ISSN: 2577 - 8005

Research Article

Medical & Clinical Research

Perceived Obstacles to Executive Leadership Roles for Women of Ethnic Background in NHS

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Submitted: 22 Jan 2025; **Accepted**: 10 Feb 2025; **Published**: 12 Feb 2025

Citation: Al-Jaddir, G., & Khan, A. (2025). Perceived Obstacles to Executive Leadership Roles for Women of Ethnic Background in NHS. *Med Clin Res, 10*(2), 01-18.

Abstract

Introduction: *Equality and Diversity are an essential component of every profession and organization in this day and age. Female leaders from ethnic backgrounds are under-represented in the healthcare, owing to only less than 5% of executive leadership roles in the NHS. There are several obstacles or barriers for females to pursue leadership roles such as lack of opportunities, education, training, gender disparities, and work – life balance and family commitments. However, some barriers are perceived and may be associated with personality, lack of confidence, self-esteem or adequate guidance. The availability of a mentor or role model as inspiration is helpful in finding a career path for achieving long-term and short-term goals.*

Aims and Objectives: *This research aimed to explore, describe and understand perceived obstacles and challenges preventing female leaders of ethnic background reaching executive roles in the NHS.*

The objectives were to determine the perceived personal barriers for women in executive leadership roles, particularly being at a disadvantage from the ethnicity front and to explore perceived perspectives, personal life experiences, motivations, perspectives, and reflections of women in leadership roles in health care.

Methodology: *This research project adopted an interpretive, inductive approach with a qualitative design. 9 female leaders working in the healthcare sector in UK were invited. 9 participants were interviewed via digital portals.*

Findings: *The results generated from coding software were presented as descriptive analysis, pie charts and tables. The themes correlated to frameworks identified in literature review as Growth mindset, Goleman's components of emotional intelligence and Equality and Diversity framework.*

Conclusion: *Female leaders advocated developing skills and higher educations to progress into leadership roles. Mentoring and role models help in ascending the career ladders and may prove to be an important support system. Networking, enhancing communication skills and developing social skills is paramount in leadership roles. Being self-aware of strengths, weaknesses, shortcomings and emotions and managing difficult tasks is a skill that can be developed to be an influential leader. Female leaders in this research had good family support system but felt they needed to commit to family responsibilities including child care and taking care of elderly parents. This did not hinder the progress but nonetheless, is a contributing factor. No female leader felt victim to gender disparity or sexual harassment at work place. The perceived barriers for most participants were lack of confidence, self-worth, adequate training and education. To conclude, all female leaders advocated self-development and actively seeking continual professional development opportunity as perceived internal barriers limit growth as opposed to external barriers such as lack of opportunities or gender disparities.*

Keywords: Equality, Diversity, Gender disparities, Emotional intelligence

1. Introduction and Background

Despite debates and initiatives to combat racial and gender discrimination worldwide, there is gender inequality and inequity prevalent globally and nationwide. According to Kalaitzi, et al., 75% of healthcare professionals globally are females but only 25% of women are represented in leadership executive positions [1]. The recent changes showcasing increased representation of women in leadership roles are evident throughout all NHS figures, but still show under representation of women of ethnic background [2,3]. There has been a noted increase in the representation of female leaders in the healthcare in the UK in senior executive and non-executive roles but at a slow rate, from approximately 39% in 2017 to 44% in 2020 [4].

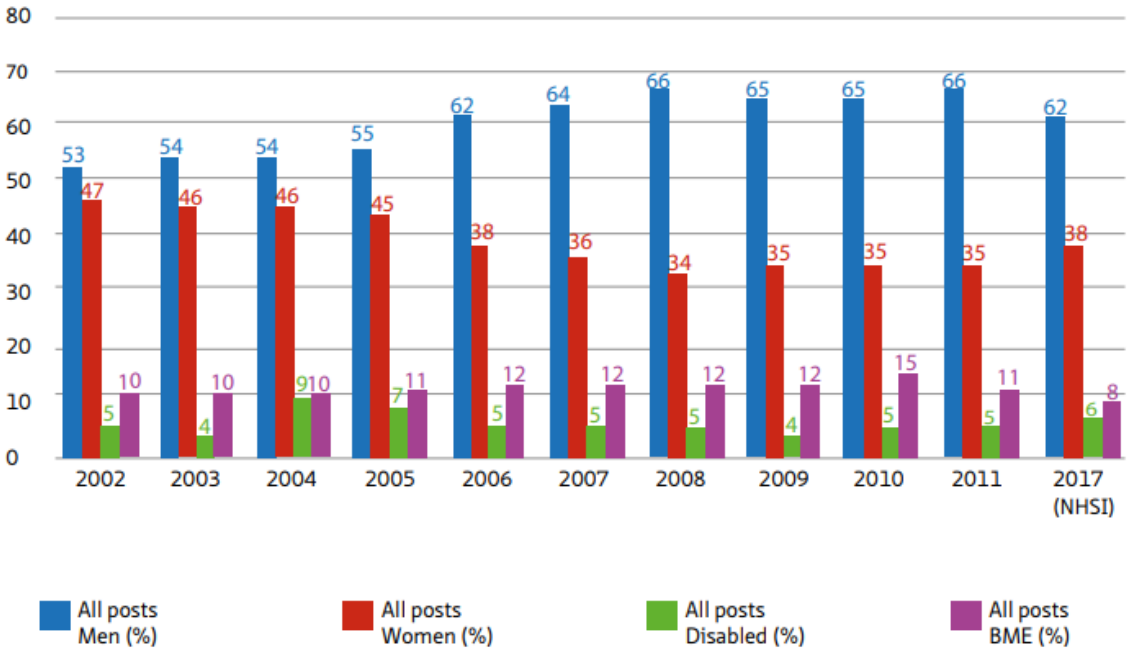


Figure 1: Percentage of NHS board chairs in leadership posts by gender, disability and ethnicity [5].

There is clear evidence of increase in BME representation in senior level posts from 2017 till 2020 from 8% to 11.8 % [5-7]. However, these figures correspond to overall representation of male and female senior level leadership from diverse ethnic backgrounds in comparison to all white representation.

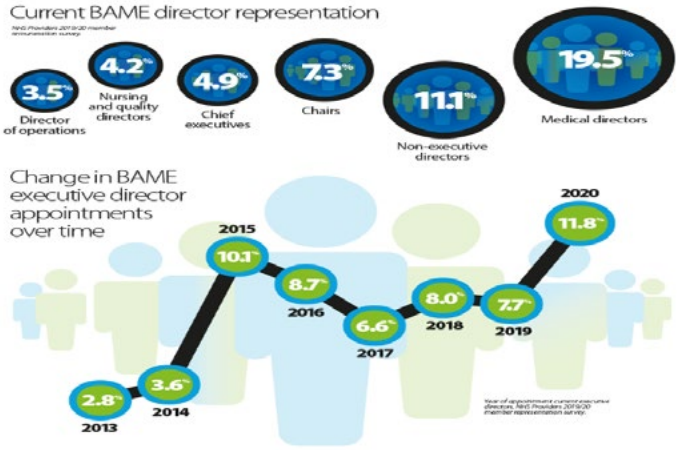


Figure 2: Senior Leadership with BAME representation [6,7].

Furthermore, reportedly, females in executive and non-executive roles in the NHS is close to achieving gender-balance with female representation of 44-48.8% representation [7]. However, evidence of female from diverse ethnic background representation is still alarmingly low.

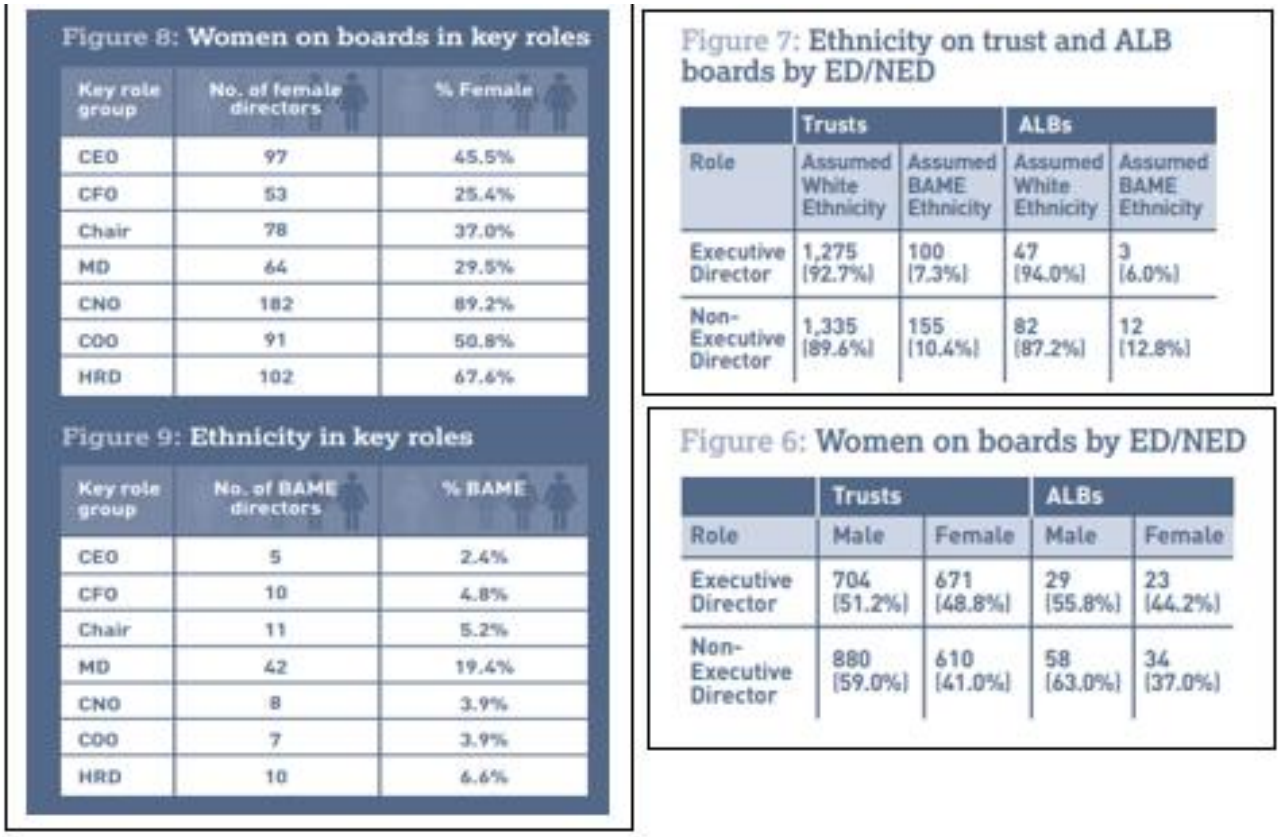


Figure 8: Women on boards in key roles

Key role group	No. of female directors	% Female
CEO	97	45.5%
CFO	53	25.4%
Chair	78	37.0%
MD	64	29.5%
CNO	182	89.2%
COO	91	50.8%
HRD	102	67.6%

Figure 9: Ethnicity in key roles

Key role group	No. of BAME directors	% BAME
CEO	5	2.4%
CFO	10	4.8%
Chair	11	5.2%
MD	42	19.4%
CNO	8	3.9%
COO	7	3.9%
HRD	10	6.6%

Figure 7: Ethnicity on trust and ALB boards by ED/NED

	Trusts		ALBs	
Role	Assumed White Ethnicity	Assumed BAME Ethnicity	Assumed White Ethnicity	Assumed BAME Ethnicity
Executive Director	1,275 (92.7%)	100 (7.3%)	47 (94.0%)	3 (6.0%)
Non-Executive Director	1,335 (89.6%)	155 (10.4%)	82 (87.2%)	12 (12.8%)

Figure 6: Women on boards by ED/NED

	Trusts		ALBs	
Role	Male	Female	Male	Female
Executive Director	704 (51.2%)	671 (48.8%)	29 (55.8%)	23 (44.2%)
Non-Executive Director	880 (59.0%)	610 (41.0%)	58 (63.0%)	34 (37.0%)

Figure 3: Female and BME representation at boards in NHS [7].

Specific to leadership roles in healthcare, Dhatt et al., provides an overview of Sustainable Development Goals aiming at global social improvements and development initiatives [8]. Central core to achieving these goals in promoting health and well-being of all individuals are gender equality and equity and attempt to eliminate gender discrimination. According to Moulds-Greene [9], there are invisible barriers, policies and established institutional or organisational practices that have become an obstacle for females to progress into leadership roles. These barriers are further reinforced by societal norms and stigmas to prevent female leaders from emerging and progressing or even seeking a top executive role. This phenomenon is called the glass ceiling effect and is defined as “a barrier so subtle that it is transparent, yet so strong that it prevents women and minorities from moving up in the management hierarchy”, or "those artificial barriers based on attitudinal or organizational bias that prevent qualified individuals from advancing upward in their organization into senior-level positions" [9,10].

The concept of glass ceiling was coined in 1986 and has been rigorously addressed since then. These barriers may include conflicts in work-life balance, different communication and lifestyle, salary inequalities, gender disparities, access to higher education [11]. As the name implies and as active efforts have been made to address the issues, glass ceilings can be shattered. However, the concept of concrete ceiling is another set immovable or impenetrable barriers for the progression of females to leadership role from a diverse background. These impenetrable barriers include lack of opportunity to undertake and perform high visibility tasks or assignments (restricted access), lack of formal or informal networking opportunities to form relationships with significant colleagues (limited visibility), lack of notable or influential mentors or sponsors and subsequent lack of a role model or guidance [12].

In addition to the gender inequality, female leaders from a diverse ethnic background face supplemental pressures and obstacles due to ethnic differences and discrimination [9,10]. The compulsion to fight racial alongside gender inequalities simultaneously has a strong influence on the number of female executive leading women representing the healthcare worldwide and in the UK. As Bismark et al., state, evidence suggests that strong female representations across boards at a senior level is associated with improved organisational performances [13]. It is paramount for equal representation of leadership roles based on gender and ethnicity, particularly in the health care sector and on every level of leadership ladder, to lead on all fronts in the sector and necessitate changes in healthcare. Evidence suggests there is vast research on external reasons (institutional, organisational, socio-cultural) but not much literature on personal reasons and perceived obstacles [7].

The exploratory study by Kalaitzi et al., conducted a survey identifying perceived barriers for female leaders in healthcare [1]. The most prevalent perceived barriers are stereotyping, work/ life balance conflicts, lack of advancement and career progression opportunities, lack of self-esteem, self-belief and confidence, gender gaps and biases. Stereotyping and work/ life balance are two aspects that are deeply rooted in various cultures and societies. Other barriers are lack of familial and organisational support, socio-cultural constraints, difficulty in access to education and lack of flexible working environment. Furthermore, lack of inherent leadership skills and willingness to acquire said skills, lack of mentoring, sponsorship, role model, racial discrimination at workplace, sexual harassment and age are also barriers for female leaders during the progression of their career.

2. Literature Review

2.1 Strategic Choices in Career Pathway

As discussed previously, there are several external barriers that form the glass ceiling and may be dictated by the organisational and institutional structures. However, the strategic career pathway choices remain with individuals. Beckwith et al., state that one of the important factors in inhibiting the path of ascension for female leaders is the failure to make strategically accurate career choices, dependent on clear focus, commitment, and personal responsibility [10]. Failure to make a responsible career choice with clear goals and commitment can sometimes directly correlate to lack of opportunity to progress further. Career planning should ideally be strategically aligned with short- and long-term goals, concentrating more on the strategic intent of ascension as opposed to necessity. Therefore, some essential characteristics for an actively progressive professional career are job commitment, purposeful career progression and development, constructive mentoring opportunity and relationships, influential sponsorship, along with a diverse and strong network with ample opportunities. The environment may be presented externally but to diversify opportunities, individual need to seek opportunities, fight challenges, and overcome barriers (perceived or realised). Therefore, females pursuing leadership roles must have a clear idea of what they want, the implications of their set goals and career pathway, career plan and should be capable of monitoring and evaluating their career success. Most importantly, they should be active in their career progress instead of passively waiting for their potential to be recognised and opportunities handed on a platter to demonstrate their competencies and perform high visibility tasks [10]. Furthermore, to integrate with all relevant stakeholders, female leaders need to show willingness to learn and diversify skillsets such as getting adept in technology, policy making, processes, to better understand interdependencies, whether external or internal [9,14].

2.2 Career Pathway Experiences

A supportive environment and family system plays an essential role in progression of career on an upward spiral for female leaders. Results from research by Moulds-Greene [9] reaffirm positive correlation between family support and career progression. The result from their study confirms all participants in leadership roles had adequate family support with shared family responsibilities and delegation to assist in a continuous or unhindered career progression. Bismark et al. suggest that there are perceived derivatives from previously conditioned and internalised beliefs about specific traits, characteristics or qualities of women who aspire to pursue a professional leadership role as opposed to those who would prefer a domestic lifestyle [13]. Other perceived barriers that family members may be wary of are male dominated work environment, sexual harassment or inflexible work hours that are associated with leadership roles. Gender related perceptions amongst deep rooted cultures, communities and individuals are difficult to eradicate or overcome. Furthermore, there are perceived barriers to female leadership journey as executive roles are considered masculine in nature while females can be dismissed as being too 'soft' or 'feminine'. Therefore, there is added pressure on female leaders, as perceived credibility, to adopt or emulate masculine personality traits to appear more authoritative or assertiveness [12,13].

2.3 Family Responsibility

The findings from Dhatt et al. strongly suggests female leadership roles to have a strong correlation with gender motivation, willingness to combat challenges, make difficult decisions and hard work [8]. However, at the heart of it, there are familial limitation and acceptance of a female leadership role does involve approval from families. Motherhood, although extremely rewarding, was considered one of the perceived barriers in the study by Bismark et al. with motherhood and high-level leadership role being essentially incompatible [13]. Women may need to relocate and 'follow' their spouses or compromise on education in the concept of being a 'good mother' or a 'good wife'. These factors are a major contributing factor to pauses in continuous services, training and opportunities for progress and promotions.

According to the research by Dhatt et al. family and reproductive responsibilities have been a known restriction to progression into a leadership role for women, where long periods of being away from consistent work or training may hinder or prolong their journey to a leadership role [8]. Henrekson and Stenkula also conclude similar findings from their research as withdrawals from career, either a partial or complete career break, is derogatory for career progression and future promotions [15]. Furthermore, women leaders' life-course with family and childcare responsibilities is different than their male competition as women is more reluctant to pass family responsibilities and childcare to others. The work-life balance is a complicated dynamic and balancing of this may be extremely difficult, with one taking priority over the other. Passing on the care of their families to others or delegating may have a negatory impact on the psychological well-being of female leaders themselves and affect their aspirations internally. This perceived barrier is two-folds; internalisation by females for the need to prioritise family as advocated and conditioned by certain cultural directives or societal norms and also the external pressures from family, community or society for women specifically labelled as a

'home makers' in contrast to that of men who were mostly labelled as the 'breadwinners' of the family [11].

2.4 Self Awareness and Confidence

Alan et al. discuss the external barriers and obstacles such as discrimination, limited opportunities, social and societal pressures, stigma or stereotyping exist but does not discount the inherent ambition to seek a leadership role and this is also a contributing factor to the gender gaps in the executive roles [16]. Leadership roles come with additional responsibility and pressures to lead, steer teams or employees and the need to make difficult decisions when needed. The leadership quality, as mentioned in Goleman's components of Emotional Intelligence, comes with self-awareness, self-regulation, empathy and social skills [17]. There is an element of being aware about taking responsibility and accountability and how a leader's actions or decisions may impact others. Confidence and taking risky or difficult decisions is the perceived capability of a leader [12,13]. Henrekson and Stenkula, Niederle and Yestrumskas suggest females being more risk adverse and less partial to competitive environments, seeking challenges to a lesser degree than males [15,18]. Self-doubt, lacking in confidence and underestimating personal capabilities all lead to undermining of perceived capabilities that women can exhibit as leaders. Leadership characteristics come with inherent competitiveness, self-confidence, self-awareness qualities, which stereotypically are considered masculine traits [13]. With the rise of equality and diversity practices, feminism and equal opportunities, these labels may be frowned upon now but still persist under the surface.

2.5 Organisational Structure and Support

The organisational structure may provide a scaffolding or framework to pursue a leadership career pathway and elicits opportunities, as legislations hold organisations responsible for such initiatives. Organisations have mentoring, training and developmental or continual professional development initiatives in action. Research by Wallner generates results that suggest affinity networks, mentoring opportunities, training and development initiatives and programs may be useful support systems for aspiring female leaders. These initiatives, however, should focus on instilling and developing characteristics such as power and influence, risk taking, decision making, building relationships, developing and refining social skills, practicing leadership skills, while demonstrating commitment to the plan and career pathway or organisation [10]. Findings from Bismark et al. enlist initiatives that can be implemented at organisational levels by introducing flexible or part time family friendly working hours, establish peer support group, be transparent in advertising leadership opportunities, providing transparent and accessible education and professional development opportunities [13]. At organisation levels, facilitations can be made to connect aspiring female leaders with mentors and sponsors, encourage and support in exploring outside the box and diversifying networks and skills. Most importantly, advocating and implementing changes transparently in social policy debates such as gender pay gap, access to childcare and educational resources.

2.6 Mentoring

An instrumental resource in career pathway progression is in the form of a supportive mentor or supervisor who may advise, encourage, motivate, support, and help to manoeuvre to improve performance [11]. As discussed in the previous sections, focused career goals, set targets, individual self-confidence and inherent or acquired leadership traits are elemental in career ascension. Montgomery et al. suggest mentoring is extremely helpful in sustainability throughout the professional career [19]. Mentorship may be a good resource for networking, whereby mentors may introduce their mentees to individuals, professional, professional opportunities, provide guidance to attitudes, behaviours, insights that may be a pivotal factor in learning, developing, acquiring, and refining skills and ultimately, pursuing a similar pathway. Garvey et al. further advocate that having a mentor is highly beneficial as mentees get guidance, performance evaluation, advice, feedback, and constrictive feedback [20]. With adequate support and encouragement, mentees may find courage to take more risks, broaden their horizon, experiment into diversifying skillsets, develop independence and maturity in workplace. Furthermore, mentors can share their own life experiences and barriers they have faced or the strategies they have applied to overcome the obstacles in their life course of professional journey to help encourage their mentees and empower them.

3. Theoretical Frameworks

In this project, these frameworks will be used to identify patterns, practices, life experiences, characteristics and skills of female leaders and get insight into how their personality, achievements, background has helped or hindered their rise on the ladder and what is stopping them from achieving even higher goals (to executive levels). This will further delineate if there is a lack of opportunities at institutional, organisational, national levels (external hindrances) or if there are internal hesitations stopping them from progressing further up in their careers with regards to their emotional intelligence, mind-set, and personality, internal or external dimensions.

3.1 Growth Mind-Set

Ganuthula and Sinha, Halpern and Butler advocate that individuals can manage to increase attention span, memory, judgement and become more intelligent than how much they were before with practice and training [21,22]. Interestingly, when an individual expects to improve on a skill, they value learning, improvement and aim at practising the said skill. However, there is a certain mind-set behind this expectation and motivation to excel; either fixed or growth. Growth mind-set advocates intelligence having the ability to change substantially, whereby improvement can be achieved with learning and practice. Growth mind-set tends to lean towards flexibility, embracing change, resilience, seek active efforts to masters skills, learn from feedback or criticism, and finding inspiration in the success of others. Growth mind-set is also being comfortable in learning from mistakes or being patient with the abilities we already have, with an outlook of having the ability to do better with practice [23].

Figure 4: Growth Mind-set [23].

3.2 Goleman's Concept of Emotional Intelligence

Goleman's concept of emotional intelligence comprises of self-awareness of emotions, strengths, weaknesses, followed by self-regulation whereby emotions can be managed and used to achieve a set goal as self-motivation [17]. Emotional Intelligence is a skill that can be gained, refined and polished, as opposed to a fixed trait. Self-awareness also consists of an understanding the impact our emotions and personality traits have on ourselves and others. Self-regulation is the ability to regulate and manage emotions and being able to express emotions appropriately. Important traits for this are flexibility, ability to adapt to changes, being adept at conflict resolution and taking accountability. There is also a very important aspect of positive outlook in leaders, in which leaders see a situation as a learning opportunity while others may perceive it as a setback. Intrinsic motivation plays an essential role as well for those seeking a challenge or reward or having a passion of achieving a set goal. Such personnel would seek and want to learn and grow, be resilient and persevere during difficult times. The higher the ability to understand other's feelings, emotions, concerns and being able to relate to them, the better we can understand the reasons behind motivations or behaviours. This skill is about reading a room, others' spoken or unspoken emotions, having the ability to grasp others' perspectives. Finally, social skills are about building relationships, good communication and interactions with others, and the ability to network with clients or colleagues. Active listening, guiding, mentoring, advising, influencing, leadership and collaborations are all important aspects of social skills. Leaders have the appeal to influence others, engage and persuade individuals or groups. Coaching and mentoring are a relationship and social skill whereby leaders take active interest in someone else's growth, finding their strengths and weakness, motivating them, giving constructive feedback and concentrating focus on developmental opportunities.

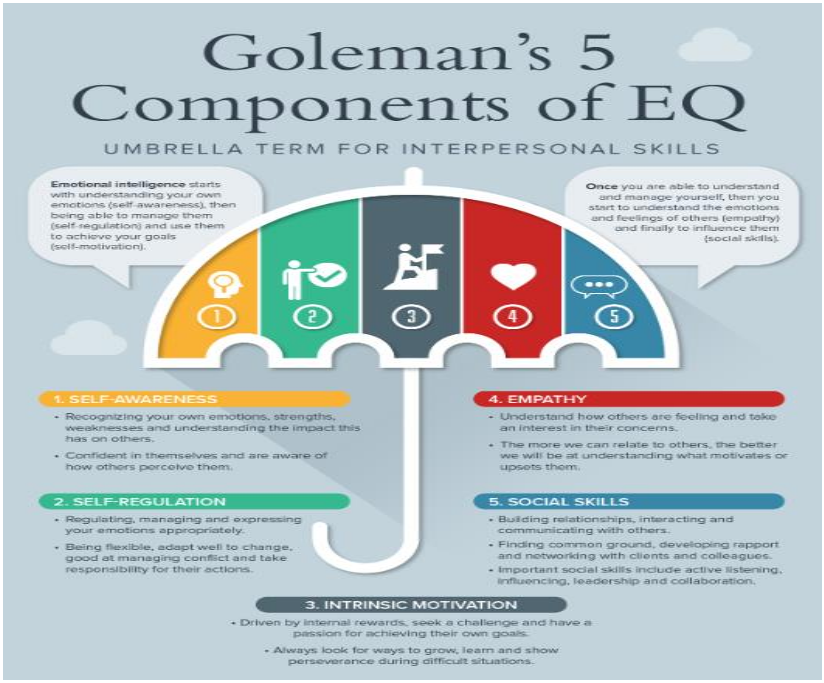


Figure 5: Goleman's concept of emotional intelligence [17].

3.4 Equality and Diversity Concept in Leadership

The impact of equality and diversity (E&D) is vast, on individuals, groups, communities and workplace as it promotes fairness, equal access to resources and positive environment by making people feel respected, valued and given equal opportunities regardless of differences. Equality is not actually 'treating everyone the same' but primarily treating individuals fairly, ensuring similar access to support, resources, opportunities or services, creating a fairer culture and environment in which everyone can enjoy equal opportunities to prove their potential [11,24]. Equality recognises that several factors will impact on individual's life experiences or opportunities, such as gender, racial background, sexual orientation, age, religion and other characteristics. By recognising these, measures can be implemented to address discrimination or unfair practices based on these characteristics. Diversity consists of recognising and valuing the differences amongst individuals and groups, thereby creating a tolerant and inclusive culture. Recognition of differences encourages practices to treat different people or groups equally by understanding and accepting the differences and coexisting.

A leader understands influences or factors that shape individuals and communities. These can be perceived as dimensions which may act as a filter by how one can view the world or others. Understanding these dimensions can help in understanding differences between people, working more effectively and recognising the opportunity connect with others. The core dimension is the personality which forms early in life. Internal dimensions are the inherent unchangeable parts of individual's identity such as age, gender, sexual orientation, racial background or ethnicity. External dimensions, however, are those in which individuals have some element of choice or control such as marital or parental status, appearance, education, work experience and career, religious beliefs and identity, geographical location, socio-economic status, income, personal/ recreational habits. Lastly, organisation dimensions contribute to shaping your identity with regards to work such as profession, team, area of work, seniority level, relationship and interpersonal skills with colleagues [24].

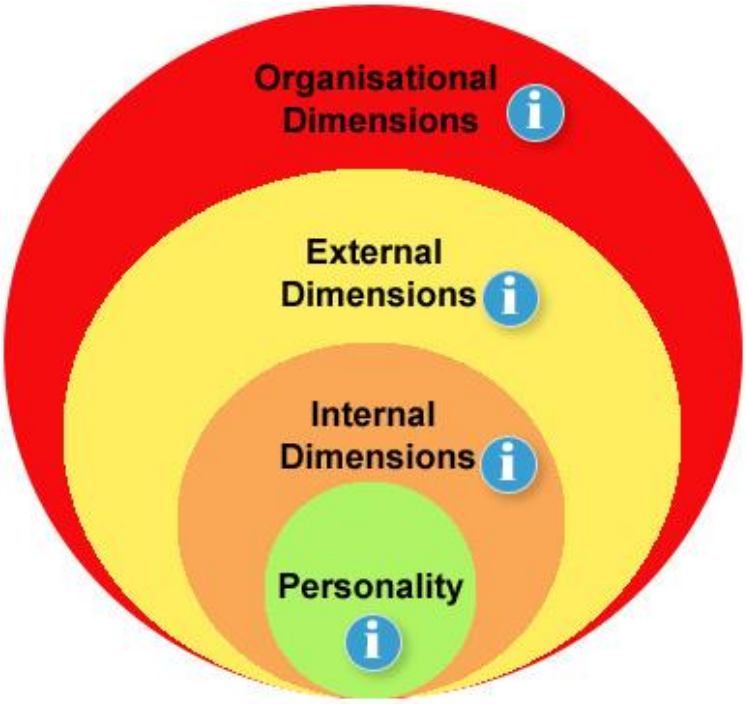


Figure 6: Equality and Diversity dimensions framework [24].

4. Methodology

The methodology for this research adopted an inductive approach, an interpretive paradigm and a qualitative method. This research project is based on exploring perceptions, experiences and involves active involvement of participants and researcher. This research project was based on in-depth, one-to-one semi-structured interviews on digital web portals (Zoom or Microsoft teams). The questions in the interviews were developed by the researcher and were extracted from evidence-based literature and the researcher's long-standing experience in clinical and non- clinical healthcare settings in UK. The data collected and generated was essentially descriptive in nature, primarily non-numerical, in the form of words employing reasoning and views [25].

All the interviews were transcribed (verbatim) using dictation and ScribeTech tool, available to the researcher in the NHS system. Interviews were analysed to explore, examine data and identify recurring themes. The data was organised with a thematic and systemic approach, collating aggregated data to follow themes from frameworks.

Study population comprised of female medical professionals of ethnic background who are in senior leadership roles for the last five to ten years in the NHS. These female medical professionals were identified using the senior medical leadership forum at West London. Emails were sent to the randomly selected research participants, requesting their valuable input in the research. Participants were invited for interviews using the secure NHS email account (with brief introduction to the project, scope of the study, outlining the rationale, aims and objectives, participant's contribution, and the duration of the interview alongside a consent form. The aim was to conduct six to eight interviews with female leaders from diverse ethnic backgrounds, to cover all dimensions of healthcare sectors.

Ethics for research mandate that the study must be designed and conducted with honesty and integrity, to generate findings which must be documented and presented with accuracy and without exaggerations. All participants signed a consent form prior to scheduling an interview. Anonymity and confidentiality were ensured and participants were informed of the host organisation and academic nature of this project, ensuring any information provided would be used for academic research purposes with no intended harm to the participants.

4.1 Data Collection and Analysis

Ten female leaders from ethnic backgrounds working within the NHS were contacted via email to request for their participation in this research project. All participants agreed and consented to participate. Nine female leaders working in healthcare sector in the NHS participated in this research. The interview was conducted via Microsoft Teams and Zoom and consisted of 10 questions.

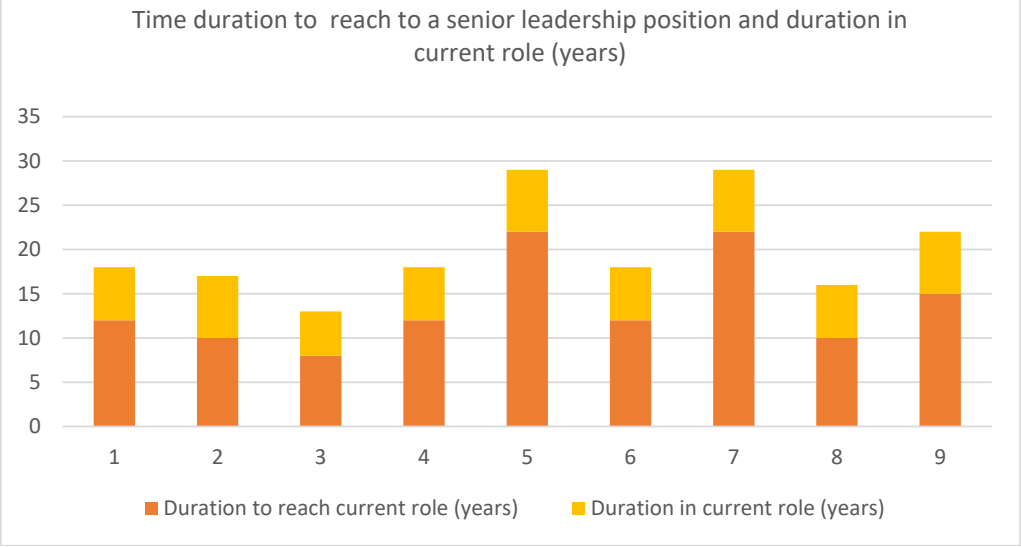
4.2 Female Leaders Job Roles and Duration

First question in the interview was regarding the female leaders' current leadership role within the NHS and time duration to attain this job post. Tables 1 and 2 show the female leaders' job roles, duration and time in the current role. Job roles have been summarised to ensure confidentiality and anonymity.

Table 1: Female leaders job roles in leadership position

P1	Paediatric Service Director and Head of department
P2	Paediatric Service Director
P3	Paediatric Service Director of West London
P4	Nursing Director
P5	Community Service Director
P6	Community Service Director
P7	Community Service Director
P8	Adult Care Service Director
P9	Healthcare Commissioner and Service Director

Table 2: Time duration to reach to a senior leadership position and duration in current role.



The mean duration to reach to senior leadership roles for participant is 13.6 years.

4.3 Personal Characteristics Contributing To Career Progression

The most prevalent attributes contributing to the leadership careers according to the participants of this research are hard work, organisation skills, patience, tolerance, and resilience. Being a good listener, empathetic, sympathetic, and supportive to staff also contributed to cementing good relationships and reputation. Being open minded, flexible, and adaptive to changes in environment has also contributed to success. Female leaders have also identified themselves as being cognizant of staff needs and balancing them with a unique and fair leadership style, along with being true to their ethnic and cultural backgrounds. The contributing personal characteristics to career progression of female leaders are collated in table 3.

Table 3: Personal characteristics to career progression of female leaders

P1	Resilience. Working to deadline. Trying to regulate my workload and responsibilities. Ambitious and self-motivated.
P2	Hard work and flexibility. Patience. Being a very good listen to my patients and colleagues.
P3	Very organised and worked well to deadline. Adaptive to changes
P4	Extremely patient and good listener. Open mind to new ideas and opportunity. Resilience.
P5	Hard work. Ethnic representation and Presentation. Holistic approach to problem solving. Think out of the box. I lead by example and show respect, equality, and no discrimination.
P6	Supportive and empathetic to all people around me. Good team leader. Extremely open minded and willing to learn and apply these learnings. Hard working.
P7	Learning from everything, negative and positive. Work hard. Inner motivation.
P8	Sympathetic approach to leading a team. Tolerance to people's need. I am fair and believe in equity and diversity.
P9	Understanding own strengths and weaknesses. Excellent in networking and connecting with people in general. Well organised and time management.

Three female leaders considered their strength to be open minded, learning from mistakes, combatting negativity, and accepting criticism constructively. Two female leaders considered flexibility and adaptive to changes as a strong personal characteristic in their leadership style and journey. Self-awareness was another personal characteristic identified by two female leaders. One participant considered her general outlook presented professionally as a contributing factor.

Leading and steering a team with a supportive and sympathetic leadership style and fairness was considered as their strength by four female leaders. One response also highlighted unpleasant experiences in the past with previous leaders and learning lessons from those experiences and aiming to deviate from that style of leadership.

4.4 Preparation for a Senior Level Position

Four participants in this study had a formal training and Postgraduate University degree relevant and helpful in attaining a senior leadership and managerial role. One participant followed in footsteps of her mother who was in a senior leadership role and a resource of abundant guidance in this path. Four participants had no formal training or education in undergraduate or postgraduate education to pursue leadership roles. Figure 7 shows the distribution of participants with formal academic qualifications and training.

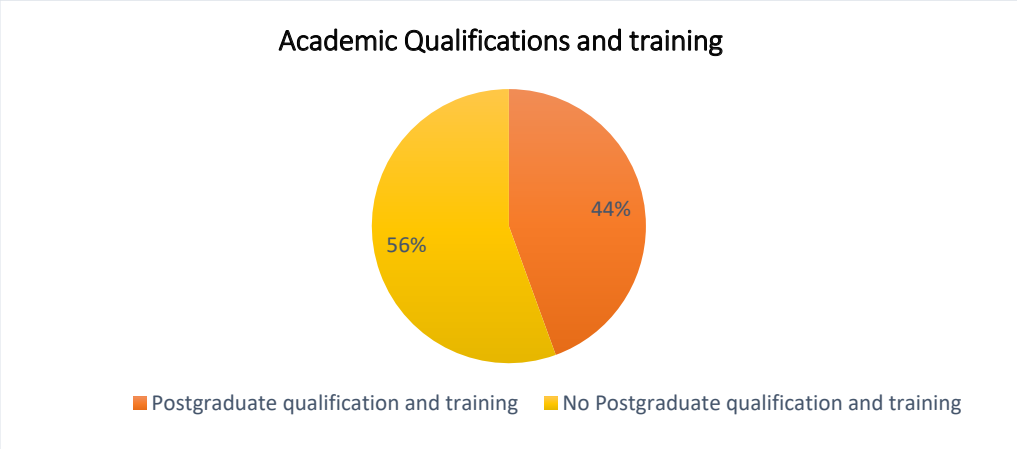


Figure 7: Academic Qualifications and training.

Four participants advocate having clear visions and goals to follow the leadership pathway and were given formal education, training, and guidance during their higher educational routes.

4.5 Training and Educational Background

There is striking contrast again in the leadership journey of medical clinical professionals (P1, P2 and P3) and other participants. There was no formal training available, but participants undertook courses available at the organisation to enhance their resume and profile. Critical thinking, decision making, and multidisciplinary team collaboration was the strong asset for them due to the professional background. One participant attributed training and certifications to continual professional development which is a mandatory aspect of the NHS professionals.

Two participants stated they read and followed the desired leadership job specifications and requirements to create a profile that catered well to the advertised job. Two participants reported to have gained additional skills such as computer software, IT, different languages, writing, presentations, and interviewing. One participant highlighted the importance of observing and shadowing senior leaders and executive. However, she clarified that such an endeavour may be unavailable or inaccessible to many as it may disrupt their workflow and it was only possible for her due to the nature of her job which complimented such a learning style and environment.

4.6. Mentorship and Coaching Opportunities

Four participants had mentors either early in their careers, throughout or currently in their careers. However, five participants stated they had access to mentors and coaches in the early stages or throughout their careers. Interestingly, these participants have a relevant focused postgraduate degree and formal training in leadership and management as opposed to those participants mentioned above whose primary backgrounds is solely focused on medicine and clinical practice. The distribution of participants with mentors is shown in Figure 8:

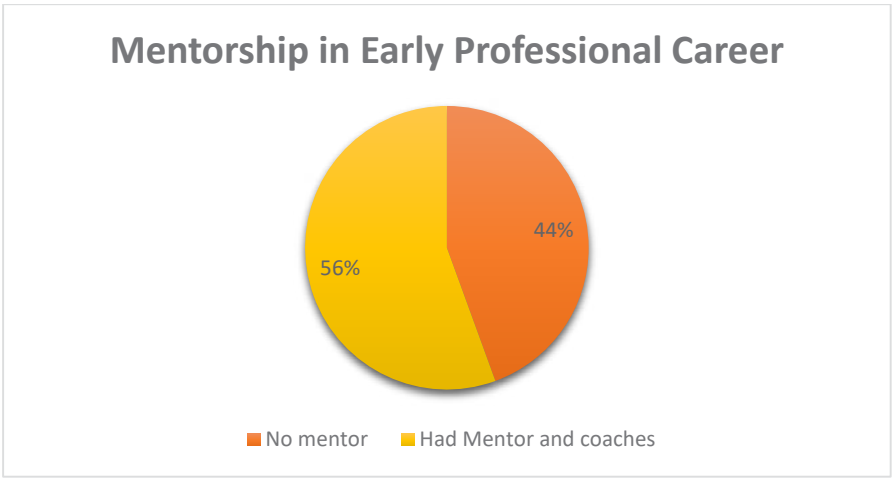


Figure 8: Distribution of participants with mentor.

Comparing the trend and practices of mentorship from a few years ago to current day and age, participants would have preferred to be mentored and consider that may have made their career progression more enjoyable, shorter, or quicker. However, all participants appreciate and recognise that many colleagues and people in their lives advised, guided, and coached them throughout their professional careers and that helped them with self-awareness and professional development to some extent.

The importance of mentors can be ascertained by the opinions of the participants as they have been directed, moulded, steered by the mentors to recognise their shortcomings, and explore their strengths. Another interesting finding is the inability to connect to a mentor due to racial, cultural, or ethnic differences. Another interesting finding from this section is the accessibility of mentorship with self-funded means and unavailability of mentors in the NHS or lack of specific mentorship programmes.

4.7. Perceived Barriers or Obstacles and Overcoming Them

The perceived barriers and obstacles to the journey to senior leadership role for the participants were lack of confidence and self-worth, lack of formal postgraduate degree, struggle to maintain a work-life balance. Two participants struggled with time commitments with children at home, one participant was a single mother, and two participants were carers for elderly parents with cultural and traditional obligations to take care of families' hands on. Following educational pathways and part time job roles to take care of family also hindered promotion. One participant stated family commitments did not pose as an obstacle in her journey, but she felt guilty for being away from family and children whilst at work.

Financial constraints and lack of organisational support to pursue leadership qualifications are another barrier considered by participants. Two participants state that once they were financially stable and their children were older, they could make time and commitments to senior leadership positions.

One participant mentioned interviewers' bias during the selection process at senior leadership levels with a requirement of higher educational degree such as an MBA. Although this is a major barrier in pursuing a leadership role despite having vast experience and expertise, this finding is an external barrier as opposed to internal or perceived barriers which are the focus of this study.

A summary of perceived barriers is tabulated in table 4 below and figure 9:

Table 4: Perceived barriers to leadership roles by participants linked to project themes

Lack of confidence and self- worth(Lack of confidence in own skills and abilities	*Self-awareness (Goleman's EI)* *Personal/ Internal Dimensions (E&D)* *Growth mind-set*
Part-time schedule inflexibility	*Personal/ Internal Dimensions (E&D)* *Self-awareness (Goleman's EI)*
Following educational pathway *Lack of formal academic degree*	*External Dimensions (E&D)*
Lack of organisational support *Interviewers bias during selection process*	*Organisational Dimensions (E&D)*
Lack of guidance or mentorship	*Growth mind-set, self-regulation, social skills (Goleman's EI), Organisational Dimensions (E&D)*
Financial constraints	*External Dimensions (E&D)*
Struggle to maintain work-life balance	*Internal Dimensions (E&D)*

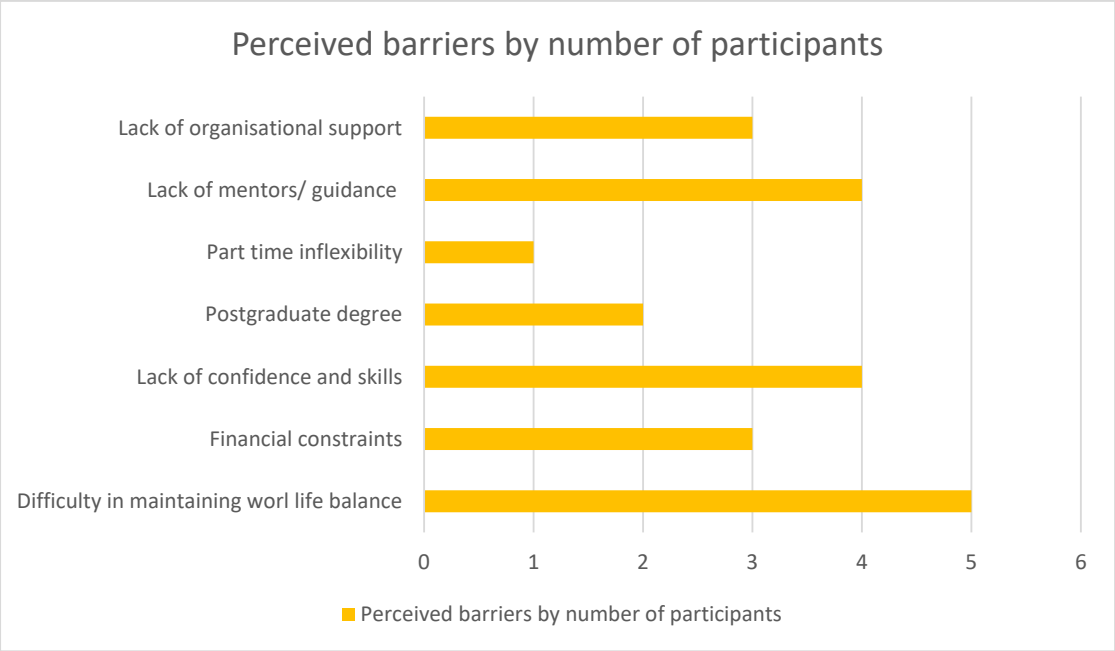


Figure 9: Perceived barriers to leadership roles by number of participants.

4.8. Reasons for Under-Representation of Female Leaders in the NHS

Most participants were shocked or surprised by the under representation of female leaders of ethnic background in the NHS. All expressed concerns as they were aware of the discrepancy owing to the fact that females represent a huge chunk of NHS healthcare workers but did not expect female leaders from ethnic background to be less than 5%.

One participant explained that lack of support and only 'ticking the box' for Equality and Diversity in organisations may be a factor for female leaders from ethnic backgrounds not applying or attaining senior level job roles. Reasons mentioned were availability of role models in senior medical specialities but not in abundance in leadership roles. Also mentioned were perceived obstacles such as lack of confidence and not considering themselves as qualified or trained for the post, ultimately leading to not applying in the first place. Work life balance also attributed to not applying for senior level leadership position due to familial responsibilities and cultural conditioning.

4.9. Factors to Assist Female Leaders of Ethnic Background to Achieve Senior Roles

This section aims at exploring factors that female leaders think would assist aspiring female leaders and themselves to attain leadership and senior roles. These factors are tabulated below in table 5 and figure 10.

Table 5: Factors to assist female leaders of ethnic background to achieve senior roles

P1	*Self-awareness.* *Recognising strengths and weaknesses and understanding our impact on others.* *Social skills and listeners to be able to be networking and collaborate.* *Leadership skills as it is not a talent but needs to be taught.* *Motivation (as job title or monetary).* *Self-value and worth.*
P2	*Motivation.* *Self-believes.* *Self-exploring is necessary to work on strengths and get rid of weak spots.* *Confident in our abilities and apply for higher and different executive jobs.* *Representing our communities and culture.*
P3	*Clear pathway of training an explanation and signposting.* *Having a coach or a mentor to help and guide.* *Motivation (Job title or monetary).*
P4	*Building confidence through having skills and knowledge.* *Open mind to change and adopt a flexibility approach to solving problems.* *Being motivated (money, title, community respect).*

P5	*Working clever not just hard.* *Learning new skills, new knowledge, improve on existing ones.* *Connections and communicating with similar minded colleagues and people and putting yourself out there on the market.*
P6	*Hard work and persistence.* *Resilience in the face of changes and problems.* *Appropriate training and education to install confidence and consolidate experiences.*
P7	*Motivation.* *Believe in ourselves and our skills.* *Hard work.* *Finding a work life balance and connect with people outside our organisation to improve our interpersonal skills.*
P8	*Personal growth.* *Sympathy and Fairness at the same level.* *Learning continuously.*
P9	*Organisation and adaptability to new environment and needs of workplace.* *Organisation skill but keep an open mind and be flexible to changes.* *Communication and networking to build relationships.* *Reflecting self-confidence.* *Seeking mentorship and guidance.* *Inner strength and motivation to be expressed into actions.*

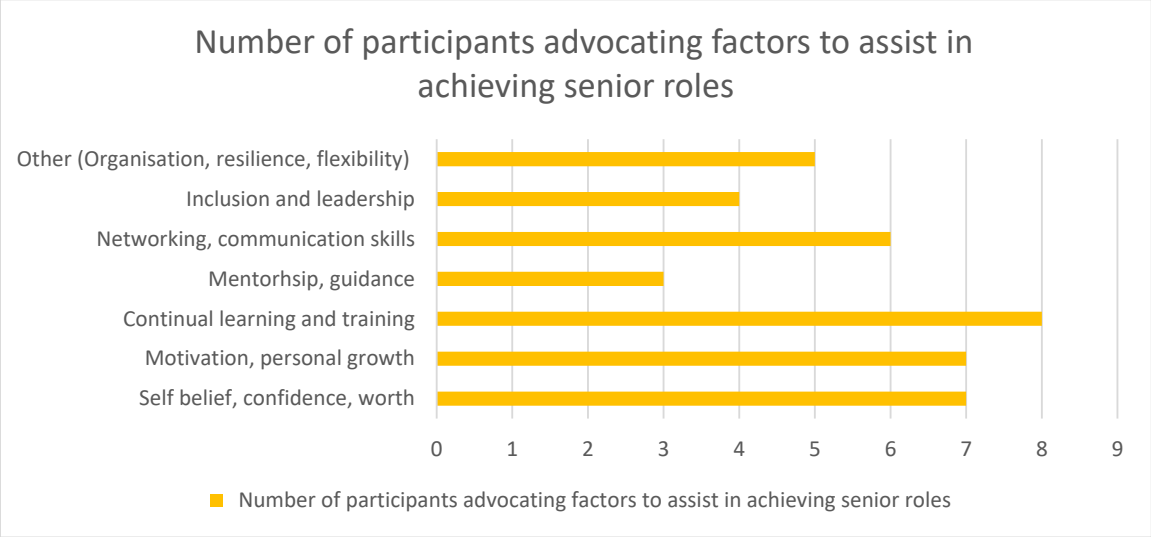


Figure 10: Number of participants advocating factors to assist in achieving senior roles.

Five participants advocated having internal motivation to pursue senior leadership or executive roles. Motivation may emerge from the glory of a job title, monetary value, or community status. Motivation also aspires to generating self-worth and value and be role model for other females from ethnic background. Regional, ethnic, cultural, and racial representation is another form of motivation, which is advocated by one participant.

Seven participants indicate the path to personal growth, confidence and effective leadership is first self-reflection, self-exploration, self-awareness, and self-belief. This corresponds and compliments with the growth mind-set. Four participants advocated seeking mentorship and role models. However, one participant recognised being welcoming to constructive feedback and criticism may not align with certain personalities. Although, this can be addressed as long as the individual exhibits a growth mind-set and flexibility.

Three participants encourage to actively develop skills, be persistent in learning and gaining knowledge. Two participants urge to adapt to changes or changing environment and show flexibility to changes, people and work patterns. One participant recommends actively seeking opportunities and looking for avenues to progress.

4.10. Support Required to Pursue Senior Leadership Positions

The support gained from role models, mentors, coaches, and seniors was collectively suggested by the participants. Additionally, one participant recommended the mentors and coaches to be from a similar ethnic background as they would be able to understand and guide through the struggles due to better understanding of social, cultural, and societal limitations.

Sign posting for junior and overseas healthcare professionals into

leadership or non-clinical managerial fields of work in the early stages may help define a pathway to pursue leadership roles and steer the resume into building a profile that compliments leadership job specifications. Furthermore, guidance on developing and enhancing skills and talents and supporting through this journey also may be useful.

Availability of more courses, hands on or focused group training along with affordable higher education degrees may instil confidence to senior leaders who have vast experience but lack confidence because of lack of postgraduate degrees. Also, recommended by one participant was creating opportunities for ambitious professionals to shadow or observe leaders in executive roles to learn and diversify. One participant advocated providing opportunities to lead projects and learning from shortcomings.

One participant suggested training of interviewers to eliminate subconscious bias during the selection and interview process. One participant recommended enhancing networking, communication, interpersonal skills, and utilising social media platforms in a constructive way to enhance personal skills, growth and profile.

5. Critical Discussion

5.1 Glass Ceiling Effect

The results from this research align with those concluded in the study by Cain, establishing that glass ceiling effect exists with perceived barriers such as communication, lifestyle differences, work-life imbalance, and access to higher education [11].

5.2 Communication and Lifestyle Differences

Majority of participants in this research consider good communication skills to be essential for growth and inclusion, as evident in the factors that may assist in attaining senior level positions. Also suggested by participants were attaining additional skills such as interview and presentation practice sessions and workshops. One participant considered general outlook and appearance as her strength, while another stated she worked hard to eliminate shortcomings that she considered may exclude her from integrating with a wider community. This is perhaps one of the highlighting findings of this study as differences in communication of lifestyle for females in ethnic background has not been covered vastly in literature. Notwithstanding, this correlated directly to Goleman's Emotional Intelligence concept aspects of self-awareness, regulation, intrinsic motivation to change and develop social skills to communicate and connect better with the individuals and environment [17]. It was corresponds to the Equality and Diversity frameworks as external and organisational dimensions to develop an approachable work ethic or interpersonal skills and be relatable. As mentioned earlier, these are barriers related to glass ceiling effect and may be shattered with internal motivation to achieve and surpass these barriers.

5.3 Work-Life Balance and Family Responsibility

Majority of participants in this study confirmed having conflicting work - life balances and family obligations that hindered consist progress or promotion opportunities, as also confirmed in research findings from Bismark et al. [13]. These finding are consistent with those from Dhatt et al., and Henrekson and Stenkula, which suggest familial obligations especially with motherhood or taking care of elderly parents may hinder career progress or delay it [8,15]. These research findings align with those mentioned above as female leaders with ethnic background have a cultural or social conditioning and may not want or like to pass familial responsibility to someone else. One participant stated no barriers related to family obligations but in hindsight, felt the guilt for not being available for children in comparison to her spouse. This factor was also concluded by Cain and Moulds-Greene as in ethnic background cultures, females are primarily considered the 'home makers' as opposed to males being 'breadwinners' [8,11]. However, any interesting finding generated from this research is that one of the motivation for female leaders was financial stability and once this was achieved, along with grown up children, they could focus more or prioritise work related commitments better.

5.4 Access to Higher Education

As Kalaitzi et al. established, one of the barriers may be access to higher education [1]. This factor has been profusely addressed by participants in this study as those with higher education degrees felt more comfortable with formal training and skills for leadership. In comparison, participants with vast experience but no formal education or academic degree felt less confident to be able to perform well in leadership roles due to the lack of formal education. Additionally, female leaders with access to free or funded training courses and portals of Continual Professional Development encouraged to pursue training and education as this enhanced their resume, professional profile and vast array of skills. This barrier also can be shattered as there are many free training courses and initiatives available in the NHS and does not necessarily mean an unaffordable or highly expensive educational degree. This also corresponds to the intrinsic motivation element of Goleman's concept and external dimension in the Equality and Diversity framework for access and attainment of education, work experience and career progression [17,24]. As stated in the study by Beckwith et al., female leaders should have clear short and long term career goals and identified resources to pursue or make accurate career choices [10]. One participants in this study stated hindrance to her career progression due to enrolment for higher education as she had to transition into a part time worker due to academic commitments.

Most participants mention difficulty in access and affordability of higher education degrees or training courses. One participant explains her financially stable position to be able to self-fund many courses but despite these, she remains in a job role which she is over qualified for and have superiors who have far less qualifications. All participants encourage undertaking education and training to develop and progress further which aligns with findings from research by Wallner, Beckwith et al. and Mousa et al., supporting affinity networks, focused group, mentoring opportunities, sponsorships, training and developing initiatives at

institutional and organisational levels [10,12].

5.5 Concrete Ceiling

The impenetrable or difficult to penetrate perceived barriers identified by participants in this study are restricted access (difficult to access high visibility tasks, assignments and opportunities) and limited access (lacks of networking opportunities, mentors, role models and adequate guidance).

5.6 Restricted Access

Few participants in this study stated difficulty in access to high value and visibility assignments and tasks. One participants also voiced her opinion about subconscious bias by the interviewers during the job selection process. One participants explained access to shadowing or observation of work pattern of leaders in executive job roles may not be accessible for everyone and was only possible for her due to her role requirement and the nature of her job role. These barriers are consistent with the findings from the research by Mousa et al. and Alan et al. which confirm the existence and derogatory effects of these barriers [12,16]. This barrier may be encountered at an organisational dimension of the Equality and Diversity framework [24]. However, as stated by one of the participants, knocking on all possible doors and consistently looking for opportunities may eventually lead to opening of one door. This requires resilience, persistence and internal motivation, as asserted by majority of the participants in this study. As stated earlier, this barrier may be impenetrable or difficult to breach but with persistence, resilience and internal motivation to combat the problem, chances of eventual success are higher. The willingness and internal motivation to progress ahead despite restricted access correspond to the third element of Goleman's Emotional Intelligence and growth mind-set [17].

Participants also recommended continual professional development and acquiring additional training to refine and enhance skills set. Participants stated in answers to questions related to professional and personal growth that they undertook comprehensive training refining interview and presentation skills, learning multiple languages, improving communication and actively diversifying networks, getting adept in computer and IT, strengthening financial and policy making skills. These findings align with those found in research by Simmons and Moulds-Greene who recommend integration with all stakeholder and diversifying skillset or exhibiting willingness to learn and understand to be relatable to all stakeholders [9,14].

5.7 Limited Visibility

The second most recommended and highlighted factor for progression to a senior level position in this study is networking, refining interpersonal skills and connecting with likeminded colleagues. All participants advocate for the need to network and form strong interpersonal skills to develop and progress in career. These findings are consistent with those from Mousa et al., Kalaitzi et al., , Wallner and Beckwith et al., [1, 10,12]. One participants recommended using social media platforms to gain visibility through networking and communicating with like-minded individual at a larger scale. This is yet another subset of perceived barrier as leadership may be viewed as a very senior and serious role requiring a certain distance from social media platforms which are considered relatively casual and unconventional for professional use. This is another interesting finding which has not emerged in the literature review inconspicuously. Determination and motivation to network correspond to growth mind set, Goleman's components of intrinsic motivation (looking for ways to grow) and enhancing social skills (building relationships, communication and interactions with others, along with finding common grounds to develop rapport and connecting with colleagues [17]. Developing the networking skills are a component of inherent personality, external and organisational dimensions of Equality and Diversity framework [24].

5.8 Mentoring and Role Models

The most significant finding from this study is the availability and access to a mentor and role model. The participants all agreed that having a mentor is essential to career progression and would definitely play an elemental role in professional or personal growth, clear career pathway. Most participants who had mentors contributed to recognition of their strength and weaknesses to mentors, as expressed by Cain and Montgomery et al. [11,19]. Interestingly, one participant stated one of the difficulties in finding and connecting with a mentor is a similar ethnic background and beliefs or values. This is further reinforced in other participants' views as well. Majority of participants have desired to have (in the past, currently or in future) mentors or role models with similar backgrounds to communicate internal struggles and challenges from relatable grounds. Mentorship and role models are the most recommended factors for professional career progression and ascension as mentorship may be resourceful for internal self-awareness, feedback, corrections of short comings, guidance and advice from experience, as advocated by Garvey et al. [20]. This is reported by all participants who previously had or never had mentors and role models. Additionally, as in the previous section, a mentor or role model may also aid in increasing visibility and networking opportunities, as suggested by Montgomery et al. [19].

Two participants confirmed having a mentor and role model helped in their career pathway consistently but losing their mentor led to stagnation of career progression or they could not find similar mentorship again. This finding generates a conclusion that is not evident vastly in literature; Mentorship should not be limited to one or few persons. It should be a consistent and continual progress with a trial and error outlook. As one participant mentioned, trying to connect with several mentors in a trial and error approach may lead to finding some mentors who may not have any lasting effects but may also help in connecting with a mentor who has a great impact on personal or professional life. One of the interesting finding is related to the growth mind set framework as one participant recalled potentially being averse to criticism or feedback in the past and possibility would not have welcomes mentorship when in her home country. However, as the healthcare

system in UK requires constant guidance and support, she agrees and would have preferred to have guidance or mentorship to have an easier transition into the NHS. This is a good example of transitioning from a fixed mind set into a growth mind set s leadership progressed and also displays self-awareness and self-reflection, which are consistent with personal and professional growth. Two participants in this study (one overseas qualified and one home student) state being open to feedback and evaluation but still find it difficult to cope with.

5.9 Personal Characteristics

Two tables (Table 3 and 4) for personal characteristics have been formulated in the findings section. Both existing personal characteristics of female leaders from ethnic background and suggested personal characteristics to attain senior executive roles correspond to Growth mind set framework, Goleman's components of Emotional Intelligence (EI) and Equality and Diversity framework [17, 24-34]. All participants in this study advocate for self-awareness, self-regulation, finding self-worth and being confident. These findings of personal characteristics are consistent with those from Bismark, Mousa et al., Alan et al. and Kalaitzi et al. [1,12, 13,16]. The main reason for hesitating or not applying for senior executive roles for most of the participants in this study were the lack of confidence and belief in self or skills. However, participants were aware that lack of confidence and self-doubt was a personal hindrance and a personal challenge to overcome. Lack of self-confidence and self-doubt may undermine perceived capabilities of female leaders. Bismark and Mousa et al. correlate lack of confidence and 'masculinity' to risk aversion of females and hesitation in making tough or difficult decisions [12,13]. Participants in this study did not state any concerns related to risk aversion or challenges. Lack of confidence for participants mainly presented due to racial inequalities, insecurities, perceived opinions, lack of role models and lack of adequate educational or training incentives. Therefore, perceived capabilities for participants in this study were inherent, on a personal level and internally directed as opposed to emerging from external or organisational dimensions and due to gender disparities [11].

None of the participants expressed aversion to risk taking or pursuing challenges in a competitive environment as opposed to findings from Henrekson and Stenkula, Cain, Niederle and Yestrumskas [11, 15, 18]. This is an interesting finding as none of the female leaders suggested feeling insecure, unsafe or disadvantaged due to gender or male dominant work environment. Additionally, majority of the participants indicated themselves to be highly motivated and ambitious and also suggested internal motivation to be elemental in ascension to a senior executive role, which contradicts findings from the above mentioned studies. All participants were acutely aware of a large number of female healthcare workers in the UK with many in leadership roles but exhibited an element of surprise or shock at the small percentage of female leaders in executive senior roles in NHS.

Most female leaders described their leadership style as sympathetic, empathetic and supportive, aiming at cohesion and effective collaboration for team work. Two participants recommended giving space, support and encouragement to staff to thrive and flourish. Patience, tolerance, effective listening were other traits favoured by most participant when working in healthcare and a well-established large organisation. These characteristics correspond to all elements of Goleman's EI concept, promoting self-awareness, leading to self-regulation, motivation, empathy and developing social skills to develop understanding, relationships, own impact on others and ultimately strong leadership [17].

Findings from this study also align with findings from the study conducted by Beckwith et al., which state females have to carve a way and have clear short or long term goals [10]. Participants from this study reinforced this idea by reaffirming that female leaders need to be intrinsically motivated (community status, monetary value, job title, prestige) and take own initiatives to seek opportunities and mentorship. It is up to individuals to diversify network and skills. Majority of the participants recommended to actively pursuing career progression initiatives, knocking on doors, learning from mistakes, persevering in challenging times, attempting to find different ways of doing things if something is not working out, trying to overcoming barriers actively as opposed to remaining passive and waiting for an opportunity to be presented. One participants also stated a gradual transition from being a junior doctor scared of making mistakes into an established leader with a growth mind set and a positive outlook to learn from mistakes.

6. Conclusion

Female leaders from ethnic background describe their personal characteristics that facilitated in their leadership journey as highly motivates, resilient, persistent, hard working with a growth mind set. They also were conscious of transitioning into self-awareness, self-regulation and being an empathetic, sympathetic, supportive leader. Learning from mistakes, having a positive outlook and looking up to role models were also some qualities that assisted in being resilient in challenging times. Some female leaders learned from previous bad experiences with their senior leaders and managers and moulded their leadership style to diverge from that style of leadership.

The findings from this study conclude that female leaders from ethnic backgrounds face racial inequalities and perceived discrimination. However, female leader participants of this research project are cognizant that hindrance to progression to senior level roles and hesitation to apply emerges inherently from within due to lack of confidence in self-worth, value and skills. They also identify lack of formal education and training as one of the limiting or restricting factor in applying for jobs. The most prevalent perceived barriers for female leaders of ethnic backgrounds were difficulty in maintaining work-life balance and having family obligations such as child care or caring for elderly parents. Another barrier was finding a good mentor or role model to get advice and guidance from. Interesting conclusion from this study emerged as stagnation in career progression

after losing mentors. Other perceived barriers were difficulty in communication and lack of networking, sponsorship, availability of accessible or affordable education and training. There is a vast availability of free and affordable, government and NHS funded courses at various portals. Individuals need to be made aware of finding courses relevant to their interests and skills and pursuing them. Medical clinical education and training may also focus primarily on acquiring clinical skills and refining them. This is of utmost importance but perhaps leadership, networking and communication skills need to be promoted more.

This study concluded that perceived barriers for female leaders from ethnic background are inherent and internally derived as opposed to externally imposed from a male dominated field of work and gender disparities. However, it does not rule out racial inequalities that have been reported by participants and which are highly prevalent. Having said that, female leaders admit that they did not have the confidence to apply for senior level job roles as there was a lack of a role model. None of the female leader participant in this study found working environment unsafe or faced pressures as perceived capability or credibility to appear more assertive or authoritative. No findings such as risk aversion to challenges or competitiveness emerged from this study.

The findings from this study strongly recommend initiatives such as mentoring programs, enhancing skills by training and continual professional development, increasing network, social skills and interpersonal connections, refining communication skills and having internal motivation to ascend the ladder to a higher executive role.

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