career progression.

Gender Stereotypes

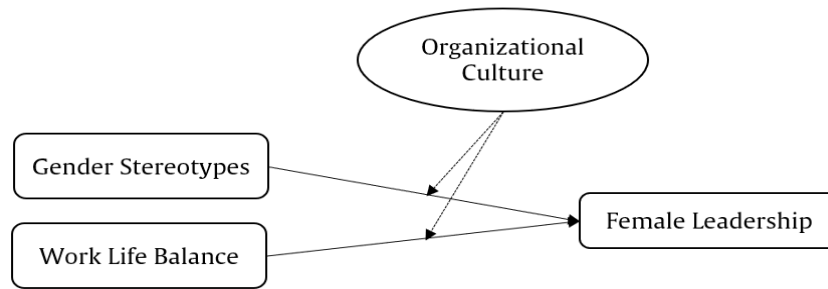
Soklaridis et al., (2017) found that gender bias still exists in hospital leadership roles even though we are in the post-feminist era. Women have much more freedom than before, still, women are less liked personalities when they achieve success in male-dominated roles. Such penalties of the organization have a serious impact on women in hospital leadership. They have the same job responsibilities but females are evaluated more harshly due to gender stereotypes. By talking with women CEOs of 12 different hospitals, it was revealed that gender equity is still a struggle. It is knitted in the organization and its culture, in hiring practices, in deciding salary packages and in times of promotions and appraisals (Soklaridis et al., 2017). Gender quality is related to the healthy well-being of the organization as a whole and it is very important to promote female leadership in all sectors including healthcare (Dhatt et al., 2017). Despite 75% of the healthcare workforce being feminine, still there is a disproportionate representation of women at senior levels (Shannon et al., 2019).

Gender biases can be seen in various healthcare sectors, for instance, the National Institute of Health (NIH) have developed different criteria for funding grants for research purposes for both genders. The hired scientists in NIH are mostly males while females constitute only 22% of them. They also give low scores to females in the decision-making of grant funding. Due to the pervasiveness of gender parity, women feel demotivated despite having all the necessary skills. They feel less confident about their skills. Even those women who have reached the top positions, also believe that they are not encouraged as much as their male counterparts. (Chisholm-Burns et al., 2017). Contrary to this, if women do not break this stereotype, they will adhere to conventional submissive roles; they will always remain unwelcome in executive roles and it further affects their satisfaction level at their workplaces negatively (Javadi et al., 2016).

Organizational Culture and Female Leadership

Organizational culture is a meso-level factor that has a great impact on women. As women have to manage household responsibilities, the provision of flexible work schedules, provision of daycare services, virtual facilities, work-from-home, equal pay opportunities, and maternity leaves would result in better performance and enhanced productivity (Hennaoui, 2018; Babic & Hansez, 2021). It was found by the study of Straub that paid maternity leave is linked with women achieving senior executive roles (Kalysh et al., 2016). It is also very important for organizations to establish female-friendly policies, provide them with training and leadership mentoring & create equal job opportunities for either gender (World Health Organization, 2019). In hospitals, organizational culture should be such that they view female leaders as their stakeholders and make them part of the decision-making process. Female friendly environmental culture in the hospital would help the women to achieve smooth progression of their career pathways and represent themselves as leader in senior executive roles.

Conceptual Framework



Hypotheses

- H₁: The greater extent of gender stereotyping in organizations decreases the number of female leaders in top management positions in healthcare setup
- H₂: The positive WLB practices in organizations increase the number of female leaders in top management positions in healthcare setup
- H₃: Organizational culture mediates the gender stereotyping and female leaders in top management positions in healthcare setup
- H₄: Organizational culture mediates the WLB and female leaders in top management positions in the healthcare setup

METHODOLOGY

This study utilized the quantitative explanatory approach using a survey-based causal study to determine the cause-and-effect relationship between the chosen variables while reviewing the relevant literature. The variables include Gender Stereotypes (GS), Work-Life Balance (WLB), Organizational Culture (OC), and Female Leadership (FL) where FL was chosen as the dependent variable, OC was chosen as a mediating variable, and others were chosen as independent variables. This study targeted the employees currently working in any healthcare setup in Karachi. Since the population under the targeted employees was unknown and/or unlimited, the sample size was estimated accordingly in line with the guidance provided by Charan and Biswas (2013) and Miot (2011). Non-probability convenience sampling technique was used to collect data using a survey method and cross-sectional pattern.

Instruments

To gather data from the chosen sample, a predesigned adopted questionnaire was distributed to the potential participants. The questionnaire included the instruments in line with the chosen variables including the following:

- Gender Stereotypes (GS): The construct and items for GS were adopted from the studies of Javadi et al., (2016) and Soklaridis et al., (2017).
- Work-Life Balance (WLB): The construct and items for WLB were adopted from the studies of Suifan et al., (2016).
- Organizational Culture (OC): The construct and items for OC were adopted from the studies of Román and Bretones (2013) and Roth et al., (2016)
- Female Leadership (FL): The construct and items for FL were adopted from the studies of Ward et al., (2010)

Data Collection & Analyses

The questionnaire was distributed online and physical visit to healthcare employees currently working in various healthcare setups in Karachi. Google Forms was created to compile the Excel sheet. Statistical tools were used to analyse the gathered data using various techniques including Descriptive Statistics and Inferential Analysis.

RESULTS & FINDINGS

Demographic Distribution

The participants of the survey included 52.7% female employees and 47.3% male employees. Out of the total 389 respondents, the age of the participants was 20-30 years (42.7%), 30-40 years (42.7%), 40-50 years (12.3%) and above 50 years (2.3%). Participants had varied qualifications including graduates (38.6%), Master's (49.1%) and postgraduates (12.3%). The marital status of participants was 40.9% single and 59.1% married. Participant's experience (years) in their fields was less than 1 year (6.2%), 1-2 years (21.1%), 3-5 years (20.6%), 6-10 years (16.7%) and Over 10 years (35.5%). Present working shift showed that 85.1% of participants were working in the first shift, 11.3% were working in the second shift 3.6% were working in the third shift while job status showed that 15.2% were working in top management positions, 39.6% were working in middle management positions, 20.8% were working in first level management positions and 24.4% were working in non-managerial positions.

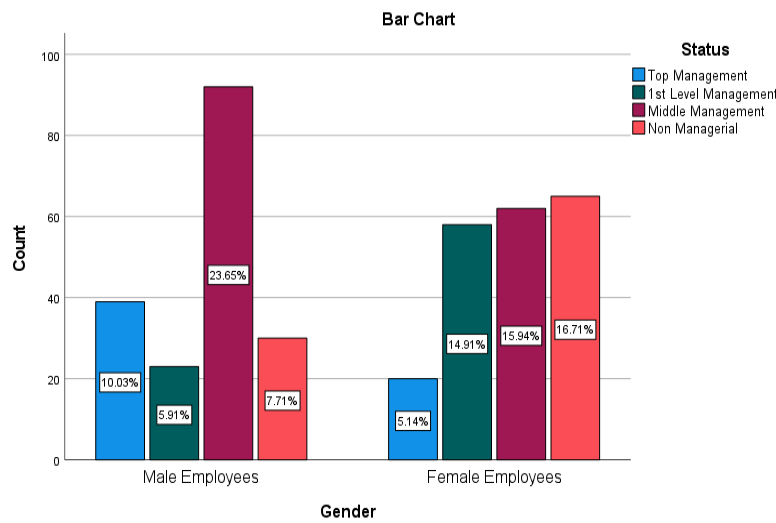


Fig. 1. Comparison between male and female employees regarding their job positions

Figure 1 displays that the percentage of female employees holding top management positions is almost half and holding non-managerial positions is even more than double as compared to the male employees.

Descriptive Statistics

The descriptive statistics (Table 1) include mean, standard deviation, minimum and maximum values and variance from mean. The values for GS are as mean = 3.06, SD = 0.49, variance = 0.24, for WLB are as mean = 2.86, SD = 0.53, variance = 0.28, for OC are as mean = 3.11, SD = 0.73, variance = 0.534, and for FL are as mean = 2.5, SD = 0.609, variance = 0.371. Since SD values are low it shows that data points are clustered around the mean.

Table 1
Descriptive Statistics

Variable	N	Minimum	Maximum	Mean	Std. Deviation	Variance
GS	389	1.33	4.78	3.06	0.497	0.247
WLB	389	1.44	5	2.87	0.531	0.282
OC	387	1.17	5	3.11	0.731	0.534
FL	389	1	5	2.50	0.609	0.371

Table 2
Internal Consistency between Items

Variables	Cronbach's Alpha	No. of Items	No. of Items Removed
GS	0.865	5	None
WLB	0.614	8	None
OC	0.656	5	None
FL	0.652	5	None

The Cronbach's Alpha (α) values are used to decide if the items used under each construct are internally consistent to make the used construct reliable for the measurement (Tavakol & Dennick, 2011). As per the described cutoff values of α by Tavakol and Dennick (2011), all the constructs used for the data collection were found reliable having α values more than 0.6.

Table 3
Correlations

		GS	WLB	OC	FL
GS	PC	1	.312**	.161**	.490**
	Sig. (2-tailed)		0	0.001	0
WLB	PC		1	.273**	.233**
	Sig. (2-tailed)			0	0
OC	PC			1	.123*
	Sig. (2-tailed)				0
FL	PC				1
	Sig. (2-tailed)				
PC = Pearson Correlation					

The Pearson's coefficient analysis was performed to measure the correlation between the chosen variables. Table 3 indicates a positive and statistically significant correlation between the variables. Since the p-value is less than 0.05 it suggests there is a significant correlation between the variables.

Table 4
Regression

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
GS	0.568	0.057	0.463	9.955	0
WLB	0.101	0.053	0.088	1.897	0.059

Since the t-value and beta are higher and the sig value is lower it is interpreted that GS and WLB have a statistically significant impact on the FL. 1 unit change in GS will cause 0.463 unit change in FL while 1 unit change in WLB will cause 0.88 unit change in FL.

Table 5
Moderating Variable Analysis

	R	R-sq	F	p
GS > OC > FL	.5380	.2895	52.0	.0000
GS > WLB > FL	0.27	0.07	9.68	0.00

It is interpreted that the impact of OC is significant on GS and WLB. The interaction term also shows a significant relation as the p-value is less than 0.05. As the sign of the coefficient is positive it suggests that the impact of OC on GS and WLB is strongly mediating.

Table 6
Summary of Hypotheses

No	Hypotheses	Sig Value	Status
H1	The greater extent of gender stereotyping in organizations decreases the number of female leaders in top management positions in the healthcare setup	0.000	Retained
H2	The positive WLB practices in organizations increase the number of female leaders in top management positions in the healthcare setup	0.05	Retained
H3	Organizational culture mediates the gender stereotyping and female leaders in top management positions in the healthcare setup	0.000	Retained
H4	Organizational culture mediates the WLB and female leaders in top management positions in the healthcare setup	0.016	Retained

Discussion

The findings of the present study are aligned with the reviewed literature. For instance, according

to Soklaridis et al., 2017) gender bias still exists in hospital leadership roles even though we are in the post-feminist era. Women have much more freedom than before, still, women are less liked personalities when they achieve success in male-dominated roles. Furthermore, Shannon et al., (2019) found the same despite 75% of the healthcare workforce being feminine, still there is a disproportionate representation of women at senior levels. This study found that positive WLB practices in organizations may increase the number of female leaders in top management positions in healthcare setups. The findings are aligned with the reviewed literature. Suifan et al., (2016) explain that the inflexible pattern turns domestic life upside down and it becomes difficult for females to balance both as females have added responsibilities related to traditional and conventional responsibilities. The study conducted by Sultana (2012) suggests that women's childcare and domestic activities are significant hurdles in their smooth career progression.

CONCLUSION

According to the perception of participants, gender stereotypes do have an impact on the career pathway of female employees while it is also found that it is continuously affecting their current positions. The findings conclude that there is bias in healthcare setups in Karachi in terms of gender when it comes to the top management positions. About WLB, job strain is the issue for most of the participants as they believe that there is no transparency in selecting leadership positions. Women face hurdles in their career advancement as leaders in healthcare setups. Men are dominating the top management positions and this is quite an alarming situation. Most of the females in the survey are in middle management while most of the men with equal qualifications and experience are in top management positions. All these barriers, glass ceiling effects, lack of mentors and stereotypical organization can be explained as insufficient informal education in their early ages. Positive WLB needs to be created by supportive management policies. Leadership questions suggest that women aspire to be good leaders, they have skills and motivation but they are suppressed due to glass ceiling effects. This needs to be considered as organizational culture plays a very important role in breaking this glass ceiling.

Recommendations

According to the results obtained, it is recommended that the healthcare setups should introduce a female-friendly culture in their organizations to initiate gender diversity, particularly for women in the top management. It will also bring innovations to their firms. Similarly, stereotypical attitudes should be avoided at all levels to make females comfortable. Management should be supportive in introducing flex times for women. Policies and procedures should be formulated in such a way that females feel more motivated to struggle for top management positions.

Competing Interests

The authors declared no competing interests.

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