# A Gender Inequality Regime in Global Health Organizations

A DISSERTATION

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**A Gender Inequality Regime in Global Health Organizations**


## Abstract

The purpose of this three-paper dissertation is to investigate how gender inequalities manifest within global health organizations. The definition of the term "global health organizations" is adopted from the Global Health 50/50 report, which defines these organizations as those working in global health and/or aiming to influence global health policy and are operational in more than three countries. These organizations include non-governmental organizations, philanthropic foundations, multilateral agencies, programs, medical journals, research and academic institutions, public-private partnerships, and private firms.

In the first paper, a conceptual framework of gender inequality regimes of global health organizations and associated qualitative data collection instruments were developed based on a comprehensive literature review, building upon Joan Acker's notion of an inequality regime using gender as the basis of inequality. The second and third papers operationalize the conceptual framework of a gender inequality regime using in-depth interviews and focus group discussions to evoke perceptions, experiences, and opinions regarding institutional gender inequalities among the participants.

The second paper presents a formative study of how gender inequalities manifest within a school of public health based on focus group discussions carried out with both male and female tenure track and non-tenure track faculty. The study findings reveal differences in the perceptions and experiences of men and women faculty, as shaped by their gender. The study explores the

challenges women face in achieving leadership roles, including balancing family and work, navigating masculine organizational structures, finding sponsors and mentors, connecting with the right networks, and forming key research collaborations.

The third paper explores qualitatively how male and female leaders of global health organizations are able to move beyond good intentions to lead transformative change within their organizations. Global health organizations that scored high on two metrics, “commitment to gender equality” and “having a gender equality workplace policy” on the Global Health 50/50’s 2021 report, Gender Equality: Flying Blind in a Time of Crisis, were selected for participation in the study. These organizations include organizations in the UN system, bilateral and multilateral organizations, public-private partnerships, philanthropic and funding organizations, and non-governmental organizations. The study is based on in-depth interviews of male and female leaders of the selected organizations, serving as either head of the organization, or leading gender equality agendas within their organization, to investigate the extent to which they perceive gender inequalities and the actions they take in implementing gender equality initiatives within their organizations. The study findings are used to identify best practices for addressing gender inequities among the global health organizations under study.

Cumulatively, these studies present a framework to measure and document gender inequality regimes, shedding light on the adequacy of using in-depth interviews and focus group discussions to evoke perceptions, experiences, and opinions regarding institutional gender inequalities, and providing solutions to overcome these inequalities within global health organizations.

## 1. Introduction

The global landscape for gender equality and women's rights has witnessed historic milestones that have shaped its trajectory. Celebrating over 110 years since the inaugural International Women's Day and over 25 years since the groundbreaking adoption of the Beijing Declaration and the Platform for Action, the world has been guided by a progressive blueprint that continues to inspire and provide direction for achieving gender equality and women's rights worldwide (UN Women, 1995). This influential declaration, endorsed by 189 countries during the Fourth World Conference on Women in Beijing, China, in 1995, recognized women not only as users of health services but as indispensable frontline providers of healthcare in their homes and communities. Furthermore, UN Women, the United Nations' dedicated entity for gender equality and women's empowerment celebrated its remarkable ten-year anniversary in the year 2020. Additionally, world leaders have committed themselves to the Sustainable Development Goals (SDGs) since 2015, with SDG 5 serving as a standalone goal focused on achieving gender equality and empowering women and girls (United Nations, 2015a). These significant milestones collectively emphasize the urgent need to intensify our efforts in realizing gender equality and amplifying the rights and agency of women worldwide.

Within the health sector, these global commitments towards gender equality have drawn special attention to the disparities that exist within the health workforce and global health workplaces, particularly in relation to female health workers and their limited representation in global health leadership and policy-making positions (World Health Organization, 2016). This heightened focus on acknowledging women's contributions in both the health workforce and society has instilled

a sense of urgency, leading to social movements that advocate for the rights of women and girls worldwide. Egalitarian values and reforms are now widely recognized as defining characteristics of the modern era (Charles & Grusky, 2014). Within the field of global health, this pivotal moment signifies an era of transformative change driven by gender perspectives (Shannon, Jansen, et al., 2019b). Notable examples of feminist and social movements within the health sector are actively shaping the gender-transformative agenda in global health. These include movements such as #MeToo and #NiUnaMenos, which combat violence and sexual harassment against women (Shannon, Jansen, et al., 2019b). The #TimesUpHealthCare movement targets sexual harassment and gender discrimination within healthcare (Times UP Foundation, 2019), while initiatives like #WomeninGH and #GH5050 aim to acknowledge women in the health workforce and advocate for their leadership within the sector (Global Health 50/50, 2018a; Women in Global Health, 2015). Furthermore, there is a growing recognition of men and masculinities as relevant components of gender equality efforts (Shannon, Jansen, et al., 2019b), and the global transgender rights movements are gaining momentum as part of this transformative landscape (Shannon, Jansen, et al., 2019b).

Although significant progress has been made in empowering women and acknowledging the rights of women and girls as a global priority, there is still a significant amount of work yet to be done, and the pace of progress continues to remain slow and uneven (Connell, 2006; Hale, 1996). In every society and industry, enduring gender gaps persist, deeply ingrained and resistant to change. Regrettably, no country in the world has yet achieved complete equality for women and girls, with the notable exception of Scandinavian countries, where notable strides have been

made in this regard (Borchorst & Siim, 2002). These gender inequalities are particularly evident in the field of global health, where women hold a mere fraction (25%) of leadership positions, despite comprising 70% of the global health and social care workforce (J. Downs et al., 2014). It is estimated that female health workers provide care to approximately 5 billion individuals worldwide and contribute $3 trillion to the global economy annually (Clark, Zuccala, et al., 2017; Manzoor & Thompson, 2019a). The underrepresentation of women is a prevalent trend across all sectors of global health institutions, including the government, global policy and governance, and the private sector. For instance, in 2020, women constituted only 21% of the Ministers of Health among the 194 member states of the World Health Organization, a decline from 31% in 2018 (Mehr Manzoor 2020 & 2018, unpublished). Moreover, among the 115 identified COVID-19 decision-making and expert task forces, a mere 3.5% exhibit gender parity in their membership, while a staggering 85.2% are predominantly comprised of men (Daalen et al., 2020b), only one-fifth of the global health organizations have gender parity within their governing boards (Global Health 50/50, 2018b); only a quarter of the chief delegates of the member states at the World Health Assembly are women (Dhatt et al., 2017); and of all the United Nations (UN) agencies related to health only two are led by women (Schwalbe, 2017). Furthermore, female dominated jobs in health care such as nursing and midwifery are considered low-status with lower prestige and lower salaries associated with those jobs, and about half of women's contributions in health care are in the form of unpaid care work (World Health Organization, 2019).

### 1.1. Problem Statement

There is growing number of voices questioning the lack of women in global health leadership and policy making. According to the World Health Organization (WHO), there is a projected shortage of approximately 10 million health workers by the year 2030, with Africa and Eastern Mediterranean regions expected to account for nearly two-thirds of this deficit (Manzoor, 2023). The emergence of the novel zoonotic virus of SARS-Cov2 (COVID-19) has led to infection of hundreds of millions of people around the world, and which has resulted in deaths of more than 1.4 million people as of December 2020 (John Hopkins University, 2020). The COVID-19 pandemic has further exacerbated the need for qualified and trained health workers to deal with the growing demand that has tested health systems around the world and exposed the symptoms of broken health systems (Daalen et al., 2020b). The pandemic has not only exposed the inequalities prevalent in our societies but also those within global health systems, such as lack of gender equality in global health leadership and decision-making (Daalen et al., 2020b; Etienne, 2022), lack of health care capacity to deal with growing demand (Etienne, 2022; McCann & Matenga, 2020), growing food insecurity (McCann & Matenga, 2020), the increased gap between rich and poor (McCann & Matenga, 2020), growing cases of gender-based violence and sexual harassment in the workplace (UN Women, 2021b), women facing the burden of domestic work and care due to work from home strategies (UN Women, 2020), discrimination and bias in hiring and pay decisions (Kohler, 2020), and with millions of people losing their jobs (International Labour Organization, 2021; Richter, 2021). Moreover, amid the COVID-19 pandemic, there have been reports of women facing barriers to accessing health care during their pregnancy, and women

and girls facing delays in receiving the essential services they needed as most of the health services were shut down (Javaid et al., 2021). This highlights a system marked by gender and power imbalances that are a result of power relations that structure how global health workplaces are organized, how global health policies are made, and how global health agendas are set – that is without the involvement of diverse voices and perspectives, especially those of women. In this dissertation, I argue that addressing gender inequities in the global health workforce requires understanding of the determinants of gender inequalities in global health organizations that I refer to as "*gender inequality regime of a global health organization*". Understanding and addressing this gender inequality regime in global health organizations is critical for addressing shortages in the health workforce, so that promises on Universal Health Coverage as well as Sustainable Development Goals may be fulfilled, and that wide ranging economic, social and health care measures may be taken to put countries affected by COVID-19 on the path to inclusive recovery.

### 1.2. Research Significance

For over three decades, the groundbreaking works of sociologists and feminists have led to the establishment of gender as a key category of analysis (Scott, 1986). With the contribution of these sociologists and feminist scholars, the study of gender has dynamically evolved over the years, unveiling its significance in deciphering the intricate organization of social processes, ranging from families and work to international and local politics, and even everyday relationships and interactions. This comprehensive exploration of gender as a social construct has not only deepened our understanding of the world we inhabit but has also illustrated how it intersects

with and influences other systems of oppression like race and class, unraveling the interconnected web of power dynamics shaping our societies. Through a focused examination of global health workplaces from a gender perspective, this dissertation aims to expand our understanding of how experiences of men and women are shaped within the global health workplaces, while simultaneously shedding light on the systematic disparities in their opportunities due to their gender. Furthermore, it asserts that gender inequalities permeate all societies and workplaces worldwide, intersecting with and influencing experiences based on factors such as race, religion, region, and socioeconomic status. In doing so, this dissertation emphasizes the importance of addressing gender inequalities in order to cultivate inclusive and equitable environments within the global health sector.

The prevalence of gender inequality within the global health sector poses a significant challenge for human resource reform and policy development (Shannon, Minckas, et al., 2019). Gender equality is universally acknowledged as a fundamental human right, and fostering gender diversity in the workplace has been proven instrumental in enhancing reputation, goodwill, financial performance, talent acquisition, team effectiveness, and fostering an innovative organizational culture (Catalyst, 2013). The McKinsey Global Institute estimates that integrating women into the workforce could contribute a staggering $28 trillion to the global economy (McKinsey Global Institute, 2015). Moreover, a study conducted in Poland revealed that the presence of at least one woman on the organizational board positively impacted financial metrics, with an increase in return on equity from 10.1 to 12.2 percent and an increase in price-to-book value from 1.8 to 2.4 (European Institute for Gender Equality, 2017). Similarly, Noland et al. found

that organizations benefit from gender diversity initiatives when women in leadership positions reach a critical mass, leading to improved organizational performance (Noland et al., 2016). These findings underscore the substantial economic and operational advantages of gender equality and highlight the urgent need for concerted efforts to address gender disparities with the potential to reap benefits for the global health workforce as well.

In addition, diversity and inclusion programs have proven to be effective in attracting top talent to organizations (Catalyst, 2013). With women comprising nearly half of the world's population, their enrollment in educational programs has witnessed a notable increase in recent years. We find ourselves on the cusp of a new era, where a rising number of young women are entering the workforce with unwavering determination to pursue their career aspirations. These talented individuals actively seek out employers who prioritize family-friendly policies, mobility opportunities, and flexible work arrangements (PwC, 2016). Notably, women constituted the majority of the student body in global health graduate and undergraduate programs, surpassing men (J. Downs et al., 2014). Recognizing and leveraging this critical resource is of utmost importance for the global health workforce to harness its full potential. By embracing and supporting the aspirations of these emerging female talents, the global health sector can not only attract a diverse range of skilled individuals but also foster an inclusive and forward-thinking workforce that is better equipped to tackle the complex challenges of the future.

Moreover, gender diversity plays a pivotal role in enhancing decision-making processes and fostering innovation within organizations. By embracing diverse perspectives, a wider range of voices is heard, resulting in the generation of fresh ideas and novel approaches at the decision-

making table. Studies have consistently demonstrated that gender equality in the workforce correlates with improved productivity and higher returns on investment. Furthermore, organizations that prioritize gender equality are better positioned to attract and retain top talent, irrespective of gender. By creating an inclusive environment that values and embraces gender diversity, organizations can tap into a wealth of talent, drive creativity, and achieve remarkable outcomes that transcend conventional boundaries.

Evidence on gender related trends within global health workplaces would help develop policies to address gender discrimination and challenges women face in the workforce. It will also help address gender gaps in pay, leadership as well as occupational segregation. It will enable more women into paid and formal labor markets to deliver triple gender dividend in terms of health, education, nutrition, income, and empowerment of not only women but also their communities.

Therefore, addressing gender inequalities within the global health workforce needs to be a global priority. This makes global health an interesting field to study gender related differences in organizational structures, practices, and policies to understand why and how these inequalities get produced and institutionalized. However, to date, there are limited studies that adopt gender inequalities regimes framework to understand the underlying drivers of inequalities within global health organizations; and there is limited understanding of male and female leaders' perspectives on gender equality agenda within global health organizations, that makes the contribution of this dissertation timely.

Lastly, these compelling findings underscore the pressing need for collaborative and targeted initiatives to address and rectify gender disparities. By taking proactive steps towards gender equality, the global health sector can unlock immense potential and reap numerous advantages for its workforce, ultimately leading to enhanced performance, productivity, and overall well-being.

### 1.3. Research Objectives and Policy Relevance

The current literature analyzing gender in global health has mainly focused on the role of gender norms, sex roles, socialization processes, sex differences, and biological properties of individuals that create differences in health outcomes and how these gender differences shape men and women's interaction with seeking health care services. However, there has recently been a growing interest in examining gender differences in the health care and social care workforce (World Health Organization, 2019). The key research objectives of this dissertation are as follows:

1) To develop a conceptual framework for evoking perceptions about aspects of a gender inequality regime in global health organizations. This would add to our knowledge and understanding of how gender inequalities are perceived by global health organizational leaders and members. This conceptual framework is intended to serve as a foundation for future research and can be used as a policy and research tool to advance knowledge on gender inequalities in the global health workforce and global health organizations.

2) To develop indicators to measure gender inequality regimes within global health organizations based on the conceptual framework developed in objective 1. This would contribute to our understanding of how different organizational practices, processes, and meanings of gender inequality may interact to produce and reproduce inequalities between men and women working in the field of global health. Indicators hold the promise of being powerful levers of progress and can be used to hold organizations and their leaders accountable for their commitments. Current literature in global health lacks to provide a common understanding of what gender equal and diverse workplaces look like, so this component of my dissertation would fill this research gap. Identification of the key indicators would also help assess other key axes of inequality such as race/ethnicity, class, and how these axes intersect with gender to create power imbalances and differences in opportunities and experiences for men and women in the global health organizations.

3) To develop focus group guides and interview guides for documenting perceptions of a gender inequality regime within global health organizations, using focus group discussion and in-depth interviews as methods. These guides identify research questions based on the key indicators identified in objective 2 and serve as tools to operationalize the gender inequality regime conceptual framework developed in objective 1. Thus, these tools contribute to generate empirical usefulness of the gender inequality regime framework.

4) To illustrate how global health organizational members and leaders perceive gender inequality regime within their organization using two qualitative studies adopting focus

group discussions and in-depth interviews. This will also enable me to assess the effectiveness and appropriateness of using focus group discussions and in-depth interviews as research methods and identify any potential challenges in using these methods to operationalize the gender inequality regime conceptual framework developed.

5) To assess how male and female leaders of global health organizations perceive gender inequality regime and what actions they take to address them. Women in the Workplace report by McKinsey 2018 highlights that while majority of the organizations (76%) are committed to gender equality only 13% of them hold people accountable for tangible results (McKinsey & Company & Lean In, 2018). The main finding of this report was that while organizational leaders track everything related to business, they tend to keep little track of how their organizations are advancing women. Given that more and more of the global health leaders are now committing to gender equality, this component of my dissertation will be an important contribution to the literature that assesses how global health organizational leaders perceive gender inequality within their organization and what strategies they adopt in dismantling the systems and processes that create inequality in their organization.

Every organization has a gender inequality regime including global health organizations. These regimes are linked to inequalities in the surrounding society, its politics, economic conditions, history, and culture. These inequalities shape work organizations and the experiences of organizational members at every organizational level. The underlying processes of organizations

create and recreate patterns suitable to an unencumbered male ideal worker. Analyzing a gender inequality regime can help identify organizational practices where gendered inequalities are produced, maintained, and reproduced. In doing so, this dissertation extends existing literature on gender, work, and organizations in several ways. First, it offers support for the adequacy of the concept of gender inequality regimes for investigating dimensions of gender inequalities within global health organizations. Previous studies adopting inequality regime framework have focused on banks, military institutions, religious congregations, public sector organizations, and business schools. Second, the findings of this dissertation will help guide the roadmap for future research. It will also generate evidence on multi-method qualitative approach and their adequacy to elicit gender inequality regimes within organizations. And thirdly, this analysis could help guide future research directions and policy agendas of dismantling gender inequality regimes within global health.

### 1.4. Overview of the Three Research Papers

The dissertation is comprised of three research papers. The first paper titled "*A conceptual framework for documenting perceptions of a gender inequality regime in global health organizations*" is a comprehensive literature review to answer three critical questions:

1) What is a gender inequality regime within global health and how would we measure it?
    - What are key indicators of a gender inequality regime?

2) How different practices, processes, and perception of gender inequality regime create an array of advantages or disadvantages for men and women working in global health organizations?

The key sources were searched using online databases to identify peer-reviewed journal articles focusing on gender inequality regime in organizations. These online databases included Scopus, JSTOR, and PubMed. Furthermore, the online search engine, Google Scholar was also used to identify relevant articles on gender inequality regime in organizations.

**Table 1.1:**
**Paper 1: Conceptual Framework for Documenting Perceptions of a Gender Inequality Regime in Global Health Organizations**

| Research Question(s) | Sources of Data / Where it is located | Data Collection Technique | Output | Research Objective(s) Met |
|---|---|---|---|---|
| • What is a gender inequality regime within global health and how would we measure it?<br>• What are key indicators of a gender inequality regime?<br>• How different practices, processes, and perception of gender inequality regime create an array of advantages or disadvantages for men and women working in global health organizations? | Peer-reviewed literature on inequality regimes, gender regimes, and gender systems in organizations, including in global health.<br><br>Online databases: JSTOR, Scopus, PubMed<br><br>Online search engine: Google Scholar | Literature Review | 1) A conceptual framework for evoking perceptions about aspects of gender inequality regimes within global health organizations.<br><br>2) In-depth interview and focus group discussion guides to operationalize the conceptual framework. | Objective # 1 - to develop a conceptual framework for evoking perceptions about aspects of gender inequality regime in global health organizations.<br><br>Objective # 2 - to develop key indicators to measure a gender inequality regime in global health organizations based on the conceptual framework.<br><br>Objective # 3 - to develop focus group guides and in-depth interviews for documenting gender inequality regime in global health organizations |

The second research paper titled "*Unpacking a Gender Inequality Regime in a Global Health Academic Institution: A Formative Study to Capture Perceptions and Understandings of Male and Female Faculty Members at Tulane School of Public Health and Tropical Medicine*" is a qualitative study using focus group discussions to analyze how the organizational gendering processes, mechanisms and structures of gender inequality regimes are manifested within Tulane SPHTM. Tulane SPHTM is a global health academic institution of great repute, located in the state of Louisiana in United States of America. This paper aims to answer two research questions:

1) How are the organizational gendering processes, mechanisms, and structures of gender inequality regimes manifested within Tulane SPHTM?
2) What are the differences in perceptions of gender inequality regimes among male and female faculty members within Tulane SPHTM?

This paper provides one example of evoking perceptions of certain aspects of a gender inequality regime among male and female faculty members and assesses the effectiveness of using focus group discussions as a method to elicit the components of a gender inequality regime at SPHTM. Indeed, it is important to acknowledge that this paper offers an exploration of the gender inequality regime within a single global health academic institution, and thus, the findings should be interpreted with caution. The study's scope is limited to this particular context and may not capture the full spectrum of gender inequalities within the broader global health academia. However, the research sheds light on the manifestations of the gender inequality regime within SPHTM, providing valuable insights into the challenges and dynamics at play. These findings serve as a foundation for future research and policy work, encouraging a deeper exploration of gender

disparities within global health organizations. And thus, its contribution to understanding gender inequality in this specific context paves the way for targeted interventions and further investigations into the broader field of global health academia and beyond.

**Table 1.2:**
**Paper 2: Unpacking a Gender Inequality Regime in a Global Health Academic Institution: A Formative Study to Capture Perceptions and Understandings of Male and Female Faculty Members at Tulane School of Public Health and Tropical Medicine**

| Research Question(s) | Sources of Data / Where it is located | Data Collection Technique | Output | Research Objective Met |
|---|---|---|---|---|
| • How are the organizational gendering processes, mechanisms, and structures of gender inequality regimes manifested within Tulane SPHTM?<br><br>• What are the differences in perceptions of gender inequality regimes among male and female faculty members within Tulane SPHTM? | Tulane School of Public Health and Tropical Medicine (SPHTM)<br><br>Focus Group Discussions:<br><br>• Three focus groups with female faculty in the tenure track (assistant and associate professors) and non-tenure track (clinical track faculty)<br><br>• One focus group with male faculty in the tenure track (assistant and associate professors) | Focus group discussions with male and female faculty at SPHTM.<br><br>Faculty data by gender and rank<br><br>Review of SPHTM policies on maternity leave, grievance, and consensual relationships | One example of how certain aspects of gender inequality regimes are perceived by male and female faculty members in a global health academic institution and the adequacy of using focus groups to evoke perceptions of these regimes within SPHTM. | Objective # 4 - to assess the effectiveness and appropriateness of using focus group discussions to provoke perceptions of organizational gendering processes, mechanisms, and structures of gender inequality regime among members of Tulane SPHTM. |

The third research paper titled "*Moving Beyond Good Intentions: Male And Female Leaders Championing Gender Equality Within Global Health Organizations*" is a qualitative study using in-depth interviews with 22 leaders (11 male and 11 female), selected from global health organizations that scored high on two metrics: 1) *organizational public commitment to gender equality*, and 2) *workplace gender policy* according to the *Gender Equality: Flying Blind in the*

*Times of Crisis* report by the Global Health 50/50 initiative published in 2021 (Global Health 50/50, 2021). I refer to these leaders as *gender equality champions* for the purposes of this dissertation. This paper aims to answer two research questions:

1) To what extent do male and female gender equality champions in global health perceive gender inequality regime within their organization?
2) What actions are male and female gender equality champions taking to address gender inequality regime within their organization?

This study documents how male and female leaders perceive gender inequalities within their workplace, and in doing so captures their understanding of what gender inequalities are and how they may be manifested. It also sheds light on what actions these leaders take in addressing these inequalities. The study also aims to elicit examples of organizational change processes that are carried out both formally and informally by the organizational leaders to promote gender equality in their workplace. This study also sheds light on the effectiveness of using in-depth qualitative interviews as a research method to elicit the aspects of gender inequality regime within global health organizations. It is important to acknowledge the limitations of this study, as it relies on the perceptions of organizational leaders, which may introduce potential biases and variations in the understanding and interpretation of gender inequalities and their manifestations. These subjective perspectives could impact the reliability of the data collected. However, despite these limitations, this study holds significance as it contributes to the existing literature by examining the differences in leadership styles between men and women as they lead gender equality initiatives. The findings also serve as an important starting point for future

research and policy endeavors, providing a more comprehensive understanding of gender inequalities as they operate within global health organizations and paving the way for evidence-based policies and interventions aimed at promoting gender equality in global health leadership and beyond.

**Table 1.3:**
**Paper 3: Moving Beyond Good Intentions: Male and Female Leaders Championing Gender Equality Within Global Health Organizations**

| Research Question(s) | Sources of Data / Where it is located | Data Collection Technique | Output | Research Objective Met |
|---|---|---|---|---|
| • To what extent do male and female gender equality champions in global health perceive gender inequality regimes in their organization?<br>• What actions are male and female gender equality champions taking to dismantle gender inequality regimes within their organization?<br>• What are the best practices for implementing gender equality initiatives within global health organizations? | Interviews with male and female leaders of 22 global health organizations: 11 male-led and 11 female-led organizations. Criteria for selection: Global health organizations that scored high on two metrics: 1) ***Organizational Public Commitment to Gender Equality*** and 2) ***Workplace Gender Policy*** in Global Health 50/50 initiative's 2021 report, "Gender Equality: Flying Blind in the Time of Crisis". | In-depth interviews of male and female leaders in 22 global health organizations<br><br>Conducted the pre-test of the interview guide with a faculty member at Tulane University | A study highlighting perceptions of gender inequality regimes among male and female leaders in global health and the adequacy of using in-depth interviews to evoke perceptions of these regimes within global health organizations. | Objective # 4 - to assess the effectiveness and appropriateness of using in-depth interviews to provoke perceptions of organizational gendering processes, mechanisms, and structures of gender inequality regime among global health organizational leaders.<br><br>Objective # 5 - to assess how male and female gender equality champions perceive gender inequality regime and what actions they take to address them. |

## 1.5. Overview of the Structure of the Dissertation

The structure of the dissertation beyond this introduction chapter comprises of the following chapters: chapter 2 provides a background literature highlighting the brief history of the study of gender within organizational settings and the evolution of the field. It then delves into the three chapters describing the three dissertation papers. Chapter 3 illustrates the literature review and the conceptual framework of a gender inequality regime derived from the literature. Chapter 4 provides an illustration of how the conceptual framework is operationalized in the formative study on Tulane University's School of Public Health and Tropical Medicine. It sheds light on how gender inequalities are created and maintained within organizational settings. Chapter 5 provides another example of how the conceptual framework may be utilized by assessing perceptions of gender inequalities among male and female leaders of the 22 global health organizations. Together these studies provide evidence on how the conceptual framework of a gender inequality regime may be operationalized using focused group discussions and in-depth interviews in qualitative research and also discuss the strengths and limitations of these methods. The dissertation concludes with Chapter 6 providing an overview of the key findings and emphasizing the relevance of the conceptual framework as well as the two qualitative studies for laying the foundation for future research on gender and global health organizations.

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## 2. Background

### 2.1. Overview of the Chapter

This chapter delves into the literature review, highlighting the dynamic and evolving field of gender, work, and organizations. It provides a concise historical overview, tracing the trajectory of how this body of literature has shaped our understanding of gender within the context of organizations and organizational processes. Initially, the literature focused on examining sex differences in workplaces, exploring the disparities in opportunities and experiences between men and women. Over time, the focus shifted towards a theoretical exploration of how gender is performed and constructed within organizations through their structures and processes.

Furthermore, the chapter introduces the concept of intersectionality, which emerged as a pivotal theoretical framework. Intersectionality examines the complex interactions between race, class, and gender within organizations, recognizing that individuals' experiences are shaped by the intersections of multiple systems of discrimination and oppression. This literature explores power relations and employs an intersectional lens to understand how these interlocking systems create intricate processes of difference and inequality within organizations. However, it also acknowledges the complexity involved in unpacking and operationalizing intersectionality theory in research, recognizing the challenges inherent in capturing the nuances of these intersecting systems of oppression. By exploring the historical development of gender and organizational literature and incorporating intersectionality theory, this chapter provides a comprehensive overview of scholarly discourse in this field. It underscores the importance of understanding the

multifaceted nature of gender inequalities and the interplay between various systems of oppression within organizational contexts.

Moreover, the concept of *gender inequality regime* is introduced along with the explanation of its key components. I outline three theoretical frameworks: *inequality regimes*, *gender regimes*, and *gender systems*, that shape the understanding of the gender inequality regime framework. To ensure clarity and consistency in terminology, I establish precise definitions of key terms and concepts that are fundamental to this dissertation. This ensures a common understanding and facilitates effective communication throughout the research. Additionally, I conduct an extensive literature review that explores the manifestations of gender inequality regimes specifically within the field of global health. This review encompasses a wide range of scholarly works that shed light on the ways in which these systems of discrimination, bias, and inequality are prevalent within global health organizations. By synthesizing existing research, I aim to provide a comprehensive understanding of the gender inequality regimes operating within the field of global health. Lastly, I reflect on the importance of measuring gender inequality regimes within global health organizations. By examining and quantifying these systems, we can enhance our knowledge and comprehension of how discrimination, bias, and inequality are generated within global health workplaces. This understanding is crucial for developing evidence-based strategies and interventions that effectively address gender disparities and promote equitable and inclusive practices within the field of global health.

## 2.2. Brief History of Gender and Organizations

Gender is a deeply ingrained social and cultural construct that affects and is affected by every aspect of human society, from the simple routines of daily life to the decisions made by the world's most powerful corporations. It has a significant impact on all social groups, both past and present. Feminist scholars and organizational sociologists have successfully demonstrated that many gender-based inequalities, particularly those related to social and economic inequality, are created within organizations and through the way work is organized in daily activities (Acker, 2006b, 2009). Although traditional organizational theories did not address gender, suggesting that it was not a factor in organizational and managerial structures, early research on gender and organizations often attributed the challenges women encountered in the workplace to their own actions. As a result, women were often stereotyped and considered unfit for the work life and were prescribed nurturing and caring roles at work rather than financially successful positions (Parsons, 1942), or they were stuck into lower-status and lower-salaried positions due to their perceived lack of commitment to work (Britton & Logan, 2008). The concept of "gender" was understood to be based on social relations and processes, formed through social interactions (Butler, 1990), and therefore seen as fluid, variable, and changing rather than fixed and inherent. Societal norms dictated how gender was expressed, both in homes and within organizational settings. This shift in understanding recognized that gender is not fixed but rather shaped by social interactions and norms and established that gender cannot be studied or discovered through research, but rather, research should focus on understanding the patterns of behavior and processes through which gender is constructed and performed. (Linghag & Regnö, 2009).

Studies that emerged during this time examined the gender distribution of jobs, wages, and power as well as how gender ideology, stereotypes, and practices in work organizations shaped the conditions of men and women's paid labor (Acker, 1988; Cockburn, 1983, 1985; Westwood, 1984). The concept that an organization is gendered was considered within the larger umbrella of how gender was embedded within larger society, its daily practices, life, work, and family. This led to a shift in research focus to reflect on how gender is done (Linghag & Regnö, 2009) that equally applied to examination of organizations to analyze the power relations conflated with gender (Acker, 1990b, 1992; Collinson & Hearn, 1996b).

Acker (1990) provided us a useful framework to examine organization as gendered bodies, "*to say that an organization, or any other analytic unit, is gendered means that advantage and disadvantage, exploitation and control, action, and emotion, meaning and identity, are patterned through and in terms of a distinction between male and female, masculine and feminine. Gender is not an addition to ongoing processes, conceived as gender neutral. Rather, it is an integral part of those processes, which cannot be properly understood without an analysis of gender*" (Acker, 1990a). Acker (1990) lays down five key mechanisms that perpetuate gender within organizations: the allocation of tasks and responsibilities, symbolic representations, workplace communication and behavior, personal self-conceptions, and the overarching organizational framework (Acker, 1990a).

Some of the earlier studies on gender and work organizations explored questions such as the job segregation by sex (Bielby & Baron, 1986; Bielby & Baron, 1984); how gendered ideology, stereotypes and practices fostered these results (Pringle, 1989); exploring how body, sexuality

and power are intertwined in everyday social interactions within bureaucratic organizations (Pringle, 1989); and illuminating how discrimination operated in informal manners through workplace ethnographic studies (Pollert, 1981). Earlier studies examined only a single complex phenomenon to understand workplace inequalities. For example, studies adopting class analysis analyzed social class as a base of inequality to examine how employer policies and interactions in the workplace maintained and reinforced class inequalities (Braverman, 1974; Burawoy, 1979); gender disparities to understand how such disparities arise within organizational processes and work relations (Acker & Houten, 1974); racial subordination to examine racist policies and practices within work settings (Michael K. Brown et al., 2003); and gender pay gap analysis to understand analyze how gendered distribution of jobs, wages, power as well as assumptions and practices in the work organizations shape the conditions of men's and women's work (Acker, 1988; Cockburn, 1983).

Since much of today's social, cultural, political and economic life is transacted in organizations (Perrow, 1991), viewing organizations as inequality regimes offers a window on how societal inequality is created, how it is institutionalized and how it may be challenged. Transformational change is often met with resistance, as it challenges the status quo and position of some stakeholders (Benschop & Verloo, 2006). Analyzing gender inequality regimes can also help in understanding resistance mechanisms, and provide insights into how this conversation may continue with the change recipients within global health organizations (Bleijenbergh, 2018).

## 2.3. Brief History of Intersectionality: Race, Class, and Gender in Organizations

The concept of intersectionality was coined by Kimberley Crenshaw in 1995 to highlight that the processes that create inequalities, differences, discrimination, exclusion, and inclusion within society are all embedded, interwoven, and intersecting (Crenshaw, 1995). It was argued that these different forms of inequalities were not additive or mutually exclusive, and it is difficult to separate one from the other, "*gender processes differed as class varied in different racial or ethnic configurations in different historical contexts*" (Spelman, 1989). For example, the experiences and social locations of black women and/or working-class women are different than those of white middle class women (Andersen & Collins, 2001). Intersectionality as a theory argues that the differences between men and women are shaped by race, class, ethnicity, history, or regional differences etc. and that these differences and inequalities are seldom a result of one factor but rather "the outcome of intersections of different social locations, power relations and experiences" (Acker, 2011; Hankivsky, 2014).

Intersectionality as a concept of research was greatly influenced by earlier studies that documented work and family experiences of black women or women of color and those in the developing world (e.g. Mexico city) to show how race, class, region, and gender influences women's lives (Dill, 1979, 1988; Romero, 1992; Westwood, 1984). Since its introduction, scholars have contested on the definition of intersectionality and on how it should be measured (Acker, 2011) as meanings of gender, race and class may vary based on different historical, social and political contexts (Acker, 2011).

Scholars argued about how the levels of social processes the intersectionality is examined, at an individual level where identity is constructed, at macro-levels where organizational or systemic structures of oppression are at play, or at the micro-levels which involves processes of direct interactions (Collins, 1995; Risman, 2004; Webber, 2001). Thus, intersectionality required special attention to the separation of social realities that could be broken down and examined as distinctly from others. At the same time, it posed methodological challenges, as it is difficult to separate the effect of one basis of oppression from the other. Intersectional scholars argue that focusing on one basis of oppression or inequality does not reveal the entire story. While such multi-layered analysis is difficult, many scholars adopted the route of focusing only on one or two bases of inequality e.g., exploring race and ethnicity, race or gender, gender, and class; to simplify the analysis. Another approach has been to study only one area of social life such as an organizational setting.

Considering the complexity in operationalizing the theory of intersectionality in examining workplace inequalities, I limit my conceptual framework to focus on gender as the underlying basis of discrimination and refer to it as *gender inequality regimes* framework, to analyze the patterns of inequality maintained in global health organizations, particularly by organizational structures, policies, rules, and culture. The concept of gender inequality regimes builds on the work of existing scholars and examines gender as the main base of inequality within global health organizations. In doing so it also reflects on how gender intersects with other complex interlocking systems of difference such as race and class to reinforce the patterns of advantage and disadvantage within an organizational setting.

## 2.4. A Gender Inequality Regime: What is it?

Organizations are a key part of a society. They both influence social processes and belief systems in societies that they exist in, as well as are at the same time being influenced by these social processes operating within a society. Organizations are places where inequalities are produced and perpetuated. The prevalence of inequalities within organizations is evident: all organizations have hierarchies where organizational leaders such as chief executive officers, department heads, and managers have higher power, authority, and salaries as compared to secretaries, production workers or their subordinates. This dissertation examines the global health organizations as gendered bodies and analyzes the processes in which gender is performed within global health organizations. The main motivation to study global health organizations is to understand how inequalities between men and women continue to operate within a field that is comprised of majority of female workers and has an egalitarian agenda at heart. This is also in line with Tamaskovic-Devey and Avent-Holt (2016) who argue the need to conduct research on inequalities by "*observing social relations in their organizational contexts and embedding organizations in their institutional fields" (Tomaskovic-Devey & Avent-Holt, 2016)*.

It is now well established that organizations are gendered bodies and producers of gender relations (Acker, 1990b; Mills & Tancred, 1992). This means that organizations themselves internalize as well as institutionalize meanings of femininity and masculinities and construct gender hierarchies that determine social relationships between men and women of the organizations as well as the roles that are assigned to them (Connell, 2005). However, there is

no commonly accepted conceptual framework within the field of global health that can be used to document gender patterns in global health organizations.

A conceptual framework is a useful tool to study social reality. It helps in collecting data and in developing an understanding of the phenomenon or phenomena (Jabareen, 2009). Conceptual frameworks possess the ontological, epistemological, and methodological assumptions that can enable us to know about the way things are, how things really are in assumed reality, and to make assessments about the real world respectively (Jabareen, 2009). Conceptual frameworks provides us an interpretive approach to study a social reality, and each concept within the framework plays an integral part in understanding the reality (Jabareen, 2009). To fill this gap, I aim to develop a conceptual framework to measure gender inequality regimes within global health organizations, examining how these inequalities are produced and reproduced through relations of race, class and gender, and what forces create barriers to equality within global health organizations. I call this conceptual framework "*gender inequality regimes*" as the underlying bases of inequality I examine is gender, which is a slight departure from Joan Ackers framework of inequality regimes where she analyses multiple axes of inequality.

The conceptual framework of gender inequality regimes is guided by three main bodies of work. The first is the theory of inequality regimes developed by Joan Acker who developed the framework of inequality regimes to analyze the interlocking systems of inequalities within organizations. She defines inequality regimes as "*loosely interrelated practices, processes, actions, and meanings that result in and maintain class, gender, and racial inequalities within particular organizations*" (Acker, 2006b, 2009). She defined inequality within organizations as

"*systematic disparities between groups of organizational participants in control over organizational goals and outcomes, work and processes and decisions, in opportunities to gender and advance in particular job areas, in security of positions and levels of pay, in intrinsic pleasure of work, and in respect and freedom from harassment*" (Acker, 2006a).

Table 2.1 elaborates the components of the inequality regimes framework based on Acker's conceptualization and how they relate to this dissertation.

**Table 2.1: Components of Inequality Regimes and its Application to this Dissertation**

| Components of Inequality Regimes | Description | Application |
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| **The Bases of Inequality** | Inequalities manifest themselves in various forms, influenced by intersecting and interlocking systems of oppression such as race, gender, and class (Acker, 2006b). Additional bases of inequalities encompass factors like age, region, and religion, among others. Within organizations, these intersecting systems of inequalities become apparent through various ways. For instance, the selection of CEOs typically favors individuals from higher social classes and predominantly white men in the United States, while in countries like Pakistan, they tend to be men from higher social classes. Moreover, instances of exclusion can be found, such as people of color being marginalized from participating in large corporations in the United States or individuals from lower castes facing similar exclusion in India. Another aspect of inequality is the limited representation of women of color in leadership positions, which highlights the challenge faced by women due to both gender and race discrimination within organizational structures. This situation reflects a double bind experienced by people of color, particularly women. It is worth noting that | For the purpose of this dissertation, I have chosen to focus on gender as the basis of inequality within global health organizations. The rationale behind this choice is that gender tends to permeate various aspects of inequality, making it a pervasive and significant factor to explore. |

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| | although class may not be readily discernible within organizations, it often emerges as a default consequence of gender and race-based inequalities (Acker, 2006b). | |
| **Shape and Degree of Inequality** | The shape and degree of inequalities vary from organization to organization. One example is how organizational hierarchies tend to mirror gender and racial differences. When women assume leadership positions, they often face heightened scrutiny or pressure to perform (Glass & Cook, 2016) and conform to masculine norms. Moreover, organizational structures can vary in their steepness, with bureaucratic organizations typically characterized by more pronounced hierarchies compared to flatter organizational structures. Hierarchies also contribute to power differences, as people on the top often wield greater control over resources and decision-making authority. The organizational culture also reflects the extent and nature of inequalities present within the organization, with some environments fostering cooperation while others promote intense competition and aggressiveness.<br><br>Additionally, job assignments and roles tend to differ by gender, resulting in varying degrees and patterns of job segregation. Even within managerial positions, discrepancies can arise. For instance, certain organizations may assign female managers primarily to perform housekeeping tasks (Ely & Meyerson, 2000), while men are assigned more substantive work that facilitates their advancement to higher organizational ranks. Gender-based job segregation further perpetuates wage gaps between men and women. | To examine the diverse degrees and steepness of inequalities within global health organizations, a research methodology employing focus group discussions and in-depth interviews is utilized. These methods aim to elicit perceptions of gender inequalities from both organizational members and leaders' perspectives. |
| **Organizational Processes and Practices that create, maintain, or challenge inequality** | Organizational processes and practices also vary from organization to organization. They are often determined by the organizational vision and goals. For example, a concept of "workday" is a concept based on the number of hours worked and an image of an "ideal | One of the objectives of this dissertation is to elicit the perceptions of global health organizational members and leaders regarding organizational processes and practices that create, maintain, and sustain gender inequalities within their |

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| | worker" who is unencumbered by family responsibilities and always available for office duty. This concept is gendered as it is based on an image of a male worker. Industries that promote late-night work or after-work social events often exclude women who are expected to attend to family responsibilities after work, making it difficult for them to commit to long hours. Social constructs of men as breadwinners and women as homemakers also contribute to the division of labor both at home and in the workplace.<br><br>Organizational hierarchy also create differences in degree of flexibility and autonomy a worker enjoys. Women who choose part time work or flexible work hours due to dual responsibilities of home or childcare are often face penalties and are often overlooked for promotion, leadership roles, or higher salaries. Heteronormative assumptions also contribute to power structures within organizations, reflecting societal norms that stigmatize individuals who identify as homosexual.<br><br>Key organizational processes include hiring, recruitment, and promotion. For example, images of an ideal worker often determine who gets hired or promoted. Hiring through social networks may result in discrimination against those who are not part of that social network. These practices may result in both gender, class as well as racial discrimination. Wage setting is another crucial process, where assumptions about worker skills and competence are influenced by gender and racial stereotypes, leading to wage disparities (Figart et al., 2002). Another dimension of organizations is the reproduction of race and gender in social interactions between workers (Reskin, 2003; Ridgeway, 1997; Vallas, 2003). These social interactions may be both formal and informal. These interactions often remain | organizations. By exploring these perceptions, the dissertation aims to gain insights into the specific mechanisms and practices within global health organizations that contribute to gender disparities and inequities. |

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| | subtle, unspoken, and undocumented, influencing factors such as who gets to speak in meetings, whose voice is heard in decision-making, and whose opinions are valued. | |
| **Visibility of Inequalities** | Inequalities are often invisible to those in positions of privilege. Privileged people often think about inequalities as if they are happening elsewhere, rather than where they are. The invisibility is at times intentional, for example, large organizations often forbid their employees to share their actual earnings as found in study on Swedish banks (Acker, 1991, 1994). This strategy is often used by organizations to protect the interests of those in powerful and privileged positions. The visibility of inequalities is also depended on the position or rank of the beholder. Male leaders often do not see their gender privilege, and whites often do not see their race privilege (Flood & Pease, 2005; McIntosh, 1992). Other mechanisms to make gender and race inequality invisible is to assume gender-neutral or race-neutral position in organizations as if race and gender do not matter in organizational decisions or processes. | One of the objectives of this dissertation is to assess how male and female leaders of global health organizations perceive gender inequalities within their organizations and what actions they take to address them. In doing so, the dissertation aims to examine how organizational leaders are moving beyond good intentions and commitments to actively promote gender equality within their organizations. By analyzing the strategies and initiatives implemented by the global health organizational leaders, this dissertation aims to uncover the extent to which they align their actions with their stated goals and aspirations for gender equality. |
| **Legitimacy of Inequalities** | Legitimacy of inequalities varies from organizations to organizations and may change due to political or economic conditions (Acker, 2006b). Legitimizing inequalities refers to a condition when inequalities are considered acceptable. For example, hierarchies, managerial controls, wage relations and existence of boss and workers are accepted, by and large as necessary components of an economic system. At times, these inequalities are legitimized through arguments that naturalize the inequality (Glenn, 2002) or through organizational rhetoric. Assumptions and images of masculine superiority, competency, and leadership traits all legitimize inequality based on gender or race. External factors challenging legitimacy of inequalities include Anti-Discrimination Laws; Affirmative Action programs, etc. | The dissertation examines the perceptions of global health organizational members and leaders regarding existing policies and procedures within their workplace that aim to address gender inequalities. The research examines how organizational policies and procedures may either legitimize or challenge gender inequalities within global health organizations. By assessing these perceptions, the dissertation seeks to shed light on the effectiveness and implementation of organizational measures in addressing gender disparities, as well as the broader impact on the legitimacy of gender inequalities within the global health organizational context. |
| **Mechanisms of Control and Compliance** | Organizational controls maintain the power of leaders and managers, enforced through hierarchies and mechanisms such as bureaucratic rules, punishment, rewards, | This research explores perceptions of global health organizational members and leaders regarding work-life balance, flexible and remote working arrangements, and their |

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| | and technologies. These controls ensure compliance and legitimacy while perpetuating gender and race inequalities. Internalized controls, based on beliefs about gender and race, sustain male privilege and superiority within organizational settings. Controls are also influenced by personal interests and norms, like the expectation of long working hours, which discriminate against those with family responsibilities. This willingness to work longer hours is often driven by economic interests or the belief that loyalty and commitment are demonstrated through extended work hours, even when organizations do not explicitly require this. Organizational controls can be direct or indirect and play a role in preserving inequalities within organizations. | organization's approach to addressing issues of sexual harassment, as these mechanisms can be seen as a form of organizational control and compliance. |
| **Competing interests in changing or maintaining inequalities** | While not explicitly outlined in Joan Acker's inequality regime framework (2006) (Acker, 2006b), it is important to recognize that competing interests within organizations play a significant role in either perpetuating or transforming inequalities. Inequality regimes can be subject to challenge or change over time, but effecting such changes is often a complex and challenging process that requires careful consideration. Failure to navigate this process appropriately can lead to unsuccessful outcomes. Therefore, changing inequality regimes requires understanding of how these competing interests play a role, often in subtle and invisible ways. Advantage and privilege are often hard to give up. Opposition may come from managers who see their authority as eroding (Ely & Meyerson, 2000). Studies have also highlighted how men, particularly white men in the United States, have opposed equality efforts despite top-leadership support for such efforts (Cockburn, 1991). Opposition can also arise from employees who feel that their skills are devalued or their group solidarities undermined (Vallas, 2003). Similarly, initiatives to ensure equal pay may face the dilemma of organizational goal of minimizing costs and maximizing shareholder wealth (Acker, 2006b). | Understanding the complex dynamics of competing interests within organizations is crucial for comprehending the challenges involved in addressing gender inequality regime. This dissertation aims to understand these dynamics, particularly in the study on global health organizational leaders, to understand how they are moving beyond good intentions, to addressing power dynamics within their organization in order to promote gender equality in their workplace. By exploring the experiences and perspectives of organizational leaders, this research aims to shed light on strategies, initiatives, and approaches employed to navigate resistance and address concerns related to perceived losses or devaluations. Additionally, it seeks to understand how leaders reconcile and balance competing organizational objectives while working towards gender equality within their organizations. |

Second concept is the work by Raewyn Connell who developed the concept of *gender regimes* (Connell, 2005). Her framework was published before the concept of inequality regimes by Joan Acker. Connell's main argument in proposing this framework is to develop a systematic approach of documenting the impact of gender within organizational processes as well as assess how gender mainstreaming is achieved. In doing so, she hopes to present a guide for managers that can enable them to develop an understanding of gender inequities and how to deal with them. The concept of gender regimes differs from inequality regimes in ways that only draws focus on gender as the underlying basis of difference and inequality and does not integrate the concept of intersectionality in its approach. The concept of inequality regimes, however, attempts to fill this gap by observing intersecting forces of gender, race, caste, and class, thus bringing a way to operationalize intersectionality within organizational studies.

Connell defines gender regime as "*patterning of gender relations in that institution, and especially the continuing pattern, which provides the structural context of particular relationships and individual practices. The same definition applies to the gender regime of a particular site within an institution.*" She argued that the concept of gender regimes may be applied to an organizational structure that can be an entire organization, or an organizational unit such as a department within an organization. At the same time, it may also be applicable to an organizational process such as setting policy framework. Connell defined gender regimes to have four dimensions:

- ***Gender division of labor*** –This includes gendering of occupations that determine division of paid work as well as domestic work at home. Occupational segregation by gender have

two forms: vertical segregation e.g. leadership positions occupied by men as compared to greater number of women in mid-level or lower management positions; and horizontal segregation e.g. secretarial staff is mostly comprised of women within many organizations. The distinction between vertical and horizontal segregation is important as the rise of egalitarian institutional reforms have largely focused on addressing vertical segregation rather than the latter (Charles & Grusky, 2004). According to Charles & Grusky 2004 book on *Occupation Ghettos,* the two basic tenants of occupational segregation by gender include the concepts of *gender essentialism* which represents how gender roles are prescribed to men and women on the basis of their characteristics e.g. women are considered more nurturing and caring and thus considered suitable for social care work or nursing, and second the concept of *male primacy* which represents the notion that men as more status worthy hence suitable for leadership roles or authority (Charles & Grusky, 2004). Horizontal segregation is more attributed to gender essentialism which create ideologies of difference, while vertical segregation occurs through mechanisms of male primacy which create ideologies of hierarchy (Charles & Grusky, 2004; Ridgeway & Smith-Lovin, 1999). These beliefs are difficult to root out as they are embedded in micro-level interactions and are likely to take up less overt forms that may be protected from feminist attacks or criticism (Charles & Grusky, 2004). For example, increase of men in nursing coupled with the presumption that they take up more technical roles such as nurse-anesthetist, or take on leadership roles within nursing.

- ***Gender relations of power*** – This includes the ways in which control, authority and force are exercised on gender lines within an organization. For example, organizational hierarchy represents power structure and decision-making authority within organizations. Power structures determine the social forces that shape the degree to which gender relations are regulated and how gender order is created within an organization. Gender relations create the shape and degree of inequality within an organization and help maintain influence and control over organizational decisions as well as resources. As most positions of authority and leadership within global health are taken by men, they have greater power over organizational decisions including recruitment and promotion decisions as well as its resources including financial resources, as compared to women. This power differential ensures subordination of women and other workers to the male leader's authority and dominance. Even if women occupy leadership roles or reach executive suites, they are unlikely to enjoy the same level of power and authority as their male counterparts (Catalyst, 2007; Ragins & Winkel, 2011). Generally, women are considered to possess less social power as compared to men. These perceptions are often influenced by gender role stereotypes which consider men as less worthy or competent (Ragins & Winkel, 2011).

- ***Emotion and human relations*** – This include the ways interpersonal relations within organizations are determined by gender beliefs that create feelings of solidarity, prejudice, or disdain, within organizational members. Women face a myriad of challenges in their daily interpersonal relations that form a complex network of barriers for women to

achieve positions of power. Eagly and Carli (2007) call this a labyrinth, that women navigate their way through in order to reach the top echelons of an organization (A. Eagly & L. L. Carli, 2007). Emotions play a key role in creating, maintaining, and sustaining gender differences in organizations and work relationships (Ragins & Winkel, 2011). Men and women are expected to express different kinds of expectations, which are often influenced by the gender beliefs and systems of the society at large. For example, expressing anger is often considered a source of influence for men, while result in negative evaluations for women as they are considered too aggressive. Similarly, women are expected to smile more often in public gatherings as compared to men, or they face negative outcomes for failing to do so (Ragins & Winkel, 2011).

- ***Gender culture and symbolism*** – This includes the gender identities and roles that culture, and society has prescribed for men and women and how these roles become part of language and symbols that reflect beliefs and attitudes about gender within an organization. Sylvia Gherardi (2014) argues that organizational symbolism is a tool to understand how gender is done at work and how organizations do gender (Gherardi, 2014).

And third is the concept of gender system developed by Cecilia Ridgeway and Lynn Smith-Lovin. They define gender system as "*gender is a system of social practices within society that constitutes people as different in socially significant ways and organizes relations of inequality on the basis of the difference.*" They argue that gender beliefs form the core of gender stereotypes. For

example, the belief that men are breadwinners and women as home-keepers maintain social as well as organizational hierarchies and thus, any efforts from women to achieve leadership positions requires battle between maintenance or change in the gender system.

A gender inequality regime varies in degree and shape with time, as they are shaped by the surrounding society, politics, and culture. The patterns of a gender inequality regime would also vary from organization to organization, in terms of their visibility, legitimacy, and change towards workplace equality. The framework of gender inequality regime would thus help leaders, policymakers and researchers identify organizational processes and areas where change is possible.

### 2.5. Key Definitions

Gender equality has been widely accepted as a development goal and as a basic human right (Global Health 50/50, 2018b; Shannon, Jansen, et al., 2019b; UN General Assembly, 1979). There is a mounting body of evidence along with women's activism that has established gender equality as an important social determinant of health and economic development (Global Health 50/50, 2018b; Sen & Östlin, 2007; Shannon, Jansen, et al., 2019b). Despite this global recognition, gender equality remains a complex issue and unmet goal within global health and development (UN Women, 2015). One part of the issues is the lack of understanding of the term gender and gender equality as Hawkes & Buse write that gender *"is missing from, misunderstood in, and only sometimes mainstreamed into global health policies and program"* (Hawkes & Buse, 2013). While gender is a non-fixed and fluid concept, for the purposes of this dissertation, I assumed gender

as a binary category to refer to men and women. The rationale for adopting this approach stems from the definition of gender used for the purposes of this research to refer to systems of social practices and beliefs that create and maintain numerous differences, and inequalities between men and women (Wharton, 2005). Furthermore, existing research and theoretical foundations are weak in the area of non-binary conceptualizations of gender in organizations or at work. For example, there is lack of data available on transgender, and non-binary gender conforming identities within global health workplaces. Moreover, even the reporting of binary sex-segregated data within global health settings has been insufficient, as illustrated by the COVID-19 response, where out of the 62 countries reviewed, only 33 reported such data (Global Health 50/50, 2020).

Table 2.2 below shows definitions of the key terms used in the dissertation to set the context in which these terms are applied and used within this research project.

**Table 2.2: Definition of Key Terms**

| Key Term | Definition |
|---|---|
| **Gender** | Defined as "socially constructed norms that impose and determine roles, relationships, and positional power for all people across their lifetime. Gender interacts with sex, the biological and physical characteristics that define women, men, and those with intersex identities." (Global Health 50/50, 2018b)<br>Gender refers to the systems of social practices and beliefs that create and maintain numerous differences, and inequalities, between male and female categories (Wharton, 2005).<br>However, it is important to note here that gender equality remains a complex issue, as it is often misunderstood and mistakenly conflated with sex or refers to only women. As a result, it often excludes transgender community and non-gender-binary people. (Shannon, Jansen, et al., 2019a) |
| **Gender Equality** | Refers to "the equal rights, responsibilities and opportunities of women and men and girls and boys…[implying] that the interests, needs and priorities of both |

| | |
|---|---|
| | women and men are taken into consideration, recognizing the diversity of different groups of women and men." (UN Women) |
| **Class** | Class is defined as differential access to power and control over society's means of provisioning, is fundamental to the organizing of work and work hierarchies (Acker, 2006a, 2011). |
| **Caste** | A caste system is defined in terms of three dimensions: stratification, pluralism, and interaction. A caste is defined as a system where society is made up of birth-ascribed groups which are hierarchically ordered and culturally distinct. The hierarchy entails differential evaluation, rewards, and associations. (Berreman, 1967) |
| **Race** | Race can be defined as social and cultural differences usually marked by physical differences such as skin color, rooted in economic and social practices, and ideologies. Racial inequalities are also context specific. E.g. in USA, due to its history of slavery, race inequalities are more visible than many other countries without that history (Acker, 2011). |
| **Ethnicity** | Ethnicity refers to cultural differences, often including historical experiences and language. Ethnicity may involve differences in skin color and other aspects of appearance as seen as racial. It is often defined differently in nations with different histories. E.g. in USA many ethnic groups are subject to stereotyping and discrimination (Acker, 2011). |
| **Power** | Defined as one's ability, or perceived ability, to influence others (Ragins & Winkel, 2011). |
| **Global Health** | Defined as "collaborative trans-national research and action for promoting health for all", and includes international governance, research, and health financing (Beaglehole & Bonita, 2010). |
| **Organization** | An organization may be defined as a social group in which the members are differentiated as to their responsibilities for the task of achieving a common goal (Stogdill, 1950).<br>Stogdill (1950) further elaborates that there are two sets of variables that define the operations of an organized group: 1) variables that define formal organization |

| | |
|---|---|
| | such as responsibility or the duties that one is expected to perform, and formal interactions which refers to people one is expected to work with; and 2) variables that define the informal organization such as the work that one actually does and the informal interactions that refers to the people one actually works with (Stogdill, 1950).<br>Similarly, Greenberg (2011) defines organizations as structured social system consisting of groups and individuals working together to meet some agreed upon objectives (Greenberg, 2011). Furthermore, organizations operate with the motive of creating social value or goods for its members (Stogdill, 1950). |
| **Global Health Organization** | Organizations working in global health and/or aim to influence global health policy and are operational in more than 3 countries: include NGOs, philanthropic foundations (e.g. Bill & Melinda Gates Foundation), multilateral agencies (e.g. United Nations agencies), programs, medical journals, research and academic institutions, public-private partnerships, and private firms such as pharmaceutical companies (Global Health 50/50, 2018b). |
| **Leadership** | The concept of leadership has multiple definitions, making it challenging for organizational scholars to reach a consensus. For this dissertation, I adopt Stogdill's (1950) definition, which sees leadership as an integral part of organizations. Within an organization, individuals possess varying degrees of influence over its activities. Therefore, the extent of leadership hinges on the overall structure of leadership within the organization, often referred to as its organizational hierarchy. (Stogdill, 1950) |
| **Organizational Culture** | A cognitive framework consisting of attitudes, values, behavioral norms, and expectations shared by organization members as set of basic assumptions shared by members of an organization (Greenberg, 2011). |
| **Organizational Structure** | The formally prescribed pattern of connections between the various units of an organization – reflecting, for example, reporting, relationships, formal communication channels (Greenberg, 2011). |
| **Health Workers** | Defined “to be all people engaged in actions whose primary intent is to enhance health.” (World Health Organization, 2014) |

## 2.6. Note on the use of term "Global Health"

I would like to acknowledge here that while the dissertation adopts the definition of "global health" provided by Global Health 50/50 initiative to refer to organizations ***working in global health and/or aim to influence global health policy and are operational in more than 3 countries***; the majority of the study participants in the study were recruited from offices based in the Global North. This has several implications for research findings as results need to be interpreted within the cultural and social contexts of the societies in which these organizations under study operate. Thus, the perceptions and experiences of organizational members and leaders under study may vary significantly from those who work in global health organizations based in the Global South.

The North-South divide is typically understood in terms of its political and socio-economic dimensions. The Global North commonly refers to regions such as North America, Western Europe, and developed parts of East Asia, while the Global South is perceived as being made up of Africa, Latin America, and developing Asia, including the Middle East (Confraria et al., 2017). This division is also based in terms of wealth and human development, with countries located in the Global North typically being categorized as high-income countries, while those in the Global South are considered low-and-middle-income countries and low-income countries.

In the context of this dissertation on global health organizations, the sample predominantly consists of organizations located in the Global North for two reasons:

i) The majority of the global health organizations have their headquarters based in the global North. Organizational leaders often tend to be based in the headquarter rather than a country office, thus recruitment of male and female leaders of global health organizations in the study tended to lean towards offices located in the global North.

ii) Tulane School of Public Health and Tropical Medicine was selected as a formative study due to the researcher's enrollment in the PhD program at the school. The recruitment of male and female faculty members in the study was facilitated through personal connections and the involvement of school leadership, including the researcher's advisor.

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## 3. A Conceptual Framework for Documenting Perceptions of a Gender Inequality Regime in Global Health Organizations


### Abstract

Global health organizations encounter persistent challenges in attaining gender equality in leadership, recruitment, promotion, and retention of women, primarily due to various systemic, structural, organizational, institutional, cultural, and societal barriers. This chapter presents a proposed conceptual framework, termed the "*gender inequality regime in global health organizations*," which aims to measure perceptions of gender inequalities within these organizations. Through a comprehensive literature review, this chapter explores the organizational structures, processes, and mechanisms that contribute to the creation and perpetuation of gender inequalities, forming a gender inequality regime within global health. A focus group guide and an interview guide are also developed based on the framework for capturing data regarding the perceptions of gender inequalities within global health organizations and operationalizing the framework. By adopting this framework, global health organizational leaders and policymakers can gain a deeper understanding of the necessary interventions and policies required to address gender inequalities and foster gender equality within their organizations. This research contributes to advancing knowledge regarding gender disparities in the field of global health and lays a foundation for promoting gender equality within these organizations.

## 3.1. Introduction

Women make up 70% of the global health workforce, yet they continue to be underrepresented in global health leadership positions (World Health Organization, 2019). Disparities in participation and leadership rates across countries can be attributed to local cultural and social norms, which shape the organizational culture and climate. Unsupportive organizational cultures and gender-stereotyped gender role expectations are often cited as key reasons that limit the participation and advancement of women in science, technology, engineering, and mathematics (STEM) (Coe et al., 2019). Recognizing the need for gender equality in healthcare organizations and the workforce, the imperative for female representation in global health leadership positions has gained widespread recognition. This emphasis on gender equality is rooted in the understanding that diverse and inclusive health systems, encompassing the perspectives of women and marginalized groups, are pivotal for achieving sustainable development goals and universal health coverage (World Health Organization, 2019). Consequently, the call for gender equality in healthcare reflects a broader vision aimed at establishing robust and effective health systems that empower a diverse array of voices (Daire et al., 2014; Muraya et al., 2019). Despite commitments to promote gender equality, gender-based disparities persist within healthcare organizations, including the lack of female representation in top leadership roles, widening gender pay gaps, and the prevalence of workplace violence and harassment (Global Health 50/50, 2019, 2021). Addressing these persistent gender disparities is crucial to fostering inclusive and equitable health systems.

In recent years, there has been a significant increase in the study of gender, work, and organizations, with scholars from diverse disciplines such as feminism, sociology, and organizational behavior investigating organizational inequalities and drawing increased focus to understanding gender-based disparities in leadership (A. H. Eagly & L. L. Carli, 2007), wages (Budig & England, 2001), distribution of labor (Anker et al., 2003; Hegewisch et al., 2010), access to critical resources (Cianni & Romberger, 1995), and work environments. In addition, these experts have scrutinized the underlying causes that perpetuate such inequalities despite measures aimed at eliminating them (Acker, 1990a; Collinson & Hearn, 1996a; Ferguson, 1984; Kanter, 1977), and how new forms of power dynamics may emerge and replace past hierarchies and inequalities over time (Tomaskovic-Devey, 2014). Their scholarship has shed light on why "gender" matters in organizational settings, dismantling the traditional gender-neutral approaches to understanding how organizations operate. Until 1974, nothing had been said much about organizational analysis from a feminist perspective and the field was dominated by male-stream approaches (Mills & Tancred, 1992).

The classical theories on organizations largely failed to include gender as a category of analysis. Organizational theory and research heavily relied on the study of masculine society, recruiting often only male subjects, and largely ignoring power differentials between men and women (Acker & Houten, 1974 ). Joan Acker and Van Houten's article was the first one to critique the famous Hawthorne studies and Crozier's work on bureaucracy to point out how they failed to include *sex power differentials* as key components of the research design and its subsequent findings. In the case of Hawthorne studies, for example, the findings were presented as an

explanation of employee behavior per se instead of taking into consideration that while the male subjects were observed under normal conditions, female participants were pressured by their male supervisors into an experimental situation (Mills, 1988a).

The article by Acker & Van Houten (1974) encouraged feminist reinterpretation of the classical theories of organizations (Feldberg & Glenn, 1979; Martin, 1990a; Mills, 1988a; Mumby & Putnam, 1990) and challenged researchers to examine the sex structuring of organizations to fully understand the gendered realities within organizations. The first ever feminist critique of the organizational theory was presented by Wolf (1977) who argued that "*organization theory cannot account for the differential treatment and experience of the sexes unless its traditional assumptions about the existence, rationale, and functioning of organizations are crucially reassessed*" (Mills & Tancred, 1992; Wolf, 1977). Rosabeth Moss Kanter's research on the relationship between gender and organizations made significant contributions to our understanding of how power dynamics, numerical representation, and opportunities for advancement play a role in shaping how men and women perceive their value within the organization (Kanter, 1977). Kanter also argued that women are disproportionately underrepresented in leadership positions and, even when they do hold such roles, they often wield less decision-making authority and autonomy compared to their male counterparts. During the following decade, several influential works emerged that examined the role of gender and the position of women within the field of organizational studies (Clegg & Dunkerley, 1980; Mills, 1988; Morgan, 1986), but none of these works specifically addressed or explained male dominance in organizational settings (Hearn & Parkin, 1983).

The evidence of gender inequalities within the field of global health are alarming as women only make a fraction (25%) of the leadership positions despite being 70% of the global health and social care workforce, delivering care to around 5 billion people worldwide and contributing $3trillion annually (Clark, Zuccula, et al., 2017; J. A. Downs et al., 2014b; World Health Organization, 2019). This trend is evident across the global health institutions including government sector; global policy and governance sector; and the private sector. For example, women make up only 21% of the Ministers of Health across the 194 member states of the World Health Organization in 2020 (Mehr Manzoor 2020, unpublished), a drop from 31% in 2018 (Mehr Manzoor 2018, unpublished); only 3.5% of the 115 identified COVID-19 decision-making and expert task forces have gender parity in their membership while 85.2% are majority men (Daalen et al., 2020b), only one-fifth of the global health organizations have gender parity within their governing boards (*Global Health 5050 Report: 'How gender-responsive are the world's most influential global health organisations?'*, 2018); only a quarter of the chief delegates of the member states at the World Health Assembly are women (Dhatt et al., 2017); and of all the United Nations (UN) agencies related to health only two are led by women (Schwalbe, 2017). Furthermore, female dominated jobs in health care such as nursing and midwifery are considered low-status with lower prestige and lower salaries associated with those jobs, and about half of women's contributions in health care are in the form of unpaid care work (World Health Organization, 2019).

In society, organizations wield significant influence over economic, political, and social spheres. According to both Adam Smith, a proponent of modern capitalism, and Karl Marx, a notable critic

of capitalistic ideals, one's job plays a defining role in shaping their understanding and consciousness (Kanter, 1977). While both genders comprise an organization's human resource capital, their experiences are shaped by the unequal distribution of power within the organizational hierarchy (Kanter, 1977). Therefore, studying gender-based inequalities within organizations provides valuable insight into the contrasting experiences of men and women in the workplace.

In this paper, I present a conceptual framework for documenting and assessing perceptions of gender inequalities in global health organizations. This framework builds on the works of scholars and researchers who have sought to identify and quantify gender-based inequalities in organizations across various social contexts, uncovering patterns of inequality that emerge through their studies. For instance, in a theoretical paper, Hodson and Kaufman debunked the notion of dual labor markets, arguing that workplace mechanisms are often the source of social inequality and that researchers should focus on the industrial context of workplaces and their associated resources and market constraints rather than attempting to prove deviations from a hypothetical national labor market or status attainment process (Hodson & Kaufman, 1982; Tomaskovic-Devey & Avent-Holt, 2016b). Thus, my goal is to examine global health organizations within the broader framework of the field, while also considering their social context. This research is significant as it sheds light on the complex and ever-changing nature of gender-based disparities within global health organizations, and the framework presented in this paper aims to guide decision-makers, leaders, and researchers in documenting such disparities, as part of the larger field of global health.

### 3.2. Overview of a Gender Inequality Regime in Global Health

Gender inequalities are pervasive within the global health workforce. The first ever technical report on gender and equity analysis within global health workforce, "*Delivered by women, led by men*", published by the World Health Organization shows that women make 70% of the global health workforce, yet are underrepresented in leadership and decision making roles (World Health Organization, 2019). Within the United States, women of color are pervasively underrepresented among physicians as in 2013 they made up only 11.7% of the active MD physicians in the country (The Greenlinings Institute, 2017). Furthermore, 40% of the women of color reported being discouraged to take up medical profession in high school (The Greenlinings Institute, 2017). This highlights that women of color in medicine often face a double bind, of gender and race, and that women often get cues early on in their lives about the kind of roles and careers they ought to pursue from their mentors or from society at large.

Global health workforce is also plagued with occupational segregation by gender. There is evidence of both horizontal segregations e.g., in Russian Federation, even though women made up 70% of the physicians, very few were taking up roles in tertiary care or academic medicine; and vertical segregations i.e. men dominating the leadership and decision-making roles. Global health 50/50 report found that about 69% of the global health organizations were led by men (Global Health 50/50, 2018b). Moreover, women are highly concentrated in primary care, nursing, and midwifery, with significant variation between countries. For example, in Denmark 90% of women are in nursing and midwifery (World Health Organization, 2008). Women often report lack of recognition and respect as a barrier to their career advancement. One study found that around

one in 10 women received awards in health and medicine (Morgan et al., 2017). Female health workers also felt their voices were not as respected as men's. For example, in Pakistan lady health workers needs to travel to people's houses and work alongside men clashed with cultural norms prevalent in the society (Z Mumtaz et al., 2003; Steege et al., 2018).

Gender inequalities often operate in subtle ways as there is lack of transparency and visibility of the adequate policy framework in place to combat the inequalities. Equality Works report by Global Health 50/50 initiative in 2019 reported that 70% of the organizations had made commitments to gender equality public while only 32% of these organizations had published sexual harassment policy online and more than 70% of the organizations did not have gender parity in their senior management (Global Health 50/50, 2019). Lack of policy slows progress towards gender equality within the organizations.

Gender inequalities are also legitimized through rhetoric and research. Gender pay gaps in global health are widest: 26% in upper-income countries and 29% in higher-middle-income countries (ILO, 2017). While most of the gender gap in pay is explained by occupational segregation by gender, some differences are also explained by differences in education, skills, training, and work experiences that legitimize these differences. For example, for senior faculty women's total career publications, seniority, or hours worked were reasons for wider gaps in senior positions, which also lead to wider pay gaps over lifetime (Ash et al., 2004).

Women also face constraints in balancing paid work with family responsibilities, so they either opt out of work or take on part-time work. Women with children pay "motherhood penalty" as

they are likely to work fewer number of hours and hence are paid less (Budig, 2014). For example, a study done in Scandinavian countries showed that women switched specialties and leadership tracks after childbirth (Ramakrishnan et al., 2014). Thus, social, and cultural forces that limit women's choices and careers are also used against them at the workplace to legitimize the different experience they face at workplace.

Power is an underlying motive in sexual harassment cases (quid pro quo), survivors are threatened to remain silent or risk retaliation or loss of job e.g. 50% of female medical students experienced sexual harassment from faculty or staff within US universities (National Academies of Sciences, 2018). 60% of students and trainees experienced discrimination and sexual harassment during training period in a meta-analysis of harassment and discrimination (Fnais et al., 2014; Launer, 2018). These mechanisms are used as controls to force women to comply and remain silent about their abuse, or else they fear losing their jobs and careers.

Lastly, there are competing interests that maintain inequalities in the workplace. When men enter female dominated jobs as nursing, they experience setbacks in prestige and pay, which is often the reason why fewer men enter female-dominated roles (Madichie, 2013). Similarly, surgery, which is associated with masculine traits and existence of "male surgeons clubs" deter women from entering or joining surgery as a specialty (Gargiulo et al., 2006).

### 3.3. Why Measure a Gender Inequality Regime in Global Health

People call for decent work and dignity in the workplace, achieved through purposeful employment and realized through the demands for equal pay and equal opportunity. Within organizations and workplaces, this is also accomplished through numerous forms of opposition against mistreatment, harassment, bias, and discrimination, as well as through building camaraderie with co-workers. Since people spend a considerable amount of their lives within their workplace, dignity and respect at work is essential to leading a meaningful life. However, organizations and workplaces are plagued with discriminatory practices and beliefs that create social, economic, and class-based hierarchies that manifest in the form of gender, race, and class inequalities. These disparities become ingrained in the corporate culture, brought about through social interactions among co-workers, and shape differences in the experiences of individuals based on their social identities.

Nearly all organizations have a gender inequality regime that creates a system of gender disparity at work, including global health organizations, and is linked to inequalities in the surrounding society, its politics, economic conditions, history, and culture. Furthermore, a gender inequality regime within organizations, including those within global health, are built on the notions of an unencumbered male ideal worker and patriarchal frameworks, that demand long work hours, and don’t provide room for work-life balance. These patriarchal notions of work unjustly discriminate against women and minority groups who fail to adhere to the standards of the male-dominated "ideal worker," thus perpetuating patterns of inequality designed to favor men. For example, during the COVID-19 pandemic, a gender inequality regime has been manifested through the lack

of women's representation in COVID-19 decision making (Daalen et al., 2020a), an increased number of women who left or planned to leave employment to care for their families and children (Robinson et al., 2021), the inadequate design of personal protective equipment (PPE), including N95 respirators for healthcare workers that do not accommodate women (Women in Global Health, 2021), and the exacerbation of gender pay disparities through furloughs and layoffs (National Academies of Sciences, 2021).

Measuring and analyzing a gender inequality regime can provide useful evidence to help identify organizational processes and practices where gender-based inequalities are produced, maintained, and reproduced. This analysis could also guide future research and policy agendas of dismantling a gender inequality regime within the field of global health.

## 3.4. Methodology

### 3.4.1. Research Objectives

What factors contribute to the creation of gender inequalities within global health organizations? Why do men hold a greater proportion of leadership positions compared to women in the field of global health? Why does it take longer for women to get promoted in their careers as compared to men? Who makes decisions regarding job assignments and compensation? How do these disparities become institutionalized and permeate across various global health organizations and cultural settings? The aim of this article is to present the conceptual framework for documenting perceptions of a gender inequality regime that serves as an analytical tool to investigate and

address such types of questions in order to shed light on the formation of gender inequalities in the realm of global health organizations.

Previous research on gender in global health has primarily looked at the ways in which gender norms, socialization processes, sex roles, and biological differences impact health outcomes and access to healthcare for men and women. However, there is increasing interest in exploring the impact of gender on healthcare and social care workforce (World Health Organization, 2019). The main objectives of this study are as follows:

6) To develop a conceptual framework for evoking perceptions about aspects of a gender inequality regime in a global health organization. This would add to our knowledge and understanding of how gender inequalities are perceived by global health organizational leaders and its various members. This conceptual framework can serve as foundations for future work and can be used as a policy and research tool to advance the knowledge on gender inequalities in the global health workforce and global health organizations.

7) To identify key factors to measure gender inequality within global health organizations based on the conceptual framework of a gender inequality regime. These factors will help us understand how different organizational practices and processes relate to gender and contribute to developing organizational inequalities between men and women in the field of global health. These factors can also be used as a way to hold organizations and their leaders accountable for their commitments to gender equality, diversity, and inclusion. There is currently a lack of understanding in the literature about what gender-equal,

diverse, and inclusive workplaces look like in global health, so this research will fill this gap. In addition, the identification of key factors will allow for the examination of other forms of inequalities, such as race, ethnicity, and class, and how these intersecting identities interact with gender to create imbalances of power and differences in opportunities and experiences of men and women in global health organizations.

8) To develop focus group guide and interview guide for documenting perceptions of a gender inequality regime within global health organizations, using focus group discussion and in-depth interviews as methods. These guides identify research questions based on the key factors identified in objective 2 and serve as tools to operationalize the gender inequality regime conceptual framework developed in objective 1. Thus, these tools are aimed to contribute to generating empirical evidence based on the gender inequality regime framework.

### 3.4.2. Research Questions

The study aims review research literature that addresses the following research questions:

- What is a gender inequality regime within global health and how would we measure it?

- What are key indicators of a gender inequality regime?

- How different practices, processes, and perception of gender inequality regime create an array of advantages or disadvantages for men and women working in global health organizations?

### 3.4.3. Methods

A comprehensive literature review was conducted using electronic databases such as PubMed, JSTOR and Scopus, as well as search engine Google Scholar. The key words used to perform the literature review included: *gender inequality*, *inequality regimes*, *gender regimes*, *gender system*, *organizations*, and *global health*. The key words were combined using the Boolean operators of AND, OR to identify multiple combinations of the search term. Articles focusing on the field of global health were prioritized. It should be noted that since the focus on gender and organizations within global health is a recent phenomenon, I did not find enough articles focusing on examining global health organizations from a gender lens. Therefore, articles from other sectors were included in the literature review as well. This is especially true for studies that apply the lens of inequality regimes framework by Joan Acker. The inclusion criteria were limited to studies published in peer-review articles, in English, and to articles for which the full-text was available to me.

### 3.4.4. Why a Conceptual Framework is Needed

Organizations are a key part of a society. They both influence social processes and belief systems in societies that they exist in, as well as are at the same time being influenced by these social processes operating within a society. Organizations are places where inequalities are produced

and perpetuated. The prevalence of inequalities within organizations is evident: all organizations have hierarchies where organizational leaders such as chief executive officers, department heads, and managers have higher power, authority, and salaries as compared to secretaries, production workers or their subordinates. This paper examines the global health organizations as gendered bodies and analyzes the processes in which gender is performed within global health organizations. The main motivation to study global health organizations is to understand how inequalities between men and women continue to operate within a field that is comprised of majority of female workers and has an egalitarian agenda at heart. This is also in line with Tamaskovic-Devey and Avent-Holt (2016) who argue the need to conduct research on inequalities by "*observing social relations in their organizational contexts and embedding organizations in their institutional fields" (Tomaskovic-Devey & Avent-Holt, 2016)*.

It is now well established that organizations are gendered bodies and producers of gender relations (Acker, 1990b; Mills & Tancred, 1992). This means that organizations themselves internalize as well as institutionalize meanings of femininity and masculinities and construct gender hierarchies that determine social relationships between men and women of the organizations as well as the roles that are assigned to them (Connell, 2005). However, there is no commonly accepted conceptual framework within the field of global health that can be used to document gender patterns in global health organizations.

A conceptual framework is a useful tool to study social reality. It helps in collecting data and in developing an understanding of the phenomenon or phenomena (Jabareen, 2009). Conceptual frameworks possess the ontological, epistemological, and methodological assumptions that can

enable us to know about the way things are, how things really are in assumed reality, and to make assessments about the real world respectively (Jabareen, 2009). Conceptual frameworks provides us an interpretive approach to study a social reality, and each concept within the framework plays an integral part in understanding the reality (Jabareen, 2009). The main aim of developing a conceptual framework to measure perceptions of a gender inequality regime within global health organizations is to examine how these inequalities are produced and reproduced through a gender lens, and what forces create barriers to equality within these organizations. I call this conceptual framework "a *gender inequality regime of global health organizations*" as the underlying bases of inequality I examine is gender, which is a slight departure from Joan Ackers framework of inequality regimes where she analyses multiple axes of inequality such as race, class, and gender.

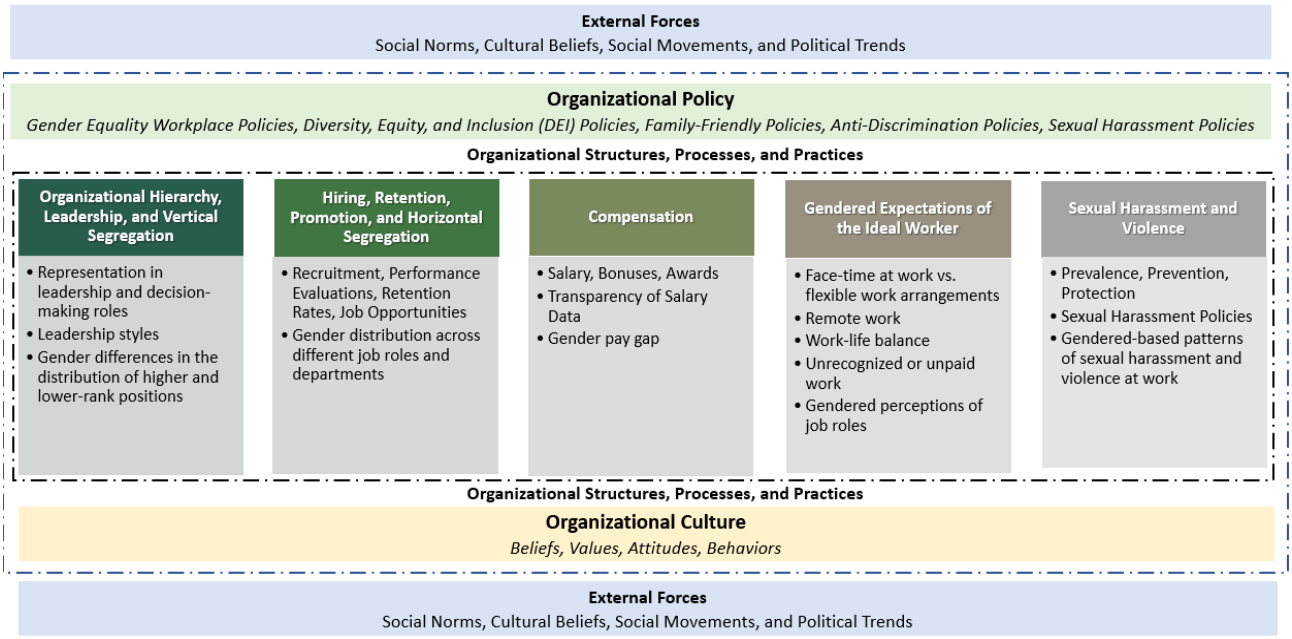
### 3.5. A Gender Inequality Regime Framework

People devote a significant portion of their lives to working in organizations. As a result, organizations present an excellent opportunity to document, analyze, and understand gender inequalities, given their maintenance of a "gender regime". This regime refers to organization's internal structures, processes, and beliefs, which determine the distinct tasks and positions assigned to its members (Acker, 1994; Connell, 2005). Like other organizations, global health organizations assign varying roles and levels of leadership to men and women. While the global health workforce is largely composed of women, men still predominantly hold positions of power and control (World Health Organization, 2019). This disparity persists even as some global health

organizations have created pathways for select women to attain higher leadership roles (Global Health 50/50, 2019).

In this dissertation, I propose a conceptual framework of a ***gender inequality regime*** that elucidates perceptions of different types of gender disparities that are molded and put into practice within global health organizational structures, processes, policies, and decisions. The conceptual framework is shown in **Figure 3.1**.

**FIGURE 3.1: CONCEPTUAL FRAMEWORK FOR DOCUMENTING A GENDER INEQUALITY REGIME**




### 3.5.1. Organizational Hierarchy, Leadership, and Vertical Segregation

An organization is typically led by a person who holds the position of chief executive officer or executive director, and who is accountable for achieving organizational goals (Chemers, 1997). In

addition to collaborating with other members of the organization, across different levels of organizational hierarchy, leaders are responsible for communicating organizational priorities to all members and directing efforts toward realizing the organization's vision and mission. Moreover, leaders hold the responsibility of establishing the culture, policies, and strategies of the organization. Leadership is one of the organizational component where a gender inequality regime is created, institutionalized, and legitimized (Carli & Eagly, 2001; Stamarski & Hing, 2015).

Occupational segregation by gender persists as a prominent feature in labor markets worldwide, despite widespread calls for egalitarian practices within the workforce (Charles & Grusky, 2004). Gendered based segregation refers to the unequal distribution of men and women into different occupations and job roles; and is recognized as a form of discrimination in ILO Convention No. 111 (Anker et al., 2003). One form in which occupational segregation manifests itself in organizational settings is vertical segregation, which refers to the gender disparities in positions of authority, hierarchy, and leadership within occupations. Charles & Grusky in their book, Organizational Ghettos, defined culturally determined narratives referred to as gender essentialism and male primacy as the key drivers of occupational segregation (Charles & Grusky, 2004). Gender essentialism refers to the gender norms that associate men and women to have different work styles and skills, for example, assigning women nurturing and caring roles while prescribing managerial and technical roles to men (Newman et al., 2011). Male primacy refers to the beliefs that consider men as more status worthy, superior and worthy of recognition as compared to women (Newman et al., 2011).

Two glaring examples of vertical segregation in global health organizations are the underrepresentation of women in leadership roles, and the over representation of women in lower-level roles compared to men (World Health Organization, 2019). Women's underrepresentation in leadership roles are often the result of gender bias, discrimination, stereotyping, and consequent power imbalances across organizational structures that create advantages for men. Historically, all-male organizations were commonly perceived as the main sources of societal power (Connell 1987), and heterosexuality was typically presumed while other forms of sexuality were often suppressed. These beliefs are manifestations of societal norms that link masculinity with leadership and prescribed different roles to men and women. Such beliefs also create negative attitudes towards women by associating with them lower status, and with men higher status. These stereotypes result in backlash against ambitious women trying to pursue higher status roles such as leadership in the workplace (Rudman et al., 2012). Furthermore, women who are competent and confident in their leadership roles are rated less likeable and less hirable versus men who behave in a similar manner (Rudman, 1998; Rudman et al., 2012).

Within global health organizations, leadership can take up many forms, and can be exercised at many levels. For example, one may be a leader within a top powerful health organization such as the World Health Organization, or decision-making body such as a ministry of health to being a head of a local community health center. Leadership may also be exercised in both formal and informal settings as well as in paid or unpaid work. But for the purposes of this research,

leadership refers to the top ranks within organizational structures as that is where power resides and decisions are made.

The health sector was historically a male dominated sector, where hospitals and other organizations that make up health systems exhibited patriarchal and hierarchical power structures, limiting women's access to different cadres of leadership opportunities (World Health Organization, 2019). Today, despite improvements in women's representation within the global health workforce, men continue to be more likely to hold leadership positions in global health organizations. For example, in 2020, women held merely 21% of Ministries of Health, with the lowest representation of women (4%) observed in the Eastern Mediterranean Region and the South East Asian Region (Manzoor, 2020). Only 3.7% of health companies in the Fortune 500 were led by women (Fortune, 2018), and just recently, a black woman was designated as the leader of Walgreens, one of the largest pharmacy chains in the United States, making her the only black woman to lead a Fortune 500 company at the time of her appointment (Wiener-Bronner, 2021). Furthermore, women were also found to be underrepresented as World Health Assembly (WHA) delegates, with 89.2% of the WHA delegations since 1948 to 2021 composed of men (Daalen et al., 2022) and only 3.5% of the 115 identified COVID-19 decision-making and expert task forces having gender parity (Daalen et al., 2020b), highlighting how women often get left out of the key decisions that affect their health as well as those of their communities.

Vertical segregation has huge implications for the gender gaps in organizational leadership. Women's underrepresentation in leadership is a symbol of organizational culture, and its policies. It depicts organizational leaders' commitment to gender equality in the workplace (Stamarski &

Hing, 2015). Furthermore, gender pay gaps tend to be higher in organizations where there are fewer women in managerial roles (Cohen and Huffman 2007). Women working under male supervisors also tend to report higher levels of discrimination, and lower levels of perceived organizational support (Konrad et al. 2010). Furthermore, gender hierarchies with organizations are also created through bureaucratic, textual techniques for organizing jobs and people (Acker, 1989). These are techniques through which female-dominated jobs are often described less clearly in comparison to male-dominated jobs, and that female-dominated jobs tend to be spread across lower wage ranges in comparison to male-dominated jobs, leading to gender pay gap across the skill levels (Acker, 2006b). Within organizations, managers often tend to take credit and responsibility for the tasks performed by their assistants, often resulting in assistants' works being unrecognized and unacknowledged (Acker, 2006b). This phenomenon disproportionately affects women as they tend to occupy fewer managerial roles. As job evaluation systems often fail to provide details that can help compare managers' roles versus those of their assistants, no adjustments for the resulting gender-based inequalities can be made and gendered organizational hierarchies are maintained (Acker, 1989). At times organizations tend to provide increased decision-making autonomy to lower-level workers such as frontline workers by removing the middle management. Although it might seem like a positive sign of change, in many cases, it seldomly leads to significant alterations in the overall organizational hierarchy or an increase in wages for the employees at the forefront (Acker, 2006b).

Thus, gendered patterns of organizational hierarchies are a continuous process, brought about by various organizational practices, routine interactions between organizational members, and

bureaucratic decision-making at the top. As a result, distinct sets of expectations for behaviors and limited opportunities are imposed on different members of the organization, resulting in varied experiences of organizational members.

Organizational leaders and policy makers interested in measuring gendered patterns of organizational leadership and hierarchy should start with numerical representation as a basis, examining the gender parity in leadership roles such as the chief executive officers, senior management, as well as organizational boards. Global Health 50/50 provides a good starting point as it provides a snapshot of more than 200 global health organizations (Global Health 50/50, 2021). However, dismantling a gender inequality regime of global health organizations would require going beyond numerical representation, to examine and understanding the underlying organizational structures, processes, and policies that create and maintain gender-based inequalities. This entails probing further into who makes the decisions and how those decisions are enforced. Who gets to have the voice on the table, and whose voice is valued. What are people's perceptions about organizational leadership and how those perceptions differ across male-led vs. female-led organizations.

### 3.5.2. Hiring, Retention, Promotion, and Horizontal Segregation

Another component where inequalities are shaped and made visible within an organization is the organizational structure, that is the way in which organizations arrange themselves and its employees into different departments and teams (Grant, 2010). Organizational structures are also depicted via organizational organograms and form the organizational hierarchy. Organizational structures can become gendered through occupational segregation, which refers to the uneven

distribution of men and women across different job roles (World Health Organization, 2019). This also refers to the division of labor that describes the distribution of work, roles, and job assignments on the bases of gender, race, and class that are intertwined with gender, class, and race within organizations (Acker 2006). This pattern of segregation is also referred to as horizontal segregation and one of the main reasons identified for this gender-based job segregation is the discrimination in human resource policies (World Health Organization, 2019). Gender-based segregation may also reflect on the career choices women make, based on the expected roles prescribed to them by the society. Gender segregation takes on different shapes, spanning from limited options and employment prospects for certain genders to preconceptions that lead to pay disparities and bolster unequal power dynamics in a community (European Institute for Gender Equality, 2017). Furthermore, gender-based segregation of occupations has several consequences on work life. It results in poorer job quality, limits labor market choices for individuals, impacts the perceived value and subsequent compensation for work, and widens the pay gap between genders (Anker et al., 2003).

The institutional mechanisms for causing and maintaining horizontal segregation in the workplace include recruitment procedures, mechanisms for job assignments, promotion, and retention systems, job transfers, participation in on-the-job training, and access to information about certain labor market opportunities (Reskin, 1984). Additionally, biased job evaluations, subjective criteria, or informal networks can hinder equal opportunities for career progression of women in male-dominated roles. Biases in recruitment processes, including the use of specific language in job descriptions or relying on homogenous networks for hiring, can also perpetuate occupational

segregation by unintentionally favoring certain groups and excluding others from job opportunities that are based on the concepts of a cultural “fit” or an ideal worker image. This is because recruitment and hiring within organizations involve the process of identifying the most suitable candidate for a specific position. From an employer’s perspective, jobs are often designed based on the “ideal worker” image, who is often times a man, who is available for long hours, unencumbered by family obligations and childcare duties (Acker, 2006b). However, within the field of global health not all jobs prioritize men as ideal workers such as nursing, midwifery, and community health workers. According to Salzinger (2003), the preferred employee for numerous job positions is a compliant woman who is willing to accept low wages and follow orders (Salzinger, 2003). Employers often seek out women of color, and in some cases, immigrant women are even more highly valued (Hossfeld, 1994). This is the key reason for female-dominated roles to have lower status and renumeration.

The promotion process represents another domain where organizations may exhibit bias and discrimination, leading to horizontal segregation. Job descriptions and advancement criteria can restrict employees' opportunities for progression, and women are often less likely to advance (Perry et al., 1994). Moreover, women's career growth is typically slower than that of men within organizations, often due to biased perceptions of their experience and qualifications as inadequate for promotion (De Pater et al., 2010). Women are also found to be less likely to self-promote themselves for promotion, as compared to men (Pazzanese, 2020). Another phenomenon known as the “*gender confidence gap*” highlights how women underestimate their skills, while men tend to overestimate them (Pazzanese, 2020).

Global health organizations reflect the unequal division of labor and the horizontal segregation of men and women in different kinds of jobs and roles. For example, most leadership roles are held by men while women primarily hold the roles of frontline health workers and care providers. Similarly, within the United States, people of color were excluded from leadership roles of the most powerful organizations. Other bases of inequalities that impact the division of labor within organizations include sexuality, religion, age, and physical disability. According to Kanter (1977) heterosexuality is assumed within an organization and it creates assumptions that create disadvantages for gays and lesbians. Women make up 70% of the health workforce; majority of which are clustered in nursing and midwifery, with fewer number of women working as surgeons or as physicians, highlighting how horizontal segregation manifests itself (International Labour Organization, 2018). For example, 90% of the Danish women in the health sector are in nursing and midwifery (International Labour Organization, 2018). In the Russian Federation, about 70% of the physicians were women; but much fewer numbers work in prestigious specialties and tertiary care (Williams et al., 1997). Such horizontal segregation creates feminization of certain health care fields. For example, nursing and midwifery are considered feminine professions due to the larger number of women occupying these roles. Similarly, women are also more likely to take on gynecology, obstetrics, oncology, dermatology, and pediatrics (World Health Organization, 2019). This division of labor reflects discrimination and bias in the hiring, retention and promotion processes of the global health workforce that generates differing experiences and opportunities for men and women working in the global health field.

The key indicators for measuring the degree of horizontal segregation by gender within global health organizations is to examine the distribution of men and women across different organizational departments and job roles. Gender-based horizontal segregation may also be measured by assessing the percentages of men and women in different types of jobs, departments, and roles in a given time, and comparing those numbers. Job descriptions may be assessed to see if they are based on the "ideal-worker image" and whether they have been defined clearly for both male-dominated and female-dominated roles.

### 3.5.3. Compensation

Within global health, women often tend to be at the bottom of the wage hierarchy (World Health Organization, 2019). Gendered and sexualized attitudes and assumptions often influence the wage-setting procedures within organizations, determining the allocation of profits between workers and management and managing the work processes and workers. These attitudes, shaped by gender and race, impact presumptions about job skills, responsibilities, and equitable compensation, thereby contributing to wage disparities (Figart et al., 2002). Occupational segregation emerges as the leading factor for gender pay gap in workplaces (Manzoor & Thompson, 2019a). This is because female-dominated jobs are often associated with lower salaries and lower prestige. As a result, women are often clustered in lower-paying jobs, resulting in disparities in life-time earnings.

Initially, it was believed that human capital factors, such as education, training, skills, work experience, and hours worked, which are associated with higher productivity, were the primary drivers of the gender pay gap. However, recent studies demonstrate that even after accounting

for these observable factors, the gender pay gap persists, and a significant portion of it remains unexplained (Blau & Kahn, 2017; Gibb et al., 2009; Sasso et al., 2011; Vujicic et al., 2013). The 2018 Global Wage Report by the International Labour Organization (ILO) (International Labour Office, 2018) analyzed the gender pay gap based on human capital attributes, job characteristics, and workplace types and found significant variations among countries. However, on average, education and other labor market factors only accounted for a small portion of the gender pay gap. Experimental studies have shown that personal biases among organizational decision-makers can contribute to the gender pay gap (Stamarski & Hing, 2015). These studies have revealed that men are more likely to be offered higher salaries than women, even when their performances are matched (Moss-Racusina et al., 2012; Stamarski & Hing, 2015).

On average, the gender pay gap in the global health sector is higher than in other sectors, ranging from 26% to 29% (ILO, 2017). A significant proportion of this wage gap cannot be accounted for by observable factors such as age, education, or experience. Women in global health are often overrepresented in lower-paying jobs that are associated with lower status, such as nursing or midwifery, where nearly 90% of the workforce is comprised of women (World Health Organization, 2019). Additionally, women's contributions to global health are frequently in the form of unpaid work, volunteering roles, or caregiving responsibilities. It is estimated that nearly half of women’s contributions in the global health are in the form of unpaid and informal work (World Health Organization, 2019). Unpaid work is linked to occupational downgrading, leading to the continued segregation of women into part-time or vulnerable work conditions (Hegewisch & Gornick, 2011). Thus, these patterns underscore the need to closely examine how wage-setting

is conducted in the global health workforce, as wage disparities can result in a lifelong economic disadvantage for women in this field.

Organizations should measure the extent of the gender pay gap within their workforce and should also assess the provision of benefits such as health insurance, parental and maternal leave policies, rewards, and bonuses. It is important to evaluate these benefits alongside gender pay gap information because they are also unevenly distributed and contribute to the gender pay gap. Research questions regarding the extent to which factors such as education, performance levels, skill sets contribute to the wage gaps within global organizations need to be explored. It is recommended to conduct regular employee surveys to gauge their perceptions regarding the impartiality of job evaluations and the equitable allocation of job rewards and compensation.

### 3.5.4. Gendered Expectations of an Ideal Worker Image

The image of an ideal worker is attributed to unwavering commitment to work, long hours, and complete dedication to work above all else. This image leads to gendered expectations of work. According to Joan Acker (1990), this image aligns closely with the societal expectations of men in the workforce. The ideal worker is often envisioned as someone unencumbered by family responsibilities, available to work long hours and prioritizes career advancement above all else (Acker, 1990a). The ideal worker image makes it increasingly difficult for workers to cope with the demands of advancing in their professional careers, raising children, managing household responsibilities, and dealing with potential job relocations (Hall & Richter, 1988). Though both men and women experience work-family strain at work, it disproportionately affects women, particularly those in their mid-thirties who are planning to start a family. Traditionally,

organizations have avoided looking at home and family life, as if the employee's home does not exist, a concept which Rosabeth Kanter refers to as "the myth of the separate worlds" (Kanter, 1977).

This expectation tends to disadvantage women, as it conflicts with traditional caregiving roles and familial responsibilities typically placed upon them and concentrates them in specific kind of jobs and roles that align with such societal norms. The ideal worker image also places a double bind on women as they advance to leadership roles, creating conflicts between life and work (Bierema, 2016). Therefore, women are often expected to balance work and family life, leading to challenges in meeting the demands of the ideal worker image at work and opting for career choices that grant great flexibility to manage home along with work. For example, female medical students have reported their perceptions about navigating this double bind and how they have faced challenges of navigating gendered role expectations and ideal worker norm within the medical field (Blalock et al., 2021). Moreover, this gendered discrepancy in expectations contributes to systemic barriers for women in career progression, impacting their ability to conform to this ideal as achieving this ideal often means sacrificing personal time, leading to stress, burnout, and strained relationships, ultimately challenging the attainment of a harmonious work-life balance. This further leads to invisibility of women's work, resulting in women's contributions at work being unrecognized, adequately acknowledged, or compensated. The ideal worker image also leads to occupational segregation, that is dividing men and women into different kind of jobs and roles, as individuals who cannot conform to these rigid expectations

may find themselves excluded or discouraged from entering fields that demand adherence to this specific work ethic (Medina et al., 2021).

The gendered image of an ideal worker is based on the number of work hours an employee dedicates to his or her work. Therefore, work hours represent a significant aspect through which discrimination can be institutionalized within organizations. Organizations often evaluate their employees and managers on the basis of their "face time" at work and their willingness to put work and the organization over their personal relationships and leisure activities (Acker, 2006b; Hochschild, 1997; Jacobs & Gerson, 2004). In the field of global health, employees are often expected to work for extended hours and due to the need for timely project deliverables, they are expected to take fewer leaves. Face time is often used as a key performance indicator by human resource managers, which assigns varied rewards to employees on the basis of their availability (Stamarski & Hing, 2015). Since women are typically the primary caregivers (Fuegen et al., 2004), they are more likely than men to use flexible work arrangements, which may result in lower scores on the face time metric and subsequent career setbacks (Glass, 2004; Stamarski & Hing, 2015). Thus, face time represents an example of a biased performance evaluation that contributes to gender-based discrimination in the workplace.

Furthermore, the expectation for employees to work long hours, always be available, conform to rigid career paths, and adhere to inflexible schedules can lead to stress, decreased morale, and conflicts with work-life balance. Unfortunately, women tend to face these challenges more than men, which often forces them to take on part-time jobs or work in female-dominated fields, or take leaves of absence to fulfill caregiving responsibilities at home (Correll et al., 2014). Women

often opt for professions that offer greater flexibility, even though this can result in getting lower salaries (Goldin & Katz, 2011). This gender gap in earnings can widen over time due to career interruptions, job experience differences, or variations in the number of hours worked (Goldin & Katz, 2011). Additionally, engaging in flexible jobs, like parttime or temporary work arrangements, or working from home is contingent upon one's social determinants such as education, husband's work, and expectations of traditional gender roles (Silver & Goldscheider, 1994).

The cost of taking time off from work accounts for a significant portion of the overall penalty for career interruptions. Highly trained women, in particular, face more significant challenges when returning to work after a leave of absence, which can have a negative impact on their career prospects. Working mothers may also be seen as less committed to their jobs because of their family responsibilities, making them less attractive candidates for promotion or hiring (Goldin & Katz, 2011). Self-employment can be an effective solution for individuals seeking to avoid long working hours and rigid schedules typical of organizational employment. However, certain fields within global health, such as dentistry and pharmacy, may present challenges for those seeking private office practice, which may result in less flexibility (Goldin & Katz, 2011). Although self-employment may provide women with more flexible work options in other industries, this may not always be the case in global health due to the unique demands of the profession.

Even when organizations may offer great flexibility at work, there are always hidden penalties associated with the exercise of these provisions. So, at the end of the day, employees need to consider the cost of flexibility they are willing to pay (Goldin & Katz, 2011). Moreover, there are fewer options to work part-time within most organizations, and even when these options are

available, they tend to impact the long-term career advancements of women. Working mothers are more likely to face inflexibility challenges at work, and they are more likely to take leaves from the workforce, citing “family” as a reason. We have seen this trend during the COVID-19 pandemic, which exacerbated some of these inequalities, and disproportionately affected women as they were laid off, positions occupied by women were made furloughed, or women were asked to work part-time thus reducing their salaries (National Academies of Sciences, 2021).

One way to measure a gender inequality regime produced through gendered expectations of an ideal worker image and flexible work arrangements is by assessing whether global health organizations have a written policy on flexible work arrangements and, if so, under what circumstances are the exercise of flexible work allowed. Does the organization have options for remote work and if so, how do they ensure the inclusion and belonging of remote workers? Assessing the kind of global health organizations offer remote work arrangements, what kinds of roles part-time employees undertake, what is the effect of part-time work on the gender pay gap, and whether employees are likely to face discrimination when returning to full-time work. Additionally, assessing how organizations handle crisis and emergency situations and whether employees requiring flexible work arrangements are supported during times of crisis can shed light on how organizations provide provisions for work-life balance.

### 3.5.5. Sexual Harassment and Violence

Given that individuals spend a significant amount of time working in organizations, it is important for these organizations to provide a conducive and supportive working environment, that is inclusive and built on the principles of equal opportunity. Such an environment must be free from

bias, discrimination, and harassment, including sexual harassment and violence. Sustainable Development Goal 8 emphasizes the importance of *decent work*, which is crucial to achieving sustainable development goals. The objective is to promote full and productive employment, inclusive economic growth, and decent work opportunities, all of which are critical for alleviating poverty, safeguarding the environment, and enhancing people's well-being (United Nations, 2015b).

Workplace interactions among co-workers take place both formally and informally. Organizational interactions are often where gender roles are enacted and reinforced (Acker, 2006b; Reskin, 2003; Ridgeway, 1997). The creation of gender inequalities during informal interactions has not been well documented. This is primarily because it is difficult to document what happens within informal settings and conversations. Individuals within organizations are often influenced by societal gender norms and may bring these assumptions and biases with them to work. As a result, they may exhibit deference and respect towards others based on these gender-based assumptions. Despite commitments to provide a decent work environment, organizations tend to be plagued with discrimination and bias, and harassment becomes one of the ways in which discrimination and bias becomes visible within organizational settings.

Harassment, unfortunately, is also prevalent within the field of global health. Within global health organizations, it shapes up in the form of sexual abuse and violence towards female health and social care workers by their male colleagues, male patients, or male visitors accompanying the patients (World Health Organization, 2019). Migrant workers, nurses, midwives, and community health workers are frequent victims of sexual harassment and these cases seem to be a global

phenomenon with evidences emerging from several countries across the world such as Rwanda, Nepal, Pakistan, and the United States (World Health Organization, 2019). For example, in Pakistan, community health workers faced sexual harassment from both junior and senior staff members, including from the management (Zubia Mumtaz et al., 2003). Polio workers in Pakistan even faced death threats and were the target of the violent groups, also leading to loss of life (Saifi & Andone, 2018). In Cambodia, women in the conflict-affected areas reported loss of family contact and risk to personal lives (Hyde & Hawkins, 2017). Within the United States, a survey found that more women were likely to report a case of sexual harassment as compared to men. They found that 30% of female medical academics had filed cases, as compared to 4% of men (Jagsi et al., 2016).

Prevalence of sexual harassment within organizations is a symbol of an organizational culture which tolerates such kinds of behaviors. Occupational segregation in the workplace can exacerbate workplace harassment by concentrating specific groups into particular roles. This concentration often results in power imbalances within organizational structures, enabling individuals in authoritative positions to exploit their power for harassment or discrimination against those in less privileged roles. Furthermore, occupational segregation fosters negative stereotypes that influence how men perceive women in the workplace (Richard Anker, 1997). This phenomenon likely contributes to the prevalence of workplace harassment cases predominantly affecting women. Similarly, minority groups within workplaces may find themselves isolated from others, which makes them vulnerable to workplace harassment and violence. In such environments, victims are often afraid to come out and report the cases. With the rise of #MeToo

movement within global health, many victims who had not previously reported or filed a case, came forward to share their experiences and stories in hope for a change (World Health Organization, 2019). However, it is the fear of retaliation and a belief that their concerns would not be taken seriously, that hold most of victims from coming forward (Hulin et al., 1996). Permissive organizational cultures for harassment ultimately force victims to disengage from their work or leave the organization (Kath et al., 2009).

The level of tolerance for sexual harassment within an organization can be influenced by the perception of its members regarding the strictness of its sexual harassment policies and the likelihood of offenders being punished (Hulin et al., 1996). It is important for organizations to assess their members' understanding of what constitutes harassment and to set a clear stance against it. While sexual harassment training during the orientation phase is common, it may not be enough to prevent such behaviors unless the organization takes a strong stance against them. Therefore, this component of the gender inequality regime enables organizational leaders to measure the prevalence of sexual harassment behaviors within the organization and the effectiveness of the organization's policies and procedures for preventing and addressing sexual harassment. It also helps examine the extent to which the organization fosters a culture that supports gender equity and respect.

### 3.5.6. Organizational Policy

Organizational policies are guidelines, rules, or principles that are established by organizational leadership to help guide organizational decisions and actions. They help organizations stay committed to its overall organizational vision and mission. They serve a variety of purposes, such

as ensuring consistency and fairness in decision-making, providing guidance on acceptable behaviors, ensuring compliance with legal and regulatory requirements, and promoting the organization's values and goals. They are an important tool for establishing and maintaining an organizational culture that provides a conducive environment to work and succeed.

These sets of rules are well documented and are often communicated to employees at the time of hiring, and typically cover a range of areas such as the human resource policies, health and safety, information technology, and diversity, equity, and inclusion to name a few. For example, organization’s diversity, equity, and inclusion policies lays down the roadmap for organizations to achieve gender equality. There may be a policy on promoting gender balance in its leadership, reducing gender pay gap, zero tolerance for sexual harassment, and fair and unbiased performance evaluations to name a few.

Organizational policies can have a significant impact on gender equality within a workplace. Policies that are designed to address gender inequalities can help to ensure that both men and women are treated fairly and equally in all aspects of their employment, from hiring and promotion to compensation and benefits.

For example, policies that promote equal pay for equal work, offer flexible work arrangements to help employees balance their work and personal responsibilities, and provide support for parental leave and caregiving responsibilities can help to reduce gender inequalities in the workplace.

On the other hand, policies that fail to address gender inequalities, or that have unintended consequences that disproportionately affect women, can perpetuate these inequalities. For example, policies that require long working hours or that have inflexible work arrangements can make it difficult for women to balance work and caregiving responsibilities, leading to fewer opportunities for career advancement and lower pay. Thus, organizational policies can be a vehicle to both promote or hinder gender equality in the workplace.

This component of a gender inequality regime framework requires organizations to critically review their policies and practices to ensure that they remain inclusive and equitable for all employees, regardless of gender. Key indicators include assessing whether organization has a policy on gender equality, sexual harassment, and the kind of strategies they adopt for insuring diversity and inclusion such as the affirmative actions, targets or quotas, family friendly policies such as maternity and paternity leaves. Such a review needs to be carried out on a regular basis to help ensure that gender equality is embedded into organizational core and its values. It enables policymakers to evaluate policies related to diversity and inclusion, parental leave, flexible work arrangements, and harassment and discrimination prevention and identify areas of improvement.

### 3.5.7. Organizational Culture

Organizational culture represents the work environment within organizations. It depicts the values, beliefs, and attitudes of the organizational members and the extent to which they are committed to gender equality and diversity, equity, and inclusion. For example, while nearly 80% of the global health organizations commit to gender equality at work, only 39% of these organizations define gender as a construct in their policy documents (Global Health 50/50, 2021).

It also depicts the behaviors organizational members exhibit at work and how they interact with their co-workers, which may be a reflection of the overall organizational values. Organizational culture also represents communication practices, social norms, and the extent to which organizational members feel supported and included at work. It also determines the extent to which employees perceive a sense of belonging at work.

This component of a gender inequality regime framework helps organizational leaders and policymakers examine the attitudes of organizational leaders and staff towards diversity, equity, and inclusion, identifying any discriminatory practices or behaviors, and assessing the level of awareness and sensitivity around gender issues.

### 3.5.8. Key Factors for Documenting a Gender Inequality Regime

The following table summarizes the key components of the gender inequality regime framework and the key factors for capturing the perceptions of the gender inequalities in the workplace. While the table does not provide an exhaustive list, it highlights the key factors that emerged in the literature for documenting perceptions of gender inequalities in organizational settings, aligning with the discussions presented earlier.

**Table 3.1: Key Factors for Documenting Perceptions of a Gender Inequality Regime**

| **Organizational Structures, Processes, and Mechanisms Producing Gender Inequality in the Workplace** | **Component of Inequality Regime (by Joan Acker)** | **Key Factors for Documenting Perceptions of a Gender Inequality Regime** |
|---|---|---|
| **Organizational Hierarchy, Leadership and Vertical Segregation** | Control and Compliance | • Gender representation<br>• Distribution of men and women in managerial roles and decision-making positions, board positions<br>• Leadership styles |

| | | |
|---|---|---|
| **Hiring, Retention, Promotion, and Horizontal Segregation** | Organizing Processes | • Job descriptions based on male "ideal" worker image<br>• Distribution of men and women across different organizational departments and job roles |
| **Compensation** | Organizing Processes | • Gender-segregated salary data by department, rank, and role |
| **Gendered Expectations of an Ideal Worker Image** | Organizing Processes | • Availability of flexible work arrangements<br>• Provision of remote work<br>• Paid leave policies<br>• Paternity and maternity leave policies<br>• Daycare services<br>• Lactation rooms for breastfeeding moms<br>• Utilization of policies |
| **Sexual Harassment and Workplace Violence** | Compliance and Control | • Having sexual harassment workplace policy<br>• Reporting mechanisms<br>• Sexual harassment trainings<br>• Number of reported cases<br>• Accountability mechanisms |
| **Organizational Policy** | Legitimacy of Inequality | Having workplace policies such as:<br>• Gender equality policy<br>• Maternity and paternity leave policy<br>• Sexual harassment policy<br>• Childcare benefits |
| **Organizational Culture** | Compliance and Control | • Organizational logic that shapes workplace culture:<br>  ○ Beliefs<br>  ○ Attitudes<br>  ○ Behaviors<br>• Employee pulse surveys |

### 3.5.9. Research Instruments for Documenting a Gender Inequality Regime

Based on the literature review, two research instruments were developed to assist in documenting perceptions of a gender inequality regime framework in global health organizations. These instruments were tested using two qualitative studies: one capturing perceptions of gender inequalities among male and female faculty members at Tulane School of Public Health and Tropical Medicine and the other capturing perceptions of gender inequalities among 22 global health organizational leaders. The tools comprise a focus group discussion guide tailored for both

male and female faculty members at Tulane and an in-depth interview guide designed for one-on-one sessions with leaders from 22 global health organizations. These organizations were chosen based on their high scores in two criteria from the Global Health 50/50's 2021 report—having a commitment to gender equality and having gender equality workplace policies—as pertinent to this dissertation's objectives.

- **Focus Group Guide**

**Focus Group Discussion Guide**

**Focus Group Questions (60-90 MINS)**

***1)*** **Organizational Hierarchy, Leadership, and Vertical Segregation**

a. Tell me about your perceptions about how men and women are represented in senior leadership roles and across different types of job functions (e.g., administrative vs. operational/managerial roles) at the Tulane School of Public Health and Tropical Medicine. [Probe responses for further details.]

b. *Follow-up*: What in your opinion are some of the barriers to women's leadership in academia, especially for early-career women? And at the Tulane SPHTM specifically? Please share some examples [Probe responses for further details.]

c. In your opinion, how are strategic management and policy decisions made in the school? Whose voice is valued the most? [Probe responses for further details.]

*i.* Follow-up: To what extent is speaking and being heard in meetings related to gender, seniority, and/or other sociodemographic factors? [Probe responses for further details.]

*ii.* From female faculty members only: To what extent do you feel your contributions in the department and at the school-wide meetings are heard and taken seriously? Tell me about any experiences where you felt you were interrupted in meetings due to your gender. [Probe responses for further details.]

***2)*** **Hiring, Retention, Promotion, and Horizontal Segregation**

a. How are hiring decisions for faculty positions made at SPHTM? Who makes these decisions? To what extent are these decisions free from bias and discrimination? [Probe responses for further details.]

b. In your opinion, what type of work, characteristics, traits, contributions, and behaviors, are most valued and rewarded at SPHTM? For example, is research valued more than teaching, or vice versa? To what extent do you feel the school's criteria for promotion are fair or whether performance evaluations are subject to bias? [Probe responses for further details.]

**c.** To what extent are you given on-the-job opportunities to develop skills that would help you become a leader in your field? To help you get tenure. In what ways…?

*i.* Follow-up: To what extent are these opportunities available equally to all members of your department? To what extent are there inequalities across gender and/or other social identities? [Probe responses for further details and example.]

***3)*** **Compensation**

a. To what extent do you feel women are compensated fairly compared to men? At this school? [Probe responses for further details.]

b. (Q for Assistant Professors in the tenure track only): What in your view are the most crucial factors that you would highlight in your application package for third-year review or for your tenure and promotion review? For example, teaching, research, and service? [Probe responses for further details.]

***4)*** **Gendered Expectations of an Ideal Worker Image in Academia**

a. To what extent does SPHTM provide support for work-life balance? Are there ways the university and the school support work-life balance? [Probe responses for further details.]

b. To what extent does SPHTM management make efforts to create a sense of belonging for faculty members who work remotely (pre- and post-COVID-19)? [Probe responses for further details and examples of the best practices.]

*i.* Follow up: To what extent do you feel professionally and socially supported at work? [Probe responses for further details.]

c. To what extent does the SPHTM provide support for maternity and paternity leaves. Tell me about specific policies in place for such leaves. [Probe responses for further details.]

*i.* Follow-up: To what extent do faculty members feel comfortable in utilizing these leaves without fear of being penalized? To what extent are there differences among male and female faculty members in taking advantage of these benefits? [Probe responses for further detail.]

***5)*** **Sexual Harassment and Violence**

a. What types of behaviors would you include in the term "sexual harassment?"

b. Tell me about any policies the SPHTM has in place to prevent and respond to sexual harassment. To what extent are faculty and students made aware of these policies by the

management? To what extent do faculty and students feel safe to report complaints and incidents of harassment? What types of structures and people are in place to report and investigate sexual harassment? [Probe responses for further detail.]

*i.* Follow-up: Do you believe there are gender differences in the reporting of sexual harassment incidents? [Probe responses for further details.]

*ii.* What are the organizational consequences for sexual harassment?

c. What types of trainings and resources does the SPHTM provide to prevent or eliminate discrimination, bias, and sexual harassment at the workplace? [Probe responses for further details.]

i. What levels of the organization and which members of the organization are required to complete these trainings [Probe responses for further details.]?

***6)*** **Organizational Policy**

a. To what extent do SPHTM policies demonstrate commitment to gender equality? Tell me about any gender equality policies that the SPHTM has.

*i.* Follow-up: Tell me what these policies include as content. [Probe responses for further details.]

b. To what extent are the school's commitments to gender equality or equity, diversity, and inclusion by top SPHTM leadership made visible to all members of the organization? [Probe responses for further details.]

***7)*** **Organizational Culture**

a. To what extent does the SPHTM leadership demonstrate behaviors that are aligned with the school's values of gender equity, diversity, and inclusion? [Probe responses for further details and examples.

*i.* Follow-up: How do managers and employees demonstrate diversity, equity, and inclusion in their everyday actions, behaviors, and routines? [Probe responses for further details.]

b. Describe the work culture at SPHTM? [Probe responses for further detail.]

*i.* Follow-up: What, in your opinion, is SPHTM doing well to build a diverse, equitable, and inclusive organization for the faculty? [Probe responses for further details and examples.]

Definition: Organizational culture also known as the work culture refers to the shared values, beliefs, or perceptions held by employees within an organization or organizational unit. Because organizational culture reflects the values, beliefs and behavioral norms that are used by employees in an organization to give meaning

to the situations that they encounter, it can influence the attitudes and behavior of the staff.

*Citation: Tsai Y. (2011). Relationship between organizational culture, leadership behavior and job satisfaction. BMC health services research, 11, 98. https://doi.org/10.1186/1472-6963-11-98*

*ii.* Follow-up: Tell me about the one thing about the organizational culture at SPHTM that you would like to change. [Probe responses for further details.]

**Closing (2 mins)**

Thanks for participating in this discussion today and talking about these issues. Your comments and insights have provided me with lots of different ways to see issues of equity, diversity, and inclusion within SPHTM. I thank you for your time.
Source: Adapted from InSites: Tips for Conducting Focus Groups via http://www.insites.org/CLIP_v1_site/downloads/PDFs/TipsFocusGrps.4D.8-07.pdf)

- **Interview Guide**

**Interview Guide**

**Interview questions (45-60 mins)**

***1) Awareness of gender inequality***

a. What does gender equality mean to you? How would you describe gender equality at work? Can you kindly elaborate with some examples?

b. To what extent do you feel men and women are treated equally in global health? Please elaborate with examples.

***2) Approaches to Leadership***

a. In your view, what are the characteristics of successful champions of gender equality within global health? Can you kindly elaborate on their leadership traits?

i. *Follow-up*: In your view, to what extent do men and women differ in their approach to leading the gender equality agenda within their organization?

b. To what extent do you see yourself as a champion for gender equality in this organization?

   i. *Follow-up:* If yes: what led you to become a champion for gender equality at your workplace? If no: what are the reasons you do not perceive yourself in this role?

   ii. *Follow-up:* How does being a leader of our organization change your view of gender equality at work?

***c.*** How can leaders be allies to and for whom to promote gender equality? How can they practice allyship at work? What does it mean to you personally? Please share examples?

*(Definition of allyship: "We view allyship as a strategic mechanism used by individuals to become collaborators, accomplices, and coconspirators who fight injustice and promote equity in the workplace through supportive personal relationships and public acts of sponsorship and advocacy").*

*Citation: Melaku et al. (2020), Be a Better Ally, Harvard Business Review.*

***3) Policy and Implementation Strategy***

a. Describe the gender equality policy or policies of your organization?

   i. Follow-up: How would you describe the impact of this policy on organizational culture? Kindly explain.

b. How do you prioritize the types of gender inequalities to tackle within your organization? Please share how you have gone about it with some examples?

   i. *Follow-up*: For example, what elements (e.g., gender pay gap vs. sexual harassment) of the gender equality policy are implemented? What are the reasons for these policies? What are the reasons that other policies are not implemented? Please elaborate with examples.

   ii. *Follow-up:* How does your organization ensure that women have a fair opportunity to advance within organization? And minority groups? Please share some examples.

**4) *Challenges to Policy Implementation***

*a.* How can organizations move beyond *good intentions* and *check-the-box* strategies while implementing their diversity, equity, and inclusion initiatives to promote gender equality and move towards real actions that shift the distribution of power and opportunity?

(*Examples of check-box DEI strategies include tokenism, appointing women or people of color as DEI chiefs, etc. without disrupting organizational structures and processes that create power imbalance and marginalization*)

b. Tell me about any difficulties you have faced in implementing gender equality policies in your organization? What are the reasons for these difficulties?

   i. *Follow-up:* How did you overcome these challenges?

ii. *Follow-up:* In what ways do you think resistance or fear of backlash from managers or staff underlies the difficulty in implementing gender equality at work? Please explain.

***5) Commitment to gender equality and the willingness to act***

a. In what ways have you demonstrated or modeled your or your organization's commitment to gender equality to others in the organization? Please share some examples.

b. In your opinion, how can organizations create a decent work environment without sexism, discrimination, and harassment. Please share some examples.

   i. Follow-up: Tell me about any situations where you observed sexism, bullying, or harassment in your workplace? What did you do as a leader? Please share some examples.

c. What might make your organizational approach to gender equality at work more effective?

   i. Follow-up: To what extent does your organization measure effectiveness or change towards gender equality at work?

***6) Expectations of an Ideal Worker Image and its Conflict with Achieving Work-Life Balance at Work***

*a.* How has the COVID-19 pandemic and the resulting increase in remote work changed norms around work-life balance? Please elaborate.

   *i.* Follow-up: In your opinion, how do men and women in this organization differ in their experiences of work-life balance in the pre- and post-pandemic workplace? And how might these differences be addressed at the organizational level? Please share some examples.

b. How does your organization promote work-life balance at work? What policies are in place? Tell me about differences in policies pre- and post-pandemic? Please explain.

   i. *Follow-up:* How does your organization address gender stereotypes about an "ideal" worker? How has the COVID-19 pandemic changed these norms? Please elaborate.

   ii. *Follow-up:* Tell me about any barriers to women taking advantage of flexible work hour policies? To what extent is flexible work an issue in the era of COVID-19? In your opinion, to what extent have these trends changed in comparison to the pre-pandemic times? Please explain.

   *(Definition of Ideal, Unencumbered Worker by Joan Acker (2011): "Abstract requirements of many jobs implicitly suggest that the worker is a man. 'He' is expected to be at work at certain times, focused on only the tasks at hand, responsive only to demands of supervisors, available for long working hours, and unhampered by other responsibilities, such as for children and housework.")*

***7) Moving Forward***

a. What advice would you share with leaders of other organizations who are trying to champion gender equality at their workplace?

   *i.* *Follow-up:* In your view*, w*hat is one change or strategy that is essential for global health organizations that are committed to promoting diversity, equity, and inclusion for gender equality at their workplace? What is the reason you chose this response? Kindly elaborate.

*b.* In your opinion, how can organizations overcome barriers to gender equality at work? Please share some examples.

   i. Follow-up: What were the success factors in your approach to implementing gender equality initiatives at your organization? What were the reasons for this success?

Closing (2 mins)

Thank you for participating in this interview and talking about these important issues. Your comments and insights will provide me with lots of different ways to look at the issues of equity, diversity, and inclusion for gender and other forms of equality within global health organizations. Is there anything else you would like to add? I thank you for your time.

## 3.6. Discussion

The conceptual framework for measuring gender inequalities in global health organizations provides a useful starting point for understanding and addressing gender inequalities within global health. It is important to note that the conceptual framework is not based on the assumption that men are the only decision-makers responsible for enacting gendered policies and practices within organizations. Rather, there is substantial evidence demonstrating that female decision-makers can also discriminate against women (Mavin et al., 2014). For instance, research has documented the Queen Bee phenomenon, which highlights how female leaders may sometimes undermine and discriminate against other women within their organizations. Female

leaders often have to navigate through masculine organizational structures to achieve positions of power, and when they do so, they tend to disassociate themselves from their gender to enact the patriarchal behaviors in order to survive and thrive in the masculine work contexts (Derks et al., 2011).

Moreover, the conceptual framework calls for deeper exploration of understanding perceptions of the underlying gender inequalities within the field of global health, recognizing that while there is greater call for gender balance and women's representation in leadership roles, most of these calls are restricted to advocating for the numerical representation of women and people of color. There have also been calls for moving beyond parity, recognizing, and understanding the different contexts that women belong to that requires policy makers to understand the unique challenges they face and addressing those within those contexts (Hay et al., 2019; Zeinali et al., 2019). Furthermore, most of the initiatives focusing on increasing women's representation in leadership roles often adopt "check-the-box" strategies and "fixing women" ideologies. The framework of a gender inequality regime calls for moving beyond these to examining the systems and structures that form the bases of the inequalities rather than requiring individuals to fit into those systems.

While a gender inequality regime framework can help develop a comprehensive understanding of the nature of gender inequalities within global health organizations and enable organizational leaders to take appropriate actions to promote greater gender equity at work, it does have several limitations.

- Firstly, the framework's components may not capture the full complexity of gender inequalities that operate within global health organizations. Gender inequalities can be deeply ingrained in organizational culture and practices and may at times operate in subtle ways that make it difficult to capture and document the true extent of the perceptions of these inequalities among organizational members.

- Secondly, the framework's components are based on subjective judgments about what factors are most important in measuring gender inequalities based on the existing literature reviewed. While the current framework may capture some aspects of gender inequality, it is important to acknowledge that there may be other significant factors that are not included.

- Moreover, while the framework tries to accommodate the context in which global health organizations operate, it may not be able to capture the experiences of all members of the organizations, since global health organizations tend to be very dynamic and diverse and operate across different geographic boundaries. To address this challenge, it is crucial to consider context-specific adaptations and localized approaches when applying the framework. Recognizing the diversity of experiences and contextual nuances can help ensure that the framework remains relevant and effective across different geographic boundaries. Organizations can incorporate feedback mechanisms, engage in dialogue with members from diverse backgrounds, and consider region-specific indicators to enhance the framework's applicability and inclusiveness.

- Additionally, the framework does not account for the intersectionality of different identities and experiences that shape gender inequalities within global health organizations. Women of color, for example, may face different and more complex forms of gender-based discrimination than white women. Similarly, men and women in low-and-middle-income countries may have a different set of challenges than those in the Western contexts. Despite this limitation, I believe there is provision within the framework to add on other axes of inequality such as race, and class to examine how they intersect with gender to form a multitude of advantages and disadvantages among different members of the organization. And future research can explore how the conceptual framework may be adapted to incorporate an intersectionality lens.

- And lastly, the framework for measuring gender inequalities in global health organizations relies on data to assess and quantify perceptions of gender disparities. However, there are several challenges associated with data collection that can limit the completeness and accuracy of the framework. One challenge is of the sensitive nature of the data as some aspects of gender inequalities, such as salaries or incidents of sexual harassment, are sensitive and delicate topics. Individuals may be hesitant to disclose such information due to privacy concerns, fear of retaliation, or cultural barriers. This can result in incomplete or underreported data, which may not fully reflect the extent of gender inequalities within the organization. Additionally, global health organizations may not have comprehensive data on all the components included in the framework. For example, data on occupational segregation, leadership representation, or workplace violence may be limited or

unavailable. The absence of such data can hinder the organization's ability to accurately assess and address gender inequalities in those areas. Even when data is available, there may be inconsistencies in how it is collected or recorded across different organizational units or regions. Differences in data collection methodologies, definitions, or reporting practices can make it challenging to compare and analyze data systematically. This can undermine the reliability and validity of the framework's measurements.

In summary, while a gender inequality regime framework provides a useful starting point for understanding gender inequalities in organizations, it is important to recognize its limitations and acknowledge the need for a more nuanced and comprehensive approach to addressing gender inequalities. Future research can address gaps in the current conceptual framework by identifying different research designs and methodologies such as ethnographic studies, document analysis, analysis of job descriptions and salary data, and analysis of the human resource data to elicit aspects of gender inequality regimes in global health organizations. The use of mixed-method approaches may also be helpful in ensuring reliability and validity of the research findings. Additionally, global health organizations need to foster a culture of transparency, improve data collection processes, utilize multiple data sources, and engage external expertise in order to fully capture the perceptions related to gender inequalities. These efforts can lead to a more accurate and comprehensive understanding of gender inequalities within global health organizations and inform effective interventions and policies.

### 3.7. Policy Relevance

The paper provides a conceptual framework to examine a gender inequality regime and their certain dimensions within global health organizations. The framework provides a useful starting point to capture the prevalence of gender inequalities and identify areas of improvement. It may also be used as a tool to develop data collection instruments. I have provided an example of the tools developed to conduct qualitative analysis using in-depth interviews and focus groups (attached as an appendix). While these are one example, future research may expand on this important work. Furthermore, the conceptual framework provides a useful roadmap for further research and policy direction on global health organizations using framework of a gender inequality regime.

Global health leaders may also utilize the framework to identify areas of improvement, develop evidence-based policies, and create targeted strategies for promoting gender equality in leadership, recruitment, promotion, and retention within their organizations. The framework's focus on measuring perceptions of gender inequalities enables policymakers to assess the effectiveness of interventions and track progress over time. By embracing this framework, policymakers can contribute to the creation of inclusive and equitable global health organizations that leverage the full potential of diverse talent and foster gender equality.

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## 4. Unpacking a Gender Inequality Regime in a Global Health Academic Institution: A Formative Study to Capture Perceptions and Understandings of Male and Female Faculty Members at Tulane School of Public Health and Tropical Medicine


### Abstract

Despite increasing efforts to promote gender equality, disparities persist in global health academic settings, impacting career trajectories, and leadership opportunities for female faculty members. This qualitative study investigates the perceptions of the prevailing gender inequality regime among male and female faculty members at Tulane University's School of Public Health and Tropical Medicine. To shed light on this issue, four focus group discussions were conducted with four distinct groups: female assistant professors, female associate professors, female clinical track faculty (non-tenure), and male tenure-track assistant and associate professors.

The findings of the study reveal a complex picture of gender-based segregation and imbalances within the institute's faculty structure. Although more women are in leadership positions in the school, particularly as associate and assistant deans, they still face underrepresentation in department chair roles. Furthermore, female faculty members believed that the leadership positions held by women were predominantly administrative in nature, entailing a greater focus on service duties, in contrast to the governance roles held by men, which involved more influence in school-wide decision-making processes. Moreover, perceptions of a gender pay gap persist among faculty members, despite a lack of salary data transparency. Additionally, despite SPHTM's efforts to outwardly demonstrate commitments to equity, diversity, and inclusion (EDI) initiatives,

there was little awareness and understanding of specific EDI policies among faculty members. Strikingly, the school's EDI policies primarily focused on addressing racial inequalities, overlooking gender disparities and the importance of an intersectional lens in examining such issues.

This study offers critical insights into the existence of a gender inequality regime within academic schools, necessitating informed and targeted interventions. By identifying these inequalities and challenges, this study lays the groundwork for future investigations aimed at fostering a more inclusive and equitable academic environment. Addressing the underrepresentation of women in higher leadership positions and promoting transparent and inclusive EDI policies are crucial steps toward realizing genuine gender equality in academic organizations.

## 4.1. Introduction

Gender inequalities within academic settings are persistent and prevalent across the world, despite efforts to address them (Baobeid et al., 2022; Benschop & Brouns, 2003). In the past, the underrepresentation of women in top leadership positions within academia has been analyzed primarily from the perspectives of women's career choices, the leaky pipeline phenomenon that refers to the attrition of women at various career stages, and concerns related to human resource issues (Benschop & Brouns, 2003). A persistent gender gap in academic leadership reflects the discriminatory practices of academic institutions which preserves the male privilege as part of the structural, procedural, and cultural practices (Benschop & Brouns, 2003), highlighting the functioning of academic institutions where “gender” is enacted in a specific way. This is because academic institutions, like other kinds of organizations, are not gender-neutral, as they tend to support gender inequalities either intentionally or unintentionally (Martin & Knopoff, 1997).

However, despite the amount of evidence that is generated on examining academic institutions as “gendered” organizations, these institutions continue to overlook and fail to address gender disparities within their organizational structures, processes, and values (Dubois-Shaik & Fusulier, 2017; Wilson, 1996), thus perpetuating the gendered practices that cause direct or indirect discrimination in favor of men. This calls for the need to examine academic organizational structures to assess how gender inequalities are produced and maintained within these institutions (Brouns, 2000; Harding & McGregor, 1995).

There is ample evidence highlighting gender-based disparities in the recruitment, retention, and promotion of women in academic careers (Harding & McGregor, 1995; Lie & Malik, 1996; Marieke Van den Brink, 2011; Santamaria et al., 2009; Stadler et al., 2017; Stolte-Heiskanen et al., 1991). Assuming gender neutrality in organizations is a mistake, as it implies that women, and individuals from racially diverse backgrounds need to fit into systems and structures that were historically created and controlled by men which are gendered. According to Acker, gender neutrality refers to the idea that organizational structures, policies, and practices are assumed to treat all individuals equally and without bias based on gender. She argued that in reality, many organizational practices are deeply rooted in historical and social gender norms, and these practices tend to favor men and reflect a male-dominated perspective (Acker, 1990a). Acker's work highlighted that gender neutrality often leads to the perpetuation of existing gender inequalities, as women and other marginalized groups may find it challenging to fit into systems that were designed without their experiences and needs in mind. Moreover, the gender-neutral discourse allows organizations to obscure the gendered processes within their structures and

processes, obscuring gender, and sexuality within organizational structures, and hence creating an environment that perpetuates gender-based inequalities in the workplace.

Moreover, a significant portion of the literature that addresses gender inequalities in academic settings predominantly focuses on Western contexts, rather than giving equal attention to the situations in the Global South and low- and middle-income countries. Some scientific fields such as psychology, life science, and social sciences tend to be more female-dominated, while female students (undergraduate and graduate) and faculty continue to remain underrepresented in mathematics, geoscience, engineering, economics, and computer science (Ceci et al., 2014). The contrasting data is surprising, considering that academia typically presents a more supportive and promising environment for women's career progression. This is particularly notable because many countries, especially in the Western world, have eliminated formal barriers that could hinder women's access to higher education or hinder their advancement in careers (Husu, 2001). For example, countries like Finland, Norway, and Sweden have enacted laws that explicitly forbid any form of workplace discrimination against women (Husu, 2001) and very few people would resist diversity, equity, and inclusion initiatives within academic settings. Consequently, one can contend that a significant portion of discrimination against women in academia manifests in subtle, invisible ways that are challenging to recognize and address (Benokraitis & Feagin, 1995; Caplan, 1993; Husu, 2001) within the organizational settings. Alternatively, it can be suggested that a gender inequality regime within academic organizations is shaped by implicit rules that historically catered to masculine working styles, resulting in a preferential treatment of men (Vasic, 2021). This gender inequality regime produces a pattern in which women become trapped

at lower levels of the academic career ladder (Christiana, 2009). According to Luke (1997), the concentration of women in lower positions in academia can be attributed to the conservative and traditional cultures and systems entrenched in these academic institutions. This results in the creation of both overt and covert *'glass ceilings*,' which obstruct women's advancement in their academic careers (Luke, 1997). This glass-ceiling is embodied in male-dominated management practices and informal organizational cultures, which Luke refers to as the 'old boys club', factors which collectively contribute to the barriers that hinder women's progress in academia.

This paper aims to examine the functioning of a specific school of public health, as a formative study of an academic institution within global health, and as a social institution, to understand how gender is performed, maintained, and reproduced. The field of global health is ideal to study the gendered patterns as women comprise 70% of the global health workforce yet occupy only 25% of the leadership roles (Manzoor & Thompson, 2019b). Since 1973, there has been a notable rise in women's interest in the field of global health. This is evident from the significant increase in the number of female graduate and undergraduate students showing interest in pursuing studies related to global health (J. A. Downs et al., 2014a). However, the gendered career obstacles such as family obligations and childcare duties force women to leave the field of global health career, including academia, in many patriarchal nations (Raza et al., 2023). This study aims to elucidate how gender inequalities persist in the field of global health academia, hindering women's career progression. It does so by examining the processes and mechanisms at play, with a specific academic institution serving as a formative study.

This chapter is organized as follows. First, a comprehensive overview of the literature pertaining to gender gaps within global health academia is presented. Second, the purpose of the study, the research methodology and data collection techniques are described. Third, the key findings are presented. Fourth, the key findings are discussed and the implications of these findings on future research are presented. Finally, the chapter concludes by highlighting potential strategies aimed at addressing the gender gaps prevalent within the specific global health academic institution under study.

## 4.2. Literature Review

### 4.2.1. A Gender Inequality Regime – What is it?

The concept of a gender inequality regime stems from the works of Joan Acker on *Inequality Regimes,* which she defines as the interconnected practices, actions, and meanings that result in and maintain class, gender, and racial inequalities within specific organizations *(Acker, 2006a).* So, while the inequality regimes framework adopts a more intersectional approach to examine organizations, the framework of a gender inequality regime focuses on gender as the social category of analysis to examine the structural inequalities that create power imbalances within organizational settings that stem from gender-based norms based on stereotypes and identities that translate into organizational procedures, operations, and practices that hold women and people from minority backgrounds back (Acker, 2006a). Evidence also suggests that gender is the most pervasive form of discrimination in almost all kinds of organizations, across various industries, worldwide. A gender inequality regime is thus defined as the interlocking processes,

procedures, and mechanisms within organizations through which gender inequalities are expressed, generated, and maintained.

It is important to acknowledge here that while the concept of "gender" is recognized as a multifaceted spectrum that includes various identities beyond the traditional binary classification of male and female; for the purposes of this study the focus is limited to the traditional binary understanding of gender which includes men and women. By using the binary sense of gender, the study aims to explore specific aspects related to these two gender categories while recognizing the existence of other gender identities.

The persisting gender gaps in academic organizations and workplaces show that academic institutions do not work for everyone in the same way. Most of these inequalities stem from the ways in which organizations are designed, structured, and operate. Organizations are often designed based on an image of an “ideal” worker, who is often a man, who is expected to be at work at certain times, work long hours, be responsive to the demands of the supervisors, and not be distracted by family or childcare responsibilities (Acker, 1990a). Thus, the underlying processes of organizations create and recreate patterns suitable to an unencumbered male ideal worker. These processes generate inequalities at work and shape differing experiences of organizational members at every level of the organization (Acker, 1990b, 2006a). In particular, these gendered and stereotypical images of an ideal worker tend to discriminate against and marginalize women and people of color in the workforce. Gender also plays a key part in organizing as well as in creating the division of labor within the organizations, which in turn also shapes gender relations. Social, cultural, and gender norms frequently dictate the societal roles that men and women are

expected to assume, resulting in occupational segregation. This segregation restricts individuals' complete engagement in the labor market based on their gender, thus contributing to the formation of a gender inequality system. For example, within the health sector, male-dominated specialties include surgery, neurology, and radiology, while females are clustered into obstetrics and gynecology, hospice and palliative care, and dermatology. Women also occupy a large body of nursing and midwifery workforce, in some countries, such as Denmark, reaching up to 90% of nursing and midwifery professionals (Manzoor & Thompson, 2019b), while making up only one-third of the physicians within the United States, and 45-56% in Scandinavian countries.

### 4.2.2. Gender Differences in Academic Careers

The underrepresentation of women in scientific and technical careers and leadership roles, despite attaining the relevant degrees or education, highlights the frequent barriers women face in their career journeys. Leadership positions in academia are typically characterized by faculty ranks such as full professors and by occupying pivotal roles in academic institutions, such as deanships or department chair positions. *She Figures* report published by the European Union in 2018 estimated that women accounted for 40% to 60% of the doctoral graduates in the majority of the countries under study and the annual growth rate of female doctoral students was 2.4% as compared to 1.4% for men. But there were huge variations across the types of fields in which women were enrolled, with education, health, and welfare accounting for 68% of the female graduates, as compared to information and communication technology which accounted for 21% of female graduates, and engineering, construction, and manufacturing which accounted for only 29% of the female graduates (European Commission, 2018). This trend was in line with the data

from the US Department of Education which showed that the gap between men's and women's enrollment in college widened in favor of women, over a period of time (Hoss et al., 2011). However, another study reported that while women accounted for 45% of the postdoctoral fellows within biomedical sciences, they held far fewer faculty positions (Martinez et al., 2007). For example, within the United States, women accounted for only 21% of "full" professors, 16% of the deans, and 14% of department chairs within medical schools (Lautenberger et al., 2015). Similarly, according to Canadian Medical Education Statistics published in 2016, women comprised over half (55%) of medical school graduates, but only 6% of deans and 12% of medical chairs (Canadian Association of Professors of Medicine 2017; Association of Faculties of Medicine of Canada 2016). Similar trends are also noted in the United Kingdom, where 18% of professors are women (Medical Schools Council 2016). Women also remain significantly underrepresented in hospital leadership positions in the United States (Hoss et al., 2011), accounting for 13% of system chief executive officers (CEOs) and 27% of hospital CEOs (Mose, 2021). Only 24% of directors at global health centers across 50 US medical schools are women (J. A. Downs et al., 2014a). These trends show that the problem is not in the pipeline of qualified female individuals, but rather in the systems that keep women out.

### 4.2.3. Examples of a Gender Inequality Regime within Global Health Academia

While gender gaps in leadership present one example of a gender inequality regime, there are myriad challenges that women face in global health academic settings that shape their leadership opportunities as well as their earning potential, especially during their early careers (Bagilhole, 2007; Machado-Taylor & Özkalani, 2013). These challenges may be grouped as structural,

organizational, and personal. The ideal worker image within global health academia is stereotypically masculine, with strength, competitiveness, and aggressiveness often seen as characteristics associated with successful leaders and organizations (Yousaf & Schmiede, 2017). These cultural stereotyping often influences men and women from early childhood, prescribing the types of roles they can take within society and shaping their behaviors. According to Connell's theory of Hegemonic Masculinity (Connell 1987), society assigns dominant positions to men such as that of a breadwinner, while women are reduced to subordination roles with a higher burden of housework, childcare, and domestic chores that affect their chances of career advancement or leadership opportunities. Women in academia also tend to have higher attrition rates as compared to men (Tesch et al., 1995) and that female physicians were found to be promoted less often than men, even after adjusting for the number of hours worked, productivity, and specialty choice (Tesch et al., 1995). Another study found that science faculty, regardless of their gender, tend to have a subtle bias that favors male students. As a result, female students are perceived to be less competent and less worthy of being hired as compared to identical male students (Moss-Racusin et al., 2012). Even when females are hired, they tend to be offered lower starting salaries, and less mentoring (Moss-Racusin et al., 2012), which affects their lifetime earnings.

There is ample evidence, from previous studies, that show that women in academia and science are expected to perform at higher standards than their male counterparts (Klein et al., 2017; Reuben et al., 2014; Rossiter, 1993; Wennerås & Wold, 1997), which is even more true for women with indigenous and different racial backgrounds (Clancy et al., 2017; Ginther et al., 2011; Henry et al., 2016; Leslie et al., 2015; Milkman et al., 2015; Settles et al., 2006; Williams et al., 2014). For example, in one experimental design, men were twice as likely to be hired as compared to

women, when no information other than the physical appearance of the candidates were known. Even when candidates self-reported their abilities, it did not entirely eliminate all the discrimination and bias from the hiring decisions (Reuben et al., 2014).

Women's peak academic career years often conflict with their reproductive cycle, and their careers tend to suffer from taking maternity leaves, while men tend to find a boost in their careers after taking parental leave (Antecol et al., 2018). This phenomenon is known as the motherhood penalty that women face in academia, especially those with younger children (Correll et al., 2007; Thebaud & Taylor, 2021), while the "baby penalty" seems to be much lower for male faculty members (J. A. Downs et al., 2014a). Women with younger children also tend to be underrepresented in postdocs (Martinez et al. 2007; Ecklund et al. 2011) which is a prime time to expand publications. Moreover, women tend to take longer to publish (Hengel, 2016), have fewer citations (Ghiasi et al., 2015), receive fewer compelling letters of recommendation (Moss-Racusin et al., 2012) and remain underrepresented as speakers at conferences, and other prestigious events (Buell et al., 2018; Modra et al., 2016).

Securing sponsored research and authorship is linked to career advancement, as grants and publications in peer-reviewed journals typically play an important role in hiring and promotion decisions within academia. Although women's publications have increased in recent times, men continue to dominate, especially in the most valued authorship positions such as first and last authors. Key barriers faced by women to publishing include women's caregiving responsibilities, maternity leaves, or leaving scientific careers earlier compared to men (Thebaud & Taylor, 2021). Women are also less likely to publish single-authored papers (West et al., 2013), including

editorials in medical, global health, and public health journals. Within academic journals, an overwhelming majoring of editor-in-chief (EIC) positions are occupied by men even for journals focused on women's health or where women were well represented in the specialty. Women's representation as EICs only increased from 16% to 22% in the last decade (Pinho-Gomes A-C et al. 2021; Etzel RA (2018); Grinnell M et al. (2020).

### 4.2.4. Impact of COVID-19 on Women's Academic Careers

COVID-19 pandemic exacerbated the existing gender inequalities, including those in academia. Early evidence from the pandemic showed that women were disproportionately affected in their research output, leading to the loss of women's scientific expertise. While women's overall, first and last authorship in the COVID-19 medical papers decreased (Andersen et al., 2020), men's output increased (Frederickson, 2020). As authorship and number of citations is considered the key currency for academic promotion, this is likely to affect women's careers and leadership opportunities in the long run. Women from ethnic minorities and other regional backgrounds faced additional barriers as most of the authorship of women during the COVID-19 were determined to be originating from high income countries and within European and central Asian region (Gabster et al., 2020).

Furthermore, pay inequities increased during the pandemic as full-time faculty faced salary decreases due to furloughs and decreased contributions to retirement programs. In one of the studies, women were found to be earning $0.12 less than men for every dollar made, even after

accounting for academic productivity, regional cost of living, specialty, term length, title, and other factors (Mensah et al., 2020).

COVID-19 pandemic also resulted in increase in work-from-home and remote work opportunities, blurring the boundaries between work and non-work, that negatively impacted women, especially single-parent households. Studies at the end of 2020 highlight how women's engagement, experience and retention in academic STEM were endangered by the pandemic (National Academies of Sciences, 2021).

### 4.2.5. The Gap

While there have been several efforts to bridge the gender gaps in global health academia, the field continues to favor men especially when it comes to leadership roles, higher salaries, and prestige, although there is evidence to suggest that this is changing. Moreover, there are limited studies that explore the gendered dimensions of academic institutions, assuming that academic organizations operate on gender-neutral bases. This study addresses the gap in the literature, by exploring the *gender inequality regime* of global health academic institutions and probing how male and female faculty perceive these inequalities within their institution. It identifies differences in their experiences and explores factors that work to hold women back in their academic careers. Furthermore, there is little research in examining academic ranks and publication productivity among public health academics in North America, whereas gender disparity within medicine is well documented (Lee et al., 2020; Moghimi et al., 2019). Therefore,

by examining a *gender inequality regime* within a school of public health in the United States, having a global repute, as a formative study, this paper aims to fill this gap in our understanding.

## 4.3. Methodology

### 4.3.1. Research Objective

The aim of this qualitative study was to assess the adequacy of using the conceptual framework of a gender inequality regime, presented in Chapter 3, in examining how organizational gendering processes, mechanisms, and structures of a gender inequality regime are manifested within global health academic institutions and to assess the adequacy of using focus groups to elicit certain aspects of the gender inequality regime within global health academia. Tulane University's School of Public Health and Tropical Medicine (SPHTM) was selected as the academic institution for the purposes of this study.

### 4.3.2. Research Questions

- How are the organizational gendering processes, mechanisms and structures of a gender inequality regime manifested within Tulane SPHTM?
- What are the differences in perceptions of a gender inequality regime among male and female faculty members within Tulane SPHTM?

### 4.3.3. The Organization

Tulane University's School of Public Health and Tropical Medicine is situated in New Orleans, Louisiana, USA. It has been a leader in the field of public health for over 100 years, with a very global view of public health throughout its history. The school was established as the first school of hygiene and tropical medicine, in response to the tropical diseases impacting the port city of New Orleans in the 19th century (https://sph.tulane.edu/timeline). The medical college was first established in 1834, by a group of seven young doctors, all men, focusing on issues such as malaria, smallpox, cholera, and yellow fever. In 1912, a separate School of Hygiene and Tropical Medicine including public health was launched. Between 1912 and 1967, the school underwent several leadership changes, that also changed the trajectory of the school. Most of these leaders were white men. Professor Grace Goldsmith, a leader in nutrition and dietary disease, became the first woman to serve as the Dean of the school in 1967 (*Tulane University's Contributions to Health Sciences research and education: A Guide: Dr. Grace A. Goldsmith*). After her tenure ended in 1973, the reign of the leadership of the school went back to the hands of white men, until Dr. Thomas LaVeist, a non-clinician and an expert on the issues of health and equity, became the first black man to be named the Dean in 2018.

In the aftermath of George Floyd's death and racial reckoning within the United States in 2020, Tulane University has accelerated its commitment to promoting diversity, racial equity, and inclusion under the leadership of Tulane University's President, Michael Fitts. The key elements of the new plan included setting up a Presidential Commission on Racial Equity, Diversity, and Inclusion, with participation from different schools and leaders across the university as well as

efforts to increase diversity among staff and students, and setting up Health Equity Institute, led by LaVeist (https://tulanian.tulane.edu/fall-2020/racial-reckoning). These commitments and initiatives have been a positive step towards creating a safe space for having difficult conversations on diversity, equity, and inclusion, and conducting engaging dialogues on racism among students of color and white folks as well as taking key steps to examine institutional behaviors, practices, and systems across the university, including the School of Public Health and Tropical Medicine.

Table 4.1. highlights how men and women are clustered within the school's leadership ranks. While there is a higher proportion of women who occupy associate dean and assistant dean positions in the dean's office, men surpass women in department chair roles.

**Table 4.1: Leadership Composition at Tulane SPHTM**

| Leadership Position | Male | Female |
|---|---|---|
| Dean | 1 (100%) | |
| Associate Deans | 3 (37.5%) | 5 (62.5%) |
| Assistant Deans | | 3 (100%) |
| Department Chairs | 5 (71.4%) | 2 (28.6%) |

SPHTM has three faculty tracks: 1) the tenure track (which includes Assistant Professors not yet tenured and Associate and Full Professors who are tenured), 2) the clinical track, and 3) the research track. Faculty in the clinical and research tracks are not eligible for tenure as these are non-tenure track positions. However, faculty may move from a non-tenured track role to a tenured role provided with approval from the Dean and the Provost. Clinical track faculty are focused on teaching, but many also conduct research, while the research track faculty are focused

on research but are allowed to teach one course a year. Clinical and research faculty do not have a specific time frame by which they must go up for promotion, but it is typical for Assistant Professor to be considered for promotion to Associate Professor position after six to eight years after being hired, and then be considered for promotion to a Full Professor rank after another six to eight years.

As of the most recent data available until March 2023, the composition of the Tulane's SPHTM faculty comprises of 46% male faculty members and 54% female faculty members. Table 4.2 shows composition of faculty members across different ranks by gender. Majority of the male faculty members held full professor roles (42.3%), while majority of the female faculty members held associate professor roles (24.6%).

**Table 4.2: Composition of Faculty Members at SPHTM by Gender**

| Faculty Rank | Tenure Track vs. Non-Tenure Track | Male | Female |
|---|---|---|---|
| Assistant Professors | Tenure-track | 10 (19.2%) | 10 (16.4%) |
| Associate Professors | Tenured | 9 (17.3%) | 15 (24.6%) |
| Professors | Tenured | 22 (42.3%) | 8 (13.1%) |
| Assistant Professors | Non-Tenure Track (Clinical) | 5 (9.6%) | 9 (14.8%) |
| Associate Professors | Non-Tenure Track (Clinical) | 3 (5.6%) | 9 (14.8%) |
| Professors | Non-Tenure Track (Clinical) | 1 (2%) | 1 (1.6%) |
| Assistant Professors | Non-Tenure Track (Research) | 1 (2%) | 7 (11.5%) |
| Associate Professors | Non-Tenure Track (Research) | | 1 (1.6%) |
| Professors | Non-Tenure Track (Research) | 1 (2%) | 1 (1.6%) |
| Total | | 52 (100%) | 61 (100%) |

Table 4.3 highlights the composition of female faculty members across different ranks, and track at the school.

| Table 4.3: Composition of Female Faculty Members Across Different Ranks | | | |
|---|---|---|---|
| **Faculty Rank** | **Tenure Track vs. Non-Tenure Track** | **Male** | **Female** |
| Assistant Professors | Tenure-track | 10 (50%) | 10 (50%) |
| Associate Professors | Tenured | 9 (37.5%) | 15 (62.5%) |
| Professors | Tenured | 22 (73.3%) | 8 (26.7%) |
| Assistant Professors | Non-Tenure Track (Clinical) | 5 (35.7%) | 9 (64.3%) |
| Associate Professors | Non-Tenure Track (Clinical) | 3 (25%) | 9 (75%) |
| Professors | Non-Tenure Track (Clinical) | 1 (50%) | 1 (50%) |
| Assistant Professors | Non-Tenure Track (Research) | 1 (12.5% | 7 (87.5%) |
| Associate Professors | Non-Tenure Track (Research) | | 1 (100%) |
| Professors | Non-Tenure Track (Research) | 1 (50%) | 1 (50%) |
| Total | | 52 (46%) | 61 (54%) |

While men and women are equally distributed across tenure-track assistant professor ranks, women were found to be greater in number in the associate professor roles. But the full professor ranks were predominantly held by men. Additionally, a larger number of women occupied non-tenure track positions like clinical track and research track roles as compared to men.

### 4.3.4. Methods

This qualitative study was conducted using Tulane's SPHTM as a formative study. It was initially planned that a total of five focus groups would be conducted for the study, out of which three focus groups would consist of female faculty while the other two would consist of male faculty. However, due to certain methodological challenges that were incurred along the way, the data collection plan was revised in consultation with the dissertation committee, and four focus groups were conducted instead. The details of the focus groups, the focus group guide, and the methodological challenges are described below. Each focus group comprised at least six members, with the exception of group of female assistant professors (tenure-track) which comprised of only four participants, and focus groups were conducted online via the online video conferencing application, Zoom. Each focus group lasted about 90 minutes.

### 4.3.5. Why Focus Group Discussions

Focus groups have been gaining momentum among social science researchers (Madriz 2000) to bring together a small group of people to discuss a specific topic and these are helpful for participants to discuss their perceptions, ideas, opinions, and thoughts around the topic under discussion (Krueger & Casey, 2000). Focus group discussions offer a variety of benefits to researchers as they are an economical, fast, and efficient method for obtaining data from multiple participants (Krueger & Casey, 2000) and help provide insights from a number of participants in the study. The dynamics of a focus group discussion are such that it inspires interaction among participants, who may respond to each other's comments, adding insights and recalling useful information from their own memory, thereby increasing the likelihood of yielding important and

diverse data (Morgan, 1998), that may not emerge through individual interviews (Tsan et al., 2022) as focus groups tend to provide more in-depth information. Homogeneity and diversity among participants were kept in mind while recruiting participants for the study, therefore, each of the focus groups had participants who belonged to the same professional rank and gender category. This is crucial to ensure comfort level among participants so that they are comfortable in sharing their views and also to achieve a sense of data saturation (Barbour & Kitzinger, 2001; Morgan, 1998).

Researchers have concluded that an ideal focus group lasts around one hour to two hours (Morgan, 1997; Vaughn et al., 1997), and consists of about 6 to 12 participants, to yield useful information before reaching saturation (Baumgartner et al., 2002; Bernard, 1995; Johnson & Christensen, 2004; Krueger, 1988, 1994, 2000; Langford et al., 2002; Morgan, 1997; Onwuegbuzie et al., 2004). For the purposes of this study, each focus group lasted about 90 minutes and recruited at least six participants, where possible. However, Krueger 1994 has also acknowledged that even small group sizes of three or four participants are also acceptable, provided they have specialized knowledge and/or experiences to discuss in the group. For this study, since the participants had specific knowledge as well as experience to share, the focus group with female *assistant professors*, where there were only four participants, was also included in the data analysis. Although Morgan (1997) and Wilkinson (2004) suggest overrecruiting participants by at least 20 to 50% respectively (Morgan, 1997; Wilkinson, 2004), to allow for attrition and no response rates, this was not possible to do for the purposes of this study, as the number of faculty members in each participant category at SPHTM were limited and did not allow such provision.

Another key motivation for choosing focus group discussions was to assess the adequacy of using focus groups as a tool to elicit perceptions of certain dimensions of a gender inequality regime framework. The purpose was to assess whether such methods are appropriate to discuss sensitive topics such as gender inequalities within organizations, why and why not, and what might be the challenges faced with using this technique as a tool for data collection. Furthermore, the goal for using focus group discussions for this study was to generate new insights about the nature of gender inequalities within Tulane's SPHTM as perceived by male and female faculty members and not necessarily to generalize to a larger population. This is further discussed in detail in the results and discussion sections.

### 4.3.6. Data Collection

For this qualitative study, assistant professors and associate professors in the tenure track roles were recruited, as according to a study conducted by the American Association of University Professors (AAUP), women's representation among full-time tenure track positions declines with progression in rank. The AAUP study found that while women make up 50% of assistant professors but only 45% of associate professors and 32.5% of full professors. Therefore, the rationale for choosing these two faculty positions for the study was to examine the differences in career experiences of men and women at Tulane's SPHTM and understand the underlying causes for the gender differences in career advancement to leadership roles within the tenure track positions. Also, men are more likely to hold the rank of full professor and department chair at SPHTM as compared to women. And then there are some departments that do not have any female full professors such as the department of Biostatistics, which would have made recruitment of female

full professors in the study difficult. Moreover, insights from assistant professors and associate professors provided useful insights into understanding the barriers female faculty experience at the SPHTM in terms of career advancement and leadership opportunities, and how these may be addressed.

Women are also more likely to hold non-tenure-track faculty positions as compared to tenure-track-career-ladder jobs. Tenure-track positions within academia are tied with better opportunities for leadership and provide more benefits and higher salaries as compared to non-tenure-track faculty positions such as the clinical track faculty. However, it is noteworthy to note that within SPHTM there are several key leadership roles that are held by non-tenure track faculty. For example, the associate Dean for Equity, Diversity, and Inclusion at the school is a female associate professor in a clinical track role. For the non-tenure track roles, female faculty in the clinical track positions, holding the ranks of assistant professor or associate professor were recruited in the study. The reason for focusing on female faculty members in the clinical track roles was that women were more likely to hold clinical track roles at the SPHTM as compared to men and there weren't enough male faculty in clinical track roles holding the ranks of assistant professor or associate professor at SPHTM to recruit in the study as a comparable group, accounting for the non-response rate. Women were also more likely to devote time to service and teaching, which are the key performance indicators for promotions in the clinical track role. Since the primary commitment of the research track faculty is to achieve excellence in research, their commitment to teaching and service is not a must. The number and quality of peer-reviewed publications and the impact of their research are considered as key criteria for the promotion of

tenure track and research track faculty. Publications are also a criterion for promotion of clinical track faculty, but the expected number of publications is not as high as for other faculty tracks. Therefore, understanding the barriers and challenges clinical track faculty face in terms of career advancement and other opportunities was critical to understanding how a gender inequality regime at SPTHM manifests itself. Since the study aimed to understand the differences in experiences among faculty on the tenure and clinical track and making comparisons across groups, the breakdown of focus groups conducted were as follows:

- Focus Groups with Female Faculty Members
    - A total of three focus groups were conducted with female faculty members at SPHTM:
        - One focus group comprised of assistant professors who are on the tenure track.
        - One consisted of associate professors who were tenured.
        - One focus group comprised of the clinical track (non-tenured) faculty holding the rank of assistant professor or associate professor.
- Focus Groups with Male Faculty Members
    - Only one focus group was conducted that comprised assistant professors who are on the tenure-track and associate professors who were tenured.
    - Male faculty members in non-tenured clinical track roles were not selected for the study, as there were very few male clinical track faculty members at SPHTM, and recruitment of study participants would have been a challenge.

Apart from this, the following participants were not included in the study:

- Tenured faculty members who held the rank of full professor.
- Non-tenure track faculty members in the research track roles.
- Male faculty members in the clinical track for the reasons mentioned above.

The distribution of focus groups is represented in the figure below.

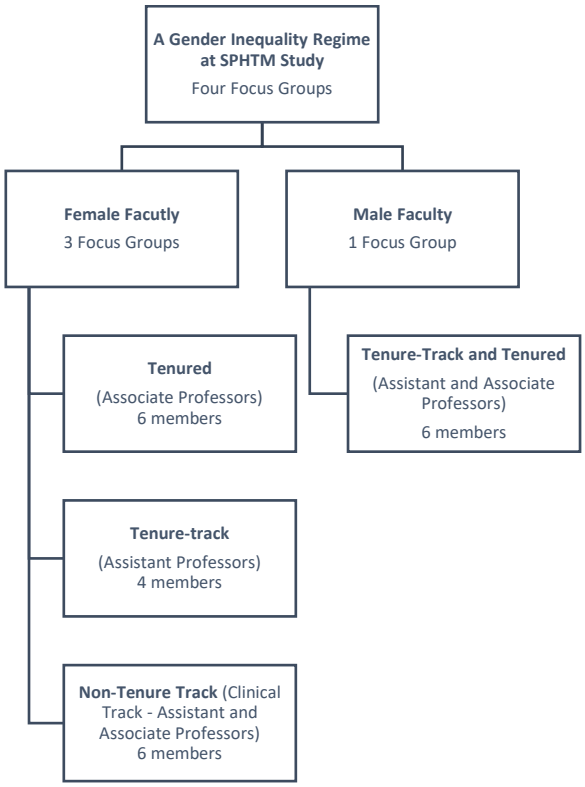



**Figure 4.1: Distribution of Focus Group Discussions by Faculty Rank and Gender**

Once the participants were identified, emails were sent to the prospective participants. The content of the email provided them with a brief background on the study and invited them to participate in a focus group discussion, after which they had the option to either accept the invite or decline to participate. Non-response was considered a decline of the invitation after three attempts, but additional efforts were made to recruit male faculty members. Details of this are mentioned in the methodological challenges section. Ideally, the intent was to recruit eight

participants for each of the focus groups. However, after adjusting for non-response and attrition rates, it was decided to at least recruit six participants per group. Even then certain recruitment challenges were faced which are discussed in detail in the methodological challenges section below.

The template of the invitation email is in Appendix 4.2. Consent forms and focus group guides were shared with the participants of the focus group prior to the focus group discussion. Prior to each focus group, ground rules were laid for the participants, details of which are part of the focus group guide are in Appendix 3. The focus group guide consisted of seven major themes: 1) *organizational hierarchy and leadership*, 2) *hiring, retention, and promotion*, 3) *compensation*, 4) *work-life balance and flexible work arrangements*, 5) *sexual harassment and workplace violence*, 6) *organizational policy*, and 7) *organizational culture*. There were 17 key questions apart from the follow-up probing questions across the themes and they were based on the conceptual framework of a gender inequality regime which can be found in Appendix 4.1. The questions consisted of asking participants to share their perceptions of gender segregation among the senior leadership at SPHTM; the kind of work, characteristics and traits that are valued and rewarded at the school; to what extend there is a gender pay gap; how the school supports work-life balance; and participant's knowledge of organizational policies related to gender equality and sexual harassment.

Participation in the study was on a voluntary basis and every effort was made to recruit participants from different departments within the SPHTM to ensure diversity of views and perspectives. However, once the required number of participants agreed to participate, the

recruitment process was stopped, so participants from all the departments could not be recruited.

Tulane SPHTM's Executive Faculty Committee approval was obtained prior to the start of the study. Once the approval was received, Tulane IRB approval was sought. Each participant was required to sign a consent form prior to participation and every effort was made to ensure the anonymity and confidentiality of the study participants. However, the nature of focus group discussion is such that anonymity and confidentiality cannot be maintained among the participant groups, but efforts were made to keep the participants' identities confidential to everyone outside of the respective focus group.

### 4.3.7. Data Analysis

The data analysis was conducted following the methodology established by Gioia et al. (2012), which employs a systematic conceptual and analytical approach to interpret qualitative data. This method involves a 1st order analysis that includes informant-centric terms and codes, while the 2nd order analysis identifies researcher-centric themes based on the researcher's understanding of the phenomenon (Gioia et al., 2012). The key themes identified in the study represent a synthesis of both the 1st order analysis, which incorporates informant-centric terms and codes, and the 2nd order analysis, which encompasses researcher-centric themes based on their understanding of the phenomenon. These aggregated themes not only reinforce the themes outlined in the focus group guide but also enhance the research's rigor. Furthermore, several sub-themes emerged under each of the key themes, providing additional depth to the findings. As a

result, the themes in this section have been adjusted to mirror the patterns emerging from the data, and they also support the themes outlined in the focus group guide.

### 4.3.8. Methodological Challenges

During the data collection phase, several methodological challenges were encountered. These challenges were mainly due to the use of focus group discussions as a data collection method. Focus group discussions lack complete confidentiality of participants, leading some to feel uncomfortable sharing their views and perspectives in front of their colleagues. Furthermore, the focus groups were comprised of participants who held the same position and were of the same gender, and included many colleagues from the same department, which may have inhibited some participants from accepting the invitation to participate.

- **Recruitment of Male Faculty Members**

It was noteworthy that the greatest difficulty was in recruiting male faculty members for the study. Initially, the plan was to conduct two separate focus group discussions for assistant professors and associate professors. However, due to the high rate of non-response from male faculty members, this was not feasible. For example, of the 9 assistant professors at SPHTM, invitations were sent to all but 2 did not respond despite multiple follow-up emails, with a couple declining to participate. One stated, "*thank you for the invitation to participate in a focus group. However, I must decline. I have a lot of projects going on and don't have the time. In addition, gender inequality is something I have no opinions on and know very little about and would essentially not participate in the discussions.*" It was surprising that participants felt the need to

be knowledgeable about gender inequality to participate in the study, as that was not a requirement and the invitation email emphasized the researchers' interest in seeking participants' opinions and perceptions, not their knowledge on the subject.

- **How was non-response handled?**

Initially, the non-response was handled by sending follow-up emails. After three unsuccessful attempts, the research objectives were presented at the August 2022 Faculty Welcome Retreat to welcome back faculty members from their summer break. The *Associate Dean for Equity, Diversity, and Inclusion* at Tulane SPHTM showed her support for the study and requested faculty members to participate resulting in positive responses from three faculty members (two women and one man). It may be hypothesized that either these faculty members were super busy that they failed to see the emails or that they did not feel comfortable in participating and discussing these issues during a focus group discussion. Perhaps, we can also assume that one-to-one in-depth interviews may have been a better strategy for this particular research, considering the sensitivity of the topics being discussed.

Following the Faculty Welcome Retreat, a final attempt was made to email all faculty who had not yet responded. The emails included support from the academic advisor and school leadership. This resulted in one additional participant to recruit and one declining participation due to family obligations. The others receiving the email did not respond. Table 4.3 shows the total number of faculty members who did not respond to the invitation emails.

| Table 4.4: Non -Response Rate by Faculty Rank | |
|---|---|
| **Faculty Rank** | **Non-Response Rate** |
| Male Assistant Professors | 2 |
| Male Associate Professors | 6 |
| Female Assistant Professors | 1 |

Despite three female associate professors and five female faculty members in the clinical track not responding to invitation emails, no further efforts were made to recruit them since enrollment was stopped once six participants from each faculty rank agreed to participate.

- **Concerns over Confidentiality**

Some female faculty members expressed concerns about data confidentiality. Junior faculty members were especially concerned, and one faculty member requested her responses be removed from the data analysis after participating in a focus group. Despite attempts to reassure her, she persisted in her request. Another faculty member declined to participate in the focus group, despite initially agreeing. It is likely that that some female faculty members may be afraid to voice their opinions in front of their colleagues or out of fear of retaliation from school's leadership. This led to some focus groups having fewer than the required six participants, potentially affecting the validity of the data. To address this concern, additional precaution was taken by excluding potential identity markers such as the faculty rank and the department, from direct quotations. Though the data analysis and coding considered this information, extra precaution was taken to specifically remove identity markers when reporting direct quotations in the findings section. This was done to ensure the confidentiality of the participants and prevent inadvertent disclosure of their identities.

## 4.4. Key Findings

The participants highlighted various aspects of a gender inequality regime within Tulane's SPHTM, which include the organizational processes, procedures, and structures that create and reinforce gender inequalities within the school. Throughout the focus group discussions, gender emerged as the key social category, interacting with other social identities such as race and nationality, to affect women's leadership advancement, professional development, career trajectories, and long-term earnings.

The central findings of the focus group discussion are outlined below. The findings are divided into key themes as identified by the first order analysis of the phenomenon as described by the participants, which supports the primary theme of the focus group discussion. Furthermore, each theme is subdivided into sub-themes, shedding light on different facets of the phenomenon as articulated by the primary participants.

**Theme 1: Gender Gaps in Senior Leadership and Decision-making Positions**

- **Sub Theme 1.1: Vertical Gender-Based Segregation: Gender Representation in Faculty Ranks versus Leadership Positions**

There was agreement across the four focus group participants, and among male and female faculty members that the leadership landscape at SPHTM was changing and that there were now more women in leadership roles than there were almost a decade ago. A general perception was to attribute this change to Dean, LaVeist, and his leadership for providing greater leadership roles to female faculty members.

"*We see more women represented, we see more people of color represented in leadership but those were created over the last couple of years, with the new Dean*." *[Female, Non-Tenure Track]*

Female faculty members in tenure-track roles reinforced that this trend was recent, as previously the roles of department chairs, a key leadership rank in academia, were held by men at SPHTM, even in departments where more women were serving as faculty members.

"*Historically, we've had more males than females in our department as chair" [and this is a female-dominated department] …… "We had one chair and 2 vice chairs in our department (previously), and they were all male*…" [*Female, Tenure-Track*].

They further added a rationality for this trend that "*department chair is a full professor; because we know that most professors are male, so they are already being promoted. That also explains why most department chairs are male*." [*Female, Tenure-Track*]

While more women held leadership ranks in the Dean's office as male faculty members pointed out that out of the 11 assistant or associate Dean positions in the Dean's office, eight were currently being held by women; female associate professors pointed out that the position of Dean had always consistently been occupied by men. Female faculty members in associate professor roles questioned, "*have we had a female dean in our school of public health?*" [*Female, Tenure-Track*]

Junior female faculty members on tenure-track positions also welcomed the change in leadership diversity and expressed that it was encouraging to see women in dean roles as well as chairs. They pointed out "*we have in leadership women who are deans… we have at least two new woman*

*department chairs, [one] permanent department chair and one interim department chair*" *[Female, Tenure-Track]*. They also expressed that even though one of the female department chairs was still in the interim role (at the time of the focus group), it was still an improvement from the past, where it was all *previously dominated by men* and *mostly old white men*. However, they questioned what implications this change has on true gender representation across the school as they felt having a leadership title within the school did not necessarily translate into decision-making authority.

Women in junior faculty ranks highlighted how assistant professor ranks were "*viewed as being junior positions"*, and that "*high-rank positions were still reserved for men"*. They shared their experiences during faculty meetings, where conversations often gravitated toward male colleagues occupying the associate professor or full professor ranks, giving the impression that communication mainly occurred with those in positions of power. Despite acknowledging their shy personality as a potential factor in the communication gap, they also raised questions about the presence of gender bias towards junior female faculty members.

Furthermore, female faculty members on tenure-track positions perceived a pattern where higher faculty ranks across the school were predominantly reserved for men. "*I have not seen any professor women…. So, I think the high positions are for men.*" *[Female, Tenure-Track]*

There was also a perception among junior female faculty members that women were more likely to be clustered into *assistant professor* and *associate professor* roles. "*A woman probably is not being seen the same or you don't have the same chances to be a full professor.*" *[Female, Tenure-Track]*

Male faculty members reinforced this believe by pointing out the need for more women to be represented as full professors and department chairs, and the need for certain departments to strike a greater gender balance within the faculty ranks in certain departments such as Biostatistics, where there was only one female faculty member. They also highlighted how the overall diversity in SPHTM faculty ranks had improved over the span of years, for example, in 2003 only 38% of the faculty positions were held by women as compared to 52% in the present time. But also acknowledged that there were salary differentials as well as differences in leadership positions, despite improvement in the overall representation of women in faculty positions.

- **Sub Theme 1.2: Horizontal Gender-Based Segregation: Governing Roles vs. Administrative Roles in Leadership**

Female faculty members in non-tenure track roles emphasized the distinctions between governing and administrative roles, and the need to examine the masculine organizational structures in place at SPHTM, particularly in the lack of female leadership in positions such as dean. "*You often see a male Dean and then you see a female senior Associate Dean, who does all the work.*" *[Female, Non-Tenure Track]*

They defined governance roles where leaders served as a figurehead or face of the organization that, for example, involved external duties such as fundraising. In contrast, administrative roles were oriented towards providing support internally, encompassing tasks such as mentoring students. "*Most men are chairs, and I see those as governing roles and I think of a position that I hold as more of an administrative role, not that it's not a leadership role, and that it's not important, but they are different.*" *[Female, Non-Tenure Track]*

Female faculty members in tenure-track roles also added to this stating that governance roles involved more decision-making and highlighted that while the title of the role may appear to be a leadership position, its level of autonomy may vary. They felt it was critical to examine gender distribution across such roles. They also noted the disparities between teaching and research roles, with more women being in teaching positions and receiving less prestige and importance in comparison to research positions, especially in terms of promotion evaluations. "*Within academia there's an unspoken kind of maybe goddess for the prestige that is delineated between research and teaching responsibilities.*" *[Female, Tenure-Track]*

Female faculty members also highlighted that certain leadership roles, such as program director, are administrative and teaching in nature and can impede women's career advancement. "*Program directors [a teaching role] ….my sense is that some of them were in fact, women, but in many cases that is a service job that is not compensated in terms of the level of effort.*" *[Female, Tenure-Track]*

The female faculty members in tenure-track roles also stressed the importance of being aware of the level of autonomy and empowerment that come with a particular leadership role, and the need to strike a balance between research and administrative duties in order to advance their careers. They further highlighted that being in a chair or vice chair roles could be detrimental to women's career advancement as these roles require additional administrative responsibilities which could take away time that could be spent on teaching and research instead. "*Being in a …. chair or vice chair could be detrimental to your advancement. Specifically in research and teaching*

*because of the additional administrative activity. So, it's a leadership position, but it's one that could actually hamper your advancement.*" *[Female, Tenure-Track]*

Furthermore, both female and male faculty members emphasized the importance of defining leadership and creating a common understanding of "*who is a leader*" within the school to address these issues.

- **Sub Theme 1.3: Gendered Barriers to Women's Leadership**

Junior female faculty members in tenure-track roles highlighted how men were given more recognition and acknowledgement as they were perceived as being more credible and experienced. They highlighted that even senior women had such biased images around female colleagues.

"*It is totally …unfair…when you are creating your research career, you are trying to have a name in research, and you create and develop that, [but] you [have to] start behind another person [just] because he has height, [is] a broad man and no Latino?*" *[Female, Tenure-Track]*

Junior female faculty members further recalled how in meetings their contributions would be ignored, only to have a male colleague later raise the same points or ideas, claim them as his own, and receive recognition for those contributions. Furthermore, they mentioned that they have also overheard someone saying, "*If you are a woman, a black woman, or if you are Latino, [you are] at the lowest rank of everything.*" *[Female, Tenure-Track]*

It was also pointed out that while some women may have leadership role, it does not mean that they had gotten agency or were meaningfully included in the organizational hierarchy "*… I think*

*that there's a difference between having representation and having, you know, actual inclusion, or even empowerment*" *[Female, Tenure-Track]*.

Another female faculty member added that one of the barriers to women's leadership was their invisibility especially during promotion decisions. She recounted her time as a faculty member in two longstanding departments in the United States. Despite their historical significance, these departments continued to be predominantly male, with no woman ever serving as the head, despite the presence of accomplished female members. She expressed concern that the lack of women in leadership positions in these fields may lead to further invisibility of women's contributions and perceptions of power and research expertise in terms of what contributions women bring to research, increasing barriers to women's leadership. "*The departments of _____ and ____ in the United States, are the oldest departments and none of those have a woman as department head, ever. And that changes how ... you see, leadership, at least at the department level … [in terms of] what can we do, or how we are perceived?*" *[Female, Tenure-Track]*.

Women's burden of childcare responsibilities and family responsibilities were also quoted as a barrier to their career advancement. "*Childcare, women's triple role, women are just so busy*" *[Female, Non-Tenure Track]*. It was also pointed that invisibility of tasks that women performed such as service roles or mentoring roles, often went unrecognized and unacknowledged during performance evaluations, further creating barriers to women's advancement. "*I would just say that aside from the personal demands, I think that in the workplace, in the university, female professors, do a lot of unseen services, support, and mentoring that slow them down in terms of their career progression. And so, I think this is a huge barrier.*" *[Female, Non-Tenure Track]*

- **Sub Theme 1.4: Gender Lens to Hiring Decisions from Men's Perspective**

Junior male faculty members in tenure-track roles held the perception that the school was actively addressing diversity and equity issues. They expressed confidence in the decision-making capabilities of individuals in positions of authority, such as department chairs and deans, believing that these experienced leaders were well-equipped to make effective decisions in this regard.

Senior male faculty in tenure-track roles also mentioned that school policies typically originate from the dean's office, and faculty members generally adhere to the initiatives set forth by the dean. This includes efforts to proactively hire female assistant and associate deans. However, they noted that they were not aware of any explicit policies addressing this matter, and gender-related issues were seldom raised as topics of discussion during executive faculty committee meetings.

Moreover, it was emphasized that the public health field is predominantly composed of women, particularly among the student body. However, male faculty members held the belief that the faculty composition would eventually mirror this gender distribution, even though they did not offer any evidence to substantiate this claim. A male junior faculty member in a tenure-track role also shared his perspective based on his experiences as a student at Tulane University. He noted that the field was predominantly composed of women, both among his peers and those he collaborated with. However, he expressed a suspicion that this gender imbalance might have historical roots and believed that it would gradually change over time.

Furthermore, it was noted that the composition of faculty ranks within the school was not always a reflection of the field of Public Health. Since not all faculty members held degrees in public health. It was emphasized that faculty members came from a variety of educational backgrounds. For instance, some were economists, a field known for its gender imbalance with a male majority. As a result, when the school hired economists, it often led to the recruitment of male faculty members.

"*In the faculty ranks at the school, not everyone has a public health degree. For example, some of us are economists. And we are from one of the most notoriously gender-imbalanced fields (dominated by men). So, if the school hires economists, they are more likely going to be men.*" *[Male, Tenure-Track]*

It was further added that "*so, faculty ranks will not completely reflect the field of public health, because there is more diversity of educational backgrounds that are hired at the faculty level.*" *[Male, Tenure-Track]*

**Theme 2: Gender Gaps in Career Advancement**

- **Sub Theme 2.1: Visible and Invisible Work – Research vs. Service Roles and the Types of Work Men and Women Take**

Both male and female faculty members across the four focus groups agreed that the school places a heavy emphasis on research output, and that research is valued more than service and teaching roles, particularly when it comes to writing grants. Female faculty members in the non-tenure track roles emphasized how their roles were associated with teaching duties.

"*Clinical faculty are kind of lumped in as if you're doing a lot of teaching, you are clinical faculty. But also, if you do public health and a lot of public health practice ……that is completely unrecognized and completely not factored in at all*." *[Female, Non-Tenure Track]*

Furthermore, female faculty members across various faculty ranks held the belief that women were more likely to take up service roles, which frequently went unnoticed and unrecognized. "*I think service is like something to have on your CV. But it doesn't almost count for anything." [Female, Tenure-Track]*

And it was further emphasized by another female participant that "*this whole well-roundedness of like teaching and mentoring and participating in other things that the university values. And they want people to be involved in [it]. But does not necessarily recognize its value*" *[Female, Tenured].* On the contrary, male faculty members did not perceive that there were differing expectations regarding the types of roles that men and women assume when hired as assistant professors in tenure-track positions.

Additionally, female faculty members in non-tenure track roles pointed out that student evaluations held substantial weight in evaluating clinical faculty, which raised concerns about potential gender bias. However, they noted that this potential bias was not considered when making promotion decisions. "*I'm evaluated on student evaluations. And I think that there's been a clear demonstration, lots of evidence that there's a huge gender bias with students with that, and so and that's not factored in with our promotion or in our tenure*" *[Female, Non-Tenure Track]*. They also emphasized that evaluations for clinical track faculty failed to accurately represent the

nature of their work, placing undue emphasis on the quantity of publications while overlooking the significance of community-engaged research and service roles.

Furthermore, it was highlighted that while service roles were expected, they were not adequately recognized or rewarded by the school. For instance, participating in university-level committees was acknowledged to have adverse effects on mental well-being, yet frequently went uncompensated. A female faculty member in a tenure-track role shared her personal experience of serving on a grievance committee for three years, investing significant time and effort, yet receiving no acknowledgment or recognition for her dedicated service.

Female faculty members in tenure-track roles also reflected on the culture of "*liking*" at the school, where individuals were more likely to receive invitations for research collaborations or promotions if they were liked by their colleagues. One of the female faculty members mentioned how she was once advised to change her area of research in order to receive a promotion, which she thought was unreasonable as it would require giving up her life's work. It was perceived that this expectation did not hold true for male faculty members.

- **Sub Theme 2.2: Promotion and Prestige Linked to NIH Grants**

While male faculty members discussed how they strategically crafted their promotion packages, prioritizing research due to its greater significance in the evaluation process; female faculty members in associate professor roles emphasized how specific types of research grants were granted higher prestige compared to others. "*[I] think that all of us have this tremendous pressure to bring money in, and it's not just [about] bringing [any] money in. But the specific type of money [that] is valued more than others like NIH money*" *[Female, Tenure-Track]*. They felt that even

when faculty members bring in a lot of grant money, it does not capture their true contributions in terms of impact on community or on their students. And this is something not factored in for performance evaluations.

Female *assistant professors* also pointed out that not every research activity was assessed equally. They noted that certain departments and sub-disciplines received preferential treatment due to their higher likelihood of obtaining funding, especially from National Institute of Health (NIH) grants. It was also highlighted that NIH grants often require researchers to align their work with the NIH's priorities, which may not always align with their own research interests or goals.

"*No one tells you what kind of research would be valued. At the time of hiring, employers consider your potential for doing creative work, bringing in innovative and unique research ideas. But the reality is that you need to fit in the box that NIH prioritizes*" *[Female, Tenure-Track]*.

Female faculty members also pointed out that community-engaged research did not receive similar kind of recognition from the school. *"Another area that does not get much attention is community-engaged research, which takes a lot of time, but does not get much recognition" [Female, Tenure-Track].* They also expressed their frustration of having to prove themselves to just one entity, i.e., NIH in order to prove their research worthiness, while their creativity and grants from other funding sources were not given due recognition.

Due to this heavy preference for NIH grants within the school, there was unsaid pressure on faculty members to take on NIH grants and change research interests accordingly to be

competitive. Female faculty members in associate professor roles suggested that alternative criteria would be helpful for those who want to pursue their own research interests or engage in impactful research. NIH grants were also prioritized over funding from other sources, such as the Bill and Melinda Gates Foundation and the Centers for Disease Control (CDC) because the school was focused on achieving Association of American Universities (AAU) status, which requires NIH funding. Although female faculty members did not perceive a gender-related dimension to this NIH preference, they did voice apprehensions regarding potential consequences. Specifically, they were concerned that persistent unsuccessful efforts to secure NIH funding could ultimately impact their promotion and performance evaluations.

Furthermore, it was emphasized that the heightened emphasis on NIH grants also stemmed from the benefits they bring to the school through indirect costs, which was not true for other types of grants regardless of their monetary value. "*Even when a grant from the CDC is worth $1 million, it is not considered as valuable as an NIH grant*" *[Female, Tenure-Track]*.

- **Sub Theme 2.3: Factors Affecting Women's Promotion**

It was pointed out by the female faculty members in the non-tenure track role that department chairs played a crucial role in promoting faculty members, as they referred to them as "*engines of promotion*". They elaborated that a chair that provides support could play a crucial role in encouraging faculty members to seek promotions, potentially leading to their successful advancement in their careers. It was also observed that changes in departmental leadership and chair's role, conversely, might result in junior faculty members experiencing delays in pursuing promotions.

"*It's so dependent on your chair. I had really supportive chairs, and both times, both came to me and said, "you should go up for promotion" and that was very helpful*." *[Female, Non-Tenure Track]*

According to female faculty members, the extensive promotion packages demanded for promotion applications posed a barrier to the advancement of women in their careers. This was particularly a challenge for younger women, especially those with young children as putting together the application for promotion was a time-consuming task, leading many women to defer it to next year. Having supportive departmental chairs was advantageous in this situation as well as they would offer support and encouragement to inspire women to submit their applications. "*Putting together these binders is very hard work, it's a cumbersome, outdated, stupid, system. So, if the chair likes you, you might get a little boost and motivation to put it together, but a lot of times you are just ignored*." *[Female, Non-Tenure Track]*

Female faculty members also recommended the inclusion of women on evaluation committees, especially when assessing female colleagues. One of the female faculty members in the non-tenure track role shared her personal experience of feeling unsupported and misunderstood during a meeting with two male supervisors while discussing workplace security issues specific to women. Male faculty members failed to grasp the core issue, leading to her entire performance evaluation interview being dominated by the need to explain the matter. She believed that having a female presence would have been beneficial, as women often possess a deeper understanding of the unique challenges that women face, which men may not fully comprehend.

- **Sub Theme 2.4: Gender Differences in Promotion Rates**

Female faculty members, especially the assistant professors and those in clinical track believed that men tend to be promoted at a faster rate as compared to women at SPHTM. A female faculty in a non-tenure track role shared her experience of facing structural and systemic inequality in her promotion as compared to her male colleague. "*My colleague, a male, and I were hired at approximately the same time. We had a [similar] background, like education, etc. And my promotion, maybe, took a decade, and his promotion was quick*" *[Female, Non-Tenure Track]*. A female faculty member in a tenure-track role recounted a parallel situation in which her male colleague, who had been hired at the same time, achieved promotion to associate professor while she remained at the assistant professor level.

A female faculty in a non-tenure track role expressed that despite her belief that she had fulfilled all the criteria for promotion, including securing an R01 grant, she still encountered pressure to increase her involvement in teaching and service roles, even though the primary criterion for promotion was research, a domain in which she had already demonstrated her capabilities by obtaining grants. This situation exemplifies the "*prove-it-again*" phenomenon, a concept coined by Joan C. Williams, which underscores how qualified women often find themselves compelled to demonstrate their competence repeatedly in order to be considered for promotion.

It was also noted that to secure a promotion and an increase in salary, individuals were required to demonstrate their value by securing a position at another institution and using this external offer as leverage during salary negotiations. This was especially challenging for female faculty

members because it entailed a time-consuming process of not only securing a job elsewhere but also using it as an opportunity to renegotiate their terms and conditions.

- **Sub Theme 2.5: Women's Greater Burden of Family Responsibilities and Childcare**

When asked if women were more likely to be engaged in service and teaching roles as compared to research, one of the male faculty members in the tenure-track role responded that while more women were clustered into assistant professor roles, there was no expectation for them to take on more service or teaching responsibilities. He believed that expectations were similar for both male and female faculty members but acknowledged that women's greater burden of share of responsibilities towards their family and/or children could be a barrier. He also acknowledged that his own situation, with a stay-at-home spouse, gave him more freedom and time to work on his projects, which is a privilege not enjoyed by many female faculty members. He commented that it is particularly difficult for junior faculty members and that it could have a negative impact on their long-term career trajectory.

This was seconded by another male faculty member, who further added that the timing of being on a tenure track often coincides with people's fertility and childbearing years, which tends to fall more heavily on female faculty members, creating an additional burden that men do not typically have to face. "*One of the aspects of being on a tenure track is that it tends to happen around people's fertility and childbearing years. And in my experience, it tends to fall heavily on female faculty members. That's the additional burden that men don't have to face as much*." *[Male, Tenure-Track]*

**Theme 3: Gender Pay Gap**

- **Sub Theme 3.1: Lack of Transparency of Salary Data**

Female faculty members at SPHTM, whether in tenure-track or non-tenure-track positions, voiced their concerns about the lack of transparent and readily available information regarding salaries, particularly in terms of gender equality. "*I don't know who gets paid what*" *[Female, Non-Tenure Track]*.

Female faculty members added that their perceptions regarding gender pay gap at SPHTM was based on the rumors they had heard, but it was difficult to confirm these claims in the absence of official data. "*I've heard several stories within my department and across departments about women who make much, much less than their male counterparts*" *[Female, Non-Tenure Track].*

Some faculty members were aware of their colleagues' salaries through the grant writing process, but this information was not widely shared within the school. "*I know from various grant budgets that men colleagues get a lot more*" *[Female, Non-Tenure Track]*. The lack of transparency made it difficult for faculty members to negotiate fair salaries, causing them frustration. "*The school doesn't report any gender pay gap data at all - like they don't have to highlight who's getting what, but they could highlight how much is the gender pay gap per department or rank or role*" *[Female, Non-Tenure Track]*.

Another female faculty member in a tenure-track role shared there was also a dearth of information regarding the typical rate of salary increments, which made them hesitant to engage

in negotiations when they lacked this critical information. Furthermore, it was emphasized that factors such as departmental funding and historical data could contribute to disparities in salaries, and an individual's negotiation skills might also influence their earnings. They believed that achieving pay equity was not given the necessary priority and that the school should take measures to confront the issue of the gender pay gap by assessing its internal systems and implementing strategies to rectify any imbalances. In summary, the faculty members recommended that SPHTM should proactively work towards ensuring equitable compensation for all faculty members, irrespective of gender or other determining factors.

- **Sub Theme 3.2: Gender Differences in Salary Negotiations**

Clinical track faculty members highlighted the need for female faculty members to negotiate their salary during the hiring process, while also acknowledging that many women tend to prioritize getting hired and thus do not push for salary negotiations. "*When they're getting hired …they're just interested in getting hired than thinking about salary …. what they were going to pay for me*" *[Female, Non-Tenure Track]*. Another female faculty member stated that she does not like negotiating and would rather prefer to have clear, predetermined compensation or pricing information rather than to engage in the negotiation process. However, she also acknowledged that to negotiate effectively, one needs bargaining power, which can be limited in New Orleans due to limited job prospects particularly for a trailing spouse. She pointed out how the current system was flawed in this regard. "*Women have a hard time negotiating for themselves like it's hard for you to go in and talk and say I want $10k [raise]" [Female, Non-Tenure Track]*.

Additionally, this issue is also related to gender roles and family structures. For example, one female faculty member in the clinical track role got a better job opportunity at another institution with a higher salary but did not pursue it due to the long hiring process and the potential impact on her family. However, she used this opportunity as leverage in her salary negotiation and was successful. She believes that women are less likely to negotiate their salary for various reasons, including gender roles within the family and who is the primary earner within the household. It was noted that remote work may change some of these dynamics, but the complexity of the issue would remain.

Male faculty members discussed their experiences with salary negotiation and their perceptions of the negotiation process at Tulane. One male associate professor stated that he did not have much room for negotiation when he was promoted, and that he did not think he could have made a difference even if he was good at negotiating. "*I am not sure how much negotiation actually happens. I was recently promoted, and there was no negotiation about how much my salary would increase. I was told it was going to be a 10% increase. I don't think I had any negotiation when I was promoted to associate level as well. The only time there was slight negotiation was when I was hired*" *[Male, Tenure-Track]*.

Another faculty member expressed a similar sentiment, noting that there was not much room for negotiation. Another participant also added that he had negotiated when he was hired, but that there was a limited range for negotiation and that the school had lost candidates because they were not able to meet their requirements. "*Negotiated when hired, but there is only so much*

*room – there is a range – have lost candidates because not able to go up to meet their requirement*" *[Male, Tenure-Track]*.

It was mentioned that the Dean had also acknowledged that Tulane underpays relative to its peer institutions and that historically, salaries were tied to cost-of-living increases and promotions, with little room for negotiation. One male faculty member suggested assessing the cost of living in New Orleans in comparison to other locations, for salary negotiations.

Another faculty member added that when hiring senior people, it is not just dependent on what they can bring to the school, but also the funding and support they can bring with them. Male faculty members also agreed that the best way to get a raise at SPHTM is to get another job offer from another institution. "*The best way to get a raise at Tulane – is to go out and get another job offer from another institution*" *[Male, Tenure-Track]*. Overall, both female and male faculty members agreed that salary negotiations are more likely to be successful when conducted during the hiring stage.

- **Sub Theme 3.3: Starting Salaries are key Determinant of the Gender Pay Gap**

Male professors shared their experiences with salary negotiations and perceptions of the process. One of the male faculty members in a tenure track role mentioned that during salary negotiations, he was informed that there is a predetermined salary scale for assistant professors, and there is limited flexibility to request higher compensation because new assistant professors lack research grants or other grounds for negotiation. He also noted that he has seen some differences in salaries among his female colleagues, but he attributed this to their experience and the length of

time they have been in their positions. He acknowledged that starting salary could also be a factor, as newer hires may be brought in at higher salary levels that are in line with market rates, which could contribute to the gender pay gap. *"...there might be an effect too of when you were hired, so if you were hired many years ago at a lower salary as compared to newer hires being hired at higher salary rates that are along the market rates. So, that could be contributing to the gender gaps as well which may not necessarily be along the gender lines" [Male, Tenure-Track]*.

A female faculty member pointed out that the starting position makes a big difference, as there are not many opportunities for increasing salary after that. It was noted that even for promotion on the tenure track, there is still ambiguity about what bonuses should be based on and if it is standard for everyone. "*I feel embarrassed to say that I didn't know what I should have negotiated for when I was getting promoted from tenure-track to tenured position" [Female, Tenure-Track]*. It was further highlighted that even though there may be opportunities to increase salary, only a few people knew how to manage that, and that she herself was completely unaware if there was any such opportunity.

It was observed that the university provides bonuses for individuals in leadership roles, but these bonuses are not integrated into the base salary. Consequently, if someone were to relinquish their leadership position, the bonus would also be forfeited. There was apprehension that their bonus might be perceived as a permanent part of their salary, requiring constant clarification that the bonus and the calculation of their time allocation should be treated separately.

Another female faculty pointed out that individuals who begin in research faculty positions receive significantly lower compensation compared to those in tenure-track roles. Although they may receive regular salary increases, their overall salary can end up being substantially lower, even if they transition to a tenure-track position later on. This individual emphasized that when people attain tenure-track positions, they often feel grateful for the job and may not prioritize negotiating for higher pay. They also noted that individuals, especially women, fresh out of a Ph.D. or post-doc program tend to focus on their job opportunity rather than considering their value and thus do not negotiate salary.

- **Sub Theme 3.4: Policy Decisions that Affect Compensation Packages**

Several policy decisions made by the school may influence overall salary packages. For example, female faculty in clinical track roles discussed the recent changes in health insurance that negatively impacted compensation as it resulted in less coverage and higher costs, which particularly affected older faculty members. It was also noted that salaries do not take inflation rates into account.

The male faculty members acknowledged that the school maintains a standard for salaries and does not apply different criteria based on gender. They believed that in every hiring decision, salary equity is intended to be determined by factors such as years of service at the university and other relevant considerations. However, they mentioned that they were not familiar with any formal guidelines but speculated that there might be written rules specifying minimum salary levels for various academic ranks, although they were uncertain about the details of these rules.

- **Sub Theme 3.5: Gender Gap due to Salary Freezes post Hurricane Katrina**

Female faculty members expressed their concerns regarding salary practices at the school and the lack of transparency in the process. It was noted that there have been salary freezes for several years, and these increases fell below the rate of inflation. Additionally, there was uncertainty about the specific criteria or accomplishments that influenced the percentage of salary raises. Female faculty members voiced their concerns about the absence of clear criteria or salary ranges for salary increases, as well as the ambiguity surrounding which individuals receive larger raises compared to others.

Similar concern regarding salary freeze after hurricane Katrina was raised by an associate professor in clinical track role, who also pointed out how this was a top-down accounting approach and how even the conversations around salaries were discouraged by the school after the hurricane. "*There was a pay freeze after hurricane Katrina, and a lot of faculty members who had been here since the time of Katrina did not receive pay raises, while new hires were hired at higher salary ranges*" *[Female, Non-Tenure Track]*.

Furthermore, it was highlighted that the only opportunity to negotiate salary appears to be when transitioning to a different university, rather than during promotions. There was an assumption that everyone receives a raise when promoted, but it remained unclear whether there was a standardized percentage increase associated with promotions.

- **Sub Theme 3.6: Gender Gaps in Expectations for Promotion to the Tenure Track**

A female participant in the tenure-track role shared her personal journey of striving to meet the promotion requirements but feeling as though she could never satisfy them completely. She recounted how, even after securing a significant R01 grant, she was advised to allocate more time to teaching and service, despite already being deeply involved in research, grant writing, and student mentoring. This added pressure left her feeling overwhelmed. She also pointed out that many of her peers who shared similar experiences were often working excessively long hours, grappling with burnout, and facing mental health challenges as a result.

Another participant resonated with these sentiments, emphasizing that the more they accomplished, the greater the demands placed on them, ultimately leading to burnout. Additionally, another female participant underscored the detrimental impact of the gender pay gap on mental well-being, noting that faculty members with comparable experiences often found solace in each other's company, frequently shedding tears together, and feeling compelled to extend their work hours, sometimes until as late as 10 pm in the evening.

**Theme 4: Gendered Expectations of an Ideal Worker**

- **Sub Theme 4.1: Burnout**

A female faculty member shared her perspective on academia, highlighting that it provides a certain level of flexibility compared to other industries. However, she emphasized that the elevated expectations and the constant pressure to excel can result in working exceptionally long hours. "*Set-off time in other industries is at 5 pm, but in academia even though you can get off at*

*5 pm, you don't because it is your work, and you have to show your ownership*" *[Female, Tenure-Track]*. She provided a personal example, mentioning that she had to stay up late to complete a research grant application because her day had been filled with meetings. Additionally, she mentioned that she invests a significant amount of time in student mentoring, which can be mentally draining. Balancing these mentoring commitments with research projects and service responsibilities, which demand considerable effort, poses a significant challenge in her academic role. "*Providing support to students can be mentally and emotionally exhausting, as it takes up a significant amount of time and negatively impacts research productivity. However, this effort often goes unrecognized, which can be frustrating*" *[Female, Tenure-Track]*.

When questioned about receiving support from their departmental chairs to address burnout, all the female assistant professors shook their heads in unison. On the contrary, female faculty members in the non-tenure track positions had a contrasting perspective. They felt that while some department chairs were supportive, they were uncertain whether this reflected a broader systemic approach or if it was more a result of individual characteristics of those specific faculty members in leadership roles. Furthermore, a junior faculty member in a tenure-track role recounted a particularly striking incident, highlighting that they were required to attend a meeting on the same day they were undergoing a major surgery, suggesting a lack of understanding or flexibility regarding their well-being.

Some participants found it difficult to balance work and life and realized they could not meet the organizational expectations and decided to do what they could manage. One faculty member mentioned that they are often expected to do extra work to support students, hold seminars, etc.

and that most of this extra work is expected to be done by women. "*I'm in charge of 300 students, and students were neglected for a couple of years. So, they're hungry for advice so if I don't respond immediately, and if I leave it, I might never go back to that email, so I'm doing it quickly so that's my life right now. So, work-life balance is now out of the window [at] least temporarily*" *[Female, Non-Tenure Track]*.

Female faculty members emphasized the challenges of maintaining a healthy work-life balance in academia. They noted that women in particular might find it more difficult to say no to additional work commitments. Additionally, one participant shared a concerning example from her department where they lost a faculty member because of work-life balance issues. This individual had young children, and it was mentioned that Tulane was not sufficiently sensitive to her needs. Another faculty member departed due to their spouse's job relocation, underscoring the complex personal and professional decisions often faced by female faculty members.

Male faculty members, in contrast, held the belief that academia provided greater flexibility, but they emphasized that the extent of work and effort put into the job ultimately depended on the individual's choices and commitment. "*If you put more hours into this job, if you're working efficiently, the more you are able to produce, and more [you are] able to produce, the better you do in your career*" *[Male, Tenure-Track]*. One male faculty member also emphasized that flexibility might exacerbate work-life balance issues, sharing an example that even during vacations, there were instances where work needed their attention.

Additionally, another male faculty member noted an observed culture at the school where the norm was to arrive at work early and leave early, potentially influenced by the local New Orleans culture. However, it was highlighted that individuals might be dedicating an extra 5 hours to work remotely from home. Furthermore, it was mentioned that the school did not allow for a hybrid mode of teaching, potentially limiting flexibility in the work environment.

"*The field of science is inherently demanding, making it difficult to achieve a work-life balance for those working in this area. As a result, there is not much that the school can do to address this issue*" *[Male, Tenure-Track].* Additionally, it was mentioned that taking a leave proved challenging, especially when there were ongoing projects with impending deliverables.

- **Sub Theme 4.2: Work-Life Balance Post COVID-19**

One of the female faculty members shared that having an additional year added to the tenure-clock during the COVID-19 pandemic was beneficial for her, especially since she had her son in 2019. However, she noted that there were both advantages and disadvantages to this extension. On one hand, it provided more time to achieve greater accomplishments in terms of research, teaching, or service. On the other hand, it meant a delay in the promotion timeline.

Another female faculty member in a tenure-track role praised the high degree of flexibility and assistance offered during unexpected events. She recounted an instance when she had to return to her home country for a few weeks due to an emergency last semester. Despite the school having resumed in-person classes, she was able to continue teaching remotely. She also expressed

gratitude for the support and flexibility provided by her department chair and the Dean while navigating a personal challenging period.

Another female participant in a tenure-track role emphasized that she had experienced support from her department chairs in managing the balance between her work and family responsibilities. She used to believe that to thrive in academia, one needed to be a workaholic, dedicating time to emails after dinner and working late into the night after the kids had gone to bed to advance various projects while maintaining strong time management skills. However, she now felt that she no longer possessed the capacity to maintain this level of commitment.

"*I also find that, like I can never take a vacation without checking my email daily because maybe an IRB has to be responded to immediately*." *[Female, Tenure-Track]*

Female faculty members in the tenure-track roles felt a huge disappointment in the institution's decision to raise the promotion criteria, especially considering the adverse impact of the COVID-19 pandemic and its implications on women's careers were also discussed. It was also noted that there had been some flexibility, such as bringing her children to her office when they finished school early. However, there remained uncertainty about what she could or couldn't do on a day-to-day basis.

Another female member in the tenure-track role expressed agreement and added that there was some flexibility in terms of leaving early for her child's school events, but that she did not need to explain or seek approval for doing so. However, she noted that the 6-week maternity leave

provided by the school was not enough time to adjust to motherhood, and that the school's policies did not align with its mission as a school of public health. She also mentioned that she struggled to manage her time and teams effectively and felt that she would have benefited from more mentorship or training in these areas. She acknowledged the importance of setting boundaries but noted that she found it difficult to disconnect from work, even when on vacation.

One of the female faculty members in tenure-track role added that her children were older now and more independent, but when she was previously working at Harvard, she felt the need to work constantly and never slept. However, when she became an assistant professor, she was able to manage her time better by choosing which projects to work on. Before that, she felt pulled in many directions. She also mentioned that she struggled with saying "no" in the past but is now better at making decisions based on her priorities and setting boundaries. She also mentioned that she no longer wants to be expected to work on weekends and does not appreciate it when students send emails on weekends. She also wondered if students have different expectations for male and female professors, and if they expected female professors to respond more quickly.

Female faculty members also expressed that the use of online video conferencing tools like Zoom and the ability to work remotely post-COVID-19 has improved work-life balance by eliminating the need to be on campus. "*I really like Zoom meetings- I'm really enjoying, not commuting*." It was also highlighted that had such privileges existed 10 years ago, individuals would have had increased flexibility and leverage to negotiate higher salaries. Additionally, it was observed that the academic realm offers flexibility but demands competitiveness, requiring consistent production of top-tier research. However, due to the broader societal shift towards remote

working arrangements in the workplaces, faculty members could not ascertain whether the shift was driven by the school itself.

Another female participant in the non-tenure track role agreed that remote work has made things easier, allowing for more flexibility and the ability to easily connect with colleagues. However, another participant mentioned that while remote work has allowed for flexibility, their experience has been different as they are involved in teaching and have to respond to students' emails immediately, which has increased the workload without an increase in compensation. There were expectations from students from faculty to respond quickly, even on weekends. Increased workload during COVID times due to student mentoring. "*Since I'm mostly teaching and have contact with students, I feel like the expectation is that I respond the same way their fellow students respond*." *[Female, Non-Tenure Track]*

Female faculty members also noted that they no longer enjoyed weekends to themselves and were compelled to work extended hours due to heightened demands for student advising and the necessity to document the increased workload.

- **Sub Theme 4.3: Maternity Leave Policy**

Female faculty members had varying perceptions of the duration of maternity leave offered by the school. Some believed it to be a 6-week period, while others thought it was a 12-week period. This discrepancy suggests a lack of clarity or consistency regarding maternity leave policies within the school. "*I think it's 6 weeks I have like a lot of trouble figuring it*." *[Female, Tenure-Track]* However, the official policy outlined in the faculty handbook specifies a 6-weeks maternity leave

period, underscoring the importance of clear and transparent communication regarding institutional policies to avoid any misunderstandings or misinterpretations.

Junior female faculty members in tenure-track roles shared that Tulane's standard maternity leave is indeed six weeks. However, they also mentioned that in their specific cases, their department chairs provided them with additional time beyond the standard maternity leave duration. This suggests that there may be some flexibility or variation in maternity leave arrangements within the institution.

Another female faculty member mentioned that they believed the maternity leave at Tulane was twelve weeks. However, they also noted that they had heard of instances where individuals were required to return to work after only six weeks. Additionally, they mentioned that they had heard of people at other institutions receiving full semesters off as maternity leave, highlighting disparities in maternity leave policies and practices across different academic institutions. "*I think it's a little crazy to only have 6 weeks [in] my opinion … I thought it was 12 weeks, but I don't know. Yeah, I'm not sure. I've heard stories of some people coming back after 6 weeks or being forced to come back after 6 weeks because they're part of the specific program, but I think that it should be longer*." *[Female, Tenure-Track]*

A female associate professor added that there is some flexibility in leaving early for their child's school events, without providing explanations, but that the 6-week maternity leave is not enough time to adjust to being a new mother and to adjust to breastfeeding and parenting. She also said that as a school of public health, they should be more supportive of nursing staff and provide

more generous leave policies. She also expressed the need for mentorship on skills such as time management, team management, and human resources. She felt she had to figure out for herself how the academia worked and did not have any training. She also acknowledged the importance of setting work boundaries but said that she struggles to disconnect from work even on vacation.

Male faculty members noted that it is always about the amount of work done, regardless of where it is done. Another participant highlighted the flexibility of academia, but also noted that it can make work-life balance worse because people are constantly working. Another male participant commented that the problem with work-life balance in academia is the demands of science, and that it is difficult to take a complete break when there are ongoing projects and deadlines.

Male faculty members discussed policies on parental leave, with one participant noting that it is difficult to take leave when you have ongoing grants. Another participant commented on the small amount of time that mothers are allowed to take off, and that the school is not forthcoming in supporting parents. A third participant shared their experience with parental leave, stating that they did not take parental leave for either of their children due to teaching obligations. A fourth participant discussed a concerning situation they witnessed on a training grant, where his pregnant colleague was pressured by the principal investigator to not to take full maternity leave unless she wanted to risk losing productivity.

The majority of respondents, regardless of gender, recognized that the university offers flexibility in work schedules, permitting remote work and activities beyond standard office hours, except during designated teaching times, among other benefits. However, they also highlighted that the

inherent demands of the academic field and the rigorous evaluation processes linked to tenure-track and promotion positions often result in individuals working extensively beyond regular business hours, making it challenging to take time off when needed. This tension between flexibility and demanding work expectations is a common theme in academia. Furthermore, it was evident that maternity and paternity leave posed challenges and concerns for faculty members, affecting both male and female academics across the board.

**Theme 5: Gender Differences in Sexual Harassment and Violence**

- **Sub Theme 5.1: Fear of Backlash and Retaliation**

The female participants in the FGDs discussed the policies and procedures for reporting harassment, noting that the mechanism in place, called CONCERNS, did not protect anonymity, and often resulted in retaliation. "*The CONCERN reporting system at Tulane is not handled systematically/properly as there are lots of complaints. I recommend it to students when they are facing tough situations, but when there is sexual harassment or a power dynamic of faculty-student relationship involved, I would avoid using that system. Anonymity is not protected, and the faculty member will be told that a report was received against them, and it will usually include enough detail that they can figure out who filed the complaint*." *[Female, Non-Tenure Track]*

It was also observed that the current reporting system lacks a mechanism for individuals to report instances of microaggressions. "*Microaggressions are frequent but don't get reported, addressed, or even acknowledged and hence are unable to be addressed by the current reporting system*." Female faculty members in tenure-track roles also highlighted the fear that students, particularly

female doctoral students, had of filing formal complaints and the potential negative impact on their careers. A similar concern was shared by a female faculty member in non-tenure track role. "*There are always huge repercussions for female students as compared to male faculty members*." *[Female, Non-Tenure Track]*

Junior female faculty in tenure-track roles shared their concerns about the potential repercussions of lodging complaints in CONCERNS, mentioning stories they had heard about how individuals' careers might be negatively impacted if they chose to report issues. This was also shared by the senior female faculty in the tenure-track roles who noted that there is a perceived lack of protection for those who file complaints within the current reporting system. This fear of potential adverse consequences can deter individuals from reporting problems and seeking resolution.

Additionally, female faculty members shared their own personal experiences with harassment and the lack of transparency and communication surrounding the policies and procedures for reporting it. The group also discussed the prevalence of microaggressions and how being a woman, person of color, or foreign national often creates a double bind. They perceived this intersectionality to increase the likelihood of experiencing sexual harassment within the school. One female faculty member shared her experience on the grievance committee and the university's changing policies around faculty-student relationships but noted her lack of knowledge about the specifics of those policies. An example was also given of a faculty member known for targeting African American students, who left the university but was later rehired despite a history of harassment at previous institutions.

Male faculty members held the view that students typically feel comfortable coming forward with complaints related to teaching, policies, or discrimination, which led them to assume that reporting sexual harassment would be similarly straightforward. However, it was noted that male faculty members had limited knowledge of the effectiveness of the reporting mechanisms and were primarily aware of rumors rather than concrete information. One male faculty member mentioned that, during his tenure, he had not encountered any cases of sexual harassment involving male victims. "*I don't think I have ever heard of a case [where] potentially harassed person was male*." *[Male, Tenure-Track]* Female faculty members in the non-tenure track role also shared that "*they were not aware of any faculty-faculty or faculty-staff cases of sexual harassment*." *[Female, Non-Tenure Track]*

This suggests that there might be varying levels of awareness and understanding of the reporting and *support mechanisms related to such issues within the institution.*

- **Sub Theme 5.2: Need for Policy Guidelines and Training**

Female participants in the non-tenure track role pointed out that the faculty handbook did not address the issue of faculty members dating students when it was written, and even though the language has been strengthened over time, there was still a problem with its wording. "*When the faculty handbook was written, it did not address the issue of faculty dating students. After that, even though its language was strengthened, the problem is that such cases affect the reputation among colleagues or students as the individuals involved will always be judged from that lens. And there is nothing to address this issue*." *[Female, Non-Tenure Track]*

It was emphasized that training related to sexual orientation occurred exclusively during the employee orientation at the time of hiring and was mandatory. This training was considered important as it helped individuals become aware of their biases. However, female faculty members expressed the view that all male staff within the organization should undergo sexual harassment training because they often lack a comprehensive understanding of behaviors that constitute sexual harassment. This highlights the need for ongoing education and awareness programs to address potential gaps in understanding and promote a safe and inclusive environment for all employees.

A female faculty member recounted her experience serving on a university-wide grievance committee, where she had insight into various cases. She shared her perspective that some reporting mechanisms were in place. Although she also acknowledged that her involvement was some time ago and that the university had since changed its policy concerning student-professor relationships. However, she was unsure whether these new policies had been effectively implemented. She also mentioned that, occasionally, she had heard rumors from students about such relationships, but her knowledge was limited to those rumors. Junior female faculty members in the tenure-track roles also shared that while policies existed, they did not have knowledge about those policies. "*There are policies that exist but not aware of what they are; just know that there is someone that you can report the case to, not just for yourself, but also for students that may have faced harassment. But not sure if people are following the policies or just handling the cases as they come*." *[Female, Tenure-Track]*

Several male participants noted that they had undergone sexual harassment training a few years ago, but they had not received any updated information on the topic since then. It was highlighted that SPHTM lacked an independent sexual harassment policy, with this policy being detailed in the university-wide faculty handbook instead. Additionally, concerns were raised about the adequacy of support systems for addressing student-faculty issues, with rumors circulating in this regard. "*Don't know that the support mechanisms are all that great for student-faculty, mostly heard rumors*." *[Male, Tenure-Track]*

- **Sub Theme 5.3: Power Dynamics in Workplace Harassment**

The findings from the focus group revealed power dynamics in the workplace harassment issues at SPHTM. Female participants in the clinical track role pointed out that there were significantly greater repercussions for female students as compared to male faculty members when it comes to issues of sexual harassment and misconduct. "*There are always huge repercussions for female students as compared to male faculty members*." *[Female, Non-Tenure Track]*

Additionally, it was highlighted that individuals who have filed complaints have received warnings and been advised to be cautious about their behavior in the presence of the accused perpetrator. In some instances, they have even been encouraged to collaborate with the person against whom the complaint was filed on a project.

Another female faculty member highlighted how she once experienced a professor touching her inappropriately. When she discussed it with her supervisor, who happened to be a woman, she was shockingly told that it was her own fault due to her identity as a Latina woman, probably

implying that she may have enticed the professor to behave inappropriately. She acknowledged that there may be a cultural barrier as Latina women tend to laugh and be outspoken, which could be misconstrued as being “available”, so now she tries to be quiet, invisible instead.

A female faculty member who had previously served as a postdoctoral researcher recounted her ordeal of reporting a sexual harassment incident, only to find herself losing her job as a consequence. She emphasized that the reporting process was supposed to be anonymous, yet they retained the email records of those who filed reports, allowing for potential contact. In her case, her supervisor somehow discovered her identity and informed her that her contract would not be renewed. This led to a six-month period of unemployment until she secured another job. She also shared that the individual she confided in was a female caseworker who had advised her to let the matter go.

Furthermore, it was observed that solely considering these issues from a heterosexual and cisgender viewpoint is problematic, as the understanding of these matters remains incomplete when it comes to non-heterosexual or non-cisgender relationships. Participants also recognized the existence of diverse relationship dynamics that do not adhere to binary norms. They pointed out the presence of data indicating that students in non-cisgender relationships, particularly those who identify as gay, bisexual, or transgender, are at a higher risk of encountering predatory behavior from faculty members. However, it was emphasized that the questions in the campus-wide climate survey fail to address this specific information.

**Theme 6: Organizational Policy: Equity, Diversity, and Inclusion (EDI) Policies at SPHTM**

- **Sub Theme 6.1: Need for an Intersectional Lens to EDI Policies**

Female faculty members in the tenure-track roles emphasized the importance of enhancing faculty members' comprehension of racism and the principles of diversity, equity, and inclusion within the school. They emphasized that racism encompasses more than just harm directed towards Black individuals; it also entails structural and societal complexities that necessitate an understanding of its underlying foundations. "*[There] needs to be a for deeper level transformation on the part of thought leaders and a need to be mindful when involving women of color in the conversations on racism*." *[Female, Tenure-Track]* They also expressed the need for leaders to uphold the values of EDI and move beyond just lip service. Participants emphasized the significance of White individuals engaging in deeper self-reflection if they genuinely desire to effect meaningful change, including fostering greater inclusivity in classroom settings. "*Leaders needed to uphold the values of EDI rather than doing just lip service. And that included incorporating EDI into the curriculum*." *[Female, Tenure-Track]*

Furthermore, it was observed that the school's current initiatives related to EDI have placed a greater emphasis on anti-racism compared to addressing gender-related concerns or instead of taking an intersectional approach. "*School's EDI efforts are more focused on anti-racism than on gender issues*." *[Female, Tenure-Track]* Male professors also concurred that, despite the evident visibility of gender disparities throughout the school, the current EDI initiatives were predominantly directed towards addressing anti-racism issues.

Furthermore, female faculty members noted that individuals from minority backgrounds, who are already grappling with these issues, are frequently requested to assume roles on EDI committees on a volunteer basis and without receiving any extra compensation for their time and commitment to this important work. Male professors, on the other hand, believed that faculty members were inclined to voluntarily join EDI committees, underscoring the contrast in gender-related perceptions regarding this matter. "[*There is a] perception that there has been a lot of people volunteering and interested in taking action on the different committees such as anti-racism*." *[Male, Tenure-Track]*

- **Sub Theme 6.2: Need to Internalize EDI Values**

A female participant in the non-tenure track role pointed out that although there are certain university-wide policies in existence, there is a notable absence of specific policies within SPHTM. "*I don't think there is any school-level policy*." *[Female, Non-Tenure Track]* The university has granted individual schools the authority to create their own policies, which is seen as a positive step. However, it places the responsibility on school leadership to not only establish these policies but also to provide training on their implementation. "*It requires the leadership of schools to institutionalize their own policies. It also requires them to be trained across, to know best practices, and say what happens e.g., investigate sexual harassment, or how it looks*." *[Female, Non-Tenure Track]*

Furthermore, it was highlighted that having a comprehensive understanding and knowledge of the issues of equity, diversity, and inclusion was crucial for the development of effective policies

in addressing such cases. Unfortunately, at present, there was a deficiency in awareness and knowledge regarding these matters.

Another participant expressed her surprise at how little she knew about equity, diversity, and inclusion (EDI) issues, despite there being more talk about it recently. "*It's not somewhere where I've put my own personal attention to see them out, and there's a lot of talks about stuff you know. but I don't know what the policy is, and what's the talk?*" *[Female, Non-Tenured]* Some also expressed that it was quite recent that school had established an EDI initiative, which according to them was surprising.

There have been increasing conversations about incorporating EDI into course syllabi at faculty meetings, but it is unclear how effective these efforts have been. One participant also shared that EDI issues reflect the broader society in the US, and that these problems are more severe in other schools such as the Business School or the Medical School, as compared to SPHTM. She noted that EDI is a relatively new initiative of the school's leadership, and that there hadn't been much discussion about it before, but now it is everywhere. However, many faculty members have been bombarded with webinars to attend on EDI which they are not able to attend due to the lack of spacing and timing during teaching hours. They felt it would be difficult to know the activities of the various EDI committees if the webinars and meetings were not attended.

- **Sub Theme 6.3: Visibility to issues of EDI**

While the majority of participants were aware of the existence of Equity, Diversity, and Inclusion (EDI) initiatives, they admitted to a lack of knowledge regarding specific policies related to these issues.

"*You see that the leadership and management are kind of making these issues more priority, or at least bringing more visibility in terms of having more conversations around them or creating safe spaces - where people can have more conversations around them. so, I don't know about the safe spaces. But I do know that there's in in the last several years I've seen an increase in the conversation at meetings, at faculty meetings, in the way that you know what you have to put on your syllabus for the class*." *[Female, Non-Tenure Track]*

Some participants acknowledged that despite the visibility of EDI efforts, the work was still at the strategic and planning phase, with limited progress in terms of implementation. Consequently, it was believed that there are no well-established school-wide policies in place, and even if such policies exist, faculty members may not be well-informed about them. A female participant noted that she hadn't received any information regarding policies from the school's leadership at the departmental level, although she acknowledged that this could be attributed to her own limited involvement in EDI meetings. Male faculty members at SPHTM discussed their perceptions of EDI policies and initiatives at the school. They acknowledged some lack of awareness of specific EDI policies but noted that the leadership appeared to be taking EDI seriously and that it was becoming a visible part of the school culture. "*My perception is that the school is taking it*

*seriously and you know they've hired people, and they've dedicated more faculty at least to this issue. And it's repeatedly at faculty meetings and the retreat*." *[Male, Tenure-Track]*

Furthermore, it was highlighted that the Dean was committed to EDI and that it was evident in all communications. Some participants discussed the challenges of incorporating EDI into course materials and the need for more training around these issues. One male participant pointed out the difference between what people thought about EDI and what they were doing to achieve it. Overall, the faculty members recognized that the school needed to pay more attention to gender equality as part of its broader focus on EDI.

- **Sub Theme 6.4: Faculty Handbook as a Policy Document**

It was noted that the faculty handbook, both at the school level and the university level, served as the policy guideline and as a primary reference material for faculty members seeking information regarding various policies, including those related to EDI. However, it appeared that certain policies were not explicitly mentioned in the faculty handbook, even though the school had been trying to internally address them. For instance, one of the male faculty members raised concerns about addressing bias during the selection or hiring process. "*I don't know if that's reflected in the faculty handbook, but they explicitly talk about trying to remove bias in the selection process and collecting demographic data on applicants to try to hold, you know, up some accountability*." *[Male, Tenure-Track]*

It was also brought to attention that the faculty handbook has been in the process of revision for more than a decade and that there was a committee that had been assigned to do the revision.

However, the revision process has experienced delays because it requires approval by the faculty senate following the completion of the review.

### Theme 7: Inclusive Organizational Culture

- **Sub Theme 7.1: Culture of Mentorship**

Female faculty members in the non-tenure track roles acknowledged the significance of receiving mentorship from senior colleagues. They also emphasized that male faculty members had proven to be valuable mentors for their female counterparts. "*[I] received a lot of mentoring, and my mentors were mostly men, who took me under their wing and advised me. That helped me prioritize and work on work-life balance*." *[Female, Non-Tenure Track]*

However, there can be challenges in obtaining this mentorship, as some senior faculty members, including women, sometimes view junior female faculty as peers rather than individuals in need of mentoring. Another reason is that female faculty members are also heavily occupied with mentoring students, leaving little time for senior faculty members to engage in mentoring junior faculty. Consequently, it was recognized that while certain faculty members are fortunate to receive mentorship early in their careers, this has not been the prevailing practice within the school.

A female faculty member in the non-tenure track role emphasized that, despite the school's strong emphasis on mentorship, the effectiveness of mentorship ultimately hinges on one's status as a researcher and their ability to secure funding. Additionally, it relies on the networks and relationships one has cultivated throughout their academic journey, as individuals often create

their own networks and frequently meet for lunch or informal gatherings. It is possible that a substantial portion of mentoring and opportunities may arise outside of the school's formal premises and during these casual encounters. However, the advent of COVID-19 has disrupted traditional networking practices, as many faculty members no longer felt comfortable meeting in person. This presented a new challenge in maintaining and expanding these valuable professional connections.

- **Sub Theme 7.2: Why Women Prefer Clinical Track Roles**

Female participants in the FGD pointed out that more women tended to be in clinical track roles, partly because women were more likely to be the trailing spouse and there were more clinical faculty positions available as compared to tenure track roles. However, clinical professors were not supported or cultivated to do research. While some of the faculty members had been able to switch from the clinical track to the tenure track position, not everyone had been able to do this as people tend to become stuck in the track that they first join.

On the flip side it was acknowledged that the clinical track was seen as less brutal than the tenure track role, where researchers were expected to write grants and bring in funds. In a clinical track role, faculty members could enjoy teaching and interacting with students, the roles that women tended to enjoy more. "*More women are clinical professors; some of this is because women are more likely to be the trailing spouse and there are more clinical spots available, but clinical professors are not supported/cultivated to do research. Although some of the faculty members have been able to switch from the clinical track to the tenure track, this may not be true for*

*everyone as people tend to get stuck in the track that they can't get out of*." *[Female, Non-Tenure Track]*

One non-tenure track faculty member also pointed out that after transitioning from another industry, she discovered that her contract with the school provided greater job security compared to her previous position. In contrast, another faculty member mentioned that she consciously opted for the clinical track, even though her supervisors encouraged her to pursue the tenure track. Her choice was driven by her passion for working with and nurturing students, helping them become proficient practitioners. For her, this objective took precedence over achieving tenure or securing research grants, and she remained committed to staying true to her research interests. This decision also carried a gender dimension, as she prioritized her research passions and impact over personal ego considerations.

A female faculty member also emphasized that clinical track faculty members frequently possess valuable industry experience gained from working in various sectors such as government, state-level positions, business, or law. They felt that this real-world expertise could be exceptionally beneficial to students in the classroom. However, it was noted that the school did not always recognize or valued this experience as much as it should. Furthermore, some faculty members expressed their lack of interest in pursuing tenure-track roles, and they found reassurance in the fact that other participants shared similar sentiments.

- **Sub Theme 7.3: Culture of Equity, Diversity, and Inclusion (EDI)**

Female faculty members in the tenure track roles highlighted how listening to students was often a valuable source of information and mentioned that some students had expressed concern about faculty members who did not respect gender diversity or had made negative comments regarding it. For example, there was one instance where faculty members had made fun of a trans student's gender identity. It was alarming for the participants to see such kinds of behaviors occurring within the school of public health, even though the school had been trying to improve its approach to equity.

One of the female faculty members additionally remarked that while the school has declared its intention to address Equity, Diversity, and Inclusion (EDI), the predominant focus had revolved around race and ethnicity. Although there have been some training initiatives related to sexual orientation and gender identity, more comprehensive efforts were necessary to ensure that the school became a truly safe and inclusive space for all students.

She went on to emphasize that there hadn't been enough emphasis on achieving gender equality and promoting the advancement of women compared to men. This was a glaring pattern that, regrettably, was not being acknowledged as a problem. The lack of urgency regarding this issue was concerning, and participants believed that it should not be viewed as a competing concern within the school's broader EDI efforts.

Furthermore, female participants expressed frustration that the school did not take a more assertive stance on recent reproductive health matters, especially given that the school of public

health should be deeply concerned with sexual and reproductive health, empowerment, and ensuring access to sexual and reproductive health rights (SRHR).

Another female faculty member in a tenure-track role concurred that while the school has placed a strong emphasis on Equity, Diversity, and Inclusion (EDI), the gender-related aspect had not received sufficient attention. An additional female faculty member in the tenure-track role also shared this viewpoint and noted that while there had been some improvement in addressing gender-related issues, these advancements had only become noticeable within the past three years.

### 4.5. Discussion

The findings of this qualitative study provide evidence to support the usefulness of the conceptual framework of a gender inequality regime in highlighting the interlocking processes, procedures and mechanisms through which gender inequalities are expressed and generated within Tulane SPHTM. Additionally, the perceptions among male and female faculty members highlighted how gender played a defining role in the occupational segregation within the school. This influenced the distribution of tasks, responsibilities, and leadership roles across various faculty ranks and departments. Gender also emerged as the key factor influencing perceptions of salary differences among male and female faculty members. Additionally, there was a widespread belief that women were disproportionately prone to experiencing sexual harassment. These findings underscore the need to address gender inequalities at Tulane SPHTM. This section discusses the key findings in further detail.

- **Occupational Segregation by Gender**

The findings of the study revealed a gender-based occupational segregation at Tulane, with both vertical and horizontal segregations. There was a perception that women were predominantly concentrated in assistant and associate professor roles, while full professor positions were predominantly held by men. These perceptions were more prevalent among female faculty members who believed that women faced more rigorous evaluations for promotions compared to men. Conversely, male faculty members perceived these differences as stemming from variations in departmental dynamics and job responsibilities. Similarly, there was a prevailing perception that senior-level positions, such as department chairs, were predominantly occupied by men. This observation was further supported by the analysis of faculty data. Female faculty members also held the perception that women were more likely to be involved in service duties and student mentoring compared to men. Women were also perceived to be a majority in non-tenure track roles such as clinical track faculty. These perceptions had several implications for the career advancement of women within the school as participants believed that certain roles and duties were given preference when considered for promotion over others. Female participants also believed that department chair positions were predominantly occupied by tenure track faculty members.

Furthermore, there was a widespread perception among female faculty members that department chair positions had historically been occupied by men, although there has been a recent shift with women now taking on these roles. A similar perception existed regarding the Dean position, with a belief that it has always been held by a man. Despite instances of women

serving as department chairs, such as in the Department of Health Policy and Management, and the school having a female Dean from 1967 to 1973, the prevailing perception was that the school's leadership has been male dominated. This perception persisted even as gender diversity in faculty ranks and leadership roles at the school had improved over the years.

These findings mirrored those of other studies indicating that women remained underrepresented in leadership roles within global health academia, despite an increase in the number of female graduates in the field (Ceci et al., 2014). This underrepresentation extended across all levels of leadership, from deans to department chairs (J. A. Downs et al., 2014a). Notably, male faculty members perceived the school as being supportive of female faculty members aspiring to leadership positions, suggesting a perception of gender neutrality in SPHTM's processes and procedures.

- **Men and Women in Different Types of Jobs**

Further analysis of the occupational segregation by gender at Tulane SPHTM revealed a perception that men and women were clustered in different kinds of jobs. For example, women were clustered into administrative and service roles, which while the female faculty members perceived that the school required them to perform but believed that these tasks were seldom considered during performance evaluations. Additionally female faculty members did not believe that they received adequate acknowledgement for their service duties and student mentoring. These kinds of jobs required women to offer mentoring to students, which according to some female faculty members took away the valuable time they could dedicate to their research. Based

on female faculty members' perceptions, men in leadership roles, on the other hand, were involved in governance duties, that contributed to school's decision-making processes and increased their visibility among school's leadership. Women included in the FGDS also expressed the view that men and women in leadership roles performed different tasks and duties, suggesting a perception that the nature and responsibilities assigned to leadership ranks differed by gender. A prevailing perception among female faculty members, across all ranks, was that women tended to handle internal school tasks, whereas men took on roles representing the school to external stakeholders. Consequently, men were seen to enjoy greater visibility and more enriched job experiences, contributing to the advancement of their careers. In contrast, male faculty members believed that diversity among faculty ranks had notably improved over time. However, they questioned whether everyone aspired to be a leader, implying that perhaps they believed women to be less inclined to take on leadership roles. Men also pointed out that the difference in faculty ranks and across the various departments at Tulane SPHTM, was also likely due to differences in educational backgrounds, pointing out that perhaps they did not believe that there were institutional barriers holding women back. This varies from the widely held beliefs of women, who thought leadership roles were likely to be reserved for men at the school, implying that men were likely to be promoted to senior level roles because of their gender.

In line with other studies (Ibarra et al., 2010; Levine et al., 2011; Raburu, 2015), female faculty members identified three reasons for the lack of representation of women in leadership roles at SPHTM and for choosing non-tenure track roles. These include: 1) men being promoted at a faster rate due to perceptions of greater experience, leading to higher levels of professorship, greater

opportunities for leadership and greater financial freedom to hire support staff, 2) women pursuing career paths and research that align with their values and interests, which may not align with funding priorities, while men pursue projects that are more likely to be funded, and 3) women sacrificing better career opportunities due to family obligations, such as being a trailing spouse and having greater responsibilities for childcare and caregiving. Other structural barriers include lengthy application packages for promotion and tenure application, greater emphasis on NIH grant funding, and research productivity as compared to teaching and service roles that female faculty are more likely to undertake. This has huge implications for overall creativity, innovation, and productivity for female faculty. Liani and colleagues discovered similar issues faced by female academics, such as the shortage of time for their careers due to the disproportionate burden of reproductive and domestic duties, regardless of their marital status. They also identified rigid power structures within institutions that have gender-neutral or biased policies, as well as limited access to institutional resources such as research funding, social capital, and networks (Liani et al., 2021). Thus, women who are able to prioritize work over their marriage, family duties, and other pursuits are more likely to succeed within academia (Clark & Corcoran, 1986).

- **Gendered Expectations of an Ideal Worker Image**

The participants in the FGDs portrayed the typical trajectory of an academic and scientific career assuming that individuals needed to invest extra hours of work at their job. This conventional expectation implied a culture of long work hours and extensive dedication to research, teaching, and other professional responsibilities. However, the participants also highlighted that this model

does not accurately reflect the social circumstances experienced by a significant number of women and some men as there were several factors such as family responsibilities, caregiving roles, and other life commitments that may make it challenging for individuals to conform to the traditional notion of putting in extensive extra hours at work.

The findings of the study revealed how expectations of an ideal worker image pushed women to take on student mentoring, service roles, and administrative duties, while reserved higher ranks and research duties for men. This is because the work expectations within Tulane were found to be centered around the idealized image of an "ideal scientist" who is committed entirely to their work and scientific endeavors and is consistently available at all times for work-related commitments. Such ideals are rooted in capitalist and patriarchal mindsets that discriminate against women who have to balance work and home responsibilities (Liani et al., 2021). Additionally, the tenure timeline often coincides with women's childbearing years (Mavriplis et al., 2010), which can result in penalties for them and lead to their early departure from the academic field (Ovseiko et al., 2016).

- **Perceptions of Gender Pay Gap**

Additionally, there was a complex interplay of gender dimensions and differences in opinions between male and female faculty members regarding the factors contributing to the pay gap and gender imbalances in different academic departments. Both male and female faculty members perceived that certain departments, such as Community Health and Behavioral Sciences, had a higher proportion of women but tended to pay less than departments like Health Policy and

Management or Biostatistics. This observation underscores a gender dimension in the pay gap, as women were perceived to be disproportionately concentrated in lower-paying departments. On the other hand, men tend to be concentrated in high paying departments such as health economics. These dynamics were viewed as structural barriers rather than having any gender dimensions by male faculty members, and thus suggesting differing viewpoints on the root causes among male and female faculty members at SPHTM. This is consistent with the research that found women dominated fields being given less prestige and lower salaries as compared to male dominated fields (Reskin, 1993; Treiman & Hartman, 1981). Female dominated jobs have also previously been linked to fewer on-job trainings (Duncan & Hoffman, 1979), benefits (Perman & Stevens, 1989), promotion opportunities (Glass, 1990; Steinberg et al., 1990), and opportunity to exercise authority (Reskin & Ross, 1992).

The study further revealed perceptions of gender pay disparity within academia, with participants in the FGD perceiving starting salaries as the basis for gender pay gap and believing there were limited opportunities for salary increases and negotiations after the hiring stage. The research showed that women were more concerned with securing the job than negotiating their salary, while the men did not believe they were superior in salary negotiations as compared to women. While salary negotiations may be advantageous to both men and women, previous research highlights how women are often less likely to engage in it as compared to men (Mitchell & Hesli, 2013). Women also often face this dual problem of “women don’t ask” and “women don’t say no” in the academic profession (Mitchell & Hesli, 2013). As a result, they are more likely to engage

in tasks that do not count for promotion such as token service roles that are neither acknowledged nor well compensated.

- **Prove It Again Phenomenon**

There was a perception held by female faculty members that the long and lengthy application packages for promotion were a barrier for women to submit their application, even when they had met all the required criteria for promotion. As putting together the materials for the request for promotion required a lot of time and effort, female faculty members kept putting it off, thus delaying their promotion applications. This was particularly true for faculty members who had family responsibilities and younger children. Additionally, faculty members who did meet all of the criteria set out in promotion application and were willing to apply were often discouraged by their supervisors, often men, stating they needed to fill in more service or teaching roles. This underscores the perception that there are greater expectations placed on female faculty compared to their male counterparts in terms of promotion and career advancement as simply meeting the promotion criteria was never enough at Tulane SPHTM. Furthermore, there was a strong emphasis on obtaining NIH grants for promotion and career advancement at the school. This emphasis led certain female faculty members to reassess their research focus, aligning it with areas that the NIH would likely fund as failing to do so could result in the consequence of being overlooked for promotion. Female faculty members felt that this requirement did not give credit to their community research work and that they were being pushed to give up on their life's work, whereas male faculty member's interests were usually in line with the areas of research that were

likely to receive funding, further exacerbating the gender differences in promotion and career advancement at Tulane SPHTM.

- **Role of Mentors and Sponsors in Career Advancement**

Women noted the importance of sponsors and mentors, who helped them navigate patriarchal structures of academia and supported their career advancement. Female participants further added that there was a difference between sponsorship and mentorship; for example, sponsors would recommend colleagues for a job while mentors provide advice. Research shows that sponsors, advocates, and mentors can also be key to navigating organizational politics, connecting with right networks, identify key research collaborations, and overcoming the gender bias that creates undue disadvantage for women (Travis et al., 2013). However, the findings suggested that not all women were lucky to find the right sponsors and mentors and that it was very much on their own shoulders to navigate the organizational structures and ask for promotions as well as salary increases. Thus, academic organizations need to reevaluate their promotion criteria, and acknowledge the service duties as well as teaching roles when considering promotion to tenure track roles.

- **Lack of Confidentiality in Sexual Harassment Reporting**

Sexual harassment is often prevalent in male dominated fields and organizations. The findings suggested how sexual harassment reporting mechanisms often lack the ability to protect the confidentiality of the matter and anonymity of the reporter. Without such mechanisms in place,

there would always be fear of retaliation among the people to report and file a case, resulting in underreporting of the sexual harassment cases. It is also important to define the behaviors that constitute as sexual harassment and allow reporting mechanisms to have the provision to file complaints against microaggressions, which often are more pervasive and occur in subtle ways.

- **EDI Efforts Focused on Anti-Racism**

In the wake of George Floyd's and Breonna Taylor's murder in 2020, there has been a notable surge in anti-racism training and programs across the United States, which in turn has led to a heightened adoption of EDI initiatives within academic institutions, including SPHTM. This is because racism is a 400-year-old pandemic plaguing this country and George Floyd's and Breonna Taylor's deaths were stark reminders of how racism permeates every aspect of daily life in the US (Ruggs et al., 2023). However, when scrutinized through a racial and gender lens, it becomes evident that the school's endeavors primarily focus on mitigating racial inequalities, potentially at the expense of recognizing gender disparities. This bias in emphasis may be attributed to the alignment of academic institutions with national and state-level priorities and policies, which have been particularly directed at addressing racial and ethnic disparities in response to the prevailing social momentum. Furthermore, the findings from our study, coupled with the experiences shared by male and female faculty members, underscore the significance of an intersectional approach to EDI. Such an approach acknowledges the intricate interplay of race and gender, and the unique challenges it poses for individuals who navigate multiple marginalized identities. The findings from this study suggest a balanced approach to EDI that comprehensively

addresses both racial and gender disparities, thereby fostering a more inclusive and equitable environment at SPHTM.

- **Lack of Policy Awareness**

Moreover, even though both male and female faculty members acknowledged the presence and visibility of Equity, Diversity, and Inclusion (EDI) initiatives within the school, there appears to be a lack of awareness among faculty members regarding specific policies. This knowledge gap extends to maternity leave policies, with some faculty members believing it to be a 12-week duration instead of the actual 6 weeks. Maternity leave plays a crucial role in allowing mothers to recover from the physical demands of pregnancy and childbirth, establish essential bonds with their newborns, and safeguard the well-being of both themselves and their infants (Gault et al., 2014). However, the maternity leave policies in the United States fall behind those of other industrialized nations, affecting the quality of maternity time that women experience. Lack of paid maternity leave policies are found to cause depression and anxiety among young mothers, while also leading to gender pay gaps (Sterling & Allan, 2021). Similarly, a gender difference emerged in the findings from this focus group regarding the utilization of maternity leave policies, as certain male faculty members expressed the view that taking extended breaks for family reasons, such as when project deliverables are due, might jeopardize their research positions or projects. These observations underscore the need for faculty members involved in EDI committees to undergo training and reflective exercises to gain a deeper understanding of equity issues, facilitating the progression towards genuine inclusivity within SPHTM.

- **Future Directions in Advancing Gender Equality at Tulane SPHTM**

The study's findings shed light on the strategies and future directions for Tulane SPHTM leadership to advance gender equality within their workplace. Firstly, participants highlighted the need to define leadership within the school and the roles and duties associated with a leader. Participants felt that this clarity was needed to ensure that women's contributions, such as mentoring students and fulfilling service roles within the school, received due acknowledgement and recognition, especially in promotion evaluations.

Secondly, the evidence from this study revealed how gender emerged as a pervasive form of discrimination across the different components of the gender inequality regime framework, supporting the argument to incorporate an intersectionality lens to the existing EDI efforts and policy frameworks.

Thirdly, participants emphasized the need for transparent salary data categorized by faculty rank and gender. This was to ensure that men and women were paid equitably within the school and to reduce the pay disparities are addressed.

Fourthly, while research stands as a cornerstone in academic careers, there was a call to integrate alternative evaluation metrics. This was particularly pertinent for faculty in clinical track roles, whose emphasis on teaching and student mentorship required a broader spectrum of assessment. Diversifying the evaluation criteria beyond heavy reliance on NIH grants and

incorporating other sources of grant funding was also recommended. It was also suggested to establish gender-diverse evaluation committees to ensure unbiased performance assessments.

Lastly, effective communication of organizational policies through diverse channels emerged as pivotal in increasing awareness regarding the school's effort= toward fostering diversity and inclusion in the workplace.

- **Evidence to Support Gender Inequality Regime Framework**

The study provides one snapshot of the perceptions of how gender inequality regime framework is operationalized within an organizational setting. In particular, the study strongly provided evidence to substantiate the leadership and hierarchy component of the conceptual framework, highlighting how men and women are clustered into different kinds of roles and across different ranks, with men occupying higher ranks and higher status roles as compared to women. The study also strongly substantiates the evidence to support how different organizational mechanism and procedures create and maintain occupational segregation at work, with women receiving lesser recognition and acknowledgement for the roles they perform. The study also provided evidence to support how gendered expectations of ideal worker may play a part in academic settings, particularly when offering flexible and remote work options and the utilization of such benefits such as maternity and paternity leaves among men and women. The findings also suggest mechanisms in which gender pay gap persists within organizations, and how perceptions of gender pay gap vary across gender. Moreover, the findings from the study reveal suggestive evidence to support how organizational policies and awareness of such policies are key to

implementing gender equality agendas at work, particularly how workplace violence and sexual harassment issues are addressed. Overall, the evidence from this study provides evidence to support the utilization of the certain components of the gender inequality regime framework in revealing how gender inequalities are created and maintained within academic settings.

- **A note on my positionality within the context of this research**

As a qualitative researcher, it is imperative to engage in reflexive practice and acknowledge my positionality within the framework of this research. My identity as a female international student hailing from a low- or middle-income country (LMIC) has undeniably shaped my worldview and perspectives on matters of gender and gender equality. My background has sensitized me to the unique challenges faced by women in LMICs, where disparities in access to education, healthcare, employment, and economic opportunities persist. These experiences have honed my awareness of the urgency of addressing gender inequalities on a global scale. Additionally, I acknowledge my role as a student conducting focus group discussions with male and female faculty members at my university. Faculty members hold positions of authority and expertise; thus, it is important to acknowledge the power dynamics inherent in these interactions. As a researcher, I have strived to create an inclusive and respectful environment that encourages open dialogue and ensures that all voices are heard and valued in the research process. However, despite my best efforts, there remains the possibility that certain faculty members may have hesitated to participate in the study or to express their perspectives during the discussions. They may have also exercised caution in their contributions within the group dynamic which could have implications on the findings of the study.

Moreover, my positionality as a young mother has played a pivotal factor in shaping my thinking about gender equality in academia and issues of achieving work-life balance. I have experienced firsthand the challenges of balancing work and family responsibilities, and the biases and assumptions that can be made about women who prioritize their families. These experiences have led me to become more attuned to the ways in which gender inequalities manifest themselves in academic settings, examples of which include flexible work arrangements, or the pervasive gender pay gap in academia. At the same time, my positionality as a young mother has also given me a unique perspective on the potential benefits of gender equality, such as increased job satisfaction and retention rates for working mothers.

Furthermore, being an international student in a different cultural context has allowed me to contrast and compare cultural norms and societal attitudes regarding gender roles and equality. I am attuned to the ways in which cultural backgrounds can significantly influence perceptions of gender, and this awareness informs my approach to understanding the multifaceted dimensions of gender-related issues within the research. While my identity as an international student has provided valuable insights, it is crucial to acknowledge that it may also introduce biases or limitations in interpreting and analyzing data. Thus, I approach this research with both a critical awareness of my own positionality and a commitment to conducting rigorous, culturally sensitive, and contextually relevant research on gender and gender equality.

- **Strengths and Limitations of the Study**

The findings of this study need to be viewed in light of its strengths and limitations. Faculty members have busy schedules and can be hard to commit to participating in the study, due to

their busy schedules and workloads. It is particularly challenging to coordinate a common time among multiple faculty members for a focus group discussion. Despite this challenge, the study was able to include the perspectives of female and male faculty members, across the range of departments within SPHTM and across different faculty ranks which provided a depth of information and insights into the organizational practices and culture within SPTHM. The use of focus group discussions provided rich information, that was validated within the group, giving the findings further strength for policy action and change. The objective of this qualitative study was to gain insights into the distinctive experiences, contextual factors, and personal meanings that male and female faculty members attributed to their roles at SPHTM. As such, significant emphasis was placed on comprehending their individual contexts, facilitating a more profound examination of the gender dynamics within the SPHTM setting. The study's relatively modest sample size is not necessarily deemed a limitation since the study did not intend to make claims about broad generalizability. And it is worth noting that the study's findings may be applicable or transferable to other academic settings or groups that exhibit similar characteristics.

Despite its strengths, there are several limitations to the study. First, the study provides a snapshot into one academic institution that is based within the United States, so the findings from this study need to be interpreted with caution as they are not generalizable across different types of organizations or across different cultures and country contexts.

Second, the focus group discussion guide was informed by the conceptual framework of a gender inequality regime. However, the framework is constrained by the limitations of the literature and the elicited evidence. The evidence strongly supported certain components of the framework

such as leadership dynamics and occupational segregation, but the framework's efficacy is comparatively weaker in eliciting perceptions related to gender stereotypes and their role in targeting specific individuals as victims of sexual harassment and workplace violence. Overcoming this limitation requires adopting diverse research methodologies such as conducting ethnographic studies, reviewing human resource data, analyzing organizational policy documents, and examining job descriptions and salary data to gain a more comprehensive understanding of gender inequalities.

Third, the concept of leadership was viewed from an organizational perspective and examined from the lens of organizational hierarchy. However, it is worth acknowledging that women's contributions within global health academia also lie within the domains of informal leadership that are reflected through their service roles in terms of mentorship to students and community service.

Fourth, the use of focus group discussions may not be the most appropriate data collection method, especially when the data being collected is perceived as sensitive or personal, and the participants know each other well which makes them uncomfortable in sharing their viewpoints in the presence of their colleagues. Challenges with using focus group discussion are discussed further in detail in the section on methodological challenges. An alternative research approach involving in-depth interviews with both male and female faculty members might have yielded more intricate and profound insights into these dynamics. However, it's essential to note that in-depth interviews, even when confidentiality is assured, lack the ability to cross-validate responses from multiple participants. Furthermore, in-depth interviews rely on participants' individual

recollections of incidents, whereas focus group discussions enable participants to draw upon their memories as they listen to their colleagues recount specific incidents. Therefore, it is important to consider the perspectives set out in this study to be exploratory, and further research is required to examine these issues in detail and to determine the best methodology for studying gender, work, and global health academic organizations.

- **What other methods are needed to measure a gender inequality regime?**

The findings from the dissertation reveal limitations and complexities involved in substantiating perceptions and experiences in revealing aspects of a gender inequality regime, and addressing these methodological challenges requires a multi-method approach. For example, perceptions of a pervasive gender pay gap without access to salary data underscore the need for transparency. Obtaining and analyzing salary or compensation data would be crucial to validate these perceptions and provide concrete evidence of gender disparities within the organization. Similarly, the study's observation that female faculty members felt pressured to exceed promotion criteria necessitates a detailed review of promotion policies. Understanding how criteria are set, applied, and whether there is gender bias in evaluations requires a comprehensive examination of the organization's policies and practices. Moreover, identifying evidence on the "ideal worker" image requires review of the job descriptions. This can help identify whether job expectations are shaped in a way that may disproportionately disadvantage certain genders and contribute to gender inequality. Policies supporting work-life balance are crucial for addressing gender inequality. Conducting a thorough review of these policies and analyzing human resource data, such as the distribution of faculty positions, can provide insights into how the organization

n supports or hinders work-life balance for different genders and across different faculty ranks. Examining and reviewing policies, data, and perceptions, could reveal a more nuanced and holistic view, enabling organizations to make evidence-based decisions and implement changes that promote gender equity.

- **Future Scope**

There are several interesting research questions that emerged from the study, that were beyond the scope of the study, but may be pursued by future gender experts and human resource management as well as organizational researchers. These include the following:

- To what extent is it the methodology of using focus group discussions (FGDs) as a data collection feasible to understand gender dimensions within organizational settings, especially within the field of global health, and what difficulties might be faced in scheduling these FGDs?
- To what extent is there resistance or evasion among the study participants, with respect to questions on gender inequalities being perceived as sensitive? What organizational or other characteristics may discourage participation?
- What kinds of incentives may be offered to encourage participation? How should disincentives be highlighted to the participants so they may make an informed decision? And how to sufficiently communicate and address the incentives and disincentives to the participants during the planning, recruitment, and communication phases? What tools or strategies may prove beneficial?

### 4.6. Policy Relevance

The findings presented in this paper present a formative study of one global health academic institution that provides snapshot of how a gender inequality regime operates within academic institutions. It provides reflections of men and women, at different stages of their careers within global health academia, examining the differences in their perceptions and experiences shaped by their gender. It reflects on the challenges women face in achieving leadership roles, including balancing family and work, navigating the masculine organizational structures, finding sponsors and mentors, connecting with right networks, and forming key research collaborations.

Understanding the experiences of male and female faculty members, especially junior faculty members, is necessary for improving gender equality as well as leadership opportunities for them as emerging leaders. Evidence still reflects gender gaps in leadership and pay in global health academia, with women earning far less as compared to their male counterparts, even after accounting for their educational background and experience. The study sheds light on how women's starting salaries often determined their future earnings growth as well as career trajectories. Since most women were found to be uncomfortable in negotiating their salaries, either due to a lack of knowledge about what the median salary ranges were or due to their own personalities, this seems to be an important skill for both men and women to learn so they are in a better position to negotiate. The findings from the study also substantiate the need for more women in leadership roles, that provide them with decision-making authority, as well as serve on evaluation committees to remove some of the obstacles and barriers that are predominantly faced by women and particularly, women of color. Having more women in leadership roles is also

reflected in the need for women's collective voice, role models and mentorship, and acknowledgment of their contributions to both research and service.

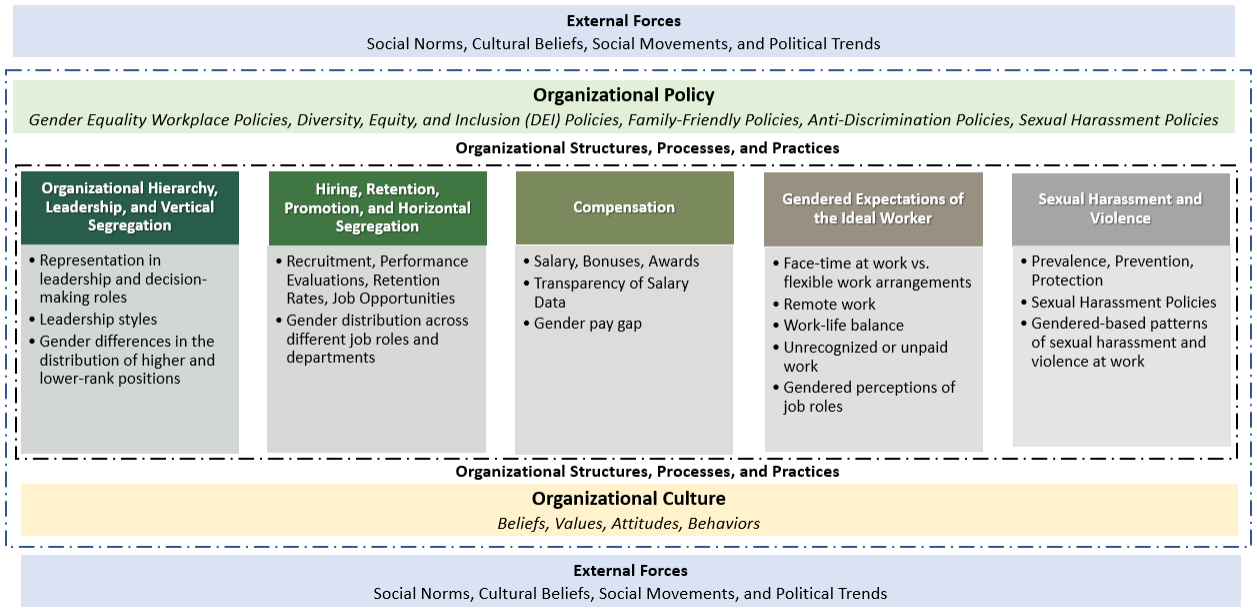
Moreover, since the research on gender inequality regime within global health academia is understudied, this study could provide a useful framework for understanding the experiences of male and female faculty members within global health academic settings. It can also serve as a reference point for organizational leaders who seek to eliminate structural, and cultural barriers as well as obstacles that hold women and people of color back in their organizations.

Female faculty members who demonstrated resilience, integrity, intrapersonal characteristics, and social skills were more likely to climb the career ladder, with the support of a mentor and/or sponsor. The study also reflected on how women pursued powerful networks and communications, which highlights the need for them to step outside of their comfort zones to establish a network of people who are different from them and who hold positions of power and influence. Establishing strategic relationships within global health academia is critical to gain access to higher-level promotions and career opportunities.

In conclusion, the study contributes to the existing studies on women's representation and leadership within the global health workforce. It offers a comprehensive framework for promoting gender equity by transforming organizational structures and cultures in both academia and beyond. Gender inequality remains a persistent problem in academic settings, and future efforts to advance equity, diversity, and inclusion should adopt an intersectionality approach.

## 4.7. Supplementary Materials

- **Appendix 4.1: Conceptual Framework for Documenting a Gender Inequality Regime**




- **Appendix 4.2: Email Template for Inviting Participants**

**Email Template**

Dear _____,

I hope my e-mail finds you well.

I would like to take this opportunity to briefly introduce myself and to invite you to participate in a research study for my dissertation. I am Mehr Manzoor, a Fulbright Scholar from Pakistan, pursuing my Ph.D. at Tulane's Department of Health Policy and Management. My doctoral research involves the development of a conceptual framework of gender inequality regimes, which refer to the organizational practices, processes, and mechanisms that maintain gender inequalities within particular organizations. One of my research studies involves conducting a formative study through focus group discussions among faculty members to elicit the gender inequality regimes within a school of public health.

I am reaching out to you because Tulane's School of Public Health and Tropical Medicine (SPHTM) has been selected as the research site for this study. The study has been approved by the SPHTM's Executive Faculty and Tulane's Social Behavioral IRB. Susan Cheng, Associate Dean for Public Health Practice, Diversity, Equity, and Inclusion (EDI), supports the study as the findings of the study are also hoped to be

useful to inform the school's EDI policy and strategic direction. My dissertation committee comprises of David Hotchkiss (chair), Constance Newman (UNC Chapel Hill), Mark Diana, David Seal, and Eva Silvestre.

In this regard, I would like to extend a formal invitation to you to participate in a focus group discussion as part of this study. Your perspectives and participation would be a great asset to this study. Your participation in the focus group discussion is completely voluntary, and you reserve the right to withdraw your participation at any time without any penalty.

If you agree to participate, you would be requested to participate in one of the five focus group discussions for this study conducted -online via Zoom. Each focus group comprises 8 members of the same gender within Tulane's SPHTM who hold the title of Associate Professor or Assistant Professor in either the tenure track or the clinical track. Each focus group discussion would last between 60 to 90 minutes.

While you will not receive any direct benefit from participating in this study, I hope what we learn in this study will help address gender inequalities within the school and the global health workforce at large. I anticipate that your participation in this study would provide you with greater knowledge, insights, and awareness about these complex issues and motivate you to develop innovative solutions to address these challenges within the school. I also hope that the findings of this research would also help provide a potential roadmap for further research and policy direction on global health organizations using the framework of gender inequality regimes that I have developed as part of my dissertation.

Please do let me know if you would be willing to participate in the study and I am happy to answer any questions that you may have.

I look forward to hearing from you.

Best Regards,

- **Appendix 4.3: Focus Group Guide**

**Focus Group Discussion Guide**

**Focus group questions** (60-90 mins)

***8)*** **Organizational Hierarchy, Leadership, and Vertical Segregation**

a. Tell me about your perceptions about how men and women are represented in senior leadership roles and across different types of job functions (e.g., administrative vs. operational/managerial roles) at the Tulane School of Public Health and Tropical Medicine. [Probe responses for further details.]

b. *Follow-up*: What in your opinion are some of the barriers to women's leadership in academia, especially for early-career women? And at the Tulane SPHTM specifically? Please share some examples [Probe responses for further details.]

c. In your opinion, how are strategic management and policy decisions made in the school? Whose voice is valued the most? [Probe responses for further details.]

*i.* Follow-up: To what extent is speaking and being heard in meetings related to gender, seniority, and/or other sociodemographic factors? [Probe responses for further details.]

*ii.* From female faculty members only: To what extent do you feel your contributions in the department and at the school-wide meetings are heard and taken seriously? Tell me about any experiences where you felt you were interrupted in meetings due to your gender. [Probe responses for further details.]

***9)*** **Hiring, Retention, Promotion, and Horizontal Segregation**

a. How are hiring decisions for faculty positions made at SPHTM? Who makes these decisions? To what extent are these decisions free from bias and discrimination? [Probe responses for further details.]

b. In your opinion, what type of work, characteristics, traits, contributions, and behaviors, are most valued and rewarded at SPHTM? For example, is research valued more than teaching, or vice versa? To what extent do you feel the school's criteria for promotion are fair or whether performance evaluations are subject to bias? [Probe responses for further details.]

**c.** To what extent are you given on-the-job opportunities to develop skills that would help you become a leader in your field? To help you get tenure. In what ways…?

*i.* Follow-up: To what extent are these opportunities available equally to all members of your department? To what extent are there inequalities across gender and/or other social identities? [Probe responses for further details and example.]

***10)*** **Compensation**

a. To what extent do you feel women are compensated fairly compared to men? At this school? [Probe responses for further details.]

b. (Q for Assistant Professors in the tenure track only): What in your view are the most crucial factors that you would highlight in your application package for third-year review or for your tenure and promotion review? For example, teaching, research, and service? [Probe responses for further details.]

***11)*** **Gendered Expectations of an Ideal Worker Image in Academia**

a. To what extent does SPHTM provide support for work-life balance? Are there ways the university and the school support work-life balance? [Probe responses for further details.]

b. To what extent does SPHTM management make efforts to create a sense of belonging for faculty members who work remotely (pre- and post-COVID-19)? [Probe responses for further details and examples of the best practices.]

    *i.* Follow up: To what extent do you feel professionally and socially supported at work? [Probe responses for further details.]

c. To what extent does the SPHTM provide support for maternity and paternity leaves. Tell me about specific policies in place for such leaves. [Probe responses for further details.]

    *i.* Follow-up: To what extent do faculty members feel comfortable in utilizing these leaves without fear of being penalized? To what extent are there differences among male and female faculty members in taking advantage of these benefits? [Probe responses for further detail.]

***12)*** **Sexual Harassment and Violence**

a. What types of behaviors would you include in the term "sexual harassment?"

b. Tell me about any policies the SPHTM has in place to prevent and respond to sexual harassment. To what extent are faculty and students made aware of these policies by the management? To what extent do faculty and students feel safe to report complaints and incidents of harassment? What types of structures and people are in place to report and investigate sexual harassment? [Probe responses for further detail.]

    *i.* Follow-up: Do you believe there are gender differences in the reporting of sexual harassment incidents? [Probe responses for further details.]

    *ii.* What are the organizational consequences for sexual harassment?

c. What types of trainings and resources does the SPHTM provide to prevent or eliminate discrimination, bias, and sexual harassment at the workplace? [Probe responses for further details.]

    i. What levels of the organization and which members of the organization are required to complete these trainings [Probe responses for further details.]?

***13)*** **Organizational Policy**

a. To what extent do SPHTM policies demonstrate commitment to gender equality? Tell me about any gender equality policies that the SPHTM has.

    *i.* Follow-up: Tell me what these policies include as content. [Probe responses for further details.]

b. To what extent are the school's commitments to gender equality or equity, diversity, and inclusion by top SPHTM leadership made visible to all members of the organization? [Probe responses for further details.]

***14)*** **Organizational Culture**

a. To what extent does the SPHTM leadership demonstrate behaviors that are aligned with the school's values of gender equity, diversity, and inclusion? [Probe responses for further details and examples.

*i.* Follow-up: How do managers and employees demonstrate diversity, equity, and inclusion in their everyday actions, behaviors, and routines? [Probe responses for further details.]

b. Describe the work culture at SPHTM? [Probe responses for further detail.]

*i.* Follow-up: What, in your opinion, is SPHTM doing well to build a diverse, equitable, and inclusive organization for the faculty? [Probe responses for further details and examples.]

Definition: Organizational culture also known as the work culture refers to the shared values, beliefs, or perceptions held by employees within an organization or organizational unit. Because organizational culture reflects the values, beliefs and behavioral norms that are used by employees in an organization to give meaning to the situations that they encounter, it can influence the attitudes and behavior of the staff.

*Citation: Tsai Y. (2011). Relationship between organizational culture, leadership behavior and job satisfaction. BMC health services research, 11, 98. https://doi.org/10.1186/1472-6963-11-98*

*ii.* Follow-up: Tell me about the one thing about the organizational culture at SPHTM that you would like to change. [Probe responses for further details.]

Closing (2 mins)

Thanks for participating in this discussion today and talking about these issues. Your comments and insights have provided me with lots of different ways to see issues of equity, diversity, and inclusion within SPHTM. I thank you for your time.

Source: Adapted from InSites: Tips for Conducting Focus Groups via http://www.insites.org/CLIP_v1_site/downloads/PDFs/TipsFocusGrps.4D.8-07.pdf)

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## 5. Moving Beyond Good Intentions: Male and Female Leaders Championing Gender Equality within Global Health Organizations


### Abstract

Despite global commitments toward gender equality, global health organizations remain slow in their progress towards gender equality. This is largely due to organizations implementing check-the-box strategies that fail to disrupt the organizational power structures, and due to the resistance from key stakeholders who perceive change as a threat to their power and status. To understand the issue of how gender operates to create barriers to gender equality within global health organizations, I have developed a conceptual framework of "*gender inequality regimes of global health organizations*". This framework is based on the works of Joan Acker's *inequality regime*s, R. Connell's *gender regimes,* and Cecilia Ridgeway's *gender system*, to identify the gendered practices and processes that result in workplace inequalities.

This study draws on 22 in-depth interviews with global health leaders to elicit certain aspects of the gender inequality regimes framework and to explore how male-led and female-led global health organizations perceive gender inequality regimes within their organizations, how they are implementing gender equality initiatives, the differences in their leadership approach, the challenges they have faced, and the factors that enabled them to succeed while implementing gender equality in their workplace.

Most of the participants self-identified as being champions of gender equality, based on their personal experiences and understanding of gender inequalities that motivated them to promote

gender equality within their workplace and beyond. While there are differences in approaches to leadership between men and women, most participants felt that both men and women could equally champion gender equality within their workplace. Key strategies recommended by participants to move beyond good intentions and check-the-box approaches to gender equality involved the adoption of feminist principles to gender equality, buy-in from the top leadership as well as the board, allocation of adequate resources such as financial and human capital, moving beyond the numbers and representation to understanding power dynamics, choosing right people for right roles, using data to your advantage, and recognizing why gender equality in the global health workforce is an important work to do and not because it's a popular rallying call.

The study sheds light on the key leadership traits that are perceived as essential to championing gender equality within global health by global health leaders. It also delves into navigating the challenges inherent in implementing gender equality initiatives within workplaces. The study offers valuable insights to global health leaders, practitioners, and policymakers championing gender equality at work.

## 5.1. Introduction

While the number of women in the labor workforce per capita varies across the world, women remain overrepresented in sectors such as health, social care, and education (Larsson & Alvinius, 2020). Despite women making up the majority of the global health workforce, men still dominate and control global health organizations (Global Health 50/50, 2021). The World Health Organization's report, "*Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Care Workforce*" provides compelling evidence to show that global health organizations are gendered organizations in the sense that salaries, jobs, and leadership positions are distributed differently to men and women working in these organizations (Manzoor & Thompson, 2019b).

The lower pay and prestige associated with female-dominated sectors and jobs are partly due to the undervaluation of women's contributions and work, particularly in the health and social care field (Reskin, 1993). Nursing and midwifery, for instance, where women constitute the majority of the workforce, are associated with lower salaries in some countries, whereas male-dominated jobs such as physicians have higher salaries (Manzoor & Thompson, 2019b). Even when women dominate the field of nursing, the salaries of nurses who are men continue to earn higher than the salaries of nurses who are women. For example, women registered nurses (RNs) earned 91 cents for every dollar earned by men (NurseJournal, 2021). Moreover, the gender gap was even higher for black, indigenous, and women of color (NurseJournal, 2021). The gender pay gap in the health sector is further exacerbated by men occupying higher-status and leadership positions, while women are relegated to lower-status and lower-level positions. These horizontal and

vertical segregations within the health sector illustrate gendered patterns of job distribution within global health workplaces. Men are typically unwilling to enter female-dominated roles such as nursing, while women are often face greater barriers to enter male-dominated jobs such as surgery (Manzoor & Thompson, 2019b).

To overcome gender bias and address the gender gaps, most organizations follow "*add women and stir*" approach, with a belief that by simply adding more women, bias will decrease and gender gaps will close (Stephenson et al., 2022). While improving gender parity in organizations is one way to uplift the status of women at work, this approach is limited in its approach to change the organizational structures and systems that have historically been designed to benefit men more than women (Diehl et al., 2022). Research indicates that gender bias is widespread in industries, including health care, where there is gender balance or a higher representation of women in the workforce (Stephenson et al., 2022). Thus, while more global health organizations are committing to gender equality, few have yet to meet the expectations (Global Health 50/50, 2021).

One reason for the slow progress towards this important agenda is organizational resistance towards transformational change. Transformative change is often met with resistance from certain stakeholders, both men and women, who perceive change as a threat to their status and power. Organizational leaders often play a pivotal role in leading organizational change agendas. And there has been extensive research conducted to explore the role organizational leaders play as agents of organizational change. (Kotter, 2007). But limited attention has been given to analyze organizational leaders as champions of gender equality agenda within global health organizations

and this question warrants additional investigation by researchers given gender equality is now a well-accepted goal within global health (World Health Organization, 2019).

Research on gender equality initiatives has often identified organizational leadership authority as a critical variable of interest (Blackmore & Sachs, 2007; Charlesworth et al., 2005; Mattis, 2001; Olgiati & Shap, 2002). Yet, there has been limited research that focuses on the formal power of leaders to create and lead change (Vries, 2014), especially male leaders. Organizational leaders hold positions of power and decision-making control within an organization. They represent an important component of the organization: the organizational hierarchy. While women's contribution to leading and promoting gender equality has been extensively explored and has been the focus of feminist scholarship (Colgan & Ledwith, 1996; Marshall, 1984; Morley & Walsh, 1995; Pringle, 2004), this focus on burdening women with the responsibility for change has been met with some criticism (Mavin, 2008). Furthermore, within global health, the gender equality agenda is primarily driven by feminist movements, mostly led by women (Shannon, Jansen, et al., 2019b). If global health organizations are to achieve gender equality, it cannot be assumed that only men or only women will drive the radical or transformative gender equality agendas. Thus, understanding both male and female perspectives in leading gender equality initiatives within global health becomes an important area of inquiry that may also elicit important differences in ways men and women lead transformative change within their organizations.

This study aims to fill this gap by exploring the role of both male and female leaders in terms of their capability and willingness to drive the gender equality agenda within the global health organizations they lead. The study examines the roles, challenges, risks, and choices as perceived

by male and female leaders in global health organizations. Evaluating the role of organizational leaders is important from two standpoints: first, they have the positional and relational power to institute organizational change, and the second is that those in positions of privilege often fail to recognize their own privilege to assume that the inequalities lie outside of where they are.

## 5.2. Background

### 5.2.1 A Gender Inequality Regime – What is it?

The concept of gender inequality regimes stems from the works of Joan Acker on Inequality Regimes, which she defines as the interconnected practices, actions, and meanings that result in and maintain class, gender, and racial inequalities within specific organizations (Acker, 2006a). So, while the inequality regimes framework adopts a more intersectional approach to examine organizations, the framework of gender inequality regimes focuses on gender as the social category of analysis to examine the structural inequalities that create power imbalances within organizational settings that stem from gender-based norms based on stereotypes and identities that translate into organizational procedures, operations, and practices that hold women and people from minority backgrounds back (Acker, 2006a). Evidence also suggests that gender is the more prevalent bases of discrimination in almost all kinds of organizations, across different industries, worldwide. It is also important to acknowledge here that while the concept of "gender" is recognized as a multifaceted spectrum that includes various identities beyond the traditional binary classification of male and female; for the purposes of this study the focus is limited to the traditional binary understanding of gender which includes men and women. By

using the binary sense of gender, the study aims to explore specific aspects related to these two gender categories while recognizing the existence of other gender identities.

The persisting gender gaps in global health organizations and workplaces show that global health organizations and workplaces do not work for everyone in the same way. Most of these inequalities stem from the ways in which organizations are designed, structured, and operate. Organizations are often designed based on an image of an "ideal" worker, who is often a man, who is expected to be at work at certain times, work long hours, be responsive to the demands of the supervisors, and not be distracted by family or childcare responsibilities. Thus, the underlying processes of organizations create and recreate patterns suitable to an unencumbered male ideal worker. These processes generate inequalities at work and shape differing experiences of organizational members at every level of the organization (Acker, 1990a, 2006a). In particular, these gendered and stereotypical images of an ideal worker tend to discriminate against and marginalize women and people of color in the workforce. Gender also plays a key part in organizing as well as in creating the division of labor within the organizations, which in turn also shapes gender relations. Social, cultural, and gender norms often prescribe the roles men and women may occupy in society, leading to occupational segregation that limits the full participation of individuals in the labor market on the bases of their gender, shaping gender inequality regimes. For example, within the health sector, male-dominated specialties include surgery, neurology, and radiology, while females are clustered into obstetrics and gynecology, hospice and palliative care, and dermatology. Women also occupy a large body of nursing and midwifery workforce, in some countries, such as Denmark, reaching up to 90% of nursing and

midwifery professionals (Manzoor & Thompson, 2019b), while making up only one-third of the physicians within the United States, and 45-56% in Scandinavian countries.

### 5.2.2 Men and Women as Champions of Gender Equality

Gender equality is not just a women's issue. A survey conducted by Catalyst, a research and advisory organization committed to advancing women in business, evaluated why fewer women were advancing to the top positions. Their findings showed that organizations who did stand out in changing cultures and moving women into leadership roles had strong commitment of their top leadership (Wellington et al., 2003). The study showed that the enlightened organizational leader builds strategic vision and business case for gender diversity and communicates that vision to all levels of organizational hierarchy. As often times this organizational leader is a man, Catalyst asserted that "the key to women's advancement rests squarely with him" (Wellington et al., 2003), reflecting on the critical role male leaders play in advancing women's careers, as advocates, mentors, and supporters.

Furthermore, involving men as champions of gender equality is gaining momentum. By the mid-1990s, some 20 years after the first World Conference on Women in Mexico City in 1975, it was clear that gender equality agenda was not only women's issue and hence could not be achieved by women alone. The United Nations International Conference on Population Development in 1994 and the Fourth World Conference on Women in 1995 – signaled a political shift with relation to male engagement and responsibility for gender equality and for the promotion and protection of women's rights. Engagement of male CEOs in leading change has been adopted by Catalyst

offshoot MARC (Men Advocating Real Change) and is also evident in Australia where a special group of prominent male businessmen was convened by Elisabeth Broderick, Sex Discrimination Commissioner. This group is referred to as *Male Champions for Change (Vries, 2014)*, and now has chapters in several other countries as well.

To assume that an organizational leader would lead gender equality agenda in the same manner as they would lead any other change agenda is problematic and this assumption lacks a gender lens (Vries, 2014). It is obvious that men are expected more often to lead the change efforts since they are more likely to hold positions of power as compared to women, but to expect the privileged men to be part of the solution is a bit over ambitious. On the other hand, ignoring the few privileged women, who are a minority group operating within masculine ethos is also a problematic approach. Because women in power may be as conflicted to resist to change as the powerful men, as giving up power is not always easy regardless of gender. Moreover, initiatives such as placing quotas to improve gender balance in organizations is based on three assumptions (Derks et al., 2016): 1) having women in positions of power will improve the situation for junior women, 2) senior women will mentor and promote other women, and 3) a belief that gender inequality is only perpetuated by men but not women. These assumptions expect solidarity behavior from senior women to assist other women into senior level positions, while ignoring the masculine organizational structures and gendered organizational hierarchies that make it difficult for women to fill these positions in the first place (Mavin, 2008). Furthermore, women leaders working in masculine organizational structures, where men hold majority of the leadership roles, tend to exhibit “queen bee” behavior that conforms to the existing gender hierarchy instead of

challenging it (Derks et al., 2016). Instead of promoting diversity, these women may assimilate into the male-dominated culture of the organization and modify their self-presentation and leadership style to align with the masculine norms (Derks et al., 2016; Ellemers et al., 2012). This phenomenon may lead to more harm by hindering the future career opportunities for women instead of uplifting them (Ellemers et al., 2012).

On the other hand, men in senior management are often expected, accepted, or ignored when exhibiting 'bad behavior,' which serves to reinforce their privileged position (Mavin, 2008). While men tend to support each other through social networks and personal relations, but they are not blamed by other men for not engaging. Similarly, men in senior management are not held accountable for failing to support women in management or for their lack of engagement in promoting gender diversity within their organizations (Mavin, 2008). Therefore, equivalent "queen bee" label is not prescribed to men.

### 5.2.3 Underrepresentation of Women in Global Health Leadership

While it is important to acknowledge that leadership comes in many different forms, across different levels of global health and that women lead as front line workers, first responders and community health workers to deliver health to their communities as well as caregivers in their homes; they remain underrepresented in global health leadership. The now overused statistic of women representing 70% of the workforce and only 25% of global health leadership positions has unfortunately remained unshifted (Manzoor & Thompson, 2019b). This is because global health organizations and workplaces continue to remain clogged by power imbalances, gender

stereotyping, discrimination and structures that favor one gender over another, relegating women to subordinate positions while creating opportunities for men to excel (Manzoor & Thompson, 2019b).

Women's representation as ministers of health was reduced to 21% in 2020, a decline from 31% in 2018, and with huge variations across the regions (Manzoor, 2020). Furthermore, women's representation as chief delegates during the World Health Assembly has not exceeded more than 30% since 1948, and with men occupying majority of these positions (Daalen et al., 2022). Based on Global Health 50/50 report, *Gender Equality: Flying Blind in the Times of Crisis*, only 29% of the global health organizations have parity in governing bodies, and 36% have parity in senior management. A vast majority of these organizations are still led by men (Global Health 50/50, 2021). The widest gender leadership gap was observed in bilateral organizations (21% women leaders), private sector health care organizations (12% women leaders), and health care consultancies (11% women leaders) (Global Health 50/50, 2021).

### 5.2.4 Impact of COVID-19 on Women's Careers

COVID-19 pandemic disrupted work and exacerbated the existing inequalities in many ways due to the increasing unemployment rates, reduction in the number of hours worked or furloughs, increased stress and anxiety among workers, closures of schools and daycare facilities, and increased burden of caregiving responsibilities at home. Women unfortunately faced the major brunt of the COVID-19 crisis. Unemployment rates were higher for women, especially those with young children, and for women of color (US Department of Labor, 2020). Women were more likely

to take unpaid sick leaves during the pandemic to care for their children due to school and day care closures (Ranji et al., 2021). According to a survey conducted by New York Times, 82% of the women said they were responsible household chores and childcare as compared to 31% of the men during the pandemic (Gupta, 2020). A post-pandemic survey conducted globally of working adults revealed that they felt increased stress due to disruptions in work routines and organizations (55%), feelings of loneliness and social isolation due to work from home (49%), faced difficulties in achieving work-life balance (50%), and experienced increased anxiety due to job security (56%) (McCain & Manktelow, 2021). According to UN Women report, COVID-19 pandemic increased women's experience of the domestic violence and made them vulnerable even with their own homes (UN Women, 2021a), posing a risk to their safety due to unemployment and furloughs.

### 5.2.5 The Gap

While there have been several efforts to bridge the gender gaps in global health, the field continues to favor men especially when it comes to leadership roles, higher salaries, and prestige, although there is evidence to suggest that this is changing. Most scholars in the field of global health, studying the gendered patterns within the health and social care workforce, assume that global health organizational structures are gender-neutral, thus very few studies have explored the gendered dimensions of global health organizations. This assumption is flawed as gender assumptions underlie the way global health organizations are structured and how job contracts are designed. The global health field assumes a typical worker with an image of masculine identity, sexuality, and relationships, assuming the worker is unencumbered by family and

childcare responsibilities, is available for long hours, and is solely focused on the attainment of organizational goals. According to Joan Acker (1990) such an approach is flawed as both traditional and critical approaches to organizations are rooted in male perspectives and view the world and the workplace from a masculine standpoint (Acker, 1990a). Thus, images of men's bodies and masculinity dominate organizational processes and contribute to gender segregation in organizations. Joan Acker argues how gender is often overlooked or ignored when only the masculine is present, which enables organizational structures and processes to be theorized as gender-neutral, even though male-dominated behaviors are actually considered the norm. The gender-neutral discourse allows organizations to obscure the gendered processes within their structures and processes, obscuring gender, and sexuality within organizational structures, and hence creating an environment that perpetuates gender-based inequalities in the workplace.

This study addresses the gap in the literature, by exploring the *gender inequality regimes* of global health organizations and probing how male and female leaders perceive gender inequalities and lead gender equality initiatives within their workplaces. It identifies the views of organizational leaders on how to go about championing gender equality within their workplace and identifies strategies that enable organizations to move beyond *check-the-box* strategies while implementing their equity, diversity, and inclusion initiatives. *Check-the-box* strategies to gender equality refer to efforts that mainly prioritize surface-level actions and tokenism over meaningful, systemic change. These strategies often involve organizations or individuals taking actions that appear to be supportive of gender equality, but are merely symbolic, superficial, or doing lip-service. Examples of check-the-box strategies include the use of gender equality and inclusive language

and terminology without actually engaging in meaningful efforts to create an inclusive culture or focusing on diversity representation such as the number of women or people of color in leadership roles without addressing the underlying power dynamics that limit equity and diversity, in the first place. The study also explores the challenges organizational leaders face in their efforts to lead gender equality agendas and steps to overcome those challenges. In general, the study aims to offer insights and best practices drawn from real-world experiences, aiming to serve as a guide with potential implications for the decisions and strategies of policymakers and organizational leaders.

## 5.3 Methodology

### 5.3.1 Research Objective

The main objective of the study is to assess how male and female gender equality champions perceive gender inequality regimes and what actions they take to address the gender regime within their organizations. The study also aims to identify the best practices for implementing gender equality initiatives within global health organizations.

### 5.3.2 Research Questions

The key research questions for the study are:

- To what extent do male and female gender equality champions in global health perceive a gender inequality regime in their organizations?

- What actions are male and female gender equality champions taking to address a gender inequality regime within their organizations?

- What are the best practices for implementing gender equality initiatives within global health organizations?

### 5.3.3 Methods

The study is based on qualitative methods to explore male and female leaders' perspectives in leading and implementing gender equality initiatives within their organizations. Semi-structured in-depth interviews were used to interview a sample of 11 male and 11 female leaders working in top management or leadership positions within global health organizations, for a total sample of 22 organizational leaders. Although the initial plan was to recruit a sample of 15 male and 15 female leaders, with a total sample of 30 organizations, I stopped at 22 organizations, including 11 male-led and 11 female-led organizations due to non-response rate and refusals to participate. Moreover, considering chief executive officers or heads of organizations are a difficult group to recruit in the study due to their extremely busy schedules, in consultation with my dissertation committee, it was agreed that a target sample size of 20 organizations is sufficient.

The population of organizations that was sampled were drawn from the "Gender Equality: Flying Blind in a Time of Crisis" report published by the Global Health 50/50 initiative in 2021 that lists data from 201 organizations. Since I was interested in examining leaders who champion gender equality, I drew my sample from organizations that performed high on two metrics: 1)

*organizational public commitment to gender equality* and 2) *whether they have a workplace gender equality policy* in the Gender Equality: Flying Blind in a Time of Crisis report by Global Health 50/50 initiative. I assumed these two metrics on the Global Health 50/50 report to be a proxy for *championing* gender equality within their organizations. The list of organizations that performed well based on these criteria can be found in Appendix I. In my effort to include participation from a variety of organizations, as outlined in the Global Health 50/50 report, encompassing public-private partnerships, non-governmental organizations, multi-lateral institutions, and donor agencies, spanning diverse geographic regions, I reached out to leaders of organizations representing these various types and global locations via email. It was my hope that this would allow me to capture a wider range of perspectives and draw comparisons on different leadership styles that may influence gender transformative change in global health organizations. However, I stopped recruitment of participants once data saturation had been observed across the interviews. Thus, a total of 22 participants from 22 global health organizations were included in the study. The list of organizations included in the study can be found in Appendix 2.

Interviews were conducted over Zoom and were video recorded with the consent of the participants. Each interview lasted between 45 to 60 minutes. Recorded interviews were then transcribed. Transcribed texts were reviewed, and thematic analysis was adopted to identify the emerging themes based on the pre-determined themes of the interview guide. The themes for interview guide were driven from the existing literature that highlighted how organizational leaders were influencing organizational structures and policies and how their own gender was influencing gender change process. Themes included assessing organizational leaders' awareness

to gender equality, approaches to leadership, policy and implementation strategy, challenges to policy implementation, their commitment to gender equality, adopting flexible work culture and work-life balance, and strategies they would recommend to the larger field of global health. These themes informed the interview guide which can be found in Appendix 3. In the second phase, new themes were identified that emerged directly from the research. Once the emerging themes were identified, they were matched with existing literature to make sense of the data and draw interpretation of the findings.

- **Methodological Challenges**

The key methodological challenges faced during the study were that perspectives of the head of the organization could not be captured for all organizations. Therefore, in cases where the head of the organization was not available him or herself, the leader nominated or designated by the organization was interviewed instead. Some of the nominees were leading gender equality or diversity, equity, and inclusion initiatives within the organization. But by doing so the sample of our interviewees skewed towards women, as the nominees were often women, even for some of the male-led organizations. Also, while it was my hope to include diversity of organizations in terms of type of organization and its geographical presence, most organizations studied were based in the global North as their headquarters tended to be in the western countries. Therefore, it is difficult to generalize the findings from this research for organizations operating in low-and middle-income countries or the global South. And lastly, while my hope was to recruit a sample of 15 interviewees from the male-led and female-led organizations each, I was only able to recruit 22 organizations in the study as most organizational leaders I reached out to either did not

respond to my requests or declined to participate due to their busy schedules. It is important to acknowledge here key limitations of recruiting organizational leaders for this research. The key limitation lies in their demanding schedules, making it difficult to coordinate the time for an interview. Furthermore, dealing with global health leaders situated in Europe introduced a time zone difference, compounding the scheduling issue. Beyond these time-related challenges, there's the concern that organizational leaders may lean towards providing socially desirable responses. This implies that they might portray their actions and perspectives in a more favorable light than their actual stance, potentially masking the underlying issues or challenges. Additionally, leaders may not always possess a comprehensive understanding of the experiences of organizational members, especially those at lower organizational levels. Therefore, they may not be able to fully understand the implications of their actions on those individuals. Also, in cases where certain organizational heads were unavailable, interviews were conducted with individuals nominated by the organization, typically responsible for leading gender equality efforts within the organization as highlighted in Appendix 2. This could introduce a potential for sample bias in the findings, as some of the respondents may hold more supportive views on gender equality. This bias may also extend across the entire study sample, as the study specifically targeted organizations committed to gender equality and those possessing gender equality workplace policies.

### 5.4 Key Findings

While the main topics identified during the in-depth interviews were based on initial themes developed for the focus group discussion guide, several sub-themes emerged during the

discussions under each of the key topics. The participants highlighted various aspects of a gender inequality regime for their organizations, which include organizational processes, procedures, and structures that create and reinforce gender inequalities. Throughout the interviews, gender emerged as the key social category, interacting with other social identities such as race, and ethnicity, to affect women's leadership advancement, professional development, career trajectories, and long-term earnings.

**Theme 1: Awareness to Gender Equality**

- **Sub Theme 1.1: Gender as a Social Construct**

Gender was mostly perceived as a "*social construct*" by the participants, that defined differences among different actors such as men, women, boys, girls, and gender diverse people. They perceived gender as a social construct that led to varying life opportunities for individuals depending on their gender identity, and that also influenced people's attitudes and interactions with others It was also viewed as a basis for "*power differentials*" among people. Thus, gender equality was perceived as a mean "*to provide equal opportunities to men and women to achieve their potential, both in their personal lives as well as professional careers, regardless of their gender*". Some defined gender equality in terms of "*access to resources and services*" while others expressed gender equality as "*protection from gender-based violence and discrimination, viewing gender equality in terms of gender justice and gender rights"*. Some participants viewed gender equality in terms of *fairness* and "*creating a level playing field*". Some participants perceived gender equality as a state where "*opportunities, resources and life chances were not defined by gender*". Some participants further elaborated that gender equality meant providing "*access to*

*all people regardless of their gender, race, and class*". While most participants expressed their opinions about gender equality in terms of how it affects women, whom they perceived to be facing the major brunt of gender inequalities from a historical standpoint, as compared to men; there were a few female participants who commented that gender equality "*did not mean exclusion of men and boys*". Some expressed gender equality in terms of power sharing and equality in a sense that "*people are valued regardless of their gender*".

- **Sub Theme 1.2: Beyond Gender Binary**

While most of the participants viewed gender as a binary construct to reflect differences between men and women; some recognized the need to move beyond the concept of gender binary and viewing gender as a "*spectrum to include different gender identities and transgender people*". Few of the participants also expressed the need to move beyond gender representation and numbers, to focusing on meaningful inclusion. This entailed a thorough evaluation of leadership qualities, going beyond gender representation, as it was recognized that women could also uphold and perpetuate patriarchal norms. For example, one of the male participants articulated how within global health there is a tendency to get satisfied by surface level issues such as representation, without delving into the actual actions and thoughts of these representatives regarding the enhancement of gender equality. He elaborated "*I would argue that you could very easily have a high-powered woman on the board who is horrible on gender related issues and on equity and other kinds of things, and you could have a man who's absolutely at the forefront, but [by] just doing it based on numbers and visuals, you are doing yourself a disservice*." According to the participants, being gender transformative leader involved creating enabling environments that

not only offered equal opportunities for all but also shifted the power imbalance as a whole to counter leadership gaps. For some of the participants this meant adopting an intersectional lens to examine "*who is in position of power, who is in team, and who are in decision-making powers*", and to acknowledge that merely "*being in the position of power does not necessarily mean that one inculcates the gender equality ideals*".

- **Sub Theme 1.3: Perceived Gender Differences in Global Health**

Some of the participants highlighted how gender norms and cultural practices influenced global health workplaces to generate gender inequalities in the workplace. For example, since women are the primary caregivers in most societies, it was difficult for them to navigate the systems that were historically designed by men and were based on male-dominated social norms and laws. These masculine ideologies made it difficult for women to comply with them as they would have to go against the gender norms of the society and patriarchy to do so. Thus, married women or those with young children faced the biggest challenge in navigating leadership spaces. One participant highlighted how issues of gender should not be viewed in silos, and that there was a "*need to examine the history of racism, colonialism, and its intersectional bends to understand how men and women's experiences have been shaped within global health*". Some of the participants examined the demand side situation highlighting how it is difficult for women to access health services due to the socio-cultural norms that shape gender stereotypes as well as norms that create power differences between men and women, with women having to obtain permission from their male guardians to seek health care in some patriarchal societies as well as households. For example, one participant asked, "*who has the power to negotiate the use of*

*condoms*". One participant shared how women had historically been eliminated from research, technologies, access to health care such as sexual and reproductive health rights, and access to critical medical services. One participant highlighted the need to examine the issue of gender and health from an intersectional lens as the field of global health tends to assume heterosexual women as a norm, so we yet don't know much about the experiences of non-binary and non-heterosexual women. One participant highlighted how there is a tendency to adopt gender-blind approaches to promotion and career advancement within global health, which leaves a huge burden on women as these practices tend to be built on "*best man wins*" narrative that tends to put a high emphasis on merit, achievements, and accolades as a criterion for career progression. The participant added that such narratives tend to be gender-blind and keep women out.

**Theme 2: Approaches to Leadership**

- **Sub Theme 2.1: Characteristics of Champions of Gender Equality**

Almost all participants commented that leadership is integral for promoting gender equality in global health workplaces. They viewed a champion of gender equality as a leader who "walks the talk" and has values based on the principles of equality. Clarity in communication, providing a clear vision of what to expect from organizational efforts to address issues of equity, diversity, and inclusion, and someone who is open-minded for creative solutions as well as who knows how to work with others to find solutions together were viewed as important traits of champions of gender equality. One of the participants also expressed how champions of gender equality needed to be courageous, especially in contexts where women rights are not being prioritized, and have the acumen to adjust the language according to the context. Some of the participants

also highlighted how champions of gender equality needed to be empathetic leaders, who are able to understand people's lived experiences. Listening skills and the ability to be open to criticism were also identified as important skills. One of the participants also highlighted how a champion of gender equality needed to have awareness of the issues and ability to acknowledge their own blind spots and personal biases. This included awareness of the starting point and the differences experienced in the workplace.

*"There can be simple actions or just purposeful sharing of knowledge, not being silent, stepping forward. And from that comes the additional set of actions, which is having you in power, and enable you [to] move out of those simple steps of actions, to point out the simple errors, but then how do you actually proactively enable and empower everybody else around you, in your environment, to also take forward deliberate action, purposeful action. And that is the conscious step that you have to take, and it's not because I am necessarily a gender champion, but it's that I am an equality champion."* (Participant # 2, Male, Global Director)

It was also emphasized that champions of gender equality needed to embody feminist ideals and strives to create spaces that are non-hierarchical.

*"…try to create spaces that are nonhierarchical, try to create spaces that allow for reflection and collaboration."* (Participant #17, Queer Male, Gender Equality Lead)

Participatory approaches to leadership, with a sense of empathy and compassion were also viewed as traits of gender equality champions. Furthermore, having a sense of humility to

acknowledge that leaders don't know everything and recognition of one's own positionality as well as power and privilege were also identified as essential traits of gender equality champions.

"*[Having] self-awareness of your own privilege and humility. Having self-awareness of your own superiority. Bring more empathy to your work. Because as a leader there is a tendency to think that you can solve everything and that you can find a solution, but humility is when you can't find the solutions, you are not only acknowledging it but also open to learning from the people who are having the experience. So let go of the power, giving power back to the people so that they can inform you what you need to do to address the issues.*" (Participant # 22, Female, Equity, Diversity, and Inclusion Lead)

Additional traits considered important for gender equality champions included creating spaces to include diverse voices in the workplace and developing a sense of belonging among organizational members. These leaders also tended to lead with authenticity, and have a systems thinking approach, which recognized how systems of oppression work and tried to overcome them using systems thinking approach.

The table below highlights how male-led versus female-led organizations differed in their perceptions of the skills needed to be a gender equality champion. Table 5.1 highlights the keywords they have used to define these traits.

| Table 5.1: Perceptions of Leadership Traits for Champions of Gender Equality | | |
|---|---|---|
| **Leadership Traits of Champions of Gender Equality** | **Female-Led Organizations** | **Male-Led Organizations** |
| Personal Leadership Style | • Is an achiever<br>• Knows minimum standards around gender equality<br>• Asks the right questions and promotes standard<br>• Constantly reflecting and checking in gender & blind spots biases<br>• Courageous and Bold<br>• Authentic leadership<br>• Embodies feminist ideals<br>• Values empathy and compassion | • Acknowledges own positionality<br>• Moves beyond awareness<br>• Authentic<br>• Empathetic<br>• Ability to understand others<br>• Open to criticism<br>• Adopts learner's mindset<br>• Credible – speak from own experience<br>• Aware<br>• Curious<br>• Humility<br>• Aware of gender terms |
| Communication Skills | • Communicates clearly<br>• Indicates expectations<br>• Adjusts language so everyone understands<br>• Elevates voices<br>• Creates sense of belonging<br>• Utilizes listening skills | • Gives visibility to the issue of equality<br>• Lifts voices<br>• Practices active listening<br>• Helps people understand sense of their voice<br>• Be open to conversations |
| Equal Working Environment or Enabling Environment | • Commits to inclusion and diversity<br>• Includes young people<br>• Is inclusive<br>• Tries to create spaces that are non-hierarchical<br>• Develops equal working environment | • Focuses on key performance indicators |
| Sense of Justice | • Is an advocate of humanity<br>• Practices values based on principles of equality<br>• Is courageous in contexts where women rights are not prioritized<br>• Does not discriminate based on race or color | • Reflects on how one exercises power<br>• Recognizes privilege associated with your gender |
| Participatory Approach | • Male allyship<br>• Works together to find solutions together<br>• Engages with grassroots organizations<br>• Community service<br>• Community engagement<br>• Practices side-by-side approach rather than top-down | • Is comfortable with partnerships<br>• Recognizes where you draw people in |
| Solution or Action Oriented | • Walks the talk<br>• Is open-minded for creative solutions<br>• Sets budget and the scope of work<br>• Is action and impact driven<br>• Practices out-of-the- box thinking | • Stand up for others |

There were differences between men and women's perceptions regarding the leadership styles. For example, female participants highlighted how women tend to lead from place of empathy, while men focus on strategy to achieve. It was further elaborated that there is need for leaders to consider their positionality and for them to do transformational work. "*There is a notion of "men as savior" of women when they are championing gender equality. Similarly, white women as saviors for black and brown people*" (Participant # 22, Female, Woman of Color, Male-led Org).

Men believed that anyone could be gender champion, regardless of gender. Additionally, men felt that both men and women can hold biased understanding of the world.

"*There is a need for feminist leadership that moves away from patriarchal ways and move towards egalitarian practices*." (Participant #17, Male, Queer, Female-led Org).

One of the female participants also echoed similar concern highlighting how "*women may replicate the same patriarchal norms*" (Participant #7, Female, Female-led Org).

- **Sub Theme 2.2: Self-identified Champions**

The majority of individuals in the research regarded themselves as advocates for gender equality. However, a few outliers viewed gender equality as an inherent aspect of their professional responsibilities and a task for which they received compensation. Consequently, they did not consider themselves champions, as it was an obligatory component of their job description. For example, a male participant, who did not consider himself a champion, expressed that his personal experiences had given him insight into the issues of discrimination and oppression that

made him understand how factors like nationality, ethnicity, gender, passport, and language could subject individuals to persecution or deprive them of opportunities solely based on their individual characteristics.

*"Do I think, then, that I am a gender champion- no I don't. I don't necessarily perceive that; I don't label myself as that. I think it's more of I have a certain opportunity. I have a certain education and a position that allows me to pursue the ethical moral underpinnings of my lived experience. It allows me. I can be a scientist about this. We know that if we remove inequalities, it makes the world a better place. The science tells us that, it's not that I'm a champion it's just that the science tells us it's the right thing to do*." (Participant #2, Male, Global Director)

Most of the participants who self-identified as a champion of gender equality shared how their upbringing, personal circumstances, early childhood, and experiences shaped their understanding of systems of oppressions and inequalities. For a couple of participants, it was also linked to their own gender identities and their lived experiences of facing the brunt of inequalities, marginalization, and oppression on the basis of their gender identity.

*"I do see myself as a champion for gender equality. I identify as part of the queer community. I think that my own kind of lived experience and experience of power, experience of inequality and discrimination in my own life has really been a helpful impetus for me to work towards a more just and equal society at large. And also, a lot of my work has been the internal organizational gender equality work, and that's a huge motivator, because I myself know what it feels like to*

*experience discrimination and bias in the workplace*." (Participant # 17, Queer Male, Gender Equality Lead)

Some of the participants expressed their nationalities shaped their understanding of the inequalities that divided the world and created conflict. Few of the participants shared how seeing their mothers as working women shaped their understanding of the roles women could occupy in the society. This early introduction to varied roles of women in society played a pivotal role in dismantling some of the patriarchal notions of society that keep women out of the workforce in these leaders' minds. One of the participants highlighted how having worked under a female boss early in their career helped them appreciate women's contributions as leaders in their fields. Participants further shared how their work as gender experts made them acquire critical skills in the field and broadened their understanding of the term "gender". They expressed how they no-longer viewed gender in binary terms. Working as a champion of gender equality also helped them understand that change does not happen overnight, and so it was important for leaders to be persistent and consistent in their approaches.

- **Sub Theme 2.3: Allyship at Work**

Participants shared how allyship was critical to advance gender equality in the workplace. One of the male participants highlighted how people don't have the tendency to fight alone and that they tend to form allies to fight a common cause. In their opinion, it was important for global health leaders to form strategic alliances to promote gender equality in the workplace. Strategic

alliances were also critical to promote a decent work environment as people tend to spend a greater amount of their time in the workplace.

"*…people tend to ally with some causes. For example, when you feel some discrepancies, or you feel some inequalities, or feel mistreatment, or misjudgments – people tend to go in a group and fight it together and this is form [of] allyship. That people don't fight alone, they fight as a group. And to create this you need to create a strong environment to change. So, definitely leaders should go together, get together, and form a strategic alliance to promote gender equality. I feel this kind of collaboration should be done at the organizational level. Inside, not necessarily being a leader*." (Participant # 1, Male, Country Lead)

One participant shared examples of how global health leaders may practice allyship at work which included giving opportunities to younger staff members to speak, especially younger women as they often tend to be invisible, and the leaders needed to give these women acknowledgement as well as mentorship to help build their confidence. One participant shared how workplace tended to have a lot of opportunities that don't necessarily have to be given to men, and thus should be distributed to underrepresented groups and women. Another participant highlighted how allyship required being intentional in their approach to promote gender equality in the workplace such as by providing coaching around salary negotiations, as well as women supporting other women. One participant highlighted the need to adopt feminist lens to allyship and another pointed out the need for an authentic leadership. One male participant shared that allyship could help build a system of accountability, for example, questioning how gender equality can be implemented in programs if there is no gender equality within the headquarters. One of the

female participants shared how male allies could use their power to bring in more women at the table and advocate for them, allocate key resources to equity, diversity, and inclusion initiatives, and implement gender sensitive and gender transformative policies at the workplace. It was also highlighted how expressing support to colleagues could be a great source of collective action within the workplace.

**Theme 3: Policy and Implementation Strategy**

- **Sub Theme 3.1: Gender at Work – Building a Culture of Action and Accountability**

According to most participants, organizations adopted policies from their parent organizations. A parent organization is a business entity that owns and controls other subsidiary companies, typically by holding a majority of their shares or equity. The purpose of a parent organization is to oversee and influence the strategic direction and operations of its subsidiaries while allowing them to operate independently. For example, organizations working with or under United Nations Systems tend to follow the rules set by the UN. Participants shared examples of gender equality policies within their organizations, moving towards building a culture of action and accountability within their workplace. One of the male participants shared that it was not only about having a gender equality workplace policy but also implementing those policies. "*For example, how can you break negative stereotypes that determine the disproportionate treatment of people on the basis of their gender, race, or class? Such as asking women to bring tea or coffee for your guests. How can you solve this through policy?*" Another participant shared how the organization was trying to balance gender equality for both men and women, as they tend to view the concept of gender equality as separate from feminism that tends to focus solely on women. So, for example,

their policies on public health were broad to include vaccination, health education, united health coverage, health insurance and they tend to view these policies from a gender lens. "*What is lacking in it, as the new dimension focuses on women. e.g., it is not about men and women getting vaccinated but rather addressing specific needs of women such as maternal health.*" Participants also had a perception of their organizations being impartial, even in cases where they lacked knowledge about the organizational gender policies. For example, they shared efforts made to elevate the voices of women leaders in nursing and midwifery. They also shared an example of how they *needed to make an extra effort to encourage female applicants to apply for leadership roles at the country level*. One of the female participants highlighted how gender equality policies needed to have an *implementation plan with a clear set of policies that serves as a roadmap as well as builds a culture of accountability*. For example, sexual harassment policy needs to have a clear set of language that can be shared during meetings, and a guideline on how to tackle issues at hand Some of the examples of policies they had implemented included quotas and parental leave. One participant highlighted the need for gender equality policies to *look beyond discrimination on the basis of gender identity* as that was part of the anti-discrimination law within the country. So, their organization had a policy to develop a workplace culture that was respectful as they felt that organizations could be gender equal yet disrespectful. They also had a practice of interrogating their leave policies to examine if they were not unintentionally creating disadvantage for some people such as caregivers and that they tend to have annual review of the gender pay equity. One of the female participants highlighted the *need to be intentional in implementing gender equality at work*. For example, they as an organization were reflecting on how they were supporting women when the rest of the world was unfair to them. This involved

implementing solutions that address gender specific needs. For example, while the working mothers need a space to pump milk, refrigerate and store the milk, and nurse babies, working fathers do not need all of those facilities. So being intentional was critical. They were also being intentional about not accepting the inequalities that were based on stereotypes and gender norms thus they would reach out to their male leaders to know they have the organizational support. One of the participants shared how their organization was working on *an Gender Equality roadmap and that they were conducting inclusion survey to get an employee pulse check*. They highlighted how their organization was also trying to look at disabilities as that was the area they needed to work on and while they were working on mental health services, they still had a long way to go. One of the participants shared how their organization was trying to *adopt an intersectional lens to ensure diverse representation and inclusion of people from low-and middle-income countries*. One participant shared how their organization was being intentional in its gender equality efforts by examining who they were doing business with, and selecting vendors based on their performance on an diversity and equity scorecard.

- **Sub Theme 3.2: Prioritizing Gender Equality Policies**

The majority of participants shared how policies were given equal priority and importance. For example, one of the participants shared how their organization went through a transformation after which they defined the systems of oppression such as racism, colonialism, and patriarchy and how they would address these three systems of oppression within their organization. Their DEI and partnership plans were then framed based on these understandings. Another participant shared that their organization viewed policies according to the context, and principles that

applied to the local contexts. So, for example, for their organization pay equity formed the DNA of the people and organizational policy. Another participant shared how their organization set up a DEI council that drove the push towards DEI policies. They also adopted a participatory approach, where employees pushed the envelope where they incorporated gender mainstreaming within their programming. They had defined economic justice as a key area of their work. Another participant shared that they had a political will from the top leadership as well as the collective voice from the organizational staff that influenced a cultural change that resulted in instituting mechanisms to look at gender within their organization. For example, they conducted Gender Audits, as a self-assessment tools to look at gender equality issues and going beyond human resource surveys such as the employee engagement surveys. This enabled them to build a system of ownership. Another participant shared how their organizations were driven by their human resource department and were supported by the senior management. For example, they took salary audits from another key global health organization. They also initiated a process to seek staff feedback on their policies that enabled them to identify gaps in their current policies. For example, their parental leave policy did not examine how gay couple were parenting as they usually adopt through surrogacy. One participant shared how their organization had instituted a strategic leadership team (SLT) comprised of five managers and senior human resource personnel. The organization had ensured that the SLT represented diverse voices, so members of the SLT represented gender and racially diverse people. One organization had a similar leadership advisory level that comprised of 40% people of color and 30% women. One participant shared how their organization were a decentralized organization, so something decided at the headquarters, doesn't automatically get reinforced at the country level. It was the

closest they got to the global policymaking and endorsement process. They reported their gender action plan and gender policy to the board each year. And the gender action, plan, and policy included a whole section on workplace policies, and the indicators to reach those plans and the surveys such as The Evidence and Data for Gender Equality (EDGE) project. It was further suggested that surveys like a global staff survey every two years and a pulse check every six months should also be incorporated, which include gender specific questions to address gender equality concerns, applying this approach across all organizational levels, from drivers and administrative assistants to top-tier positions. Additionally, the organization mentioned that they implement gender staffing strategies to guarantee an appropriate level of expertise in their various offices, aligned with the budget size. This involves allocating a minimum of 15% of their resources towards promoting gender equality. They regarded this commitment as significant, underscoring their dedication to the gender-related priorities outlined in their policy. They also had a gender policy and a core cadre of gender experts to monitor their progress at the global level. One participant shared how their organization did an evaluation of the policies to examine what worked and what did not work. And then they performed a round of consultations that included agencies, donors, civil society, our staff and asked them to list the issues they should prioritize. And after two years of consultation and review, they came up with the plan. One of the participants shared specific areas of gender equality such as women's economic empowerment piece which was part of the sustainable development goal 5 (SDG5) and conducting external landscaping to assess what is done, what is not done, what are the barriers, what works and what does not work. Further, their Gender Equality Programming focused on gender integration and mainstreaming - where other programmatic teams are focused e.g., if it’s Malaria then looking at

the gender equality evidence in malaria. Offering key recommendations and capacity building was also integral to their gender work.

A female participant emphasized the importance of being respectful and gender-sensitive as a means to foster respect and care for one's co-workers. She shared her experiences in the field of gender-based violence prevention and health system response, highlighting the significance of involving men in their efforts to support survivors in clinical settings. Additionally, she described their work in promoting gender equity within the healthcare workforce, particularly by empowering women and girls. Furthermore, the participant noted that one's own capacities, attitudes, and biases significantly influence their work. She also mentioned the organizational culture, particularly within the Human Resources department, emphasizing the concept of "leading from behind." The participant acknowledged the potential for their new Vice President of Human Resources to accelerate progress but pointed out the existence of internal challenges. These challenges notably included addressing issues related to sexual harassment and abuse.

Another participant shared how there was no conflict between policies and that priority was given to safety of staff and zero discrimination at work. Thus, gender was mainstreamed across all their programs. One female participant shared they prioritized their policies based on the cultural and local contexts. One example she shared was how the organization was addressing the issue of pay equity within United States and Syria – both would require a different approach based on the cultural difference between the two countries.

**Theme 4: Challenges to Policy Implementation**

- **Sub Theme 4.1: Moving Beyond Check-the-Box Strategies**

Participants acknowledged how global health organizations and leaders have the tendency to fall back on check-the-box strategies, and how this phenomenon was visible across different types of organizations across the world. For example, within the private sector there was an issue of tokenism. Leadership was found to be critical to signal a strong organizational commitment to gender equality.

One of the male participants highlighted how implementing the gender equality policies was the key and to succeed in that organizations required champions. He also pointed out that some of the gender dynamics at work were difficult to put into policy. For example, they realized that their staff or team used to go out to celebrate the diversity of staff and share each other's culture by sharing food but realized that if these picnics were happening after work hours or outside of the office location, then women were less likely to participate in those gatherings. So, instead they started going out during lunch hours. He iterated that while such a thing is difficult to put into a policy, it is the role of the champion of gender equality to be aware of this dynamic and reduce the barriers for women's inclusion.

"*Very recently we discussed having an all-staff retreat and that too an overnight retreat to go somewhere and stay overnight. And we asked everyone to share their opinions. If they would accept and go easily because you would assume that a lot of people may not be able to accept an overnight retreat due to other duties or responsibilities outside of the work. Just the fact that*

*we announced the intention and consulted all staff on their feedback about them joining an overnight retreat. So, if you observe fewer women accepting it, then we would not do an overnight retreat. So, you cannot include this practice in policy, but if you do this every day then it will go a long way in moving beyond the tick boxes for DEI*." (Participant #1, Male, Country Lead)

Participants also shared that the top leadership commitment and buy-in was critical to ensure that gender equality is embedded within the fabric of the organization and is highlighted as a core value. Leaders not only championed gender equality as a role model, but also worked towards organizational trust by ensuring participatory approach to gender equality, where all members of the organization had a say in setting the direction and policies related to gender equality. This also meant choosing and appointing the right people for the right job and moving beyond tokenism. Leaders also served as an inspiration to send strong signal on how their gender equality efforts are moving beyond check-the-box strategies. Participants also shared how champions of gender equality not only recognize their own power and privilege but leveraged that to move beyond courageous conversations to real actions.

"*Leadership role should be an inspiration and send a powerful signal rather than check the box*." (Participant # 20, Female, Vice-President)

One of the female participants shared that a fundamental key to leadership is to have trust-based leadership, where when you hire people, you trust that they would do a good job. So instead of micromanaging, they should be provided with resources to excel in their job. She also added that

hiring decisions should not be based on gender or race and that organizations needed to move beyond tokenism by ensuring tasks are not assigned based on gender or race.

"*You don't want to put somebody in a position you know because of gender, because of race, or for any reason, or just because they won the job, and then not let them do their job, and leave their scope.*" (Participant # 8, Female, CEO)

And she further added that "*don't have one black person in the room. Don't have one woman in the room and definitely don't have the woman take notes and get coffee…. It doesn't mean that the note taker might not be female. But you don't get to bring up people in a room of equals together, and then assign those kinds of tasks based on gender even if subconsciously*."

(Participant # 8, Female, CEO)

Organizations also need to be intentional about recognizing who has power and who doesn't. For example, while most organizations would not have female representation in the executive committee, the head of human resources (HR) is often a woman. And since HR is a cost center, these positions don't come with decision-making power. Such dynamics often occur in subtle ways and are often not written down. So, as a leader you need to be aware of it.

*"..No females in executive committee…usually HR person is a female – if you go after superficial numbers without thinking through who has the power in the organization, how do people move in the organization? You have to have a profit and loss to be looked as a leader for the next*

*advancement…if you are an HR, it's a cost center. So, you really have to think about… 'who has power and who doesn't' – it may not be written down."* (Participant # 14, Female, CEO)

Another participant raised a concern regarding power dynamics within leadership roles. They highlighted instances where a role, despite seeming like a leadership position, might lack full decision-making authority, resonating with the concept of tokenism in leadership. "*What are the power dynamics under the optics? So, your board may be 50-50, [but] how does that play out into leadership growth? How many of the board committees are diverse - if you've got a gender lead, or this leader, what true power do they have? Can they make policy changes? Do they have accountability? Do they have resources? So how do you take that next step and ask those questions? Is this a decision-making position? Is this a policy making position? Or is this simply an advisory role?*" (Participant # 15, Male, CEO)

One of the male participants shared how they resisted hiring a diversity champion within an organization because they wanted to uptake gender equlaity as part of their own job as a CEO, in order to send a message that everyone needed to be a diversity and inclusion champion within the organization. "*I resisted appointing a Diversity Champion because I consider myself a diversity, equity, and inclusion champion. If I don't show that it matters to me then I just cannot outsource it to someone else. I want everyone in the organization to be a diversity and inclusion champion*." [Participant # 3, Male, CEO]

It was also noted that organizations need to avoid top-down approaches to gender equality and move towards building a culture of inclusivity. This involved adopting feminist principles across the organizational hierarchy.

Additionally, one of the male participants highlighted how organizations need to revert to evidence, to science, and assess what works. He expressed that for behaviors to change, the policies need to appeal to people's conscious and unconscious characteristics in a way and emphasize on what is acceptable and what is not.

"*…. your action should be putting in place the reinforcement of what is acceptable and unacceptable behavior and making sure the same behavior will not be tolerated and taking deliberate action when that line and behavior is crossed*. *Taking no action means no consequence and that sends a wrong message of having no consequence for an inappropriate behavior*." [Participant #2, Male, Global Director]

Building a mechanism of accountability and monitoring and evaluation was also found critical to the success of gender equality initiatives. Accountability mechanisms also ensured that gender equality commitments and goals were transparent within the organization, widely shared, and reported to the board of governors.

"*We have to do a better job of showing that more inclusive workplaces equal better results in the work that we do and that research is still only nascent. It mostly comes from high-income countries it doesn't come from the aid sector, so you know it's a couple of McKinsey and banks*

*you know that are able to show that inclusivity equals better teams, equals better investments and earnings*." [Participant # 4, Female, Director Gender Equality]

Accountability mechanisms were particularly crucial in handling cases of workplace violence and sexual harassment. "*We've had one of the regional directors has been accused of bullying, accused of harassment, accused of creating inequalities and discriminating against people and there was an investigation that suggests that you're innocent until proven guilty. And then there's a right way to do things. But it actually says that at some point in time, this person has crossed the line…. They've crossed the line, but no consequence has been taken, because they are white, of a certain age, who have power, and who have the support of the powerful government. So, you just sent a completely wrong message of having no consequence of an inappropriate behavior. And that's the disappointing reality of being in a civil service*." (Participant # 2, Male, Global Director)

One of the male participants highlighted how leaders needed to make a deliberate effort to be vulnerable and accountable, as well as make the gender equality efforts transparent. He further shared the leaders needed to create a safe space where leaders are held accountable publicly and have an opportunity to be scrutinized by their co-workers. That way even if they are falling short on their efforts, they could at least acknowledge the gaps and commit to doing better and different in the future.

"*I think you have to make yourself deliberately vulnerable and accountable. You have to expose yourself to give staff and boards the opportunity to say that you didn't do what you said you will do. So, creating a feedback loop that would make you follow up on your words. Even if you*

*follow and do things only sometimes, people need to be able to see what you have done or haven't done. You need to make your efforts transparent; you have to articulate what you have done, allocate resources to these things*." (Participant # 3, Male, CEO)

And it was additionally added that "*you just have to expose yourself to scrutiny and make public statements. It is easy to make private statements*." (Participant # 3, Male, CEO)

A female participant also shared how diversity, equity, and inclusion is a technical area itself, but sometimes organizations expect this work to be done by volunteers or champions, who do not necessarily have a background in gender work. Another participant added how within their organization they were not focusing on capacity building of the focal points or experts such as on addressing harassment and racism, for example.

Additionally, the participants' perspectives on the strategies to move beyond check-the-box strategies to promote gender equality at work included commitment from the top leadership, incorporating evidence-based solutions to gender equality, moving beyond tokenism to dismantle power imbalances within organizational structures and processes, ensuring dedicated resources such as financial and human capital are allocated to gender equality initiatives, and embedding gender equality within organizational culture. These perceptions are outlined in Table 5.2 capturing participant's own words and insights.

| Table 5.2: Strategies to Move Beyond Check-the-Box Strategies to Promote Gender Equality (in participants' own words) | |
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| Commitment from top leadership | • "You need champions, you definitely need champions here. Those policies are in place, but you need somehow to move them to move beyond…..because champions move beyond the policies."<br><br>• "We need to be much more intentional and rigorous, and how we're advancing gender equality, particularly within the organization."<br><br>• "Most DEI function sits inside HR, ours originated there and got pulled out, and now it's under the CEO's office. That also became a promotion for the leader of our DEI team, who is now a C-suite executive and part of the executive team, so that kind of rising up and into a leadership level is key because now she has equal access to decisions that get made across the executive leadership team, and directly reports to the CEO. Our CEO has also made our DEI work a priority, so each year he has you know, a select few priorities, and DEI was one of them."<br><br>• Adopting values, from top to bottom, based on feminist principles in decision-making, building a culture of inclusivity, avoiding top-down approaches, and having empowered staff.<br><br>• "Yeah, what are the merits [and] what are the arguments for and against having a specific position identified as DEI? Because I think just the risk, of course, is that it releases other leaders in the organization from a sense that it's their job."<br><br>• "I think there will always be people who will say, 'but the boss is this guy' - I can't do anything about that. Eventually it'll be my turn to leave, and the board will then think about who's the right person to represent – [that] is one way to look at it."<br><br>• Trust based leadership.<br><br>• "We separated from a global organization, led by the partners precisely because they wanted to have a governance structure and power structure that was more inclusive and more responsive, and that put them at the center, the forefront of the workforce. But also, one that didn't create a conflict of interest. There is rarely one partner that represents the entire community. What we do in that model, we also change, we work with ecosystems of organizations. So, there is no single order of relationships. So, in other words, partners at the local level also don't recreate the power dynamic we are trying to escape. So, in our experience it has been an organization-wide effort, led by the partners at the forefront, guiding us but supporting the efforts, and those are very big processes for an organization. You have to have the political agenda very clear - for us, that's where we began in defining ourselves as feminist organization." |
| Evidence-based solutions | • "For change to happen, you have to go back to the evidence, go back to the science, and see what works."<br><br>• "We [need to] come back to the evidence. For example, if an action is taken [such as] mandatory training, using computerized technologies, [then] the systematic reviews on the use of mandatory training over the last 30 or 40 |

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| | years in any organization, on any issue around culture, diversity, equity, inclusion, and sexual exploiting [shows that] it has marginal impact. As [it requires] the knowledge recall to take an online [assessment] and pass. But an immediate test of recall does not change behavior."<br><br>• "We've seen what changes behavior is [that it is] appealing to people's base instincts, appealing to people's unconscious and conscious characteristics in a way."<br><br>• "We have to do a better job of showing that more inclusive workplaces equals better results in the work that we do and that research is still only nascent. It mostly comes from high-income countries it doesn't come from the aid sector, so you know it's a couple of McKinsey and banks you know that are able to show that inclusivity, equals better teams, equals better investments and earnings."<br><br>• "You first define what you want to do. And from there you derive the changes you need to make as an organization. And in our case, it was a transit and included separating from a global organization and creating our own feminist alliance with a new set of partners." |
| Building mechanisms of accountability | • "Your action should be putting in place the reinforcement of what is acceptable and unacceptable behavior and making sure the same behavior will not be tolerated and taking deliberate action when that line and behavior is crossed."<br><br>• "How are we moving beyond very performative actions as it's to diversity, equity, inclusion. That means, how are we moving beyond some of these courageous conversations. How are we moving beyond some of the one-off events and initiatives. How are we not burdening the people who are experiencing the inequality the most, the staff that are experiencing the inequalities the most."<br><br>• "There [is also] a sense of justice … If there is injustice in the office, I mean gender-based harassment happens in many places [and ours is] not immune to it. And I think if we want to truly make the environment more equal and not just by tokenistic measure, we have to make sure that they respect the justice part of the aspect also."<br><br>• "[You] have to put yourself in a public situation which can either be in a staff meeting or an annual gathering where we get together, not all of the staff but at least half of the staff from different countries. And create a safe space, a physical space, a temporal space that is psychologically safe space, where people can say that we appreciate the intention but why are we falling short? How can we do better? This may be uncomfortable, but as a leader you need to create this space, because that is the only way you will improve and even if not improve then acknowledge that we tried hard, and we will do something different in future. You just have to expose yourself to scrutiny and make public statements. It is easy to make private statements."<br><br>• "We want to share with other organizations what we are doing and see what they are doing and learn from each other. But exposing yourself is scary. Even though gender equity is kind of an internal matter, you need to make it external and then put yourself out there in public to let others know what you |

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| | have done. And learn from organizations doing better than yourself. That's the only way to learn and grow."<br>• "I think it's about deliberately making yourself vulnerable and exposed and trying to live up to the standards."<br>• "….how that feels for staff like what the impact has been for staff…. I think we're also still early on… we did recently put out a public report that really captures a baseline of where we're at."<br>• "[You need] concrete steps [and] expect clear expectations…not treating these issues separately" (on gender and racism).<br>• "We made commitments, and we have way to track how we're doing."<br>• "I see ticking-the-box as a widespread phenomenon. When we issue projects and we work with partners and we develop a matrix. Often people see their job is to tick those boxes e.g. I met this indicator, I met that indicator but getting people to think deeper, getting to look deeper and understand – '*what difference does it make? Why should I care? How is what we're doing changing the lives of people?*' I think for so many people it's too complicated to want to deal with, and I think it's very convenient to want to tick-the-box."<br>• "Monitoring and accountability - making sure that those targets are not just sitting on a shelf somewhere, but actually openly and transparently shared and reported in accountability mechanisms, in our case it's the board."<br>• "It starts from how do you look at your governance structures? How do you look at your accountability mechanisms in an organization, and dedicate the commitment to those? And what are the tools that you have?"<br>• "Another important process is the performance management process – to have a gender equality organizational dashboard and having key performance indicators (KPIs) – to how people feel empowered and included in the organization." |
| Moving beyond tokenism | • "If we're going to advocate for gender equality, [then] our organization has to be able to kind of practice. That at a realistic level is not just hiring more women to make sure that it's 50/50 but then, when they do come on board, making sure that they have a flexible working arrangement, so that they can take care of families, making sure that they're able to get leave without being badgered or harassed and making sure that you know there's an enabling environment for females to be able to multi-task in a more comfortable way …. If people are being hired for tokenistic purposes, then that's where it's going to hit a wall, because you can't just hire somebody and let that female be expected to do everything [with] no support of policy for ensuring her to succeed."<br>• "On representation, our global workforce, well, our global leadership population, we made those numbers public. We've said by 2025, we want to have the leadership population of the organization at the center and our field leadership at least 50% people from underrepresented [background], gender underrepresented group … we're making steady progress on that. But we're still not where we want to be… the board of directors is more than 50% women and is about half people from global South and about half people of |

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| | color. So I think we're moving in the right direction at the top level of the organization."<br><br>• "Looking below the surface complicates life, and I think a lot of people don't like life complicated. I think they feel that if they can pick this box, if they can count something that's as good as you can get, and so that you find a lot of people in positions not because of what they bring, not because of their contribution to their technical expertise, but because of skin color. And that is a tokenism -It is problematic, it's bothersome."<br><br>• "You don't want to put somebody in a position you know because of gender, because of race, or for any reason, or just because they won the job, and then not let them do their job, and leave their scope."<br><br>• "Don't have one black person in the room. Don't have one woman in the room and definitely don't have the woman take notes and get coffee…. It doesn't mean that the note taker might not be female. But you don't get to bring up people in a room of equals together, and then assign those kinds of tasks based on gender even if subconsciously."<br><br>• "I think it comes down to ensuring that you're choosing the right people for the right roles based on their backgrounds and their qualifications."<br><br>• "We have very qualified people appointed to the positions that they're appointed, [whether] the chief of finance and administrative officer, or chief of HR, for example, some of our very senior principal investigators are women, and they are there because of what they bring to the table."<br><br>• Smaller organizations tend to have less issue of tokenism as compared to larger, bureaucratic organizations. Within larger organizations this is more prescriptive.<br><br>• "…No females in executive committee…usually HR person is a female – if you go after superficial numbers without thinking through who has the power in the organization, how do people move in the organization? You have to have a profit and loss to be looked like a leader for the next advancement…if you are an HR, it's a cost center. So, you really have to think about… '*who has power and who doesn't*' – it may not be written down."<br><br>• "What are the power dynamics under the optics? So, your board may be 50-50, [but] how does that play out into leadership growth? How many of the board committees are diverse - if you've got a gender lead, or this leader, what true power do they have? Can they make policy changes? Do they have accountability? Do they have resources? So how do you take that next step and ask those questions? Is this a decision-making position? Is this a policy making position? Or is this simply an advisory role?"<br><br>• "Making sure that the right people are promoted in visible leadership positions."<br><br>• "If there are no women at the seat of the table, bring more women at the seat of the table…really disrupting the structure, so there are people of color, and |

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| | make it clear to the entire organization and to the entire world that this are your commitment and this is what you're doing." |
| Allocating dedicated resources | • "They're usually not given resources, and that's my constant challenge like 'where are the resources?'"<br>• "We were all volunteers working on this task force for a year, trying to say, '*we need to be bringing in experts to do this*', and, you know, spent a year advocating together an investment to then bring in consultants who would develop a strategy… before what I hope will be actually having a full-time person to do this."<br>• "Resources this is something what I've noticed with any gender issue, always right. You have 10 advisors. You have 10 focal points with zero resources. What are you going to do … we have an excellent diversity in inclusion coordinator, and she has no resources … it's really, she has no resources."<br>• "It is a technical area in and of itself."<br>• Mid and Smaller organizations struggling in resource allocation. Need to put resources, energy, training, and time. Time is a key resource – need to allocate commitment and time to DEI. E.g., DEI council, allocate money, develop internal gender markers for transformative cultures and DEI measures.<br>• Think about the equity part when allocating resources.<br>• "We have about 30-35 dedicated staff members for this work, at the global level, not counting the people at the country levels. So it's about analyzing where the person is sitting at the hierarchy of the organization. I wonder how people would relate to me, if I were a white American woman. How people would respond to me if I were a white woman. But I don't think that is an excuse to not include women who do not have power. And not make it about you but about the organization and the people. Because often times people don't want to give up their power." |
| Embed gender equality in organizational value | • "Diversity, equity, and inclusion as an enabler to our change, our change structure that are outlined in our corporate strategy. So, include diversity, equity, and inclusion organically in your business strategy. And that means, once it's in the business strategy, then it's the business of everyone, the business of every department to really integrate diversity, equity, and inclusion."<br>• "What are your values – as an organization. Do you believe in fair opportunities? Do you believe in equity? Do you believe in respect and inclusion? Integrate these things in your values and if your values are out to date, please put values right and let those values reflect these new realities that that are there. Organizations need to recognize not only the moral case of this work or the justice case which the movements have been trying to push a very moral case - but there's also a strong business case. When you do this, you're able to attract the best talent, you're able to come up with inclusive agenda."<br>• "It is really grounded in the "value" of the organization, and it is really grounded in the value of the organization and mainstreaming the |

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| | organizational value to all our members – so from our corporate perspective it means that making sure that people are included -so not only are the policies inclusive but also checking and assessing how people are aligned to our gender equality value and the bigger picture of the organization. So we need to be fully aware of what is the gap and what is the work we need to do. So that is about bringing people on board. Also in performance, goal setting, and assessment – how to mainstream our values and how to hold people accountable to align with our values." |

- **Sub Theme 4.2: Challenges Faced While Implementing Gender Equality at Work**

Most of the participants in the study shared the difficulties they and their organizations faced while implementing gender equality initiatives. These difficulties and challenges are summarized in the table below.

- **Issues with Prioritization**

Participants shared how the biggest challenge faced was in terms of "*translating commitments into investments*". Because, while organizations may have commitments it may be difficult to prioritize the issues to address. One of the participants shared how at times there was a lack of commitment from the top leadership which acted as the biggest hindrance. One of the female participants, serving as Global Gender Equality Lead shared an example that "*when you have a limited budget, do you fund a gender specialist or a health specialist? Do you hire a dedicated gender specialist or find someone who is already working with you? These are difficult management dilemmas*." Another female participant, serving as Deputy Director of Gender, shared how at times within organizations, many people understand why gender equality is

important, based on the evidence on best practices, but they face a challenge in prioritizing issues and "*allocating time, budget, and resources*" to this work.

Another female participant, serving as Senior Advisor on Gender, highlighted how having a clear set of priorities and positively working on them was critical to this work, but sometimes the priorities were not so clear. One of the male participants, serving as Director of Diversity, Equity, and Inclusion, shared how there was a need to define "gender", and whether it includes transgender community. He further added how culture and context were also a challenge, for example, culture in India, Kenya and USA are very different. So, while one behavior may be appropriate in one country it may not be acceptable in another, which becomes challenging at times for example, in defining sexual harassment behaviors. Thus, organizations need to adopt cultural competency while implementing their gender equality initiatives.

One of the male participants serving as a Gender Equality Lead at a large multilateral organization further added how it was important to have leaders as strategic partners, "*there are challenges in how we strategically work with leaders to ensure that we are effectively advancing our agenda. And having them be partners, and allies in this work - there's a lot of competing priorities that at large institutions like ours. And how do we continue to bring our leaders along and see how addressing gender inequality is at the root of how we can achieve our goals and our mission as a child rights organization*."

- **Allocating Resources**

Allocating resources dedicated to gender equality initiatives posed a significant challenge, notably for smaller and mid-sized organizations with limited budgets. Additionally, organizations reliant on donor funds found themselves constrained by the priorities set by these donors. The lack of support from donors for internal organizational change initiatives made it hard to secure ample resources to hire gender advisors and allocate funds to gender equality initiatives within the organization. A female participant, acting as the Global Gender Equality Lead, expressed this frustration, stating, "*there isn't enough money or funds from the donors... most of the donors these days are funding emergency situations... they are not giving [funds for] organizational support*."

The challenge extended to securing budget allocations for gender equality work within the team. Another female participant, serving as Director of Gender, highlighted the constant struggle to determine the necessary investments and resources for this work, which often depended on donor priorities. She emphasized, "*when the donor is clearly asking, then it happens... It becomes even more challenging when people do not understand why gender is important*." Despite their organization's focus on serving women and girls, there was a misconception that working with women eliminated the need for further gender-focused programmatic interventions, complicating resource allocation.

- **Finding the right talent and ensuring diversity**

Female participants shared how at times organizations may have commitments and intent towards gender diversity, but ensuring diversity within an organization was a challenge due to various cultural and contextual constraints. For example, one female participant shared how it was a challenge to "*deploy women in humanitarian crisis situations, especially in the leadership roles*". She highlighted how this was mainly due to the gender norms that expect women to take care of their families and children. So, unless "*we find ways to make humanitarian duty stations family-friendly, for example, by allowing spouses to visit regularly, or offering childcare; unless we are creative with our approaches, we will not be able to meet the parity targets*".

Another female participant, serving as a Country Lead at a large multilateral organization, highlighted how it was difficult to find people with a background in gender equality. She added that is because "*colleagues are not always attuned to global standards; they learn but do not always adapt*" to the socio-cultural norms of the societies they serve. A female CEO in the study also shared similar concerns that "*staffing patterns in our international offices and some countries having male leaders, for example, teams are mostly comprised of men in our country offices*" so it was likely that a man would be promoted to a higher-level position. They were looking to recruit leaders in three of the countries they served, but only male applicants applied for the position, and their motivation was to hire the best candidate from the pool instead of hiring based on gender preference. Thus, in some countries it was difficult to create the balance, especially countries in the global South such as in Africa or India. She also added that since there were only a few women in the leadership roles, those women get a lot of offers so it is difficult to attract the

best possible candidate due to competition. Therefore, it was necessary to support the "*pipeline of women candidates*" and "*do succession planning*".

Another female CEO in the study highlighted how she had an experience of working in research institutes in the past six to seven years, and she was surprised at the preponderance of men in those organizations. She highlighted the implicit challenges organizations face due to the masculine history of the field which favored more men to occupy roles and positions within the research institutes. But things were changing since in the previous organization she worked the director was a woman, and head of HR was a woman, and so "*seeing director generals of scientific organizations being a woman is great, since most leaders tend to be men*". She also added that this was because the women in that organization were pushy, but the organization itself was not targeting to hire women, so there was a chance of women being overlooked or sidelined for promotion had they not been pushy. She highlighted how within the organizations the "*preference is given to men until the issue (of gender equality and diversity) is raised*".

- **Implementing Policies**

Organizational leaders highlighted that while you may have a policy, its implementation remained a challenge. One of the female participants shed light on this by sharing how despite being a rights-based organization that promotes early childhood development, they did not fund childcare support and that was because childcare services were expensive to offer. While they provided educational grants, they faced a lot of internal resistance to find resources to fund childcare support. She further added that their organization had achieved gender parity due to

the affirmative action plans such as requiring managers to hire women whenever it was possible or when they found the suitable candidates, but since a "*lot of men were already competing for those roles, they felt controversial to say we had to prioritize women*." She also added how "*even female staff did not want any kind of favoritism, as they felt they wanted to compete on merit*."

Another female participant, working as Senior Advisor on Gender at a large multilateral organization added that the biggest challenge was that there was at times no implementation plan. And that things got moving only when it came right from the top leadership. One of the male participants, working as Gender Equality Lead at a large multilateral organization shared "*how are we ensuring that the systems we use from like recruitment strategies to hiring to retention to how do we reward people within the organization - how does that all work towards a common goal of gender equality and social justice? We could be reviewing strategy documents and policy documents our whole lives and so how can we make sure that it's in the system. So, it's not dependent on us as individuals but already baked into the system, so that kind of transformation of people and culture takes a while and it's challenging*."

Additionally, one of the female participants, working as Vice President highlighted how it was challenging to have a policy for everything. While there is a system in place for updating the policies, their programmatic policies were at times driven by the donors. Another female participant, acting as CEO of the large providers shared how "*at times the policies were linked to the contexts. e.g., parental leave policy even if you offer it to men, some won't come home and contribute. The work of caretaking is only on women. How to strike a balance? Extending baby*

*and children room but people say they were not comfortable bringing children to work. How to be sensitive to these issues?*"

- **Building Mechanisms of Accountability**

Participants shared how building a mechanism of accountability was essential to overcoming challenges. But at times building accountability and transparency in the organization was a challenge in itself. During the discussion, one of the female participants, serving as Deputy Director of Gender, at a large organization mentioned that accountability entails identifying the individuals who will be responsible for ensuring that it is upheld. Additionally, it was emphasized that accountability also involves guiding teams and empowering them to execute plans, which can be challenging when working with a limited team size. Another female participant shared that identifying leaders and focal points was critical to the success of gender equality initiatives and then designing the program implementation phase. She added that accountability mechanisms would ensure how this work is conducted and make their efforts publicly known to increase visibility and hold oneself accountable. Integrating gender equality as an organizational effort was critical.

- **Internal Resistance and Backlash from Leaders**

Organizations at times face internal resistance and backlash to their gender equality work, stemming from power dynamics that threaten the position of people with privilege. One of the female participants shared "*there is internal resistance to Gender Parity - as the majority of the*

*men, especially those with 20+ years of experience in the field, and most of whom are white, automatically start feeling an entitlement to career advancement and promotion. They feel threatened by women in leadership. They started reiterating loudly that "what about us? So, what can you say when you are faced with resistance? A part of this requires advocacy and need to swallow the hard realities and acknowledge only a part of the change."*

**Theme 5: Commitment To Gender Equality and The Willingness to Act to Create Decent Work Environment**

- **Sub Theme 5.1: Organizational Culture as Driver of Safe Work Environment**

Both male and female participants underscored the importance of establishing a safe work environment, emphasizing that this begins with committed leadership at the top, shaping an organizational culture intolerant of such behaviors. They highlighted how organizations often are the "microcosmos of the broader society", describing workplaces as a reflection of broader societal constructs. For example, one of the female participants serving as Deputy Director of Gender Equality highlighted how discrimination is often based on people's identities such as their gender, race, income, or religion, and these constructs of social identities play out within the workplace as well. She further highlighted how women despite being the majority of the health workforce, faced threats to their safety and endured sexual harassment within their workplaces, such as in the case of community health workers.

Another participant, a country director and female leader, emphasized the prevalence of ignorance regarding these issues. She stressed the critical role of leaders in raising awareness by establishing effective reporting mechanisms founded on the principle of "do no harm."

Additionally, she underscored the importance of leaders proactively supporting employees experiencing such challenges in the workplace, emphasizing the need for a supportive approach towards those affected.

*"…. within that time span of [your work] you witness and go through many different layers of gender inequality harassment. I think that's unfortunate, but I think that's the reality. I think part of it is because even the men that we work with are raised in this [way] that they don't know any better. They make remarks that I think would just be sexist. But I think often they don't even know themselves and I don't think that excuses them from making those remarks…… But if the other party has the intention to harm you that's a totally different thing, and I think that's where you have to report cases, you have to interfere, and as a leader, you have to correct these behaviors. I think it's not easy*." (Participant # 6, Female Leader, Country Director)

Additionally, participants emphasized the need for zero tolerance policies towards workplace violence and microaggressions as they perceived such measures to be vital for fostering a respectful and inclusive workplace culture. It was also highlighted how workplaces do not often provide a safe work environment for people to speak up without fearing the backlash from their leaders. Therefore, fostering an environment where organizational leadership viewed feedback not as criticism, but as constructive input was perceived as crucial element of an inclusive organizational culture.

One of the female participants emphasized that organizations needed to clearly outline the model behaviors they were promoting, while emphasizing the behaviors that would not be tolerated.

She provided an example of how their organization revamped their anti-harassment policy to being a broader *Workplace Culture Policy*.

"*I think institutionalizing mechanisms that continue to have a pulse check on our culture is critical…. [conducting] human resources pulse engagement surveys to [understand] how are we truly trying to understand our culture and looking at the deep structures of our organization. [This entails examining] how we are doing the work as individuals, and particularly as people in positions of power? How are our managers really creating an environment where staff can thrive, where they can be themselves, and how we are absolutely striking down any semblance of discrimination and harassment and are there any consequences for that.*" (Participant #10, Female, Gender Rights and Justice Lead)

One of the male participants, serving as a President and CEO, highlighted how younger generation was redefining workplace culture and norms, and building inclusive environments that were intolerant of discrimination and harassment at work. In doing so, they were redefining organizational culture. Another participant highlighted a significant shift in culture, noting that individuals dissatisfied with their employers were now more inclined to leave compared to the past.

"*People younger than me are not putting up with things [that] we used to put up with, [such as] bullying*." (Participant #11, Male, President and CEO)

- **Sub Theme 5.2: Adopting Data-Driven Approaches to Raising Awareness**

Participants highlighted how workplace violence and harassment was disproportionately faced by women in the workplace and addressing these issues required evidence-based approaches backed by data, advocating for practical solutions over rhetoric or ideologies.

"*….there is what you manifest as your principles, and yours statement of intent and then a critical piece is to explain how you're including the flaws that you're encountering. And then third would be some sort of external validation of that. And that's why I think Global Health 50/50 is valuable. [It provides some] way to get outside validation of what you claim*." (Participant # 11, Male, President and CEO)

A female participant, serving as President and CEO, emphasized the fundamental nature of incorporating diversity, equity, and inclusion within their business. She mentioned utilizing their global meetings to destigmatize issues such as HIV and ensuring transparency of their efforts by widely circulating this information through their communication channels so everyone within the organization would be on the same page. Additionally, she highlighted their approach of incorporating inclusive survey questions into regular pulse checks. This strategy enabled them to conduct periodic assessments of workplace culture and related issues, forming data driven approaches to be an integral part of their ongoing efforts.

"*Show the impact of numbers.*" (Participant #10, Female, Gender Rights and Justice Lead)

**Theme 6: Gendered Expectations of an Ideal Worker Image**

- **Sub Theme 6.1: Challenges of Work-from-Home and Strategies to Overcome Challenges**

Participants highlighted how COVID-19 pandemic highlighted to them that remote work was possible, and that people no longer had to be in the office to perform their tasks but could rather work from anywhere as long as they remained productive. A few of the participants shared how their organization had adopted flexible work arrangements even prior to the pandemic, which enabled them to transition to work-from-home after the pandemic at a much quicker pace since they had all the protocols in place. While most participants agreed that flexible work arrangements improved the overall work-life balance of workers, they highlighted some of the challenges of flexible work arrangements and strategies to overcome those challenges.

- **Work-From-Home Is Not Possible for All Kinds of Jobs**

One of the female participants shared that work-from-home was not possible for all kinds of jobs. She shared an example as to how "*in humanitarian crisis as you cannot deliver the services children need from your home. You cannot meet governments around decision-making related to vaccines or have any difficult conversations virtually, you need to build a relationship in person. You have to visit the children to see if they are getting the services and talk to the communities. Thus, flexible work does not work for certain kinds of jobs*". She further added as they had realized that work-from-home was not possible for their work, they asked managers to carefully examine all the job roles and access which one could be made remote e.g., financial accountants vs. head of water and sanitation in a refugee camp. She further elaborated how they were addressing this

challenge: "*so we are just in that line of work that does not permit flexible work for everyone all the time. We are also shifting barriers around the kind of jobs and people within [our organization] in terms of how they approach work-life balance. This is hard. We do have staff counselors, peer mechanisms, and we have managers who create the kind of workplaces that are good to work in. We have the indicators to monitor this, so when we hire managers, we are looking for competencies around diversity, equity, and inclusion, for flexible and tolerant workplaces, creating enabling work environments. So, we are looking for managers that match our policies. But there will always be certain kind of jobs such as water engineer in a refugee camp in Gaza or war in Ukraine, that require 24/7 work and they cannot go home. They cannot visit their families and live in basements*". Hiring women in humanitarian crisis was also a big challenge but organizations should still strive to hire them and ensure that the working environments are conducive for women to work. One of the female CEOs shared how she struggled to get donor funds to support the salaries of their drivers who were no longer required by their office during the pandemic related lockdowns. She also highlighted how the narrative that "*work-life balance was a woman's issues*" needed to change, so their organization aimed at providing flexible work hours to everyone within the organization.

- **Challenges for Working Mothers and Caregivers**

Flexible work arrangements and work-from-home were also a challenge for working women, especially those with young children or with care responsibilities such as taking care of the elderly or sick people at home. One of the female participants highlighted how working mothers were taking care of their children during the day and working through the night which was not a healthy

work-life balance. She shared her personal experience with blocking childcare on her work calendar to let her co-workers know that she will be unavailable during that time and how her co-workers respected her time during those time blocks. Another female participant highlighted how her organization had previously adopted a strategy to work two or three days a week from office and all employees were expected to come in office on the Wednesdays. But they soon realized, after the pandemic, that most of the people worked from outside of the state, to be with their families. And some of the staff had young children at home, so they required privacy. So, then they change the strategy to coming to the office at least three times a month, and on the same day as everyone else. Also, young working mothers were compensated to arrange for childcare support. One of the male participants, working as Gender Equality Lead mentioned how their organization implemented use-time for caregivers, to ensure organizational commitment to providing flexible work arrangements. Another participant highlighted how their organization implemented employee-engagement surveys to get an employee pulse check. They recognized how women were disproportionately leaving workforce as part of the great resignation phenomenon, as women tended to share the greater burden of paid and unpaid care work as mothers and home keepers.

- **Extended Work Hours**

Flexible work arrangements and work-from-home created a challenge of working longer hours as the boundaries between work and personal life were blurred. For example, the participant had to wake up really early to connect staff in country offices that were in a different time zone. Working longer hours was particularly a challenge for workaholics who then put extra pressure

on themselves by working longer hours. One way their organization was combating this was by offering Friday afternoons off to accommodate for the extended work hours. One of the male CEOs shared how he and his wife had contracted COVID-19 but still continued to work from home, without taking a leave. He also shared how his organization obtained legal status to operate in different states from where their employees wanted to work from, so that they could stay closer to their families while still enjoying the salary rate based on Washington D.C. One of the male participants, serving as a Vice President, shared that while he enjoyed the perk of not needing to commute to office, he felt he worked longer hours to be able to connect with colleagues across the world.

- **Issues of Inclusivity and Sense of Belonging**

One of the male participants working as Senior Vice President shared how he developed a greater sense of understanding of employee's circumstances, especially challenges faced by married women and those with younger children as women still needed to carry the greater burden of home responsibilities. He further added how leaders needed to keep their guards up to recognize the challenges faced by diverse group of employees and set clear set of expectations by modeling their own behaviors, since COVID-19 pandemic posed a great deal of uncertainty among the workers, so they needed to look up to their leaders for guidance. One of the male CEOs in the study highlighted how working remotely created issue of inclusivity and sense of belonging. So, their organization became intentional about "*evaluating who is not in the room*". He also mentioned how he became more aware of challenges faced by colleagues working in constraint situations such as those living and working in group housing, or those with younger children. One

of the male CEOs mentioned how he made a deliberate effort to stay connected with his remote colleagues to create a sense of inclusiveness and belonging.

**Theme 7: Moving Forward**

- **Sub Theme 7.1: Advice for Global Health Leaders Implementing Gender Equality**

Organizational leaders shared their advice and suggestions for policymakers and leaders who wanted to implement gender equality initiatives within their organizations. The key recommendations included:

- **Moving Beyond Good Intentions to Taking Actions**

During the discussion, a male Country Lead emphasized the importance of global health leaders taking action to create an inclusive culture, rather than just talking about it. He suggested that even small steps taken every day can make a significant difference, as global health organizations often struggle to implement policies effectively. Another male participant, a Global Director, agreed with this perspective and argued that leaders must act independently rather than relying on organizational structures. He stressed the need for leaders to recognize their power to disrupt the status quo and not be constrained by past practices. To achieve this, leaders must recognize their own biases and work to overcome them. Finally, another participant emphasized the importance of dedicating resources to gender equality work, such as hiring dedicated experts or consultants. This can help organizations move towards implementing actionable solutions, rather than just relying on good intentions.

- **Establishing Accountability and Transparency Mechanisms**

A male CEO in the study suggested that organizations need external accountability mechanisms to ensure they follow through on their actions. He proposed that one effective approach is to use evidence that demonstrates the positive impact of enhancing women's empowerment and autonomy on the organization's growth. The CEO also recommended sharing the outcomes with the board, highlighting both successful areas and those that require improvement. A female Director of Gender Equality added that organizations should have clear targets to measure success and report their impact to the governing board. She suggested that staff surveys and pulse checks could provide valuable feedback and avoid a top-down approach to gender equality initiatives. Another participant stressed the importance of listening to diverse voices within the organization to challenge conscious and subconscious assumptions. A female participant emphasized the need to give visibility to gender equality efforts by mainstreaming them through different staff cultures and attitudes to push country offices into compliance. Creating a gender equality policy and communicating it widely across different levels of the organization was also essential to building a system of accountability. Developing metrics to measure the success and effectiveness of the programs was crucial to assessing whether the organization was meeting inclusion goals. Finally, one participant suggested that integrating gender into the organizational and business strategies was necessary to move beyond good intentions, as the business case for gender equality had already been established.

- **Leadership Commitment and Buy-in**

During the discussions, it was emphasized that leaders must lead by example, modeling behaviors that promote gender equality. A male CEO noted that passionate and motivated leaders played a crucial role in the success of gender equality initiatives. He suggested that leaders should identify and cultivate champions of gender equality within the organization to create a community of individuals who share a common vision and values. The CEO recognized that implementing gender equality initiatives was challenging but important work. Therefore, the drive and motivation of leadership were essential to keeping organizational efforts focused on creating a culture of diversity and inclusion.

A female Director of Gender Equality stressed that promoting gender equality was not solely the responsibility of the gender equality team or task force. Instead, senior leadership must be held accountable for promoting gender equality within the organization. Another female participant, a Country Director, added that organizations needed to embrace diversity and understand the importance of gender equality initiatives. This involved training leaders who could provide support to champions of gender equality. Organizations could also appoint someone from a minority background to achieve a leadership position, as a way of demonstrating their commitment to diversity.

It was also suggested that organizations should recruit qualified experts such as gender advisors, recognizing that gender equality efforts required more than one person to lead and to drive the initiatives. One participant noted that leaders themselves were not always good examples, as

they did not always walk the talk. Therefore, they have an obligation to practice feminist principles and cultivate an understanding of the realities and circumstances that individuals face, as these can significantly impact the success of programs. Leaders should stay humble, curious, and courageous in their efforts to implement gender equality initiatives, modeling behaviors that promote a culture of inclusivity.

- **Adopt People-Centered Approach**

During the conversation, the Director of Gender Equality, a female participant, emphasized the significance of hearing from a diverse range of voices within the organization. She suggested that this would provide valuable insights into the distinct lived experiences of individuals. Moreover, involving individuals in the process of designing approaches would result in a people-centered approach to equity, diversity, and inclusion, which would cater to the needs of people within the organization. One of the female CEOs who participated in the study pointed out that this could also be accomplished by sharing and learning from best practices in the field. She mentioned that some organizations had subgroups and task forces dedicated to gender equality initiatives. Similarly, one of the male CEOs noted that staff input was often the key driver of success, as was the case in his organization. He stressed the importance of cultivating and encouraging staff to suggest new avenues and methods for gender equality initiatives, rather than just paying lip service to the work.

## 5.5. Discussion

The study sheds light on how global health organizational leaders perceive gender equality and how they are addressing these issues within their workplace. In doing so, the study reveals important aspects of the gender inequality regime framework and how organizational processes, mechanisms, and procedures create and recreate gender inequalities in global health workplaces. The key findings of the study are as follows.

- **Gender Awareness Among Organizational Leaders**

Both male and female global health organizational leaders revealed how gender awareness among organizational leaders was essential to leading gender equality and diversity, equity, and inclusion initiatives within global health workplaces. This awareness helped increase top leadership buy-in for organizational change and also helped organizational leaders understand why gender equality was important work and the kind of impact gender equality initiatives had on overall organizational growth. This is an important finding, considering historical organizational literature created the invisibility of women in the workplace as it was largely written by and for men (Kelan, 2008). But the recent rise in global health scholars exploring the underrepresentation of women in global health workplaces has underscored the need for promoting gender equality within global health workplaces (Manzoor & Thompson, 2019a), which requires organizational leaders to be aware of the gender subtexts that operate within organizational settings to create inequalities.

Furthermore, previous studies have highlighted how openness to women's leadership at work signals awareness and commitment to gender equality and workplace ethics that increase both men's and women's propensity to call out unethical practices at work (McCabe et al., 2006). Gender awareness among leaders also enabled organizations to move beyond the gender binary as a construct, and to examine it along the full spectrum, which involved including people from the larger LGBTQ community and integrating them into the workplace, incorporating the need to approach gender equality initiatives with an intersectionality lens.

As organizations have historically been viewed as heterosexual, this understanding of gender as a non-binary construct has the potential to create enabling environments to include gender diverse people in the global health workforce and provide them with opportunities to achieve their full potential. Furthermore, the assessment and reporting of gender representation in the global health workforce have traditionally relied on binary gender models (World Health Organization, 2019), along with advocacy campaigns aimed at increasing the presence of women in leadership positions. Although women continue to constitute the majority in both the global population and the healthcare workforce, recent consensus data from countries such as the US (The Williams Institute, 2022), Canada (Gill et al., 2018) and the UK (Booth & Goodier, 2023) indicate a growing presence of gender-diverse individuals who could benefit from initiatives promoting gender diversity, equity, and inclusion (Gill et al., 2018). Research shows that when employees are supported at work and are allowed a space to be their authentic selves, they tend to perform better, exhibit greater engagement, and have higher job satisfaction (Bosch & Taris, 2014). Additionally, people identifying as non-binary tend to face unique set of challenges in the

workplace such as stigma, discrimination, hostility, and pressure to manage their gender identities at work (Thoroughgood et al., 2020). But only a few organizational change models specifically address the issues faced by gender diverse people. Consequently, organizations may encounter increased turnover and potential legal action if they neglect to address specific policies concerning non-binary individuals (Burns, 2012). Hence, it is important to move beyond these conventional binary gender classifications and adopt a more inclusive organizational approach that recognizes and embraces non-binary individuals. Furthermore, understanding and awareness of gender equality is also linked to organizational leaders' self-reflection and overcoming their own biases and blind spots. Privileged leaders often suffer from a bias blind spot, making them believe that they are less susceptible to biases as compared to others (Fuchs et al., 2018).

- **Perceived Gender Differences in Leadership Traits of Champions of Gender Equality**

The study further explored how leadership qualities are viewed through a gendered lens within the context of advocating for gender equality. Both male and female leaders highlighted that global health leaders needed to *walk their talk* on gender equality by taking the first step towards building a culture of inclusivity and belongingness. Creating a sense of belonging was determined as an essential component of gender equality initiatives as merely diversity in representation was not perceived as sufficient to ensure inclusiveness and belonging for the employees. Examples of such behaviors included leaders having regular check-ins with their remote colleagues to ensure they feel included which is also in line with previous studies (Perna, 2021). Organizational leaders'

commitment to gender equality also determined the success of the gender equality initiatives (Gill et al., 2018).

There were perceived differences in the understanding of the leadership traits needed by champions of gender equality among male-led organizations versus female-led organizations. While female-led organizational leaders perceived the need for leaders to commit to inclusion and diversity by creating spaces that were non-hierarchical, male-led organizations emphasized the need for building mechanisms of accountability by establishing key performance indicators. Female-led organizations also differed from male-led organizations in creating a sense of justice within organizations. They emphasized the need for advocating for humanity and adopting value-based principles of equality and moving beyond discriminating based on gender or race. Male-led organizations emphasized reflecting on the exercise of power and recognizing privilege associated with male gender. In adopting communication styles, female-led organizations emphasized the need for clear and transparent communication and the need to adjust language where needed, whereas male-led organizations highlighted the need to give visibility to the issue and helping others create a sense of their own voice. Apart from the differences, both male-led and female-led organizations perceived the need for adopting a participatory approach to gender equality. Female-led organizations highlighted the importance of building male-allyship and working with communities to finding solutions together, while male-led organizations emphasized the need on building strategic partnerships that could enable drawing people in based on mutual interests.

Furthermore, global health leaders emphasized the importance of making gender equality a requirement for all leaders, regardless of their gender. It was recognized by both men and women that on occasions, female leaders may also conform to patriarchal traditions in order to conform to the masculine leadership models (Diehl et al., 2022). Therefore, attributing responsibility for workplace gender disparities solely to male leaders was considered inaccurate.

Additionally, most of the participants in the study self-perceived themselves as *champions of gender equality*, quoting their life experiences and upbringing as reasons for developing their sense of human rights and justice. However, there were few of the participants who did not call themselves as champions of gender equality, citing that this was core part of their job for which they were getting salaries. Thus, they would not consider themselves as champions necessarily as this work was part of their bread and butter. This was an interesting and honest perspective, considering they questioned their capacity to advocate for the cause if it weren't an integral part of their paid work.

- **Moving Beyond Check-the-Box Strategies to Gender Equality**

Participants also highlighted how global health organizations have the tendency to adopt check-the-box strategies as that is often an easy solution. In line with previous studies (Amante-Jackson, 2020; Carter, 2022; Howson, 2021), leaders shared their perspectives on how organizations can move beyond check-the-box strategies to gender equality which involved buy-in from top leadership, moving beyond tokenism to disrupt the power structures that hold underrepresented groups out of the workforce as well as top leadership roles, adopting evidence-based solutions to

learn from others as well as identifying what worked and what did not work, allocating dedicated resources to gender equality initiatives, and building a mechanism of accountability and transparency.

- **Designing Inclusive Organizational Culture**

Cultural competence was also determined key component of how gender norms shape workplace culture, thus making one-size-fits-all approaches to gender equality as unfit across different country and cultural contexts (Bennett, 2013). For example, gender and cultural norms in certain countries limited the number of women in the workforce, so making it more difficult for organizations to hunt for qualified women for the leadership roles. Succession planning in such cases was identified as a potential solution to create a pipeline of talented women in the global health workforce. Succession planning would also be helpful in creating diversity, as fewer women leaders in the workforce tend to be in high demand, and global health organizations need to compete with each other to tap on to the qualified person for the job. Appointing the right people for the job was also identified as a critical strategy to ensure culture of gender equality.

Additionally, organization size and type were determined as key factors for implementing gender equality initiatives. For example, smaller and mid-sized organizations often face limitations in resources, whereas larger organizations may have bureaucratic structures that generate internal resistance to change. This was also particularly true for global health organizations that were heavily dependent on donor funds, as those funds seldom provided provision of implementing in-house organizational change agendas and rather focused on external programming aspects.

- **Expectations of Ideal Worker Image as Barrier to Gender Equality at Work**

The study also sheds light on how remote work arrangements, including flexible work arrangements and work-from-home strategies, can create obstacles to building an inclusive culture and fostering a sense of belonging among remote workers due to the “ideal worker” norm. These findings are in line with previous surveys that found that almost 70% of the workers felt more isolated while working remotely, as the majority of the workers were likely to miss in-person meetings and office celebrations (Robinson, 2021). Around 63% of the respondents also felt less engaged with their team (Robinson, 2021). Additionally, past research has shown that working mothers faced a bias when requesting flexibility at work (O’Connor & Cech, 2018) and that salaries of remote workers grow more slowly due to negative perceptions of workers who demanded remote work (Golden & Eddleston, 2020).

To address these challenges, organizational leaders must be aware of the issues and regularly check in with staff to identify and address concerns. It is important to recognize that organizations often operate on an “ideal worker” model that favors male workers who do not have family or childcare responsibilities. Thus, it is crucial for leaders to acknowledge their internal biases and assumptions and consider how women and other minority groups may be disadvantaged by remote work strategies.

- **Future Directions for Advancing Gender Equality in Global Health Organizations**

The study highlights valuable insights from global health leaders that can be useful for other aspiring global health leaders aiming to create inclusive work environments and moving beyond good intentions. Participants highlighted the pivotal role of initiating action and taking the first step towards building an inclusive culture. Often times, leaders and organizations spend too much time in planning, therefore, it was emphasized that bias to action was an important step forward. They also emphasized the need for organizational leaders to exhibit their vulnerability and authenticity in acknowledging that they may not have all the answers but that they are aiming to work together with their stakeholders to learn what makes organizations more gender equal. They emphasized the effectiveness of adopting a collaborative strategy for gender equality initiatives, as it not only cultivates a more human-centric approach but also garners support within the organization.

Additionally, they underscored the significance of instituting robust systems of accountability and transparency, crucial for ensuring the efficacy of such initiatives and underlining the need to monitor ongoing progress and evolution stemming from those initial efforts. Above all, participants stressed the imperative for organizational leaders to transcend contemplation and adopt a proactive stance in actualizing gender equality, advocating for tangible and measurable actions to drive meaningful change.

- **Evidence to Support Gender Inequality Regime Framework**

The study provides support for the utilization of a gender inequality regime framework in revealing gender inequalities within global health organizations. In particular, the study strongly provided evidence to substantiate the leadership and hierarchy component of the conceptual framework, highlighting the role organizational leaders and top management play in implementing gender equality agendas. The study also provided concrete evidence to support how expectations of ideal worker may play a part in organizational settings, particularly when offering flexible and remote work options and role organizational policy plays in implementing gender equality agendas at work. While the study did not provide concrete evidence to support other components such as hiring, retention, and promotion; compensation; and workplace violence; the evidence from this study do provide suggestive evidence to support these components of the conceptual framework in revealing a gender inequality regime within global health organizations.

- **A note on my positionality within the context of this research**

As a qualitative researcher, I adopted a reflexive approach, recognizing the impact of my identity within this study's context. First, my identity as a female international student hailing from a low- or middle-income country (LMIC) shaped my worldview and perspectives on matters of gender and gender equality within global health. My background has sensitized me to the unique challenges faced by women in LMICs, where disparities in access to education, healthcare, employment, and economic opportunities persist. These experiences have honed my awareness

of the urgency of addressing gender inequalities on a global scale, and particularly within global health.

Additionally, I acknowledge my role as a student conducting interviews male and female global health leaders. Interviewees hold positions of authority within the organizations they lead; thus, it is important to acknowledge the power dynamics inherent in these interactions. Additionally, these leaders are difficult to recruit for an interview in the dissertation study considering the time constraints they have. Therefore, as a researcher, I exhibited flexibility to accommodate their time schedules. Additionally, I acknowledge the challenge of recruiting male and female global health leaders from organizations based in LMIC contexts.

While I have strived to create an inclusive and respectful environment that encouraged open dialogue and ensured that all voices were heard and valued in the research process. However, despite my best efforts, there remains the possibility that certain global health leaders may have hesitated to participate in the study or to express their perspectives during the interviews given the sensitivity of the topic. They may have also exercised caution in responding to the interview questions which could have implications for the findings of the study.

Moreover, my positionality as a young mother has played a pivotal factor in shaping my thinking about gender equality in workplaces and issues of achieving work-life balance. I have experienced firsthand the challenges of balancing work and family responsibilities, and the biases and assumptions that can be made about women who prioritize their families. These experiences have led me to become more aware of how gender inequalities manifest themselves in workplace

settings, examples of which include flexible work arrangements, or the pervasive gender pay gap in global health. At the same time, my positionality as a young mother has also given me a unique perspective on the potential benefits of gender equality, such as increased job satisfaction and retention rates for working mothers.

Furthermore, my identity as an international student has shaped my understanding of how the intersectionality lens is important in addressing issues of gender inequality in the workplace. I am also attuned to how cultural backgrounds can significantly influence perceptions of gender, and this awareness informs my approach to understanding the multifaceted dimensions of gender-related issues within this research. While my identity as an international student has provided valuable insights, it is crucial to acknowledge that it may also introduce biases or limitations in interpreting and analyzing data. Thus, I approach this research with both a critical awareness of my positionality and a commitment to conducting rigorous, culturally sensitive, and contextually relevant research on gender and gender equality.

- **Strengths and Limitations of the Study**

The findings of this study need to be viewed in light of its strengths and limitations. Organizational leaders are often very busy, and it is hard to get them to commit to an hour-long interview. The sample of organizational leaders championing gender equality for this study were selected based on high performance on “commitment to gender equality” and whether an organization has a “workplace gender equality policy metrics” in the Global Health 50/50 report, “Gender Equality – Flying Blind in the Time of Crisis”, published in 2021. While commitment to gender equality and having gender equality policies are important indicators of gender champions, these do not

necessarily reflect the essential steps these champions have taken towards implementing gender equality. Therefore, the interviews may have revealed a biased response from the selected sample, which is difficult to unpack for me as a researcher as I relied on the responses received and drew meaning and conclusions out of them.

Furthermore, the study draws findings from both male and female leaders' perceptions on gender equality eliciting important similarities and differences in which men and women lead gender equality agenda. However, as organizational leaders are often the beneficiaries of the gender inequality regimes, expecting them to be part of the solution may have been an over assumption on my part. Studies have shown that at times both men and women leaders are resistant to change due to their conflicting interest.

Moreover, study most of the organizations selected as a sample in the study were based in the United States, so the findings from this study need to be interpreted with caution as they are not generalizable across different types of organizations or across different cultures and country contexts. Having said that, it is worth noting that the use of in-depth interviews provided me with detailed and nuanced insights into the perceptions, attitudes, and experiences of global health leaders across different organizational settings. These leaders were also able to share deeper insights into the organizational contexts and the strategies they adopted in addressing gender inequality issues. One-on-one interviews also provided me a chance to set rapport with my study participants, ensuring them confidentiality, and encouraging organizational leaders to speak candidly about the sensitive topic of gender inequalities. It also provided me with in-depth responses that I was able to compare across the different organizations. The main goal of these

interviews was to identify policies and best practices that aligned with global health leader's perceptions and recommendations. Considering these benefits, the study's relatively modest sample size is not necessarily deemed a limitation since the study did not intend to make claims about broader generalizability. It is worth noting that the study's findings may actually be applicable or transferable to other organizational settings or groups that exhibit similar characteristics.

And lastly, the concept of leadership was viewed from an organizational perspective and examined from the lens of organizational hierarchy. However, it is worth acknowledging that leadership appears in both formal and informal settings and aspects of leadership beyond designations and titles were beyond the scope of this study. Hence leadership in informal settings needs to be further explored.

### 5.6. Policy Relevance

This study holds significant implications for policy formulation and implementation of gender equality initiatives within global health organizations. Firstly, it sheds light on the pivotal role of organizational leaders, both men and women, as champions of gender equality agenda within global health organizations. This entails having commitment and buy-in from the top leadership in driving organizational change and emphasizes the influence these leaders play in implementing effective change in creating inclusive organizational cultures.

Furthermore, the study challenges the traditional perception that gender equality is solely women's responsibility. The study advocates for the involvement of men as crucial allies in advancing gender equality agendas. This evidence and insight can drive global health organizational policies that encourage inclusive participation and collaboration among both men and women in global health organizations.

The study also provides evidence that underscores the need for substantial and impactful measures in implementing gender equality initiatives. This involves influencing organizational policy that moves beyond good intentions and check-the-box strategies for implementing gender equality agendas to steer organizations towards more comprehensive, meaningful, and sustainable approaches to addressing gender inequalities in the global health workplaces. In doing so, the study provides useful strategies based on the perceptions of global health organizational leaders that can serve as recommendations and learnings for other leaders within the global health sector.

And lastly, the study sheds light on assessing the adequacy of using in-depth interviews as a methodological tool to understand gender inequality regimes. Considering the sensitivity of the topic, in-depth interviews do provide useful data collection tools to capture and address gender inequalities within global health organizations. The study also provides a useful roadmap as perceived by global health leaders that other organizational leaders may adopt within their organizations. The study also aims to assess the adequacy of using in-depth interviews to elicit certain aspects of a gender inequality regimes framework as well as the use of in-depth interviews as a methodological tool to elicit certain aspects of the gender inequality regimes.

## 5.7. Supplementary Materials

- **Appendix 5.1: List of Global Health Organizations Scoring High on Commitment to Gender Equality and Workplace Gender Policy in the Global Health 50/50 report, Gender Equality: Flying Blind in the Times of Crisis (2021)**

| Sector | Organization | Commitment to Gender Equality | Workplace Gender Policy | Gender of Organizational Leader: Male / Female |
|---|---|---|---|---|
| Public Private Partnerships | Drugs for Neglected Diseases Initiative (DNDi)* | G | G | Male |
| | Foundation for Innovative New Diagnostics (FIND) | G | G | Male |
| | Global Alliance for Improved Nutrition (GAIN)* | Gp | G | Male |
| | GAVI, the Vaccine Alliance | G | G | Male |
| | The Global Fund to Fight AIDS, Tuberculosis & Malaria | G | G+ | Male |
| | RBM Partnership to End Malaria | G | G | Male |
| | Scaling Up Nutrition | G | G | Female |
| | Stop TB Partnership | G | G | Female |
| UN System | Food and Agricultural Organization of the United Nations (FAO) | G | G | Male |
| | International Labour Organization (ILO) | G | G | Male |
| | Joint United Nations Programme on HIV and AIDS (UNAIDS) | G | G | Female |
| | UNICEF | G | G | Female |
| | United Nations Development Programme (UNDP) | G | G | Male |

| | | | | |
|---|---|---|---|---|
| | UNHCR | G | G | Male |
| | United Nations Office on Drugs and Crime (UNODC) | G | G | Female |
| | United Nations Population Fund (UNFPA) | G | G | Female |
| | UN Women | Gp | G+ | Female |
| | World Health Organization (WHO) | G | G | Male |
| Bilateral and Multilaterals | African Union Commission (AUC) | Gp | G | Male |
| | Global Affairs Canada | G | G | Male |
| | European Commission | G | G | Female |
| | Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)* | G | G | Female |
| | Japan International Cooperation Agency (JICA)* | G | G | Male |
| | Ministry of Foreign Affairs of the Netherlands | G | G+ | Male |
| | Swedish International Development Cooperation Agency (Sida)* | G | G | Female |
| | Department for International Development, UK (DFID)* | G | G | Male |
| | World Bank Group | G | G | Male |
| Philanthropic and Funders | National Institutes of Health (NIH) | G | DI | Male |
| | Open Society Foundations | Gp | G | Male |
| NGOs | Amref Health Africa | G | G | Male |
| | BRAC | G | G | Male |
| | CARE International | G | G | Female |
| | Health Action International* | G | G | Male |
| | Health Poverty Action* | G, NF | | Female |

| | | | | |
|---|---|---|---|---|
| | International Federation of Medical Students (IFMSA) | G | G | Male |
| | International Federation of Red Cross and Red Crescent Societies (IFRC) | G | G | Female |
| | International Planned Parenthood Federation (IPPF) | G | G | Female |
| | Medicines Patent Pool (MPP)* | G | G | Male |
| | Mercy Corps* | G | G | Female |
| | Oxfam International | Gp | G | Female |
| | Plan International | G | G+ | Female |
| | Population Reference Bureau (PRB) | G | G | Male |
| | Population Services International (PSI)* | G+ | G | Male |
| | Save the Children | G | G | Female |
| | SRHR Africa Trust* | G | G | Male |
| Faith Based | Catholic Relief Services (CRS)* | G | G | Male |
| | Islamic Relief Worldwide | G | G | Male |
| Private Sector | AbbVie | G | G | Male |
| | AB InBev* | Gw+ | G+ | Male |
| | Abt Associates* | G | DI | Female |
| | BP | Gw | G2+ | Male |
| | Bristol-Myers Squibb | G | G | Male |
| | Coca-Cola* | Gw+ | G+ | Male |
| | DSM | Gw+ | G | Female<br><br>Male |
| | ExxonMobil | Gp | DI | |
| | GlaxoSmithKline (GSK)* | G | G | Female |
| | Heineken | G | G | Male |
| | Intel | G+ | G | Male |
| | Johnson & Johnson | Gw | DI+ | Male |
| | Medtronic | Gw | G+ | Male |
| | Merck | Gw | DI+ | Male |

| | | | | |
|---|---|---|---|---|
| | Novartis* | Gw+ | G+ | Male |
| | Nestle | Gw | G | Male |
| | Novo Nordisk• | Gw | G | Male |
| | Pfizer* | Gw | G+ | Male |
| | Reckitt Benckiser Group (RB)• | G | G | Male |
| | Safaricom | Gw | G | Male |
| | Teck Resources* | Gw | G | Male |
| | Unilever | Gw | G | Male |
| | Vestergaard Frandsen | G | G | Male |
| | World Economic Forum | G | DI | Male |
| Consultancy | Accenture | Gw+ | G+ | Female |
| | Deloitte | G | G | Male |
| | KPMG | Gw | G | Male |
| | McKinsey & Company | G+ | G+ | Male |
| | Mott MacDonald | G | G | Male |
| | PwC | Gw | G | Male |
| Research & Surveillance | The Alliance for Health Policy and Systems Research (AHPSR)* | G | G | Male |
| | icddr,b | G | G | Male |
| | Institut Pasteur | G | G | Male |
| Journals | Global Health Action* | G | G+ | Female |
| | Journal of Global Health | G | G | Female |
| | The Lancet | G | G | Male |
| | The Lancet Global Health | G | G | Male |
| | Bulletin of the World Health Organization* | G | G | Male |
| Journal Parent Company | University of Edinburgh* | G | G | Male |
| | Elsevier | G | G | Female |

The scoring index for the Global Health 50/50 report is as follows:

| Table 5.3 Scoring Index for Global Health 50/50 Report | | |
|---|---|---|
| **Score** | **Scoring Key for Commitment to Gender Equality** | **Scoring Key for Having Gender Equality Workplace Policy** |
| G | Commitment to gender equality/equity with gender referring to men and women, gender justice, or gender mainstreaming in policy and planning. | Gender equality affirmative policy with specific measure(s) to improve gender equality and/or support women's careers |
| GP/ GE | GP: Commitment to achieve gender equality, with focus on empowering women and girls | GE: Gender equality affirmative policy with specific measure(s) to improve gender equality. and/or support women's careers; EDGE certified (external validation) |
| ()+ | commitment is inclusive of LGBTQI | Specific mention of no discrimination based on gender identity/other mention of inclusion of transgender or gender diversity |
| W | Signatory to Women's Empowerment Principles in relation to UN Global Compact: https://www.weps.org/companies | |
| NF | Not found/no information available | Not found/no information available |
| DI | | Having diversity and inclusion policies |

- **Appendix 5.2: List of 22 Organizations Selected to Participate in the Study**

11 male-led global health organizations participated in the study as listed in the table below.

| **Type of Organization** | **Organization** | **Gender of Head of Organization** | **Gender of Interviewee** |
|---|---|---|---|
| Public-Private Partnerships | P3 | Male | Male |
| Public-Private Partnerships | P16 | Male | Female |
| Public-Private Partnerships | P13 | Male | Male |
| UN System | P2 | Male | Male |
| Philanthropic and Funders | P5 | Male | Female |
| NGO | P19 | Male | Male, Queer |
| NGO | P18 | Male | Male |
| NGO | P15 | Male | Male |
| NGO | P11 | Male | Male |
| NGO | P12 | Male | Male |
| NGO | P22 | Male | Female |

P = participant

11 female-led global health organizations participated in the study as listed in the table below.

| Type of Organization | Organization | Gender of Head of Organization | Gender of Interviewee |
|---|---|---|---|
| Public-Private Partnerships | P1 | Female | Male |
| UN System | P4 | Female | Female |
| UN System | P6 | Female | Female |
| UN System | P9 | Female | Female |
| NGO | P20 | Female | Female |
| NGO | P8 | Female | Female |
| NGO | P7 | Female | Female |
| NGO | P14 | Female | Female |
| NGO | P10 | Female | Female |
| NGO | P17 | Female | Male, Queer |
| NGO | P21 | Female | Female |

P = participant

- **Appendix 5.3 – Interview Guide**

**Interview Guide**

**Interview questions (45-60 mins)**

***8) Awareness of gender inequality***

a. What does gender equality mean to you? How would you describe gender equality at work? Can you kindly elaborate with some examples?

b. To what extent do you feel men and women are treated equally in global health? Please elaborate with examples.

***9) Approaches to Leadership***

a. In your view, what are the characteristics of successful champions of gender equality within global health? Can you kindly elaborate on their leadership traits?

   i. *Follow-up*: In your view, to what extent do men and women differ in their approach to leading the gender equality agenda within their organization?

b. To what extent do you see yourself as a champion for gender equality in this organization?

   i. *Follow-up:* If yes: what led you to become a champion for gender equality at your workplace? If no: what are the reasons you do not perceive yourself in this role?

   ii. *Follow-up:* How does being a leader of our organization change your view of gender equality at work?

***c.*** How can leaders be allies to and for whom to promote gender equality? How can they practice allyship at work? What does it mean to you personally? Please share examples?

*(Definition of allyship: "We view allyship as a strategic mechanism used by individuals to become collaborators, accomplices, and coconspirators who fight injustice and promote equity in the workplace through supportive personal relationships and public acts of sponsorship and advocacy").*

*Citation: Melaku et al. (2020), Be a Better Ally, Harvard Business Review.*

***10) Policy and Implementation Strategy***

a. Describe the gender equality policy or policies of your organization?

   i. Follow-up: How would you describe the impact of this policy on organizational culture? Kindly explain.

b. How do you prioritize the types of gender inequalities to tackle within your organization? Please share how you have gone about it with some examples?

   i. *Follow-up*: For example, what elements (e.g., gender pay gap vs. sexual harassment) of the gender equality policy are implemented? What are the reasons for these policies? What are the reasons that other policies are not implemented? Please elaborate with examples.

   ii. *Follow-up:* How does your organization ensure that women have a fair opportunity to advance within organization? And minority groups? Please share some examples.

**11) *Challenges to Policy Implementation***

*a.* How can organizations move beyond *good intentions* and *check-the-box* strategies while implementing their diversity, equity, and inclusion initiatives to promote gender equality and move towards real actions that shift the distribution of power and opportunity?

(*Examples of check-box DEI strategies include tokenism, appointing women or people of color as DEI chiefs, etc. without disrupting organizational structures and processes that create power imbalance and marginalization*)

b. Tell me about any difficulties you have faced in implementing gender equality policies in your organization? What are the reasons for these difficulties?

   i. *Follow-up:* How did you overcome these challenges?

   ii. *Follow-up:* In what ways do you think resistance or fear of backlash from managers or staff underlies the difficulty in implementing gender equality at work? Please explain.

***12) Commitment to gender equality and the willingness to act***

a. In what ways have you demonstrated or modeled your or your organization's commitment to gender equality to others in the organization? Please share some examples.

b. In your opinion, how can organizations create a decent work environment without sexism, discrimination, and harassment. Please share some examples.

    i. Follow-up: Tell me about any situations where you observed sexism, bullying, or harassment in your workplace? What did you do as a leader? Please share some examples.

c. What might make your organizational approach to gender equality at work more effective?

    i. Follow-up: To what extent does your organization measure effectiveness or change towards gender equality at work?

***13) Gendered Expectations of an Ideal Worker Image and its Conflict with Achieving Work-Life Balance at Work***

*a.* How has the COVID-19 pandemic and the resulting increase in remote work changed norms around work-life balance? Please elaborate.

    *i.* Follow-up: In your opinion, how do men and women in this organization differ in their experiences of work-life balance in the pre- and post-pandemic workplace? And how might these differences be addressed at the organizational level? Please share some examples.

b. How does your organization promote work-life balance at work? What policies are in place? Tell me about differences in policies pre- and post-pandemic? Please explain.

    i. *Follow-up:* How does your organization address gender stereotypes about an "ideal" worker? How has the COVID-19 pandemic changed these norms? Please elaborate.

    ii. *Follow-up:* Tell me about any barriers to women taking advantage of flexible work hour policies? To what extent is flexible work an issue in the era of COVID-19? In your opinion, to what extent have these trends changed in comparison to the pre-pandemic times? Please explain.

    *(Definition of Ideal, Unencumbered Worker by Joan Acker (2011): "Abstract requirements of many jobs implicitly suggest that the worker is a man. 'He' is expected to be at work at certain times, focused on only the tasks at hand, responsive only to demands of supervisors, available for long working hours, and unhampered by other responsibilities, such as for children and housework.")*

***14) Moving Forward***

a. What advice would you share with leaders of other organizations who are trying to champion gender equality at their workplace?

    *i.* *Follow-up:* In your view, *w*hat is one change or strategy that is essential for global health organizations that are committed to promoting diversity, equity, and

inclusion for gender equality at their workplace? What is the reason you chose this response? Kindly elaborate.

*b.* In your opinion, how can organizations overcome barriers to gender equality at work? Please share some examples.

i. Follow-up: What were the success factors in your approach to implementing gender equality initiatives at your organization? What were the reasons for this success?

**Closing (2 mins)**

Thank you for participating in this interview and talking about these important issues. Your comments and insights will provide me with lots of different ways to look at the issues of equity, diversity, and inclusion for gender and other forms of equality within global health organizations. Is there anything else you would like to add? I thank you for your time.

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## 6. Conclusions and Policy Implications

This dissertation sheds light on how a gender inequality regime is created and maintained within global health organizations and workplaces. Despite the majority of the organizations under study being based in the global North, the dissertation provides a snapshot of how gender emerges as a pervasive form of discrimination and bias within global health. The dissertation offers a valuable conceptual framework for documenting gender inequalities, complemented by practical research tools like a focus group guide and an interview guide. These resources serve as instrumental aids for policymakers and researchers, enabling them to comprehensively document diverse facets of gender inequality within global health organizations and workplace settings. Additionally, the evidence generated from the two qualitative studies provides evidence to support the utilization of the conceptual framework for documenting perceptions of a gender inequality regime in academic settings as well as the role organizational leaders play in addressing gender inequalities at work. These studies also highlight methodological challenges encountered in data collection due to the sensitive nature of gender inequalities within organizational settings. These challenges manifest in difficulties related to recruiting participants and accurately documenting their unbiased perceptions regarding these sensitive topics. Additionally, the findings from this study have several policy implications, in terms of both revealing the nature of gender inequalities and designing initiatives to address workplace gender inequalities.

The key findings and policy implications from this dissertation include the following:

1) This dissertation disrupts the conventional belief that achieving gender equality is solely the responsibility of women. It also challenges the notion of blaming men as perpetrators of gender inequalities at work. Instead, it champions the active involvement of men as valuable allies in advancing gender equality agendas within global health. These findings and perspectives can help catalyze policy frameworks within global health organizations, fostering inclusive participation and collaboration among both men and women.

2) Findings from the dissertation also support the need for adopting an intersectionality lens to gender equality and diversity, equity, and inclusion initiatives within global health organizations. Gender often interacts with other identity markers such as race, class, ethnicity, and nationality to create an array of discrimination and bias at work. The findings revealed that neglecting to incorporate a gender lens into diversity, equity, and inclusion initiatives fails to comprehensively address the experiences of women, especially women of color, within workplace environments, particularly within global health academia.

3) This dissertation provides substantial evidence to highlight how gender-based occupational segregation is created and maintained within global health organizations. It sheds light on the different roles men and women occupy at work, with higher status roles and higher salaries reserved for men. It also sheds light on the workplace conditions that force women to stay in certain kinds of roles and prescribes them tasks that are not given due credit and acknowledgement, thus, requiring women to keep proving themselves to receive promotion and career advancement.

4) Furthermore, the dissertation also provides evidence to support how gender equality initiatives need to be widely communicated across organizations to seek buy-in from key stakeholders as well as to raise awareness regarding different policies at work. This heightened awareness bears significance in how men and women leverage provisions such as remote work and flexible arrangements. Additionally, it influences the utilization of maternity and paternity leave policies, shedding light on potential biases women might encounter. Awareness of policies also emerged as critical for addressing workplace violence and sexual harassment cases, as robust reporting mechanisms were needed to ensure the confidentiality and anonymity of the victims.

5) The findings also reveal that gender equality agendas and initiatives within global health organizations need to move beyond tokenism and check-the-box strategies to dismantle the power imbalances within organizational processes and structures. In doing so, commitment from top leadership is key along with developing evidence-based solutions to addressing gender inequalities at work. The findings also reveal the need to allocate dedicated resources for this work, in terms of both financial and human capital, and in terms of creating mechanisms of accountability.

6) The conceptual framework of a gender inequality regime offers a valuable starting point for policymakers and leaders aiming to address gender disparities in global health organizations. It is essential, however, to recognize that the framework is constrained by the limitations of the literature and the elicited data, restricting a comprehensive understanding of the genesis of organizational inequalities within the global health sector.

The evidence derived from the two qualitative studies in this dissertation illustrates how the conceptual framework effectively captures certain mechanisms contributing to the creation of gender inequalities. These mechanisms include the commitment from top leadership, processes of hiring and retention, compensation structures, and gendered expectations of an ideal worker image, resulting in both vertical and horizontal segregation at work. Conversely, evidence for other organizational processes and mechanisms, such as stereotypes, gendered power relations, and sexual harassment at work, was weak.

To address these limitations in future research, incorporating diverse research designs and methodologies, such as ethnographic studies, document analysis, scrutiny of job descriptions and salary data, and examination of human resource data, can provide a more nuanced understanding of a gender inequality regime in global health organizations. The adoption of mixed-method approaches will enhance the reliability and validity of research findings. Furthermore, fostering a culture of transparency within global health organizations, improving data collection processes, leveraging multiple data sources, and engaging external expertise are crucial steps toward fully capturing perceptions related to gender inequalities. These collective efforts can contribute to a more accurate and comprehensive understanding of gender inequalities within global health organizations, ultimately informing effective interventions and policies.

7) Finally, the research findings highlight the limitations of adopting qualitative methodologies, particularly the use of focus group discussions, in documenting participant perceptions. This is primarily due to participants' hesitance to express candid responses in the presence of colleagues, fearing potential repercussions or negative consequences in the workplace. Furthermore, logistical hurdles such as scheduling conflicts and securing a commitment from organizational leaders for extended interviews pose additional challenges. These methods also fall short in mitigating response biases, as participants may exhibit positive response bias, impacting the accuracy and authenticity of the data collected and having implications for data analysis.

Despite its limitations, the dissertation offers valuable insights into addressing gender inequalities in global health organizations. Future research can build on the findings from this dissertation to explore different methodologies and research approaches. Furthermore, future research can extend the analysis of global health organizations operating in the low-and middle-income countries and other cultural contexts in revealing how gender inequalities persist across the different global and cultural landscapes.