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Perspectives of Healthcare Human Resource Leaders on the Gender Pay Gap

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
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Abstract

Healthcare leaders are challenged with perceived pay gaps based on gender. A qualitative case study methodology was used to triangulate data from three sources to investigate the phenomenon of perceived pay gaps based on gender. The experiences and perceptions of 12 human resource leaders were the main source of data. The lived experiences of five female healthcare workers were also gathered to understand the perspectives of females who may perceive that women earn less than men. The third source of data was document analysis of human resource policies on pay from three organizations. The study was guided by situational leadership theory and feminist theory. Human resource leaders and female healthcare workers participated in interviews that were audio recorded, transcribed, and coded for themes. Data were loaded into Nvivo to assist with thematic analysis. The overarching themes were the existence of stereotypes related to pay and household responsibilities based on gender, perceptions of females in the workplace, and feelings of limited growth for women in health care. The emerging themes included women falling into expected household responsibilities, insidious pay discrepancies, and limited leadership and mentoring of women in health care. The results of this study may promote positive social change in recognizing that gender pay gaps exist and that leaders need to strive to eliminate pay disparities.

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Dedication

I would like to dedicate this study to all the strong women role models in my life. I am grateful for a wonderful mother who put her career aspirations on hold to raise four children. I am grateful for my twin sisters who pushed through school and achieved greatness through their efforts and careers. I am grateful for my grandma's, aunts, sister-in-law, and cousins who have held careers and being mothers to their children. Most importantly, I am grateful for a very strong woman in my life, and that is my wife. I am thankful for how hard my wife has pushed me during this process and never gave up on my efforts, late nights, or just being myself during this long process. My wife is a hard worker who was able to bear three beautiful children while in medical school. Your passion of becoming a physician and helping women, inspired me to write this dissertation and become a future scholar in my research and efforts. Thank you for your kindness and leadership, and your unconditional love. I know this study will help you achieve your aspirations, our children, and all that read it. Thank you to all the women that have touched my life and helped me become who I am today.

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Chapter 1: Introduction to the Study

Women struggle with career advancement and fair pay in the health care industry World Health Organization (WHO), 2019). Women typically make up the major patient-facing workforce in health care (Berlin et al., 2022). The most female-dominated role in healthcare is nursing (Dolcemascolo, 2019). Women make up 76% of healthcare jobs, with 87% of women being nurses (Liss, 2021). In the past and present throughout health care, women have been the primary gender found throughout all positions (Russell et al., 2022). In the healthcare industry, one of the most controversial issues with men and women is the pay structure American Association of University Women (AAUW), 2016). Women tend to work in lower-level positions compared to men, which results in them receiving lower pay (Layne, 2017). However, positions that are held by both men and women also result in women receiving less compensation than men, despite having the same job (Timewise, 2022). Women who work in the same healthcare positions as men with the same qualifications, education, experience, get paid up to 24% less than men (Mahase, 2022). Pay inequity is an issue for women.

Women in healthcare fall behind men in assuming leadership roles (Kalaitzi, 2019). Women are hindered by numerous barriers (Kalaitzi, 2019). These barriers include workplace harassment, bullying, stereotypes, gender pay inequity, leadership advancement, and discrimination (Villines, 2021). Women are choosing to pursue more education to help them get promoted towards higher pay and leadership opportunities to

gain access to the C-suite jobs and improve the diversity of leaders in the healthcare workforce (Fontenot, 2012).

Over the past several decades, women have continued to be supervised by men through clerical or secretarial needs (Yellen, 2021). Men continue to be in the seat of power, as women are overlooked regardless of education or experience (Tinsley & Ely, 2019). The lack of depth for women leaders in the U.S. healthcare sector continues to be perplexing and a challenging issue (Hauser, 2014). Women make up the majority of the healthcare workforce and experience untapped resources for the leadership and pay gaps presently available (Reddy, 2022).

Gender pay issues have been well studied globally and, in the United States (Braddy et al., 2019; Braithwaite, 2018; Butkus et al., 2018; Hangartner et al., 2021; Hoff & Lee, 2021; Kalaitzi et al., 2019; Mahase, 2022; Samarasekera, 2022; Spector et al., 2019; Zeinali, 2022). Few researchers have investigated the issue of gender pay inequity from the perspective of human resource leaders in health care organizations. This study addressed this gap by seeking the perspectives of health care human resource leaders about pay inequity based on gender.

The remaining sections of Chapter 1 provide the background for the study, the problem statement, the purpose, the main research question, the conceptual framework, the nature of the study, the definition of terms, assumptions, scope and delimitations, limitations, significance of the study, and a summary and transition.

Background

The health care environment has experienced dynamic changes in the past two decades (Guo et al., 2022). Female-dominated roles such as nursing are experiencing an influx of males to the health care profession (Barrett-Landau & Henle, 2014). Women are moving into formerly male-dominated roles as physicians and health care leaders (Boyle, 2021). Women have typically provided direct patient contact and have also been responsible for the administrative duties in healthcare systems through clerical, secretarial, patient care, billing, insurance, claims, hospice, and so forth (Berlin et al., 2022). At the beginning of the century, men held most executive leadership positions such as: CEO, COO, accounting, financial, all C-suite jobs, and the board of directors (Charas et al., 2015). Men were the dominant workers holding executive leadership positions, along with physicians and those delegating work (WHO, 2019). Women were working under men and following their direction and leadership (Berlin et al., 2022).

Gender equity is an ongoing concern throughout all industries Steenbergen & Peterson (S&P Global), 2021). Women in health care roles lack fair gender equity for payment compared to men (Reddy, 2022). In leadership and C-suite positions, women are not found in those positions in as high of numbers as men (Eagly & Carli, 2012). However, women comprise of 76% of the healthcare workforce (Lantz, 2008). Women are underrepresented in management, leadership positions, and fair pay roles (Lantz, 2008). Women still make up the majority of the healthcare workforce; however, for those

leadership positions in careers such as physicians, managers, executives, and the C-suite, women are not found as often (Berlin et al., 2022).

Gender inequity has been a constant barrier throughout the workforce (Albanesi & Sahin, 2018). The healthcare industry will continue to grow and more jobs will be in high demand in the future (AMN Healthcare, 2018). In the United States, there are over 1,073,616 physicians who consist of both men and women (Michas, 2022). Of that total, 45.8% of physicians are men, with 54.2% being women (Zippia, 2022). Women get paid $0.84 for every $1 a man earns as a physician (Zippia, 2022). The healthcare sector consists of nurses, clerical, facilities, equipment, technicians, transportation, facility care, hospice, emergency services, and other roles (User, 2022). Women in leadership roles differ hugely from men in the healthcare industry (Meagher et al., 2021). A crucial issue that needs to be addressed is the influence on healthcare settings by individuals as different gender roles are played in leadership positions and gender equity (Biancheri & Landi, 2017).

Female physicians who have the same education, experience, and qualifications compared to male colleagues are paid less (Carnevale et al., 2018). After insurance adjustments are calculated for the physician's compensation, female healthcare physicians found inside of hospitals, facilities, and private practices with both men and women are reimbursed less than male physicians (Desai, 2016). The human capital approach, in which various explanatory variables are used to shrink the perceived size of the gap, is often used to argue that much of the gap is due, not to discrimination, but

differing investments in employment by women and men (Lips, 2012). Women experience higher gender inequity when pursuing to become a physician (Miller & Vagins, 2017). Women are not found in many physician roles compared to men, thus making it difficult to compare salaries and positions with other women in these roles, and they often find themselves facing gender inequity (Yang, 2020). In other areas of healthcare, the pay structure is fairly the same between men and women (Warner & Lehmann, 2019). Throughout each industry, human resource leaders are responsible for the process of recruiting, hiring, training, and providing the compensation package for employees (ADP, n.d.). With the ongoing gender pay gaps, human resource leaders choose the hourly and salary compensation packages for employees (Heartpace, 2019). This study explores the perspectives of healthcare human resource leaders on gender inequity between male and female healthcare workers.

Problem Statement

The problem addressed in this study is that women continue to face pay inequities while working in an industry that is well regulated and monitored by federal pay regulations (Coleman et al., 2022). Differences in pay may relate specifically to human resource policies that provide tacit approval to pay differences based on gender or gender-linked occupations (Ainsworth & Pekarek, 2022). The phenomenon of interest was how women specifically in healthcare constantly face challenges and barriers that limit their ability to fully be treated fairly in their careers (ALobaid et al., 2020). In this study, I sought the perspectives of human resource managers in health care about their

experiences and thoughts on pay gaps based on gender. Women in healthcare get paid 24% less than men in the same positions and careers (Mahase, 2022).

Purpose of the Study

The purpose of this qualitative case study was to explore the experiences and perceptions of Human Resource leaders in healthcare who work with and address concerns regarding gender pay gaps. The phenomenon chosen for this study was how women in healthcare experience gender pay gaps compared to men, through the perspectives of human resource healthcare leaders (Schieder & Gould, 2016). In healthcare, women and men sacrifice their time and attention to getting years of education and experience to have their dream careers (Marcus, 2016). Careers require people to put forth finances to accomplish the steps needed to obtain degrees and become part of an organization (Thompson, 2016). Female healthcare workers put fourth years of education to compete with men in the same roles (Yang, 2020). Women continue to experience gender inequity and other barriers that prevent them from achieving their careers in the healthcare industry (Larsen et al., 2019).

Population

This study was delimited to the responses of 12 human resource leaders who were in different Human Resource departments found throughout the healthcare system. Interviews were conducted with people that identified as HR professionals found in hospitals, rehabilitation hospitals, long-term care facilities, assisted living facilities, hospice, home care, specialized and non-specialized medical and dental clinics, labs, and

additional healthcare systems. The second group of responses consisted of five women who are working throughout healthcare in positions found in hospitals, clinics, and the healthcare system throughout the United States that could include physicians, nurses, technicians, aides, administration, and other careers. The third source of data was the observation of HR hiring policies with a specific focus on hiring and pay scales dependent on job experience, education, salaries, and qualifications for roles that both men and women reside in for pay scales.

Sample

The 12 human resource leaders in healthcare, and the five women working in healthcare roles selected for this study are scattered throughout the United States. This provides data collection through different parts of the country to provide a variety and not a study biased to only one area of the United States. The interview guide was field tested by two healthcare executives with over 5 years of experience in the field of human resources, and the coding table was peer-debriefed twice by two healthcare executives for additional perspectives. Two subject matter experts field tested the two interview guides. For the case study and triangulation of this study, the two different interview groups consisted of the 12 human resource leaders, and the five women working in healthcare roles, resulting in the third source of data being the observation of specific HR policies and pay scales for men and women based on their education, experience, and qualifications to determine pay differences.

Research Question

The research questions for this study were the following:

- Main research question: What are the experiences and perceptions of HR leaders in healthcare who work with and address concerns regarding gender pay gaps?
- Sub question A: What are the perspectives of HR leaders in health care organizations towards possible gender pay differences?
- Sub question B: What are the perspectives of HR leaders in health care organizations toward possible facilitators that may assist with creating gender pay differences?

Conceptual Framework

The theories that grounded this study include the situational leadership theory and feminist theory as it examines inequalities in gender-related issues. The feminist theory uses a conflict approach to examine gender roles and inequalities (Conerly et al., 2021). For instance, radical feminism focuses on the family in the male dominance of perpetuation. Feminist theory identifies how gender is a factor on how humans are represented in reality. There is a constant problem of epistemic identification on the female subject as humans analyze gender differences and theorizing feminist politics concerning feminism and multiculturalism (Dietz, 2003).

Situational leadership theory is a repeatable framework used for leaders to match their own behaviors with individuals of their needs in an attempt to influence them

(Hersey et al., 1979). The situational leadership theory uses logical and internal inconsistencies, conceptual ambiguity, incompleteness, and confusion with a relationship based on between the leader and follower based on their performance readiness. (Graeff, 1997). Auspurg et al. (2017) mentioned two theoretical approaches that identify wage gaps as: same gender referent theory and reward expectations theory. The first theory discusses women who compare their earnings with other underpaid women. The second theory argues that both women and men value gender as a variable that leans towards lower expectations for how much gender should be paid compared to their work (Auspurg et al., 2017). Many factors have been known to be the root cause of compensation differences for female healthcare workers based on specialty choice, experience, hours worked, work and family life, as well as mentors and role models (Butkus et al., 2018).

Situational leadership theory allows a leader to adapt in any situation and be able to perform as a leader with diverse groups of people (Cherry, 2023). Although there are diverse groups of ethnic backgrounds, races, religions, gender, and much more, a leader must be able to balance different backgrounds to be an effective leader (Epadmin, 2023). When a leader does not promote equality through a unified workplace, this can prohibit diverse groups of people functioning efficiently to do things in different situations (Bourke & Titus, 2021). Each situation in a workplace can be different, such as one gender that is dominant over the other, minorities in leadership roles, inequality of gender

in different roles, or minors working alongside elderly employees (Stamarski & Son-Hing, 2015).

Different situations in the workplace cause different occurrences for leaders to govern and lead in situations (Abrams, 2021). The situational leadership theory allows that a leader is not tied to one type of style when they are leading a group of people (Wolf, 2022). Situational leadership theory promotes that the most successful and effective leaders are able to observe the environment of people, and adapt to the diversity, while being able to react on the spot on how to manage, lead, govern, and provide the most effective leadership style for the team being lead (Daugherty, 2022). Each group of people or individual person has their own needs and wants, and a leader who is able to adapt to their individual needs, while upholding their qualities and unifying a team at the same time, provides the best person that makes up the situational leadership theory (Villines, 2021).

While the situational leadership theory allows a leader to adapt to any situation or diverse group of people, leaders must be able to understand how to lead groups of females that result in a feminist theory approach (University, 2020). Throughout different industries, gender is an issue where gender inequalities occur in leadership roles, advancement, minorities, pay, and population (Gould et al., 2016). The feminist theory focuses specifically on the inequalities of women found in different roles of an industry based on individual minorities of race, sex, ability, and class (Veenstra, 2011). Women might be found in other industries compared to men, but the lack of women results in

those that identify this as an inequality of gender (Ilo, 2011). More women pursue opportunities to allow other women to promote equality through gender, and thus providing justice and women found everywhere for equality in the workplace (Dietz, 2023). It is essential for situational leadership and feminist theory to work hand-in-hand to further promote a unified workforce of equality in the workplace for all genders, race, ethnicity, and backgrounds (Hershey et al., 1979). Through these two theories, women are recognized as equal to men to provide equality through all things in the workforce and society (Cherry, 2023).

Nature of the Study

The nature of this study was a qualitative case study. Qualitative case studies enable a complex phenomenon to explore the identification of different factors pertaining to the interaction with each other (Debout, 2016). Case studies provide an approach to gather and obtain in-depth, multifaceted information to identify a complex issue in a real-life situation (Crowe et al., 2011).

A qualitative case study includes triangulated data (Noble & Heale, 2019). The three data sources for this study include interviews with healthcare human resource leaders, interviews with healthcare workers who identify as female, and observation and analysis of human resources documents related to pay policies of at least three health care organizations.

Definition of Terms

The following terms are operationalized by this study.

Career advancement: The process of professionals in a workplace in different industries that take their skill and knowledge and apply it forward to help themselves determine and achieve new career goals with opportunities to grow towards (Indeed Editorial Team, 2020).

Discrimination: A forbidden law of prejudice treatment of recognition and understanding for any type of person, that includes ethnicity, sex, age, or disability (Kleinberg et al., 2018).

Gender equity: A social condition where both men and women have equal rights through an equaled balance of power, status, opportunities, and rewards (Rolleri, 2013).

Gender pay gap: A measurement between men and women of the differences each receive based on hourly or salary earnings that work part-time or full-time (Hoff & Lee, 2021).

Physical compensation: The act of rewarding someone based on their actions or performance in the form of money currency, or rewarding someone to make up for loss, damage, or injury for the appropriate matter (Parent, 2023).

Radical feminism: The philosophy of inequality between men and women or specifically the social domination of women by men through rights, privileges, and power as oppressed women and privileged men (Lewis, 2020).

Assumptions

This study was based on five assumptions: (a) healthcare human resource leaders would be able to speak on their perspectives toward possible gender pay differences; (b)

healthcare human resource directors would be able to speak on their perspectives towards possible facilitators that create gender pay differences; (c) women in healthcare worker positions would be willing to share their personal lived experiences with potential ongoing gender pay issues; (d) the data collected would help to fill in some of the gaps in understanding potential gender pay issues between men and women in the healthcare sector from the perceptions of human resource leaders; and (e) a human resource leader is someone who constitutes pay, benefits, hires and onboards an employee. Leadership found in clinics, hospitals, dental offices, and more often times have providers and owners that make up the human resource roles. This results in human resource positions not having specific people in these roles, and instead having the owners and medical providers oversee and manage these responsibilities.

Scope and Delimitations

The scope of this study was potential gender-pay gaps from the perceptions and perspectives of healthcare human resource leaders where women in healthcare are being paid less than men in the same roles (Mahase, 2022). Gender-pay gaps are defined as a measurement between men and women of the differences each receive based on hourly or salary earnings that work part-time or full-time (Hoff & Lee, 2021).

This study was delimited to the responses of 12 human resource leaders and five women working throughout healthcare positions found in hospitals, clinics, and the healthcare system throughout the United States. The participants completed one-on-one

virtual interviews through the Zoom online meeting platform (https://zoom.us), and the responses were recorded for transcription, and coding.

The participants selected for this study were scattered throughout the United States in a variety of cities. This provided data collection through different parts of the United States to provide a variety and not a biased study to only one area of the United States. For the case study and triangulation of this study, the two different interview groups did consist of the 12 human resource leaders, and the five people who identify as females working in healthcare roles. A third source of data was the analysis of available documents such as HR policies, published hiring practices, and compensation based on qualifications for healthcare roles.

Limitations

Possible barriers of this study include being able to pinpoint a day and time where interviews with human resource leaders are available to discuss the research questions. Day-to-day operations did prohibit the flexibility of interviews being scheduled with healthcare management and human resource leaders. People identifying as males in financial positions or human resource positions could have inherited bias or prejudice feeling towards this topic and therefore would choose to forgo an interview or response. Smaller clinics or outpatient centers might be easier to collect contact information depending on quantity of female to male ratio. Another barrier is finding the time and commitment of female medical professionals to coordinate the time and day for interviews. However, with a constant issue, this study would result in that women would

want to be a part of it to spread their voice of the barriers they face especially with gender pay. A potential challenge to address to would be males in healthcare would participate in this study and provide their experiences towards the research that will be studied. Another limitation is being able to hone down and interview people that have the title as a human resource leader. A human resource leader is someone who constitutes pay, benefits, hires and onboards an employee (Srivastava, 2020). Leadership found in clinics, hospitals, dental offices, and more often times have providers and owners that make up the Human Resource roles. This results in human resource positions not having specific people in these roles, and instead having the owners and medical providers oversee and manage these responsibilities, thus causing a limitation of not interviewing direct human resource titles.

Significance of the Study

This study was significant in healthcare, as women make up 77.6% of healthcare workers (Statistics, 2022). Women continue to face barriers and challenges that prevent them from being paid fairly, barriers to leadership, and culture stereotypes that cause issues from respected women in the workplace on all levels (AAUW, 2016). Women primarily make up the healthcare workforce (Day & Christnacht, 2021) but continue to be underrepresented and treated unfairly in the workplace (Krivkovich et al., 2022). Researchers have continued to find an epistemology in past research as many people determine that women continue to face barriers with their goals not just in healthcare, but

all industries (Sibeoni et al., 2020). Women receive the same education and experience as their male colleagues and still are paid less (Gould et al., 2016).

This study did seek to understand HR management perspectives on gender-pay gap. HR leaders in healthcare are the group that hires and structures the pay of healthcare workers (Lytle, 2020). This study did provide a better understanding of this process.

Summary and Transition

Women need to be able to prepare the future path of women in leadership positions in all industries but specifically for this study in healthcare (Mahase, 2022). Men continue to dominate the leadership and C-suite roles in healthcare (Berlin et al., 2022). There has been and continues to be inequality for men and women, and women deserve to be treated equally and fairly through all things. Equal pay for physicians both male and female should be respected, especially when men and women have the same education and experience (Gould et al., 2016). Women should not be prejudged about being biased or prejudice towards men and should be given the opportunity, just like men to be able to show leadership skills and manage in leadership roles (Butkus et al., 2018). Kirchheimer (2007) mentioned that some women in leadership roles are more successful than men because they do not view the world as men versus women.

Women in healthcare should be given the ability to have fairness through advancement and working the higher C-suite roles, such as CEOs of hospitals. Men have always been the business type of people, resulting in men being CEOs of hospitals (Charas et al., 2015). Women bring the empathetic ability to be more emotionally

attached or thought out for choices and decisions (Yang, 2020). Men mainly act on their knowledge, whereas women tend to act on their feelings and look at everything that is in place (Kachel et al., 2016). Sexton (2014) discussed that women are significantly underrepresented in hospital management positions, and because of this, gender disparity has changed over the past decades showing the struggles and barriers women face to achieve leadership roles. For the future of healthcare, if a woman has the same experience and education compared to a man, instead of being biased and automatically giving the position to a gender where the enforcer is being biased, all future leadership healthcare positions should be equal to both men and women. More women should be given more management positions to prepare them for higher C-suite level positions including CEO of the hospital. Women found in leadership positions will promote unity between men and women in future roles of leadership in healthcare (AAUW, 2016).

Through research and learning, women in the healthcare industry are equal to men through non-leadership positions based on pay wages (Layne, 2017). Women found in healthcare roles such as physicians, management, or C-suite management positions, women have and continue to be treated unfairly (Mangurian et al., 2018). Unequal pay in leadership to being overlooked for advancement is not being fair and is discriminating against women (Butkus et al., 2018). Women who have the same education and experience as their male co-workers are being surpassed by the stigma of men in leadership roles, and women beneath them. While this has occurred in the past, more women are starting to progress into more physician opportunities; however, in

management and leadership roles also found in the C-suite, women are rarely found. In healthcare, women and men should be treated at equal levels through pay, advancement, management, and all leadership roles (Berlin et al., 2022).

Chapter 2: Literature Review

Chapter 2, the review of current literature, presents an exhaustive investigation into the available peer-reviewed articles surrounding gender inequity, gender pay gap, and perspectives of human resource leaders around gender pay disparities. The first section of this chapter presents the search strategy used to secure the needed articles. The second section presents the historical context that is foundational to this study. The third section provides the current context that specifically address current gender pay inequity in healthcare. The fourth section presents the conceptual framework between situational leadership theory, feminist theory, human resources, and healthcare pay. The fifth section presents the methodology literature. The sixth section presents the research design literature. The seventh section presents the conclusion and chapter summary.

Literature Search Strategy

The first phase of the literature review involved searching for available peer-reviewed journals in the databases of EBSCO, Google Scholar, and the Walden Library. Within these databases, a variety of search terms, abbreviations, and phrases were used, including *gender inequity under-paid*, *under-paid female healthcare workers*, *human resources*, *perspectives and perceptions of human resources*, *healthcare workers*, *peer-reviewed*, *2018-present*, to produce over 5,100 articles covering the main sections of Chapter 2. Of these articles, there were 13 main research topics that were measured for their relevance highlighting the importance of this topic. These articles were used for the second phase of the literature review.

Table 1

Search Strategy for Underpaid women in Healthcare & Gender Pay Inequity

Database	Search terms	Results	Notes
EBSCO	Underpaid; peer-reviewed journal; 2018-present	130	Too broad, does discuss different industries; home health, nursing, healthcare, women unnoticed
EBSCO	Underpaid women; peer-reviewed; 2018-present	16	Underpaid women, home health, underpaid bosses, women vulnerability
EBSCO	Underpaid women; healthcare; peer-reviewed; 2018-present	5	Underpaid home care workers, Black and Latino women, Athletic trainers
EBSCO	Underpaid women; human resources; peer-reviewed; 2018-present	3	Too specific, but narrowed information. Black and Latino female workers underpaid, Covid-19 post affects women.
EBSCO	Perspectives of Human Resources; gender pay gap; peer-reviewed; 2018-present	0	Too specific, but proves limited to no research providing the GAP
EBSCO	Human resources; gender pay gap; peer-reviewed; 2018-present	40	Gender pay gap constant issue, real wage growth, immigrants, human resource management
EBSCO	Gender inequity; peer-reviewed; 2018-present	1,365	Too broad, needs to be narrowed
EBSCO	Gender inequity; healthcare; pay gap; peer-reviewed, 2018-present	2	US, sexism in medicine, health services, medical, anesthesia research, quality control, policy, women's health sciences
EBSCO	Gender inequity; healthcare; peer-reviewed, 2018-present	338	More articles when it's not narrowed down to just pay gap. Nursing research, sexual and gender diversity. Healthcare policy, transgender being attacked. Blood testing, trauma, underserved populations, search is too broad.
EBSCO	Healthcare; gender equity; USA; peer-reviewed; 2018-present	149	Vision care, caregivers, child health, randomized controlled trials, rural health, racial differences, sexism, women's empowerment, abortion healthcare, discrimination, too broad and random topics
EBSCO	Gender equality; USA; peer-reviewed; 1971-2022	5,025	Too broad, not narrow to a specific industry
EBSCO	Gender equality; USA; healthcare; peer-reviewed; 1994-2022	119	Narrower on search, 185 is more ideal for healthcare narrowed research, need to select 20-30 articles that hit the point

The second phase of the literature review focused on excluding irrelevant articles from the first phase. The articles from the first phase were loaded into EndNote. Duplicate articles from the first phase were removed. The remaining articles were reviewed by title. Articles with titles that did not relate to this study, like menstrual, women or planned parenthood, gender norms, articles outside of the USA, gender-based violence, protection for women of sexual violence, and additional articles, were excluded. The abstracts from the remaining articles were reviewed. Articles with abstracts that did not relate to this study were excluded. The remaining 119 articles were organized. Of the 119 articles, 13 were classified as supporting the historical context and frameworks of gender equality, four articles supported fair gender pay, and four articles supported the case study design.

Historical Context of Gender Inequity

The 14th century poet and writer, Christine de Pizan expressed that the oppression of women is founded on irrational prejudice, specifically pointing out the challenges that women face advancing in society (Pizan, 1405). Female sexuality and feminism support was disclosed through a medieval poem and most commonly referred to as *Le Roman de la Rose* written by Jean de Meun, a 12th and 13th century author. *Le Roman de la Rose* expands the brutality of the vices of women in life and how men outwit them (Lorris et al., 1998). It was said in the 13th century by poet Matheolus, that addresses marriage and discusses how women make men's lives miserable (Matheolus, 1295). Christine de Pizan wrote a book after reading Matheolus's words and feeling ashamed to be a woman

(Pizan, 1405). In the 11th and 12th centuries, Blanche of Castile was the Queen of France and acted as a regent twice (Jeandet, 2023). Blanche of Castile proved to be a strong female leader who was able to perfectly adapt to situations of leadership and governing while being able to work with other male counterparts (Hameed, 2022). In the 20th and 21st centuries, Elizabeth II became the longest female monarch who was able to reign as Queen of the United Kingdom (O'Neill, 2022).

Women were barred from speaking at antislavery conventions let alone most public outings in the 18th century (Elliott, 2020). In 1848, Americans Elizabeth Stanton and Lucretia Mott gathered hundreds of women for the first women's rights convention demanding civil, social, political, and religious rights for women (Gaur et al., 2022). Stanton expressed that all men and women are to be created as equals (Ginzberg, 2020). In 1873, over 32,000 women signed a petition presented to the parliament of New Zealand, upon which New Zealand became the first self-governing nation in 1893 to allow women to vote (Heritage, 2018). On March, 8th, 1911, Women's Day was created in honor of women's suffrage and labor rights (Pruitt, 2017).

During World Wars I and II, women were driven to take on "untraditional" jobs as men headed to war (Academy, 2022). Through this time, Rosie the Riveter was a symbol for women's empowerment (Cokely, 2020). After World War II, in 1945, the United Nations was formed standing for equal rights of men and women (Nations, 2022). In 1946, the Commission on the Status of Women became the first global intergovernmental body dedicated to gender equality (Brown, 2023). In 1946, Eleanor

Roosevelt read a letter addressed to women of the world that they needed to have an increased involvement in national and international affairs (Women, 2021). By the 1980s, women in most countries were able to vote and are still fighting for leadership positions (Keohane, 2020). In the 20th and 21st centuries, women have been seen as world leaders, industry leaders, Olympic athletes, political voices, and revolutionizing the world working alongside their male counterparts with a seat at the table (Women, 2021). Shirley Chisholm, the first black female congresswoman, said, "if they (pertaining to men) do not offer you a seat at the table, bring a folding chair" (Chisholm, 2020).

Women are found throughout the workforce in several different industries (U.S. Bureau of Labor Statistics (BLS, 2021). Pay inequity, otherwise known as the gender pay gap, has been found throughout the world where women are paid less than men (Barroso & Brown, 2022). In 1944, the Sex bill was introduced but never passed for equal pay of women (Archives, 2023). Throughout time, the Civil Rights Act and other Acts discussed the importance of fair pay and equal right for women (Fisher, 2022). Still, according to Wade (2001), women do not fight on their own behalf for pay requests or leadership advancement because they have learned more times that they lose more than they gain.

In the 1860s, gender wage gap became a political issue known as the equal pay for equal work (Daugherty, 2022). When Susan Anthony and Elizabeth Stanton fought for women's rights and the right to vote, once passed, women had the opportunity to vote for fair pay in the wage gap (Archives, 2023). In the 1940s, a bill was created by Winifred Stanley, detailing the active discrimination against employees specifically in the

compensation on the accounts of sex, and the bill never passed through Congress (Politico, 2022). In the 1960s, more than two decades later, the Equal Pay Act passed, prohibiting employers from paying male and female workers different wages for jobs that required equal education and qualifications (U.S. Equal Employment Opportunity Commission (EEOC), 2023). The Equal Pay Act, however, did allow the exceptions of pay structures being created based on seniority or merit (Michel, 2016). At the time of the bill passing, then-President John F. Kennedy cited that the average woman worker earns only 60% of the average wage for men (Frontiers, 2020).

In 1964, the Civil Rights Act Title VII focused on wage gap specifically addressing compensation based on color, race, sex, religion, and national origins, followed by sections outlining employers can choose to pay based on seniority and merit-based wages (Hentze & Tyus, 2021). Regardless of legislative forefronts over the past 100 years on gender pay gap, women were making $0.60 for every dollar earned by a man in 1960, followed by $0.70 for every dollar earned by a man in 1990, and in 2020, women earn $0.83 for every dollar earned by a man (Iacurci, 2022). Although the wage gap has narrowed over the past 100 years, many people have proven that women continue to get paid less than men in the same positions regardless of equal education and qualifications (Gould et al., 2016). Throughout the world, women consist of 75% of the healthcare workforce (WHO, 2023), but women only make up about 4 in 10 healthcare leadership positions (Minemyer, 2019). Women who work in the same healthcare positions as men with equal qualifications, education, and experience get paid up to 24%

less than men (Mahase, 2022). In the second half of the 20th century, pay levels for men and women have greatly converged, but it is well documented that women are not paid equally to men (Ponthieux & Meurs, 2015).

Current Context of Gender Inequality

In healthcare, the gender pay gaps exist where female physicians are earning $2 million less than men over their career (Smith, 2021). Males found in surgical specialties earn $2.5 million more than female surgical physicians, while male physicians found in primary care are earning nearly $1 million more than female primary care physicians (Hortsman, 2022). Female nurses are paid $10,000 less than male nurses of the same qualifications (Vohnoutka, 2022). Women found in nonclinical positions are paid $0.77 to the dollar men earn, resulting in $21,320 less per year in the same positions (Barroso & Brown, 2022). Research showed that hospitals run by the U.S. Department of Veteran Affairs to maintain gender equality for compensation in the dermatology department and should serve as a model to close the gender pay gap throughout the healthcare workforce (Do & Lipner, 2020). For several decades, the Pan American Health Organization has implemented the importance of health equity to help strengthen health systems (Etienne, 2022). Women in healthcare identify themselves as being discriminated and handicapped by individualism, gender inequality, unfair pay, and differences preventing them from being treated as equals to their male colleagues (Korolija et al., 2022).

Gender bias is found in education, politics, government, and all other jobs (Ahmed et al., 2022). Women serving in management roles within academics and

practitioners is essential for the advancement and equal opportunities for women (Bass, 2019). Women are found throughout society, the workplace, and the household, but continue to be less valued than men (Etienne, 2022). Throughout the health workforce, gender plays a vital role (Newman, 2014). Women and their devotion to work and being underpaid has reflected their gender resulting in not fitting in the economic mold and being underrepresented (Meleis & Lindgren, 2002). Women found in leadership positions in government organizations implement different policies than men and are found to be more supportive by other women (Downs et al., 2014). The concern for gender inequality is vital for the success of different industries between men and women (Block et al.,2019).

Throughout the world, women face a burden of disease and death due to the inequities of access to health care, education, and nutrition (Downs et al., 2014). There has always been a fair goal for gender equity and equality both nationally and internationally (Harris, 2021). The expansion of healthcare is fundamental for the future of human security and rights (Belhadj & Touré, 2008). Regardless of how steps have been taken over the past 100 years on gender pay, people do not understand the importance of gender diversity and how it influences the future of innovation (Bass, 2019). Gender bias results in the female gender being underrepresented and undervalued compared to men (Ahmed et al., 2022). Research has shown in healthcare the constant gender discrimination and inequalities found in education and employment between men and women (Newman, 2014). The future of health promotion globally and in the United

States has been central to the defining role of gender and how gender is implemented in the production and growth of advancing programs and policies by men and women (Restar et al., 2021). The future of healthcare is vital for equality between men and women in leadership positions and equal pay throughout the industry (Etienne, 2022).

The reason behind women facing a burden of disease and death results in the disparity of women not found in leadership roles in the field of health while men are leaders and neglect gender equality (Downs et al., 2014). Gender inequity is derived from the globalized capitalistic model detailing work with producing income or the production of goods (Meleis & Lindgren, 2002). Gender diversity is just as important as compensation equality to ensure women are treated equal to men throughout industries (Bass, 2019). The female gender is underpaid and undervalued in many careers such as healthcare, STEM (science, technology, engineering, mathematics) education, cinematography, food, sports, and many more (Ahmed et al., 2022). Although men are commonly found in science, technology, engineering, and math positions, men also dominate in healthcare, early education, and domestic roles compared to women (Block et al., 2019). While the world progresses into new inventions, ideas, lifestyles, or diseases being cured, challenges occur with many people being left behind unable to grow into the future (Belhadj & Touré, 2008). The Pan American Health Organization has emphasized the importance of creating career pathways for women, and increasing opportunities for women to serve in leadership roles (Etienne, 2022).

Current gender frameworks have been built on the historical context of men in leadership roles, while women stand behind men with many gender inequalities occurring (Restar et al., 2021). Equality for gender in the workplace has resulted in an integral part of the United States (Mansh et al., 2015). The Pan American Health Organization has emphasized the fundamental importance of gender equality as it impacts the social norms and prevents stereotypes (Etienne, 2022). The result for a larger pay gap is the occupational segregation and working hours (Korolija et al., 2022). A cross-sectional case study detailed how women with the same education and experience as men that chose the same medical specialty were paid less than men resulting in a gender pay gap (Do & Lipner, 2020). As men control leadership positions throughout STEM (Science, Technology, Engineering, Mathematics) and HEED (Healthcare, Early Education, Domestic) careers, women express the little attention pertained to men and how they do not notice or take action on women being discriminated against for leadership positions (Block et al., 2019). Of those who are left behind, unable to advance into leadership positions or grow into careers, a vast majority are women (Belhadj & Touré, 2008).

Studies have shown that an increase of women in leadership roles results in businesses and government being more successful than when men dominate leadership positions (Zenger & Folkman, 2021). Women have experienced their rights to be garnished and frequent gender inequality and equity resulting in women not found in leadership roles of healthcare and paid less than men with fewer opportunities of advancement and growth (Restar et al., 2021). There has been a constant increase

between gender- and race-based disparities found within academic medicine and healthcare leadership in civilian medicine and the U.S. military healthcare system (Massaquoi et al., 2021). The biggest representation people notice in careers, is gender description where one gender is larger than the other resulting in gender equality (Block et al., 2019). Constant gender populations have experienced disparities including access to health care, stigmatization, and discrimination (Mansh et al., 2015). Constant disparities due to gender and ethnicity have stood out, resulting in unfair pay or unequal leadership advancements in the workforce (Etienne, 2022). Researchers studying gender disparity have found that in funding, leadership, and compensation, men are favored over women in leadership roles and higher pay (Do & Lipner, 2020). Gender equality and women's empowerment is crucial for the growth of women in the healthcare industry (Korolija et al., 2022).

The human development is pertinent as unified individuals are able to work together and created equal to maximize the future outcomes (Belhadj & Touré, 2008). If the world focused on the value of work, this would enhance a women's ability to be treated equal through the social, health, and policy standpoints of leadership and fair pay (Meleis & Lindgren, 2002). Research has shown that women attaining early career leadership positions during training and 2 years after their residency results in higher chances of leadership opportunities and career advancement over their male colleagues (Massaquoi et al., 2021). People constantly perceive gender imbalances in male-dominated careers because men are found in more leadership roles than women resulting

in the unfair career advancement and suspected higher pay gaps (Block et al., 2019). Researchers have argued that gender minorities in healthcare must lead the charge for equality through diversity and inclusion found in medicine (Mansh et al., 2015). Women and men should be equal decision makers and unified through leadership positions in healthcare as unified team players (Etienne, 2022). Gender equality should be a priority for Human Resource leaders to promote research, leadership, and governance (Newman, 2014).

In the United States, active-duty military members for healthcare roles, results in only 15% as women (Massaquoi et al., 2021). Gender differences in salary is well documented throughout the healthcare workforce (Do & Lipner, 2020). While women make up 9 out of 10 nurses, only ¼ of executive positions in the healthcare system are held by women (Etienne, 2022). Increasing female leadership in the health workforce is feasible and fundamental towards addressing women's health (Downs et al., 2014). Women have been left behind through human development, often times with their ideas and personal well-being not treated equal to men in leadership and equity (Belhadj & Touré, 2008). Fair treatment of advancement and pay equity is vital for the dynamics of the health workforce (Newman, 2014). As new policies are implemented to promote pay equality and diversity of men and women in healthcare, this will promote safe environments for training and practices to ensure diverse groups of people in the healthcare workforce (Mansh et al., 2015).

COVID-19 has been one of the most consequential health crises in the past century of the world (Etienne, 2022). The health and social welfare sectors focus on reducing budgets for women and ignoring equal opportunities for women to compare to men worldwide (Meleis & Lindgren, 2002). Diversity of gender and the elimination of unequal pay between men and women will provide equalized opportunity for both men and women in health systems as they are unified working into the future (Newman, 2014). Promoting female leaders in the workforce will enable mentorship for other females to grow into more education, experience, and choosing a health career path for equality between men and women (Downs et al., 2014). While women represent nearly 75% of the health workforce, they earn on average 28% less than men (Korolija et al., 2022). Male physicians have reported significantly higher compensations than female physicians in private practice (Do & Lipner, 2020). Those who are poor, resort to having insecurity, food shortages, limited access to healthcare, and are unable to prevent diseases (Belhadj & Touré, 2008). If Human Resource leaders don't correct and act upon discrimination and unfair inequities of women, this will result in healthcare system inefficiencies that will impede the development of the healthcare workforce into the future of today's critical health needs (Newman, 2014).

The COVID-19 pandemic affected and placed multiple challenges in America, especially on the healthcare workforce (Etienne, 2022). Research has shown that females are frequently under-represented in leadership roles found throughout healthcare (Korolija et al., 2022). Women have been underrepresented in both STEM (Science,

Technology, Engineering, Mathematics) and HEED (Healthcare, Early Education, Domestic) career industries (Block et al., 2019). Women in military have expressed that they feel gender plays a significant role in leadership positions, specifically in healthcare and men are more dominant in this field (Massaquoi et al., 2021). Women result in higher attrition due to the lack of females found in health leadership roles (Downs et al., 2014). In the world of oncology, women make up less than 17% of leadership roles occupied by women (Korolija et al., 2022). Human Resource leaders lack the attention to the discrimination and inequalities found between men and women in labor rights and employment (Newman, 2014). The COVID-19 pandemic provided the ability to show how women are not found in leadership positions compared to men or how women are paid unequal to their male colleagues found in the same roles and positions (Etienne, 2022).

Conceptual Framework

The theories that ground this study include the situational leadership theory and feminist theory. The feminist theory uses a conflict approach to examine gender roles and inequalities (Conerly et al., 2021). For instance, radical feminism focuses on the family in the male dominance of perpetuation. Feminist theory identifies how gender is a factor on how humans are represented in reality. There is a constant problem of epistemic identification on the female subject as humans analyze gender differences and theorizing feminist politics concerning feminism and multiculturalism (Dietz, 2003).

Situational leadership theory is a repeatable framework used for leaders to match their own behaviors with individuals of their needs in an attempt to influence them (Hersey et al., 1979). The situational leadership theory uses logical and internal inconsistencies, conceptual ambiguity, incompleteness, and confusion with a relationship based on between the leader and follower based on their performance readiness. (Graeff, 1997). (Auspurg et al., 2017) mentions two theoretical approaches that identify wage gaps as: same gender referent theory and reward expectations theory. The first theory discusses women that compare their earnings with other underpaid women. The second theory argues that both women and men value gender as a variable that leans towards lower expectations for how much gender should be paid compared to their work (Auspurg et al., (2017). Many factors have been known to be the root cause of compensation differences for female healthcare workers based on specialty choice, experience, hours worked, work and family life, as well as mentors and role models (Butkus et al., (2018).

Leadership is commonly known as a group or people or person(s) that are responsible for leading and growing a business or organization (Prentice, 2022). Leadership within organizations have been a challenging topic to discuss, because of the fairness and equality of those serving in positions (Bourke & Titus, 2021). Having the right person that is qualified in that role, impacts the significant success of a business or organization towards its growth (Keller, 2017). Those serving in these roles provide their guidance, motivation, and inspirations to focus on where the organization is currently,

and how it will achieve the goals it has planned for the future (Ketchen et al., 2014). Most commonly found in leadership organizations is the situational leadership theory as it relates to leaders working with others that make up an organization (Cherry, 2023).

Situational leadership theory provides leaders to carry out responsibilities of directing, coaching, and supporting (Whitehead, 2016). Directing is the ability for a leader to take their thoughts and goals and apply them forward with the assistance of team members as they execute what needs to be done to move forward (Loblack, 2023). Coaching is the ability for a leader to then take current team members and helping them acknowledge their own tasks and what needs to be done in order to achieve success (Ibarra & Scoular, 2022). Support is the ability for a leader to then provide additional assistance or help to team members or colleagues to offer resources and guidance at what the end goal is and how to achieve it (Corporate Finance Institute, 2022). Situational leadership eliminates a one style approach to addressing problems, fixing solutions, and working with team members (STU, 2022). Situational leadership provides multiple ways of leadership that can be executed while working with team members and how to achieve goals and accomplish tasks (Wolf, 2022).

Situational leadership has become essential for the growth and production found in different industries (IMD, 2023). Healthcare makes up both men and women, while some genders are more dominant than others (Vlassoff, 2007). Leadership found in healthcare has been found through administration, medical doctors, nurses, non-medical roles, and many others (IOM, 2011). Situational leadership was originally developed by

Blanchard and Hersey (STU, 2022). Situational leadership has been proven successful in healthcare as it relates to adapting to situations that arise from contingencies (Rabarison et al., 2013).

Situational leadership in healthcare provides a direct support role to different situations that can arise and provides leaders to work with others in different formats while still being able to achieve providing care to patients (Sfantou et al., 2017). While each person receives feedback and direction differently, situational leadership theory focuses on leaders being able to understand how their subordinate's function and help lead and adapt to their individual styles (Cherry, 2023). Women are found in leadership positions less often than men, women can feel a burden or struggle with working in a male dominant field (Kiessig, 2021)). Both male and female leaders in healthcare are able to use situational leadership theory to help identify the best approach to working with their colleagues and getting things done (Bioneers, n.d.). Women are dominant in non-management roles in healthcare compared to men (Perez-Sanchez et al., 2021). Regardless of men or women in healthcare management, situational leadership theory provides the ability to control outcomes to influence team members towards a proactive movement and creating a successful outcome (Al-Sawai, 2013).

Feminist theory focuses to understand the complete nature of gender inequality (Eastern Kentucky University, n.d.). Men and women have worked together for the last hundreds to thousands of years (Devlin, 2015). From the early ages to present day, men and women have always been around (Migdol, 2021). In different industries, men and

women are found serving in different roles as they work in harmony towards the future (Miller & Borgida, 2016). Some industries have dominant genders compared to others, resulting in gender inequality (Parker, 2020).

Gender inequality otherwise known as gender discrimination is a more dominant gender found in a setting compared to the other gender, resulting in the lesser gender feeling underprivileged or underrepresented (Stamarski & Son-Hing, 2015). Over-time, gender inequality has been found in different industries across education, healthcare, business, agriculture, entertainment, and much more (Funk, 2020). Aside from gender inequality found, additional inequalities occur through race, color, origin, demographics, culture, disabilities and more (Ndugga & Artiga, 2021). With higher gender inequality being found across platforms, it provides the ability for unfair pay, unfair leadership advancements, and promotes that men and women are not equals (Women, 2022).

Feminist theory provides people in society to better understand and work together when there is active unequal relationships between men and women (Crossman, 2020). Feminist theory helps people to understand common challenges that women experience as they gain social equality compared to men (COE, 2022). While men are found in more leadership and management positions, feminist theory provides the acknowledgement, how women aren't found in management roles (Soklaridis & Lopez, 2014). The feminist movement has resulted in major impacts of women getting access to education, healthcare, voting rights, equal pay, and women's rights or women's suffrage (Congress, 2023). Feminist theory emphasizes the importance of women being treated as unequal to

men in a variety of categories (Lee et al., 2020). Equality is essential for both genders to feel respected and as equals to become unified and work towards the future (Director et al., 2021).

Feminist theory in healthcare has been commonly referred to women not found in management (Shai et al., 2021). Healthcare leadership is a male-dominated field (Healthcare, 2021). Men have often had easier roads to travel and are groomed for leadership roles (Barrett & Moores, 2006). Women have often struggled to achieve management roles, let alone getting access to moving up the corporate ladder while dealing with a glass ceiling (Eagly & Carli, 2018). Limited women in healthcare leadership results in women being undermined by men, and treated as unequal (Perez-Sanchez et al., 2021). Women in healthcare, fight to have a seat at the table for management and leadership (Palmer, 2022). The feminist theory can provide people in healthcare with the ability to understand how women are not in leadership which can result in other issues that women experience such as pay gaps and leadership advancement (Gould et al., 2016). The feminist theory is essential to eliminate sexism in healthcare to provide an equal and unified healthcare system into the future (Rogers, 2006). An article by Okin (1994), discusses that the feminist theory applies to the fact that woman are often neglected in large organizations where bias and sexism occurs through women being mistreated and are excluded in a variety of leaderships and using their voice to speak up. An article by Ferguson (2017), mentions that feminist theory doesn't just apply to women, but it also revolves around the world and how the world

perceives women through everyday needs. Where women already have struggles and differences, Ferguson (2017) emphasized that the women are viewed as weaker than men and unable to perform at the same level as men, resulting in the feminist theory as a gender discrimination theory and women are treated as unequal's throughout the world in everything.

Situational leadership theory allows a leader to adapt in any situation and be able to perform as a leader with diverse groups of people (Cherry, 2023). While there are diverse groups of ethnic backgrounds, races, religions, gender, and much more, a leader must be able to balance different backgrounds to be an effective leader (Epadmin, 2023). When a leader does not promote equality through a unified workplace, this can prohibit diverse groups of people functioning efficiently to do things in different situations (Bourke & Titus, 2021). Each situation in a workplace can be different such as: one gender that is dominant over the other, minorities in leadership roles, inequality of gender in different roles, or minors working alongside elderly (Stamarski & Son-Hing, 2015).

Different situations in the workplace, causes different occurrences for leaders to govern and lead in situations (Abrams, 2021). The situational leadership theory allows that a leader is not tied to one type of style when they are leading a group of people (Wolf, 2022). Situational leadership theory promotes that the most successful and effective leaders are able to observe the environment of people, and adapt to the diversity, while being able to react on the spot on how to manage, lead, govern, and provide the most effective leadership style for the team being lead (Daugherty, 2022). Each group of

people or individual person has their own needs and wants, and a leader who is able to adapt to their individual needs, while upholding their qualities and unifying a team at the same time provides the best person that makes up the situational leadership theory (Villines, 2021).

While the situational leadership theory allows a leader to adapt to any situation or diverse group of people, leaders must be able to understand how to lead groups of females that result in a feminist theory approach (University, 2020). Throughout different industries, gender is an issue where gender inequalities occur in leadership roles, advancement, minorities, pay, and population (Gould et al., 2016). The feminist theory focuses specifically on the inequalities of women found in different roles of an industry based on individual minorities of race, sex, ability, and class (Veenstra, 2011). Women might be found in other industries compared to men, but the lack of women results in those that identify this as an inequality of gender (Ilo, 2011). More women pursue opportunities to allow other women to promote equality through gender, and thus providing justice and women found everywhere for equality in the workplace (Dietz, 2023). It is essential for situational leadership and feminist theory to work hand-in-hand to further promote a unified workforce of equality in the workplace for all genders, race, ethnicity, and backgrounds (Hershey et al., 1979). Through these two theories, women are recognized as equal to men to provide equality through all things in the workforce and society (Cherry, 2023).

Review of Research Methodology

Qualitative case studies enable a complex phenomenon to explore the identification of different factors pertaining to the interaction with each other (Debout, 2016). Case studies provide an approach to gather and obtain in-depth, multi-faceted information to identify a complex issue in a real-life situation (Crowe et al., 2011).

Gender disparity has been researched and found that in funding, leadership, and compensation, that men are favored over women in leadership roles and higher pay (Do & Lipner, 2020). The result for a larger pay gap is the occupational segregation and working hours (Korolija et al., 2022). Research has shown that women attaining early career leadership positions during training and two years after their residency results in higher chances of leadership opportunities and career advancement over their male colleagues (Massaquoi et al., 2021). Constant disparities due to gender and ethnicity have stood out, resulting in unfair pay or unequal leadership advancements in the workforce (Etienne, 2022).

A cross-sectional case study detailed how women in healthcare that received the same education and experience as men were paid less than men resulting in a gender pay gap (Do & Lipner, 2020). While women represent nearly 75% of the health workforce, they earn on average 28% less than men (Korolija et al., 2022). There has been a constant increase between gender and race-based disparities found within academic medicine and healthcare leadership in civilian medicine and the US military healthcare system (Massaquoi et al., 2021). As COVID-19 started in early 2020, the pandemic affected and

placed multiple challenges in America, especially on the healthcare workforce (Etienne, 2022). While women make up 9 out of 10 nurses, only ¼ of executive positions in the healthcare system are held by women (Etienne, 2022).

Gender differences in salary is well documented throughout the healthcare workforce (Do & Lipner, 2020). In the world of oncology, women make up less than 17% of leadership roles occupied by women (Korolija et al., 2022). Women throughout the workforce have expressed that they feel gender plays a significant role in leadership positions, specifically in healthcare and men are more dominant in this field (Massaquoi et al., 2021). For several decades, the Pan American Health Organization has implemented the importance of health equity to help strengthen health systems (Etienne, 2022).

Male healthcare workers resulted in significantly higher compensations than female healthcare workers in private practice (Do & Lipner, 2020). Women in healthcare identify themselves being discriminated and handicapped by individualism, gender equality, fair pay, and differences preventing them from being treated as equals to their male colleagues (Korolija et al., 2022). Women are found throughout society, the workplace, and the household, but continue to be less valued than men (Etienne, 2022). Not just in healthcare systems, women also make up only 15% in the military health (Massaquoi et al., 2021).

Conclusion and Summary

Equality through pay is essential for men and women in all industries as it provides a voice and be able to be represented and protected throughout the workforce (Rescue, 2021). Women overtime have been shadowed overhead by men through leadership, advancement, management, pay differences, recognition, and much more (Knutson, 2022). Women have been a predominant gender throughout the workforce, but still are treated of lesser value to men through leadership and fair pay opportunities (Parker, 2020). Throughout healthcare, women have been found in more areas than men, but are found in fewer management positions (Perez-Sanchez et al., 2021). Women in healthcare, experience unfair pay compared to men with the same education, experience, and qualifications working in the same roles as men (Aragao, 2023). Human Resource leaders are responsible for the recruitment, onboarding, and executing of employing organizations with professionals (Coursera, 2023). One of the onboarding tasks that Human Resource leaders are responsible for, is creating and producing the pay that a working professional will receive (Graham, 2020). As human resource leaders analyze a person's education, experience, and qualifications, they are then able to produce and conclude with an amount of pay that a professional will receive (ADP, n.d.). With a constant gender pay gap, human resource leaders must understand their role in preventing and limiting gender pay gaps for men and women who work in the same positions with equal qualifications of each other (Ashton, 2016). Equality of pay for men and women in healthcare is essential for the success of a healthcare organization for many reasons

(WHO, 2022). Dismissing and not fixing gender pay equality can promote and result in the disruption and destruction of a unified healthcare organization (Treadwell, 2019). Gender pay equality is essential for Human Resource leaders to have a successful and unified healthcare organization (Batson et al., 2021). In healthcare, women and men should be treated at equal levels through pay, advancement, management, and all leadership roles (Berlin et al., 2022).

Chapter 3: Research Method

The problem addressed in this study was that women continue to face pay inequities while working in an industry that is well-regulated and monitored by federal pay regulations (Coleman et al., 2022). Women in healthcare get paid 24% less than men in the same positions and careers (Mahase, 2022). Differences in pay may relate specifically to human resource policies that provide tacit approval to pay differences based on gender or gender-linked occupations (Ainsworth & Pekarek, 2022). The phenomenon of interest was how women specifically in healthcare constantly face challenges and barriers that limit their ability to fully be treated fairly in their careers (ALobaid et al., 2020). In this study, I explored the perspectives of human resource managers in health care about their experiences and thoughts on pay gaps based on gender.

The purpose of this qualitative case study was to explore the experiences and perceptions of HR leaders in healthcare who work with and address concerns regarding gender pay gaps. The phenomenon chosen for this study was how women in healthcare experience gender pay gaps compared to men, through the perspectives of human resource healthcare leaders (Schieder & Gould, 2016). In healthcare, women and men sacrifice their time and attention to getting years of education and experience to have their dream careers (Marcus, 2016). Careers require people to put forth finances to accomplish the steps needed to obtain degrees and become part of an organization (Thompson, 2016). Female healthcare workers pursue years of education to compete with

men in the same roles (Yang, 2020). Women continue to experience gender inequity and other barriers that prevent them from achieving their careers in the healthcare industry (Larsen et al., 2019).

Chapter 3, the research method, presents a detailed approach of the study and what occurred throughout organizing, conducting, collecting, and analyzing the interviews and data for this study. The first section of this chapter presents the appropriateness of the selected method and design, specifically elaborating on the rationale for the research design. The second section presents the elaboration of why the design would accomplish the study goals and why the design is the optimum choice for this specific research. The third section will present the population for the study specifically detailing the population information, description matches, and the geographic location and identification of the study. The fourth section will present the description of the sample and how the participants were selected for the study. The fifth section will present the research questions for the study. The sixth section will present the ethics, informed consent, and confidentiality. The seventh section will present the dependability and trustworthiness. The eighth section will present the data collection method and tools for this study. The ninth section will present the instrumentation. The tenth section will present the field test. The eleventh section will present the data analysis. The final section will present the summary and conclusion of the chapter.

Method and Design Appropriateness

This qualitative case study explored the experiences and perceptions of HR leaders in healthcare who work with and address concerns regarding gender pay gaps. The phenomenon chosen for this study was how women in healthcare experience gender pay gaps compared to men, through the perspectives of human resource healthcare leaders (Schieder & Gould, 2016). Qualitative case studies enable exploration of a complex phenomenon and the identification of different factors and their interaction with each other (Debout, 2016). Case studies provide an approach to gather and obtain in-depth, multifaceted information to identify a complex issue in a real-life situation (Crowe et al., 2011). A qualitative case study includes triangulated data (Noble & Heale, 2019). The three data sources for this study include interviews with 12 healthcare human resource leaders and five people who identify as female healthcare workers, as well as observation and analysis of human resources documents related to pay policies of at least three health care organizations.

Women make up 77.6% of healthcare workers (Statistics, 2022). Women continue to face barriers and challenges that prevent them from being paid fairly, barriers to leadership, and culture stereotypes that cause issues from respected women in the workplace on all levels (AAUW, 2016). Women primarily make up the healthcare workforce (Day & Christnacht, 2021) but continue to be underrepresented and treated unfairly in the workplace (Krivkovich et al., 2022). Researchers have found an epistemology in past research as many studies have determined that women continue to

face barriers with their goals, not just in healthcare but all industries (Sibeoni et al., 2020). Women receive the same education and experience as their male colleagues, and still are paid less (Gould et al., 2016).

In this study, I sought to understand HR management perspectives on gender-pay gap. HR leaders in healthcare are the group that hires and structures the pay of healthcare workers (Lytle, 2020). This study provided a better understanding of this process. The study included an interview between 12 HR professionals, with the second group of interviews being with five people who identify as female health care professionals, followed by the third source of data being an observation of HR hiring policies with pay scales.

Population

This study was delimited to the responses of 12 human resource leaders from different human resource departments throughout the healthcare system. Interviews were conducted with people that identified as HR professionals found in hospitals, rehabilitation hospitals, long-term care facilities, assisted living facilities, hospice, home care, specialized and non-specialized medical and dental clinics, labs, and additional healthcare systems. The second group of responses consisted of five women who are working in healthcare positions in hospitals, clinics, and elsewhere in the healthcare system throughout the United States, including physicians, nurses, technicians, aides, administration, and other careers. The third source of data was the observation of HR hiring policies with a specific focus on hiring and pay scales dependent on job

experience, education, salaries, and qualifications for roles that both men and women reside in for pay scales.

Role of the Researcher

The role of the researcher in qualitative studies is that of primary data collection instrument. Interviewing was the best approach because this specific research study included a case study to create a series of questions through interviews and collect data from human resource leaders' perspectives and female healthcare workers' lived experiences. Also, the research design included the ability to conduct interviews with the human resource leaders found throughout the healthcare system on their perspectives and experiences on the gender pay gap, along with conducting interviews with female healthcare workers and their lived experiences of gender pay gap. The research study also included an observation of HR hiring policies on pay scales between men and women found in the same positions based on their education, experience, and qualifications. For my planned research design, I recruited people who identified as human resource leaders found throughout the healthcare system in different facilities in the United States, along with female healthcare workers, and obtaining HR policies on pay scales in healthcare.

Sample

The 12 human resource leaders in healthcare, and the five women working in healthcare roles selected for this study are scattered throughout the United States in a variety of cities. This provides data collection through different parts of the country to provide a variety and not a biased study to only one area of the United States. The

interview guide was field tested by two healthcare executives with over 5 years of experience in human resource experience, and the coding table was peer-debriefed twice by two healthcare executives for additional perspectives. Two subject matter experts field tested the two interview guides. For the case study and triangulation of this study, the two different interview groups consisted of the 12 human resource leaders, and the 5 people that identify as females working in healthcare roles, resulting in the third source of data being the observation of specific HR policies and pay scales for men and women based on their education, experience, and qualifications to determine pay differences.

Research Questions

This study was guided by one main research question and three sub-questions:

- Main research question: What are the experiences and perceptions of HR leaders in healthcare who work with and address concerns regarding gender pay gaps?
- Sub question A: What are the perspectives of HR leaders in health care organizations towards possible gender pay differences?
- Sub question B: What are the perspectives of HR leaders in health care organizations toward possible facilitators that may assist with creating gender pay differences?
- Sub question C: What are the perspectives of people who identify as women towards pay differences in their field of healthcare?

Table 2

Research and Interview Questions

Research questions	Interview questions
Q1: What are your experiences in dealing with wages related to gender?	Q1A: Can you tell me about an experience when you negotiated someone's pay based on their qualifications that may have been similar or different to the job that you hired for? Q1B: Can you tell me about a time when someone during an interview felt underpaid and underappreciated that will limit their ability to provide care to patients? Q1C: With physician shortages, specialties, medical professions and workers, can you tell me what ultimately dictates the final say on pay gap for hospitals, clinics, and medical offices?
Q2: What are your perspectives as an HR leader in health care towards possible gender pay differences?	Q2A: Can you tell me about your perception for the future of gender pay if women were found in more leadership positions in healthcare? Q2B: Why do you feel that there is a constant gender pay gap between men and women found throughout the healthcare system in different roles? Q2C: Can you tell me your vision of the future in healthcare where men and women are treated equally through pay, leadership, and career aspirations?
Q3: What are your perspectives as an HR leader in health care towards possible facilitators that may assist with creating gender pay differences?	Q3A: How does senior management in your organization review active pay offers and are aware of if there is a gender pay gap set by human resource leaders? Q3B: Can you tell me what the medical industry would be like today if women and men were treated equally through gender pay, leadership, and all health care professions and career aspirations? Q3C: Can you tell me how human resource leaders execute the pay of someone based on their qualifications and education? Q3D: If women served in human resource positions or senior financial leadership, can you tell me how women in those positions ensure there is fair pay and avoid the gender pay gap along with if they experience any barriers from male counterparts preventing them from upholding fair gender pay?
Q4: What are the perspectives of people who identify as women towards pay difference in their field of healthcare?	Q4A: Can you tell me about your experience(s) with equal pay in your profession? Q4B: Can you tell me when you might have been paid a different wage compared to a man in the same position as you? Q4C: Do you feel that HR leaders are aware of the ongoing gender pay gaps presently in healthcare? Q4D: Can you tell me about your struggles with knowledge of being underpaid compared to men in the same role as you? Q4E: Can you tell me about your obligations outside of your profession that can limit, prevent, or refrain you from working that men don't relate to?

Ethics, Informed Consent, or Confidentiality

It is important to conduct research in an ethical manner. Researchers must stay neutral and not become biased to the research or topic of choice. Although researchers have their own opinions, the purpose of the study is to pose a question and conduct research for the study. During the study, it is important to protect the dignity, rights and welfare of participants. Participants for this study may have had different opinions from each other or the researcher conducting the research. Therefore, it was essential that I remain neutral in gathering the data and presenting the findings in this study.

Informed consent is important for ethical research because participants in a study must understand that their opinions or beliefs can be used in a study to further seek guidance or understandings for a specific topic in research. Researchers must explain their role to participants and detail the interview guide so that participants feel protected and comfortable with participating in the study. If a participant does not receive informed consent, their identity and views on things could result in legal actions where a researcher could get fined or in trouble with the law. Participants could also feel that they do not want to participate based on the guidelines or use of data being transferred or analyzed. Therefore, researchers have to forgo using the participants information and rely on other participants. Informed consent protects both the participants and the researcher.

Participants were selected for the different groups of the study. The 12 human resource leader participants were selected from a variety of healthcare systems throughout the United States. Ultimately, participants were selected from my professional

network and connections. I sent emails to connect with human resource professionals, along with calling on the phone and connecting with the point of contact. Once communication was done, scheduling interviews consisted of emailing and calling on the phone to confirm a day and time. Interviews were held virtually on Zoom. Using a variety of healthcare facilities and different cities in the United States provided different data collection results. For the five people who identify as female healthcare workers in the healthcare systems in the United States, as for the human resource leaders, I chose participants from my professional network and connections. I recruited women in physician roles, nursing roles, administration, and additional as needed roles to conduct interviews. Interviews were held on Zoom. For the third source of data, I obtained documents on human resource hiring policies, specifically on pay scales between men and women based on education, experience, and qualifications for the same positions that men and women would work in. Research was conducted online to access random human resource hiring policies on pay scales found on the internet for different healthcare systems.

Communication with participants took place through emails, phone calls, texting, and Zoom. Using data collected and means of communication resulted in data being solicited through Zoom interviews, along with sending emails to participants with their information and responses to ensure accuracy and ethical manners. Once information was approved by the participant, and informed consent had been signed and filed, data were disbursed to the study for presentation and reflection on the results. After individuals

indicated interest in participating in the study, I emailed or called the participant to request their availability for an interview. I accommodated the needs of the participant to find times and dates that worked for their schedules to conduct virtual interviews. After the interviews, I coded and transcribed the interviews. I then shared the transcription with the interviewees through email, and the participants would either reply indicating they approved of the transcription, or send their changes back in another email, and I would be able to use these changes for the study.

Criteria for Quality in Research

There are four criteria that establish the quality for research: credibility, transferability, dependability, and confirmability. Credibility is the confidence or truth behind research findings. Credibility deals with the research being believable and appropriate for the specific engagement of the study and the writer with the research. Credibility focuses on the extent of research findings and conclusions that deal with the belief or truthfulness of reality of the phenomenon (Nassaji, 2020). When research documents are processed, dependability belongs to the consistency and reliability of those research articles that express the truth and reliability of them. Dependability specifically targets the establishment of future directions regarding research through truth and reliability for researchers (Hanson et al., 2019). Dependability focuses on the truth and reliability of the articles and research.

The reliability of the dependability that involves truth in healthcare is important. When researchers are gathering information, they need articles and journals to be true and

reliable in order to process into a study (Renjith et al., 2021). It is essential for articles and journals to explain the main concept as well as focus on the truth to allow articles and journals to be expressed through a study (Johnson et al., 2020).

There are also potential ethical issues in research that can affect the design decisions. Those who choose to be dishonest and end up falsifying their information or identity, which can also lead to plagiarism and forgery of data. Plagiarism is taking someone else's work and claiming it for their own. When research is dishonest, conclusions and results can be changed to align with what the researcher wants for a result. This causes errors, does not demonstrate credibility, and the reliability of transferable data is not trusted from researchers.

Data Collection

In this study I sought to understand the perspectives of healthcare human resource leaders on gender pay between men and women. The research design for this study was a holistic approach in the healthcare system found throughout the United States. The data collection tools include structured interviews in a virtual Zoom interview setting.

This study was delimited to the responses of 12 human resource leaders and five women working in healthcare positions in hospitals, clinics, and the healthcare system throughout the United States. The participants were interviewed individually through Zoom for the convenience for participants. The audio responses were recorded for transcription and coded.

To address the research questions in this qualitative study, the specific research design included a case study to create a series of questions through an interview, and collect data from a human resource leader and female healthcare workers' experiences. Also, the research design included the ability to conduct interviews with the human resource leaders found throughout the healthcare system on their perspectives and experiences on gender pay gap. Along with conducting interviews with female healthcare workers and their lived experiences of gender pay gap. The research study included an observation of HR hiring policies on pay scales between men and women found in the same positions based on their education, experience, and qualifications. For my planned research design, I recruited human resource leaders found throughout the healthcare system in different facilities in the United States, along with female healthcare workers, and obtaining HR document analysis policies on pay scales in healthcare.

Instrumentation

The data was recorded with a recorder and then reviewed later during the study to verify all data is noted and identified. Data points were gathered through open ended questions during a 30-minute structured interview. The participants were allotted time at the end of the interview to add or share information. The nature of this study was qualitative using questions created by an interview guide. Four case studies were identified during the literature review that measured case-studies on gender inequality found in healthcare most commonly in leadership and unfair compensation. These cases were compared to this study.

Data Analysis

The software that was used was NVivo. NVivo provides better software for qualitative data that is collected in interviews.

Descriptive coding is used for interviews and being able to explain basic understandings of what the interview was on. Through descriptive coding, a researcher is able to read through qualitative data to then code passages according to the topic. A researcher is able to summarize what the topic is about. The researcher will be able to share and transcribe the main points behind what an interviewee was sharing based on their answers. For interviews, the research will be able to highlight the main questions blue, the main experience of opinions as red, with green as an example for the experiences of interviewees. For this study, NVivo was used for coding.

Summary

Both men and women make up the gender pay gap, whereas women are commonly the population that is viewed as being underpaid or unfairly paid compared to men. Men have and continue to dominate the leadership and C-suite roles in healthcare, and it is time for a new change for more women to have the opportunity and ability to freely become an executive, leader, or C-suite member without having to have any problems to get there (Berlin et al., 2022). There has and continues to be inequality for men and women, and women deserve their time to shine and be at the top with men and be treated equally and fairly through all things. Equal pay for physicians both male and

female should be respected, especially when men and women have the same education and experience (Gould et al., 2016).

Women in leadership roles are more successful than men because they do not view the world as men versus women (Kirchheimer, 2007). Women are significantly underrepresented in hospital management positions, and because of this, gender disparity has changed over the past decades showing the struggles and barriers women face to achieve leadership roles (Sexton, 2014). As more women are put in places to thrive and learn, they will be more prepared for leadership positions, and men will not be biased or prejudice towards women, and women will be able to become the leaders of healthcare equal with men (AAUW, 2016).

Women found in healthcare roles such as physicians, management, or c-suite management positions, women have and continue to be treated unfairly (Mangurian et al., 2018). Unequal pay in leadership, being overlooked for advancement, is not being fair and is discriminating against women (Butkus et al., 2018). Women who have the same education and experience as their male co-workers are being surpassed by the stigma of men in leadership roles, and women beneath them (Gould et al., 2016). In healthcare, women and men should be treated at equal levels through pay, advancement, management, and all leadership roles (Berlin et al., 2022).

Therefore, this study will also promote fair and equal pay for women to be treated as equals to men, and be paid fairly and equal to men in the same roles based on the same or similar education, experience, and qualifications. This study will promote HR

professionals to end the gender pay gaps between men and women not just in healthcare, but throughout all industries across the world.

Chapter 4: Results

The purpose of this qualitative case study was to understand the perspectives from healthcare human resource leaders and people who identify as female healthcare workers on gender pay gaps in the United States. The phenomenon chosen for this study is how women in healthcare experience gender pay gaps compared to men, through the perspectives of human resource healthcare leaders. Three sources of data were collected. The data collection tool was an interview guide that was used during virtual, private interviews with 12 people that identify as healthcare human resource leaders, and five people that identify as female healthcare workers. The third data source was the observation for human resource hiring policies, specifically on pay scales between men and women based on their education, experience, and qualifications for the same position that both genders would work in. In this chapter, the setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary of the study are provided.

This chapter begins with the setting of the study discussing how and what occurred during the interview process, followed by the demographics on who the participants consisted of and how they were appropriate for this study. The data collection is presented, followed by the data analysis detailing in depth the results for the interview questions and what the participants felt during the interview process. After each section is outlined and embedded in the discussion, a summary concludes the chapter and leads into Chapter 5.

Setting of Study

This study used virtual, remote-based interviews through Zoom for data collection of possible limitations where healthcare human resource leaders and female healthcare participants might find it difficult to participate in an interview with potential barriers of interviewing. At the time of data collection, female healthcare participants and healthcare human resource leaders found that their schedules and line of work were easier for their interview to be conducted in the evenings of work days and on the weekends to accommodate their busy schedules. One modification to the setting occurred. Originally the interviews were to be conducted in-person; however, due to time constraints, and personal schedules with barriers for meeting during an interview, participants data collection resulted in Zoom interviews to accommodate the needs of the participants. To obtain human resource hiring policies, and observe the document, random searches on Google were done, and found different companies, articles, and dissertations that provided understandings of the hiring process, recruitment, and policies on pay differences between gender, education, and experience.

Demographics

The participants in this study were asked demographic information to understand their background. This information pertained to (a) how many years have they worked in healthcare, (b) if their current organization is a for-profit or non-profit, (c) if they are working full-time or part-time, (d) what their role is in healthcare, and (e) if they feel there is a current gender pay gap with their line of work (See Table 3).

Table 3

Qualitative Demographics

Participants	Years worked	Profit	Employed	Role	Gender pay gap exists in current field
PT1	3	Profit	Fulltime	HR	Yes
PT2	15	Profit	Fulltime	Owner	No
PT3	4	Profit	Fulltime	HR	No
PT4	24	Profit	Fulltime	Owner	No
PT5	20	Profit	Fulltime	Owner	No
PT6	31	Profit	Fulltime	HR	No
PT7	23	Profit	Fulltime	Owner	No
PT8	23	Profit	Fulltime	HR	No
PT9	23	Profit	Fulltime	HR	No
PT10	14	Profit	Fulltime	Owner	No
PT11	18	Profit	Fulltime	HR	No
PT12	2	Profit	Part-time	HR	Yes
F-1	4	Profit	Fulltime	Female	Yes
F-2	17	Profit	Fulltime	Female	Yes
F-3	3	Profit	Fulltime	Female	Yes
F-4	6	Profit	Fulltime	Female	Yes
F-5	2	Profit	Fulltime	Female	Yes
Average	*13.6*	Profit	Fulltime	HR	No

Data Collection

On July 17, 2023, this study was approved by the Walden University Institutional Review Board (IRB) as IRB# 07-17-23-1124429 with an expiration date of July 16, 2024. To obtain IRB approval, the plans originally proposed were modified slightly. These changes included the elimination of in-person interviews to conducting virtual interviews on Zoom. Edits were also required on the researcher-generated documents of the interview guide, consent email, and e-flyer to tailor to the 12 human resource leaders,

and the 5 people that identify as female healthcare workers. The Appendix contains the final version of the interview guide.

The IRB-approved e-flyer was emailed to healthcare human resource leaders and female healthcare workers throughout the United States found on public knowledge access websites. I also used personal contacts and professional network that consisted of healthcare roles to coordinate and interview people in healthcare human resource roles and other roles for the study. Twelve healthcare human resource leaders and five female healthcare workers were identified for interviews. With these 17 participants interviews, data saturation was found early on for the study, but the interviews were still completed to gain additional perspectives. During the recruiting stage of participants, over 35 emails were sent throughout the United States. Using my personal contacts, I recruited 13 individuals who were known to me and four through external recruitment and networking.

Each participant was contacted via email or phone. All 17 participants were contacted by email initially to send a participant invitation for the study. Once a participant indicated that they wanted to participate, I contacted them by phone to discuss availability for an interview to be scheduled and explained that a follow-up email would be sent that included the virtual Zoom interview link, informed consent, and the interview questions that pertained to their interview group (i.e., human resource leaders or female healthcare workers). After a reply of “I consent” was received from the participant, the interview took place virtually on Zoom.

Each participant's interview was recorded and transcribed. Audio files were saved onto a password-protected USB drive. After the interviews, I transcribed the audio recordings and sent the transcriptions to the participants via email for review, after which participants returned their confirmation of the transcription or added any changes to the interviews.

Following the interviews, the audio recordings were collected and transcribed in a second format to find common themes on NVivo software. The sound quality of the audio file was good, and the revised transcript was transferred to a Microsoft Word document. The transcribed interviews were sent to the participants for member-checking. The participants returned the member-checked transcripts data from each transcript and was transferred to the coding table. Of the 17 interviewees, only two added additional information to their transcription. The other 15 participants indicated that I had accurately identified and transcribed their answers and stances on the questions asked for the interviews.

Twelve interviews were conducted with human resource leaders, and five interviews with female healthcare workers throughout the United States via virtual zoom interviews. Participants were contacted via email, phone, and the researcher's personal professional network. Healthcare human resource leaders were used in this study, and business owners that handled their own HR tasks and responsibilities along with women in different healthcare roles across hospitals, nursing facilities, physicians, nurses, medical, and dental. In order to solicit interest in the study, I reached out to people on

LinkedIn, Google, and my professional network of relationships to obtain participants. Through networking, I was able to find participants willing to take part in the interviews, and I will be giving each participant a $20 gift card to Amazon. With a diverse group of participants, I was able to receive an influx of participants that belonged in the HR group, along with business owners from their perspective of their own responsibilities with HR, as well as women in the healthcare workforce. Some participants were business owners, and mentioned they did not have a HR department, because they do their own HR jobs themselves that includes hiring, firing, and negotiation of pay. I used personal contacts of medical doctors from mentors, church, family-friends, professional network of work and competitors, and was able to have an influx of participation. Participants were found in a variety of healthcare industries that included skilled nursing, hospitals, emergency medicine, dentistry, family medicine, surgical, ENT, therapy, and many others. Once consent forms were signed, the interviews were held during July 2023, with interviews consisting of 30 minutes on average or longer. The interviews were audio recorded and transcribed. Those involved through participants were provided a copy of the interview transcription for review, and if needed, participants returned the transcription with any clarifications for the transcripts.

Data Analysis

The data analysis included the review of the Zoom recordings on each transcript that were analyzed and organized. During the review, initial comments were made to ensure accuracy and finalization of the interview. As transcribing was taking place, I

made additional comments to prioritize and categorize the data. The first step was to bracket the demographics of the participant, and emphasize the experiences of the participants to ensure accuracy for the study. Since, I was a researcher collecting data, it was important to remain neutral to the topic and refrain from being subjective throughout the pre and post process of the interviews. I also had to respect the responses of both participant groups, and although data saturation was found early, I had to follow through with the additional interviews to ensure a full account.

Each transcript was read three times after completion of interviewing, while transcribing with notes. The interviews were also uploaded in NVivo qualitative analysis software to ensure accuracy of the interviews and to help with finding themes and the use of coding. NVivo identified common words and themes. The coding process identified the following nodes that were used in the qualitative analysis software:

- women
- leadership style
- gender inequality
- pay disparities
- household stereotypes
- discrimination
- mentoring
- industry limitations

Through the use of Nvivo, along with the query features of word frequency, text search, and coding comparisons, the following themes were highlighted based on the interviews and expounded upon the lived experiences and perceptions of the participants: stereotypes of the household gender, perceptions of females in the workplace, and limited growth opportunities for women based on the industry. Detailed insight of participants' experiences resulted in emergent themes: (a) women falling into the household responsibilities and (b) limited leadership and mentoring of women in a profession.

Reflecting in the demographic table, the discrepancies that discussed if participants felt a gender pay difference in their fields, and the average participant felt there was not a gender-based pay difference. While there were other factors that could result in a pay difference, participants did not feel overall that gender had something to do with it. In addition, women and men in human resource roles did not feel that a specific gender had to be in charge in order for fairness and equality to occur. Some of the participants highlighted support for women with pursing their goals and passions; however, most participants felt that the world perceives the common norm of women having children and having to forfeit a career, while men cannot focus on careers with limited restraints on their careers. The majority of participants regardless of gender were supportive of a unified gender quality throughout the workforce, and many felt there are cultural and gender inequalities but that any person, regardless of gender, should be able to pursue their goals and passions. Participants also acknowledged that in order to fulfill one's passion, sacrifices have to occur on both gender ends for each person to be happy.

Evidence of Trustworthiness

As noted in the Appendix, the interview process was designed to elicit the perceptions of human resource leaders and those who identify as female on gender pay gaps. I specifically interviewed 12 human resource leaders and five female healthcare leaders to ensure that enough data were collected throughout the interview process. To ensure credibility, I used member checking to further build reliable credibility by requesting that each participant would review the transcription after the interview for accuracy and provide any clarifications if needed. To ensure I maintained integrity with communication with the participants, documents and any communications were kept confidential, including the initial recruitment email, signed consent forms, interview questions, and transcription notes. Originally, the intent had been to have face-to-face interviews; however, due to the logistics of availability and time for participants to meet, the interviews were changed to accommodate their needs and conduct a Zoom virtual interview upon the approval from the Walden University IRB.

Results

The interview questions allowed the participants to reflect on their experiences to gender pay, gender inequality, perceptions, and opinions on the study. Participants shared common and differences of opinions from the interview's questions through the human resource and female healthcare leader perspectives. In this section, the results are arranged by interview question along with a collection of what participants felt, experienced, or did not feel the same way as others.

Interview Question 1

The first interview question addressed to human resource leaders asked, "Can you tell me about an experience when you negotiated someone's pay based on their qualifications that may have been similar or different to the job that you hired for?" This interview question focused on an experience where human resource leaders interviewed someone for a position that they applied for, and the human resource leader walked away from the interview having negotiated a higher pay with the applicant based on the applicant's needs, qualifications, regardless of the specific pay originally being hired for.

Participants shared specific scenarios in which they interviewed applicants and either negotiated or did not negotiate pay based on the opinions of the applicant. For example, Participant 1 noted that she felt she is always negotiating pay in any job she would hire for regardless of what the set job title and pay was originally set at. She felt that human resource leaders have a general idea of the role of the job and what it pays, but most human resource leaders are always negotiating differences from what they are hiring for. Participant 3 discussed that, in the hiring process, there is a minimum threshold of education, and if an applicant meets that minimum threshold, the applicant is paid the same regardless of higher education or experience. He also noted that "many people seek higher education, thinking they are worth more than those that don't have higher education. But, when the position seeks a minimum threshold, someone with more education regardless of gender will get paid the same." Participant 4 said, "we negotiate pay based on the community rate for that position along with how many years they have

to reflect a potential hire wage." He went on to explain that the challenge of negotiation is along the lines of what competitors are paying, or what the applicants previous pay was from a smaller or larger institution. Participant 7 said,

> I have hired hundreds of people over the years, and I have a bracket on negotiation of pay before the applicant even brings it up. Regardless of salary or hourly, I base it on experience. I look at credentials, training, and my perception on their testing and responses to interviewing to determine a fair wage for them.

Participant 10 emphasized that every applicant comes into an interview thinking of a number of what they are worth. He mentioned that most applicants leave interviews upset and not happy with their pay of what they think they are worth, until they understand the job, and what entails paying at the specific wage.

Question 1 for female healthcare workers was "Can you tell me about an experience when your pay was negotiated based on your qualifications that may have been similar or different to the job that you applied for?" This question focused on their personal experience when they negotiated their own pay in front of human resource leaders based on their own opinions of themselves and experiences.

Participant F-1, said that she was having small talk with other co-workers after work, and a male colleague mentioned his pay wage in a general context, upon which participant F-1 felt she had more experience and was being paid less resulting in an unfair gender pay based experience. She mentioned that she took this experience to human

resource leaders insisting on an equal if not higher pay based on experience, and human resource leaders never concluded with paying her a higher wage.

Participant F-3 mentioned, “I was offered with a specific pay and I was happy with it. Upon getting home to my husband who was in human resources for a different organization, he encouraged me that men tend to negotiate, and women don’t know how to without coming from a business background. I agreed upon his accusations, and went back to request more money. I found that human resources had zero problems with paying me a higher wage, and I was frustrated that I was taken advantage of because I didn’t have experience or knowledge of negotiation”.

Participant F-4 discovered similar experiences to participant F-1, where participant F-4 found a co-worker that had the same education and experience as her, was getting paid $2 more. She went to her manager and asked about a higher wage, and the manager said the review would be the following week. When the manager confirmed an increase in pay, participant F-4 requested the same as the co-worker, and the manager only increased the pay by $0.10 because of the economy and pay cuts. The participant felt undervalued for their work and how comparable they were to others, but not able to negotiate their pay.

Interview Question 2

The second interview question asked to human resource leaders was: Can you tell me about a time when someone during an interview felt underpaid and underappreciated that would limit their ability to provide care to patients? This interview question

examined a personal experience from human resource leaders if they have ever interview someone, and the applicant felt they were underpaid or underappreciated and potentially vocalized an unintentional threat of being unable to do their job because of a lower pay they felt they should be given.

Participants 1-3, 5, 8-12 noted they think everyone in their company is paid fairly across the board. Participant 4 mentioned, “the only time I would think someone feels underpaid or undervalued, is based on where they were before this interview. For example, someone who is paid at a hospital might get paid more, than working at a private clinic, resulting in the feeling of being underpaid”. Participant 6 said that many women and a person of different culture or ethnicity tries to pull this card to identify that they have minorities resulting in an unfair pay gap, rather than understanding human resource leaders don’t discriminate based on culture or ethnicity. Participant 7 mentioned that many applicants look at Google or other pay scale websites to determine that they are worth some astronomical number, only to realize that there are multiple factors of what constitutes someone’s pay, and that pay shouldn’t result in someone not being able to do a job at hand.

Question 2, for female healthcare workers was: Can you tell me about a time when during an interview, you felt underpaid and underappreciated that would limit your ability to provide care to patients? This interview question had a reverse effect on the participants to see if they individually felt underappreciated or undervalued resulting in less care given to those, they provided care for.

Participants F1-F5, all expressed active gender pay gaps and thus feeling that their gender was misunderstood and this resulted in undervalued and lower paid females.

Participant F-3 went back to the previous question and how she felt “frustrated that I was taken advantage of because I didn’t have experience or knowledge of negotiation”. However, while all 5 female healthcare workers expressed lesser value, they all agreed that these actions wouldn’t limit their ability to provide care to patients and they would still maintain their efforts and job at hand.

Interview Question 3

The third interview question for human resource leaders stated: With physician shortages, specialties, medical professions and workers, can you tell me what ultimately dictates the final say on pay gap for hospitals, clinics, and medical offices?

The interview question primarily seeks to diagnose from the perspective of human resource leaders on how and where pay is determined when hiring someone. Although the economy can be a factor, along with shortages, and burnout, the interview question seeks an understanding of how pay is determined. Based on the responses form the participants, most indicated the economy, market analysis, and how badly a person needs to fit a role.

However, Participant 3 noted, “pay is based on an algorithm for local salaries, wage surveys, and national companies to understand what someone should be paid”. He goes onto explain that regardless of gas prices, housing, food, expenses that the world perceives with increases, doesn’t affect what an algorithm puts out for how much a wage

is created for. While this algorithm can upset people, organizations trust surveys and national companies more on how much pay is sourced to each employee.

Participant 6 identified that multiple organizations find themselves unfairly paying others more than other applicants because of the shortages for specific positions. If an employer needs a specific position filled, they tend to overpay to capture the applicant and retain them from competition, resulting in inaccurate pay fairness across the board for hiring.

Participants 8-12 felt that what ultimately dictates the final say on pay is how badly an employer wants to hire someone. Ever since Covid, employee strike, virtual jobs, and other factors where employers experience fewer applicants, employers find themselves hiring in unusual manners then they would previously hire. Participants mentioned that employers in the past would have a set budget for hiring, and a timeline for hiring, but in recent situations, and fewer applicants, employers dictate the final say on pay in the present moment of an interview to retain an applicant into their needs and offer what they want to get more employees on board.

Question 3 was asked the same way to female healthcare workers and they had different opinions from their perspectives. Participants F-1 and F-2 felt that the world doesn't like women being treated as equals, and regardless of factors limiting budgets for pay, women are not valued as equals. Participant F-3 and F-4 felt organizations have a specific budget, and while employees are needed, experience, education, and licensure dictates how much someone can be paid to ensure equality.

Interview Question 4

The fourth interview question addressed to human resource leaders was the following: Can you tell me about your perception for the future of gender pay if women were found in more leadership positions in healthcare?

This interview question wanted to allow human resource leaders to ponder on their current perception of gender leaders in healthcare, and if they felt both women and men were equal in leadership roles, and if they weren't, what they would perceive if women were found in more leadership roles than men or vice versa depending on their depictions.

Participant 1 noted, "I think if women were found in more leadership positions, there would be more gender equality throughout the world to uphold equal gender roles". Participants 2-5 expressed that they feel women are already equal to men in their industries and other industries, emphasizing that gender is equal through all roles.

Participant 6 noted, "we as a world need to stop only focusing on women and minorities. We need to be a unified world regardless of gender, color, or minority. While more women in leadership roles seems ideal, the world forgets, that we need men just as much as we need women too. The world should be free of discrimination, household stereotypes, and create a unified world all together.

Participants 7-12 noted that women feel that they are only underrepresented throughout the world, but women don't understand that it isn't just their views of the world, but how the world perceives a household and gender. These participants go on to

explain how women and their primary role is to be a homemaker and bear children, while if they choose to seek a career, majority of women want: maternity leave, late work arrival, early work departure, time at home with children, all while being treated equally through pay, leadership, and fairness in different organizations. Participants 7-12, also noted that men don't have these requests or obligations as often as women, and find themselves in more leadership roles, and not having to sacrifice their dreams or goals.

Thus, if women wanted to serve in more leadership positions, participants 7-12 emphasized that, "you can't be a full-time parent, and have a full-time career. One partner or spouse has to sacrifice for the other, or both sacrifice in order to achieve what they want". The participants collectively felt that women leaders can happen and should, but women can't expect equal opportunities based on gender if requests or household stereotypes are different than men in those roles.

Question 4 was asked the same way to participants F1-F5. Participant F-1 mentioned that she hopes gender someday won't be a factor for whomever wants to be a leader and grow. Participant F-2 felt that more women are seeing themselves being underpaid and undertreated compared to men, and that soon there will be a shift where more women will start speaking up and forcing a transition of where women get what they want of being a leader and a parent at the same time.

Participant F3-F-5, said, "I want to be a full-time parent, but I also want to pursue my passions and have a full-time career. But I can't do that and have to sacrifice my wants to allow my spouse to achieve their goals, and I have to be satisfied with being a

parent over having both". The participants said that women in leadership would be great for younger generations, but women have to decide what is most important to them, knowing that the world perceives the household gender stereotypes.

Interview Question 5

The fifth interview question addressed to human resource leaders was: Why do you feel that there is a constant gender pay gap between men and women found throughout the healthcare system in different roles?

This interview question was created as a direct question with the assumption that there is a current constant gender pay gap based on research, and sought the opinion of participants of why they felt there is a constant gender pay gap instead of asking if they felt there was one.

Participant 1 out of all the human resource leaders felt there was an active constant gender pay gap and said, "women think more with emotion, and men think more with logic".

The remainder of human resource leaders of participants 2-12 said there was not an active gender pay gap. Each of the participants of 2-12 expressed that they don't feel there is a gender pay gap, are aware of anything in their fields, or that they have never noticed or thought otherwise of inequality in gender for pay.

Question 5 was asked for the female healthcare workers. All 5 female healthcare workers for participants F1-F5 felt there is an active constant gender pay gap.

Participant F-1 noted, “there is a constant gender pay gap because of how the world is perceived through the social norms and household stereotypes. Where men go to work, and women raise the children”. She goes onto explain how this has always been the norm, but more often the world find women are just as capable as going to work and men staying home with children. But the world knows women think more with emotion and are less business orientated compared to men, resulting in a constant pay gap. Participants F2-F4 felt they aren’t sure why there is a constant active pay gap between men and women. They emphasized that this isn’t just found in healthcare, but when the study is focused on healthcare, women dominate in gender and still are paid less than men.

Participant F-5 noted that “men often times come from a legal, business, sales background where they have experience negotiating, and seeking what they want and thinking more on logic and business skills. Where women don’t come from business and sales backgrounds, often find themselves drawing from personal belief, and emotions, resulting in men seeking hire pay, and women not, therefore instilling an active gender pay gap”.

Interview Question 6

The sixth interview question addressed to human resource leaders was: Can you tell me your vision of the future in healthcare where men and women are treated equally through pay, leadership, and career aspirations?

This interview question geared towards the main topic of unity and equality between men and women found in healthcare specifically, but also the whole world.

Participant 1 noted, “I think it comes down to education. I think if a male or female, or both have the same education and experience, that it will close the gap, and I think women are on the rise with closing the gap”. Participant 2 noted, “I think with anything, career related or culturally, there should be equal opportunities for everybody. There shouldn’t be a difference with gender and it is discouraging to think that there is a current difference. My vision would be that with pay and gender, it would be equal”.

Participant 3 noted, “There would be greater respect and inclusivity in the workplace. There would be more diversity in teams and businesses that have women in leadership roles”. Participant 4 noted, “I think people should be compensated based on their ability to produce and to contribute. Regardless of gender, affiliation or religious organization, sexual orientation, it would be ideal that equality should be based on production and contribution”. Participant 4 goes onto share a story about his grandmother and her struggles with inequality in the workforce. “When my grandmother was working, in her job description, it said, “if you choose to leave and have children, you will get fired. My grandmother quit her job, and chose to have a family. Today, jobs allow women to have children and come back to work”.

Participant 6 noted, “I would love to see more equality across the board. I would love to see a system in place where human resource leaders can’t see who the candidate is, and just hires them based on education and qualifications. An applicant would submit their information, some type of testing, and they are hired regardless of color or gender.

Diversity is important, and the pay would be dictated on an automatic tier level for each person".

Participant 7 noted, "Women already make up a lot of roles in healthcare. To my experience, women are the primary gender in healthcare. My vision for the future would be that we just live and hire to work. We should be diligent and not worry about genders, and focus on equality". Participant 9 noted, "women are not found in leadership roles or equal areas because of getting pregnant and the household stereotypes. Would I like to see more men and women equal? Yes, I would. However, this will only occur in the larger organizations that can afford equality".

Participant 10 noted, "I think men and women are already equal through everything. Throughout my education and career, both genders have been equal in numbers and opportunities. Hospitals might have more men than women, but in healthcare, whoever is available first, should get the role".

Participant 12 noted, "I would hope this promotes more equal influence. Going back to the stereotype of home, there would be a balance of both genders can be full-time parents and have full-time careers". Question 6, was asked to female healthcare workers. Participant F-1 noted, "I think there shouldn't be any limitations with gender. I think it really should come down to our capabilities and our work ethic".

Participant F-2 noted, "this would promote equality and women would feel that they can sit at the same table as men, and both genders would be considered equal voices". Participant F-3 noted, "When I was going to school in a class of 100, only 10

were male. I never have perceived as women not being equal when I have seen women in more areas than men".

Participant F-4 noted, "I think it would be interesting to instead seeing genders treated as equals, bring the men down to the same salaries and wages as women, and see if they can be happy at the same level that women experience". This would give an incentive, where men can truly experience and understand the barriers that women face. Participant F-5 noted, "I don't want to focus only on gender stereotypes, but I would hope there would be a personal approach on both genders and their needs. Women and men can live their lives of seeking careers and being a parent if they desire, and not have the worry of less pay or barriers from preventing to achieve their goals".

Interview Question 7

The seventh interview question addressed to human resource leaders was: Do you feel that senior management reviews and are aware of active gender pay gaps set by human resource leaders?

The interview question targets human resource leaders directly and seeks to understand their opinions on their own bosses above them in senior management and if they are aware of potential active gender pay gaps.

Participant 1 felt that senior management is not aware of any pay gaps that go on and instead trusts human resource leaders to do their job and ensure equality. Participants 2-3 felt that senior management is aware, and mentioning that their own companies have quarter reviews on wages to ensure equality is focused on in pay. Participant 4 felt he

didn't have enough experience with larger organizations such as hospitals being aware, but in his current role as an owner who does hiring, he felt he might be bias to say he is aware as being senior management too.

Participants 5, 7-12, felt that senior management is aware and has to be in order to function for finances of a company.

Participant 6 felt that "senior management might not even be aware of active gender pay gaps because of the market. Senior management might be hiring and paying higher or lower than other companies based on their needs of filling a position, and not realizing there is a potential pay difference".

Question 7, was asked to female healthcare workers.

Participants F1-F2 feel that senior management would have to be aware of pay difference and not oblivious to it. Participant F-3 feels that senior management is not aware of pay differences individually and instead run statistics on pay between the organization to understand the going rate for current employees.

Participant F4-F5 felt that senior management is aware of pay differences, and choose not to pay everyone equal to prevent budget loss, and only pay the same when someone brings it up.

Interview Question 8

The eight-interview question address to human resource leaders was: Can you tell me what the medical industry would be like today if women and men were treated

equally through gender pay, leadership, and all health care professions and career aspirations?

This interview question is a continuum off of interview question 6. Having gone through a few other questions, this interview questions asks a more generalized question to understand if participants have changed their response or wanted to add more from interview question 6.

Participant 1 noted, “I think there would be more passion than it is financially”. Participants 2-5 felt that women are already in senior management and are treated as equals. They emphasized that gender shouldn’t be a factor for equal aspirations and opportunities.

Participant 6 noted, “We don’t have enough people in the world to care for others when we only focus on gender. It is difficult to say what it would be like with the current shortages; however, equality is important and there shouldn’t be any barriers”. Participants 7-12, feel that there aren’t any major concerns of gender pay differences, resulting in active current gender equality.

Question 8, was asked to female healthcare workers.

Participants F1-F5 all agreed and had similar views of, women would have a seat at the table of the C-suites whenever they would like to, wouldn’t have to stare at the glass ceiling, and would be able to work and function free of discrimination.

Interview Question 9

The ninth interview question addressed to human resource leaders was: Can you tell me how human resource leaders execute the pay of someone based on their qualifications and education?

This interview question seeks to understand how and where human resource leaders are able to execute the pay for someone they are interviewing and hiring for. Seeing that human resource leaders have a specific budget in mind and what type of person they are hiring for, this interview question seeks to understand the process of the hiring and wage setting.

Participants 2-5 noted, “We look at experience, education, certificates, licensures, and what they as a person can bring to the table. Then through a market analysis of the community, we execute someone’s pay”.

Participant 6 noted, “Going back to a previous question, I have an idea of what job I am hiring for, and what I will pay them for. I have two interviews, where I interview the personality of them first, and then the second interview is a work interview to see if they are as good as what they say they are. This provides a true understanding on how to execute hiring and pay”.

Participant 7-10 noted, “Market analysis, community algorithm, and creating tier brackets allows organizations to functionally and successfully grow an organization knowing your own limits on hiring and paying someone”. Participant 11-12 noted, “applicants have set numbers of what they were paid before, or what they find on Google.

Senior management and human resource leaders know through their budget what they can pay someone. If a budget is set aside to hire a doctor of higher value, if that doctor negotiates more money, it limits the ability to negotiate pay for other positions. Therefore, it is important to have wiggle room, but understand with more negotiation, comes fewer hiring tactics".

Question 9, was asked to female healthcare workers.

Participants F1-F5 mentioned, that they thought human resource leaders have a budget, but don't value women as equal to men, and purposefully pay men more. Participants F4-F5 noted that human resource leaders have a specific budget they can't go over, and only hire specific roles with specific pay to prevent them from overpaying on someone's pay.

Interview Question 10

The tenth interview question addressed to human resource leaders was: If women served in human resource positions or senior financial leadership, can you tell me how women in those positions ensure there is fair pay and avoid the gender pay gap along with if they experience any barriers from male counterparts preventing them from upholding fair gender pay?

This interview question was the final and last interview question for human resource leaders. It focuses on women specifically, and it is seeking the individualized opinion of human resource leaders if women served in more human resource or senior

financial roles, along with how women would instill fair pay between men and women and avoid any potential gender barriers that aren't upheld.

Participant 1 noted, "all genders need to start with a base pay based on education and experience. From there, a point system is created and with each year of experience or education, an extra tier is met to have an increase of pay. There wouldn't be any barriers on gender, age, and would only focus on education and experience". Participant 3 noted, "I believe there would be greater inclusivity and human resource leaders would become more female dominant. Companies would focus more on inclusivity and diversity to ensure more people wanted to work for them".

Participant 4 noted, "I think any job should be opened up to any gender, and gender shouldn't be a factor. If more women have access to equal roles, then it would be easier for all genders. The challenge is the stigma with gender roles at home and work. It can be difficult to do both at the same time, which causes gender roles to choose home or choose work. If a person chose to step back 10-15 years to stay home, this would affect the career aspirations, and eventually it is very hard to come back and pick up the pieces. Someone has to make the sacrifice for home versus career and understand the chances of not being able to be in the position you want".

Participant 6 noted, "Pay is what motivates everybody. Everybody is different, so there has to be a different package for others. There has to be fair and equal compensation, along with employee recognition and developing employee relations. I think there are already a lot of women in HR roles and I think gender shouldn't be a topic

as much anymore. I am tired of the constant women only topics. We need to focus on men too in our organizations because they are needed as well. I hope that both men and women are equal through all things and don't let gender, color, religion, or anything cause a bias factor at all".

Participant 8 noted, "This would require every company to take these issues seriously. Communication is huge. These issues need to be arose to the management, to be aware of these issues. Sincerity is important across all actions and focusing on improving the system and people with it through a diverse and fair culture". Participant 11 noted, "the demand of the work dictates on the person for the job. Gender shouldn't be a factor of who fits the role, but rather, whoever has the ability to get the job done should be able to serve and work in that role".

Participant 12 noted, "We will always live in a world where gender is different between men and women. Too many people focus on the household stereotypes of men and women with their roles. While it would be nice to have equality, men will never sacrifice their careers and stay home to allow women to have their careers and aspirations".

Question 10, was asked to female healthcare workers.

Participant F-1 noted, "I think this would limit the gender pay gap, and would promote more women into believing that they can do the same as what men can do". Participant F-2 noted, "I think that it would definitely be something that more and more equality would be there. I don't think that there would be a disparity in the other

direction. I don't think they would treat men differently. I think they would just kind of bring women more up to par with what men are getting. In terms of how they may prevent unfair gender pay".

Participant F-3 noted, "I would like to say that women would have more fire under their butts, but this isn't true, because in an ideal world, unity is great, but I don't see the world being equal in the sense of gender specifics".

Participant F-5 noted, "in a perfect world, equality is present with sacrifices being made to allow both genders to get what they desire and want. In a realistic world, women continue to be at home, selectively choose careers, while men don't have as many obligations as women".

The female healthcare workers of F1-F5, had 5 additional interview questions on their personal lived experiences of gender pay gaps and if any differences they have experienced.

Interview Question 11

The eleventh interview question addressed to female healthcare workers was: Can you tell me about your experience(s) with equal pay in your profession?

This interview question examines any potential experiences with equal pay occurrences in healthcare that the female participants experienced.

Participant F-1 reflected on a previous response from earlier, when she had a co-worker that was male and had less experience and education than her, but was still getting

paid higher than her. She approached her managers on this subject matter, only to find her pay was not adjusted.

Participant F-2 reflected on a time when she switched to the private healthcare sector, and brought loads of experience with her for a higher pay, only to find herself going through three negotiation meetings for equal and fair pay. Participant F-3 reflected on a past story when she was offered a specific pay, and felt happy. Upon which her husband who had human resource experience helped her seek more money, she was given the higher pay she requested, only to feel that she was taken advantage of by giving her a lower pay to begin with.

Participant F-4 reflected on an experience when she discovered a male co-worker was getting paid $2 more and went to her managers and only received 10 cents higher for her pay even though she had more experience than her male co-worker. Participant F-5 reflected on a past story of when she pursued further education and requested a higher pay, but her manager said they were more focused on experience than education, which ultimately caused participant F-5 to leave the job.

Interview Question 12

The twelfth interview question addressed to female healthcare workers was: Can you tell me when you might have been paid a different wage compared to a man in the same position as you?

This interview question ties with the previous question to see if women are aware of any potential gender pay gaps with proof, or if they are generalizing pre-determined guess of unfair and unequal pay between gender.

Participant F-2 noted, “I can’t think of a specific time when it was me versus a man, but I know I haven’t been paid equally because of friends I have in the same roles as me in other companies of different genders”. Participant F-3 noted, “I don’t think I get paid differently than men in my role as a nurse, but, based on my interview experience of human resource leaders increasing my pay without hesitation, I would assume there is a pay difference with gender”. Participant F-4 noted, “As I mentioned, my male co-worker got paid $2 more than I did, even when I was more qualified, and I got a 10-cent increase after I brought it up”.

Interview Question 13

The thirteenth interview question addressed to female healthcare workers was: Do you feel that HR leaders are aware of the ongoing gender pay gaps presently in healthcare?

This interview question was created for a direct yes or no question based on the past interview questions, on the opinions of participants.

The participants of female healthcare workers F1-F5 all felt that human resource leaders are not aware of the ongoing gender pay gaps in healthcare. Each of the participants felt that human resource leaders don’t understand the challenges women face,

along with the pay differences that are set by human resource leaders regardless of the same education and same experience.

Interview Question 14

The fourteenth interview question addressed to female healthcare workers was: Can you tell me about your struggles with knowledge of being underpaid compared to men in the same role as you?

This interview question was to understand the potential active lived experience and opinion of female healthcare workers on their feelings of potential active knowledge of being underpaid compared to men in the same roles.

Participant F-1 felt that no matter what she did or does, no matter getting the same education and working harder, that she would never be considered equal to men. She emphasized that she has produced more work and success than other men, and still she isn't treated as an equal. Participant F-2 felt that she has demonstrated being able to out beat other men in her role and take on multiple roles while being a healthcare business leader, and she is still passed off from promotion and higher success.

Participant F-3 felt that she is recognized in a female dominant culture, but that females aren't found as strong in the physician culture, and thus is limiting women to believe in themselves and receive equal opportunities. Participant F-4 felt that she has voiced her concerns multiple times to be equal, but even with her example of getting a 10-cent increase, justifies that women aren't treated as equal and never will be. Participant F-5 felt that it doesn't matter how much she puts forth the effort of showing

that she can juggle being a full-time parent and full-time career, that she is still not able to sit at the big table with male co-workers, and that she is limited to what she is able to obtain.

Interview Question 15

The fifteenth and final interview question addressed to female healthcare workers was: Can you tell me about your obligations outside of your profession that can limit, prevent, or refrain you from working that men don't relate to?

This interview question focuses on the lived experiences of women and what obligations they have, choose to have, or experience outside of their profession, that men generally don't have to obligate towards.

Participant F-1 noted, "I am not a mother, but I know that I already work hard to compete with men and trying to be equal. Through constant failures of being treated as equal, this limits my desire to become a mom, knowing that once I have children, I might not even be able to work anymore or ever be treated as close to equal as men". Participant F-2 noted, "I come from a business background, and I would be the first to say that, women who don't have a business or sales background, won't know how to successfully compete with men, let alone negotiate fair and equal pay. Women also want to have lots of children, but have to understand that your pay and career will disappear if you choose having a family over a career".

Participant F-3 noted, "I am married, a nurse, mother of 4 children, and my husband works in HR. I gave up my aspirations early on to become a mother. However,

now that my children are older, I was able to go back to school and become the career that I want to be. Anyone can do this, and not lose their goals. It would have been nice to not make all the sacrifices, when my husband didn't have to make any". Participant F-4 noted, "I might be single and not have child expenses, marriage expenses, but I also have my own expenses that constitutes pay. I shouldn't be paid less because I have less obligations or less expenses. I want to get married and have children, but the world puts so many restrictions on women with children and working at the same time".

Participant F-5 noted, "my husband is a lawyer, and I am proud of his efforts. I love being a mom, but I also love pursuing my career. I wouldn't ask my husband to quit his job, but I would hope that he would sacrifice some time more often to allow me to pursue my career full-time. Any women that is married, would love to pursue their goals, but in order to do this, their spouses have to sacrifice their time too, and have the equal balance between the two gender roles at home.

Themes and Emerging Themes

There were three consistent and reoccurring themes that were identified from Nvivo software and the coding analysis. As a result, from the participants from the interview context and their statements, the common themes were the following: stereotypes of the household gender, perceptions of females in the workplace, and limited growth opportunities for women based on the industry.

Rich and detailed insight of participant's experiences and analytical connections resulted into the following two emergent themes: women falling into the household responsibilities, and limited leadership and mentoring of women in a profession.

Theme 1: Stereotypes of the Household Gender

From the research interviews, a theme that occurred dealt with how participants felt the world constantly perceives household genders to have their own responsibilities and obligations. This resulted in common stereotypes of gender between household and the workplace. Participant F-5 noted, "in a perfect world, equality is present with sacrifices being made to allow both genders to get what they desire and want. In a realistic world, women continue to be at home, selectively choose careers, while men do not have as many obligations as women".

Participants 7-12 noted that women feel that they are only underrepresented throughout the world, but women don't understand that it isn't just their views of the world, but how the world perceives a household and gender.

Participant 9 asserted,

> Women and their primary role is to be a homemaker and bear children, while if they choose to seek a career, majority of women want: maternity leave, late work arrival, early work departure, time at home with children, all while being treated equally through pay, leadership, and fairness in different organizations.

Participant 17 asserted,

> You can't be a full-time parent, and have a full-time career. One partner or spouse has to sacrifice for the other, or both sacrifice in order to achieve what they want. Women leaders can happen and should, but women can't expect equal opportunities based on gender if requests or household stereotypes are different than men in those roles.

Participant F-3 asserted,

> I am married, a nurse, mother of 4 children, and my husband works in HR. I gave up my aspirations early on to become a mother. However, now that my children are older, I was able to go back to school and become the career that I want to be. Anyone can do this, and not lose their goals. It would have been nice to not make all the sacrifices, when my husband didn't have to make any.

Participant 12 noted, "We will always live in a world where gender is different between men and women. Too many people focus on the household stereotypes of men and women with their roles. While it would be nice to have equality, men will never sacrifice their careers and stay home to allow women to have their careers and aspirations".

Theme 2: Perceptions of Females in the Workplace

Another theme that was discovered resulted from the participant's lived experiences and the world's opinions on females working in any industry in the workplace. Participant 1 noted, "I think if women were found in more leadership positions, there would be more gender equality throughout the world to uphold equal

gender roles". Participants 2-5 expressed that they feel women are already equal to men in their industries and other industries, emphasizing that gender is equal through all roles. Participant 6 noted,

> We as a world need to stop only focusing on women and minorities. We need to be a unified world regardless of gender, color, or minority. While more women in leadership roles seems ideal, the world forgets, that we need men just as much as we need women too. The world should be free of discrimination, household stereotypes, and create a unified world all together.

Participant F-1 noted,

> I am not a mother, but I know that I already work hard to compete with men and trying to be equal. Through constant failures of being treated as equal, this limits my desire to become a mom, knowing that once I have children, I might not even be able to work anymore or ever be treated as close to equal as men.

Participant 4 asserted,

> I think any job should be opened up to any gender, and gender shouldn't be a factor. If more women have access to equal roles, then it would be easier for all genders. The challenge is the stigma with gender roles at home and work. It can be difficult to do both at the same time, which causes gender roles to choose home or choose work. If a person chose to step back 10-15 years to stay home, this would affect the career aspirations, and eventually it is very hard to come back

> and pick up the pieces. Someone has to make the sacrifice for home versus career and understand the chances of not being able to be in the position you want.

Participant 11 noted,

> The demand of the work dictates on the person for the job. Gender shouldn't be a factor of who fits the role, but rather, whoever has the ability to get the job done should be able to serve and work in that role.

Participant F-1 noted, "I think there shouldn't be any limitations with gender. I think it really should come down to our capabilities and our work ethic". Participant F-2 noted, "promoting equality would help women feel that they can sit at the same table as men, and both genders would be considered equal voices." Participant F-3 asserted, "When I was going to school in a class of 100, only 10 were male. I never have perceived as women not being equal when I have seen women in more areas than men."

Theme 3: Limited Growth Opportunities for Women Based on the Industry

Participants highlighted limited growth opportunities that women face throughout a variety of industries with the barriers and challenges they face for equality. Participant F-1 felt that no matter what she does with getting the same education and working harder, that she would never be considered equal to men. She emphasized that she has produced more work and success than other men, and still she isn't treated as an equal. Participant F-2 felt that she has demonstrated being able to out-beat other men in her role and take on multiple roles while being a healthcare business leader, and she is still passed off from promotion and higher success.

Participant 6 noted, “We don’t have enough people in the world to care for others when we only focus on gender. It is difficult to say what it would be like with the current shortages; however, equality is important and there shouldn’t be any barriers”.

Participant F-1 mentioned that she hopes gender someday won’t be a factor for whomever wants to be a leader and grow. Participant F-2, felt that more women are seeing themselves being underpaid and undertreated compared to men, and that soon there will be a shift where more women will start speaking up and forcing a transition of where women get what they want of being a leader and a parent at the same time.

Participant F-5 asserted, “Women in leadership would be great for younger generations, but women have to decide what is most important to them, knowing that the world perceives the gender with limited opportunities based on growth.”

Participant 1 mentioned,

> Women think more with emotion, and men think more with logic thus resulting in certain doors being opened up to men or women. More often the world find women are just as capable as going to work and men staying home with children. But the world knows women think more with emotion and are less business orientated compared to men.

Participant F1-F5 collectively noted that men often times come from a legal, business, sales background where they have experience negotiating, and seeking what they want and thinking more on logic and business skills. Where women don’t come from business and sales backgrounds, often find themselves drawing from personal

belief, and emotions, resulting in women constantly being passed up for promotion and opportunities in different industries.

F-2 noted,

> I come from a business background, and I would be the first to say that, women who don't have a business or sales background, won't know how to successfully compete with men, let alone negotiate fair and equal pay. Women also want to have lots of children, but have to understand that your pay and career will disappear if you choose having a family over a career.

Emerging Theme 1: Women Falling into the Household Responsibilities

An emerging theme that occurred with the research interviews was participants feeling that women often times are judged based on household stereotypes where automatically women fall into household responsibilities and obligations. Participant 12 noted, "We will always live in a world where gender is different between men and women. Too many people focus on the household stereotypes of men and women with their roles. While it would be nice to have equality, men will never sacrifice their careers and stay home to allow women to have their careers and aspirations".

Participant F-5 noted, "my husband is a lawyer, and I am proud of his efforts. I love being a mom, but I also love pursuing my career. I wouldn't ask my husband to quit his job, but I would hope that he would sacrifice some time more often to allow me to pursue my career full-time. Any women that is married, would love to pursue their goals, but in order to do this, their spouses have to sacrifice their time too, and have the equal

balance between the two gender roles at home. Participant F-4 noted, “in a perfect world, equality is present with sacrifices being made to allow both genders to get what they desire and want. In a realistic world, women continue to be at home, selectively choose careers, while men do not have as many obligations as women”.

Participant 1 noted, “all genders need to start with equality based on education and experience. There wouldn’t be any barriers on gender, age, and would only focus on education and experience”. Participant 3 noted, “I believe there would be greater inclusivity and human resource leaders would become more female dominant. Companies would focus more on inclusivity and diversity to ensure more people wanted to work for them with women being able to promote a work balance of life versus home”.

Participant 4 noted, “I think any job should be opened up to any gender, and gender shouldn’t be a factor. If more women have access to equal roles, then it would be easier for all genders. The challenge is the stigma with gender roles at home and work. It can be difficult to do both at the same time, which causes gender roles to choose home or choose work.

Participant 10 noted, “I think men and women are already equal through everything. Throughout my education and career, both genders have been equal in numbers and opportunities. Hospitals might have more men than women, but in healthcare, whoever is available first, should get the role”. Participant 12 noted, “I would hope this promotes more equal influence. Going back to the stereotype of home, there would be a balance of both genders can be full-time parents and have full-time careers”.

Participant 9 noted, “women are not found in leadership roles or equal areas because of getting pregnant and the household stereotypes.

Emerging Theme 2: Limited Leadership and Mentoring of Women in a Profession

Another emerging theme found with the interview participants discovered that women as a whole are often times found in little leadership roles resulting in a variety of industries where women have limited leadership paths, and the mentorship of other executive suite women in those professions. Participant F-3 noted, “I would like to say that women would have more fire under their butts to become mentors and pursue leadership, but this isn’t true, because in an ideal world, unity is great, but I don’t see the world being equal in the sense of gender specifics”.

Participant F-1 felt that no matter what she does regardless of getting the same education and working harder, that she would never be considered equal to men. She emphasized that she has produced more work and success than other men, and still she isn’t treated as an equal. Participant F-3 felt that she is recognized in a female dominant culture, but that females aren’t found as strong in the physician culture, and thus is limiting women to believe in themselves and receive equal opportunities.

Participant F-4 felt that she has voiced her concerns multiple times to be equal, but even with seeking to request an equal pay to men in the same role, justifies that women aren’t treated as equal and never will be. Participant F-5 felt that it doesn’t matter how much she puts forth the effort of showing that she can juggle being a full-time parent

and full-time career, that she is still not able to sit at the big table with male co-workers, and that she is limited to what she is able to obtain.

Participant 6 noted, “There has to be fair and equal compensation, along with employee recognition and developing employee relations. I think there are already a lot of women in HR roles and I think gender should not be a topic as much anymore. I am tired of the constant women only topics. We need to focus on men too in our organizations because they are needed as well. I hope that both men and women are equal through all things and don’t let gender, color, religion, or anything cause a bias factor at all”. Participant F-5 noted, “women in leadership would be great for younger generations, but women have to decide what is most important to them, knowing that the world perceives the gender with limited opportunities based on growth”.

Participant 8 noted, “This would require every company to take these issues seriously. Communication is huge. These issues need to be arose to the management, to be aware of these issues. Sincerity is important across all actions and focusing on improving the system and people with it through a diverse and fair culture”. Participant 11 noted, “the demand of the work dictates on the person for the job. Gender shouldn’t be a factor of who fits the role, but rather, whoever has the ability to get the job done should be able to serve and work in that role”.

Participant 7 noted, “Women already make up a lot of roles in healthcare. To my experience, women are the primary gender in healthcare. My vision for the future would be that we just live and hire to work. We should be diligent and not worry about genders,

and focus on equality". Would I like to see more men and women equal? Yes, I would. However, this will only occur in the larger organizations that can afford equality".

Observation of Human Resource Policies

For the third source of data used in the study, an observation occurred on human resource policies. To obtain Human Resource hiring policies, and observe the documents, random searches on Google were done, and found different companies, articles, and dissertations that provided understandings of the hiring process, recruitment, and policies on pay differences between gender, education, and experience.

When recruiters are seeking to hire, they must have a plan in place of who they want to hire based on the job responsibilities and the qualifications for that role (Schooley, 2023). Each job in the world depicts a certain qualification through education, years of experience, certificates, and pay scales (Pelta, 2023). Due to increased numbers of unemployment throughout the world, often times applicants that do not meet the qualifications for a job often find themselves applying for more jobs, which can result in an influx of unqualified applicants (Long et al., 2021). It is crucial for human resource leaders to have a plan specifically on what type of person they seek to hire, to eliminate the potential possibility of unqualified applicants for a position of hire (Lumen, 2023). Some organizations have recruiters that specifically recruit certain positions such as: executives, temporary or interim, seasonal, corporate, third-party, consulting, and much more (Ferry, 2023). Often times, a recruiter does not determine the pay for an individual,

and rather they are responsible for only finding a suitable qualified applicant for the role (Pavlou, 2023).

The EEOC (equal employment opportunity commission) constantly promotes fair and equal recruiting and hiring practices for all genders, race, religion, education, and beliefs (EEOC, 2023). Employee selection is critical to an organization's ability to realize strategic objectives and manage future challenges in the workforce (Bolander & Sandberg, 2013). To ensure fair and equal hiring tactics, organizations create an equal workforce promoting culture, age, sexual orientation, language, background, disability, and experience to speak up and have a voice to differences (Barney & Rosencrance, 2023). A variety of federal laws prohibits employers to discriminate the act of hiring based on: age, citizenship, race or color, disability, genetic information, family or medical leave use, military service, national origin, pregnancy, religion, sex or gender identity (EEOC, 2023). Some jobs in the workforce might be gender based only because of the stigma or stereotypes where that dominant gender has remained (Hedreen, 2023). Women are often found in administrative, nursing, education, babysitting, cosmetology, modeling, and additional industries (Hennekam, 2016). Men are often found in business, sales, leadership, physicians and doctors, police, fire, construction, sports, and more (BLS, 2023). However, genders can often get stuck in these bias stereotypes for work positions (Carnegie, 2023). But employers are federally held to the highest regard to refrain from diminishing or refusing to hire out of the norm genders for a role (EEOC, 2023). No gender is prevented from working or becoming any career that a person

decides to pursue (House, 2021). Some work positions might have different pay differences based on education and experience, however, gender does not and will not provide a determining factor for inequality (Gould et al., 2016).

Summary

The fourth chapter summarized the results of this qualitative study based on the virtual Zoom individual interviews between twelve human resource leaders and five female healthcare workers. The interview approach involved open-ended questions that provided participants to share their personal experiences through the human resource perspectives and female healthcare perspectives. The results from the study shared commonalities regarding gender inequalities, discrimination, leadership, household stereotypes, and pay differences in the healthcare sector. Chapter 5 will analyze this study's results, and be able to draw conclusions based on the interviews that were conducted for this study, while suggesting opportunities for further and additional research to occur.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of the qualitative study was to understand the perspectives from healthcare human resource leaders and people who identify as female healthcare workers on gender pay gaps in the United States. A qualitative research design was used in order to explore participants' personal experiences to address the phenomenon. Three consistent and reoccurring themes were identified from the NVivo and coding analysis. Detailed insights occurred from the interview participants and their experiences that connected with the themes that resulted in two emergent themes that highlighted the opportunities from the interviews. The results from the individual interviews with the 17 participants yielded the following themes and emerging themes:

1. Stereotypes of the household gender
2. Perceptions of females in the workplace
3. Limited growth opportunities for women based on industry
4. Women falling into the household responsibilities
5. Limited leadership and mentoring of women in a profession

Interpretation of the Findings

This section of the study is centered on the findings and themes resulting from the participants' interviews. The research was focused on the perceptions and experiences of healthcare human resource leaders and people who identify as female healthcare workers on gender pay. Three themes that were highlighted were (a) stereotypes of the household gender (b) perceptions of females in the workplace (c) limited growth opportunities for

women based on industry. Women are continually being treated unfairly through leadership and gender pay issues (Schieder & Gould, 2016). Men in management positions are not paving the way for future women of healthcare management by allowing them to be in management roles to grow and learn towards high leadership positions (Perez-Sanchez et al., 2021). Women in Generations Y, Z, and Alpha are entering the healthcare force, specifically medical school and graduate programs to compete with male colleagues in fair gender equity in leadership roles and fair pay (Plietz, 2012). Women are pursuing further education to be able to compete against men who have dominantly directed all industries (Batson et al., 2021). In the healthcare industry, men have been and continue to be at the top and housing for all high leadership positions while being paid more than women with the same qualifications (Mahase, 2022). Women are taking their future into their own hands and pursuing extra education and gaining additional experience to show that they are capable of being strong and independent leaders in the healthcare industry (Berlin et al., 2022). Given generational perspectives that still exist between the workplace and gender household responsibilities, there was a confirmation that although women today are able to work the same jobs as men, many still believe that women have more obligations or barriers at home, which prevents them from working without barriers compared to men (Bioneers, n.d.). However, with younger generations currently entering the workforce, specifically those raised by working mothers, more women are being found in leadership roles compared to

men, and women are found in more acceptance roles and the gender icon is disappearing for unity (Braddy et al., 2019).

Feminist theory allows people to better understand and work together when there are active unequal relationships between men and women (Crossman, 2020). Feminist theory helps people to understand common challenges that women experience as they gain social equality compared to men (Council of Europe, 2022). While men are found in more leadership and management positions, feminist theory provides the acknowledgement, how women aren't found in management roles (Soklaridis & Lopez, 2014). The feminist movement has resulted in major impacts of women getting access to education, healthcare, voting rights, equal pay, and women's rights or women's suffrage (Congress, 2023). Feminist theory emphasizes the importance of women being treated as unequal to men in a variety of categories (Lee et al., 2020). Equality is essential for both genders to feel respected and as equals to become unified and work towards the future (Director et al., 2021).

Feminist theory in healthcare has been commonly referred to women not found in management (Shai et al., 2021). Healthcare leadership is a male-dominated field (Healthcare, 2021). Men have often had fewer obstacles and are groomed for leadership roles (Barrett & Moores, 2006). Women have often struggled to achieve management roles, let alone getting access to moving up the corporate ladder while dealing with a glass ceiling (Eagly & Carli, 2018). The limited number of women in healthcare leadership results in women being undermined by men and treated as unequal (Perez-

Sanchez et al., 2021). Women in healthcare fight to have a seat at the table for management and leadership (Palmer, 2022). The feminist theory can allow people in healthcare to understand how women are not in leadership, which can result in other issues that women experience such as pay gaps and leadership advancement (Gould et al., 2016). The feminist theory is essential to eliminate sexism in healthcare to provide an equal and unified healthcare system into the future (Rogers, 2006). In 2007, women comprised 28.3% of the doctors in healthcare and 12 years later, women are now at 36.3% (Boyle, 2021). In 12 years, women have only risen by 8% roughly. Men still continue to dominate as the lead gender in healthcare doctors. Not only is 28.3% or 36.3% very small compared to men, each specialty has fewer women compared to men.

While the situational leadership theory allows a leader to adapt to any situation or diverse group of people, leaders must be able to understand how to lead groups of females that result in a feminist theory approach (University, 2020). Throughout different industries, gender is an issue where gender inequalities occur in leadership roles, advancement, minorities, pay, and population (Gould et al., 2016). The feminist theory focuses specifically on the inequalities of women found in different roles of an industry based on individual minorities of race, sex, ability, and class (Veenstra, 2011). Women might be found in other industries compared to men, but the lack of women results in those that identify this as an inequality of gender (Ilo, 2011). More women pursue opportunities to allow other women to promote equality through gender, and thus providing justice and women found everywhere for equality in the workplace (Dietz,

2023). It is essential for situational leadership and feminist theory to work hand-in-hand to further promote a unified workforce of equality in the workplace for all genders, race, ethnicity, and backgrounds (Hershey et al., 1979). Through these two theories, women are recognized as equal to men to provide equality through all things in the workforce and society (Cherry, 2023).

Other studies have highlighted women specifically found in seniority positions who prioritized their commitments based on a family and work-based life. Women sometimes forgo career progression given the number of hours required or expected in a management role (Ely et., 2015). Decisions made by men and women regarding personal and professional obligations are often significantly different (Belhadj & Touré, 2008). Multiple participant responses emphasized this during the interviews. As an example, Participant 13 noted, “I am not a mother, but I know that I already work hard to compete with men and trying to be equal.” Participant 14 noted, “I come from a business background, and I would be the first to say that, women who don’t have a business or sales background, won’t know how to successfully compete with men, let alone negotiate fair and equal pay.” Participant 15 noted,

> I am married, a nurse, mother of four children, and my husband works in HR. I gave up my aspirations early on to become a mother. However, now that my children are older, I was able to go back to school and become the career that I want to be. Anyone can do this, and not lose their goals. It would have been nice to not make all the sacrifices, when my husband didn’t have to make any.

Participant 16 noted,

> I might be single and not have child expenses, marriage expenses, but I also have my own expenses that constitutes pay. I shouldn't be paid less because I have less obligations or less expenses. I want to get married and have children, but the world puts so many restrictions on women with children and working at the same time.

Participant 17 noted,

> My husband is a lawyer, and I am proud of his efforts. I love being a mom, but I also love pursuing my career. I wouldn't ask my husband to quit his job, but I would hope that he would sacrifice some time more often to allow me to pursue my career full-time. Any women that is married, would love to pursue their goals, but in order to do this, their spouses have to sacrifice their time too, and have the equal balance between the two gender roles at home.

An interview question focused on, if more women served in human resource positions or senior financial leadership, how women in those positions would ensure there is fair pay and avoid the gender pay issues. Women who are not found in senior organizational levels will continue to have limited opportunities to enter the C-suite level (Al-Sawai, 2013). Participant 2 noted, "I would hope that anyone in those positions would fight to eliminate those types of gaps whether it's male or female." Participant 3 noted, "I believe there would be greater inclusivity and human resource leaders would become more female dominant." Participant 4 noted, "I think any job should be opened

up to any gender, and gender shouldn't be a factor. If more women have access to equal roles, then it would be easier for all genders." Participant 6 noted, "Pay is what motivates everybody." Participant 7 noted, "There shouldn't be any gender disparities." Participant 10 noted, "there is already equality in the world we live in, but, if people feel there isn't, then those who are preventing equal opportunities should step aside and allow equality to be found." Participant 12 noted,

> We will always live in a world where gender is different between men and women. Too many people focus on the household stereotypes of men and women with their roles. While it would be nice to have equality, men will never sacrifice their careers and stay home to allow women to have their careers and aspirations.

Participant 13 noted, "I think this would limit the gender pay gap, and would promote more women into believing that they can do the same as what men can do". Participant 15 noted, "I would like to say that women would have more fire under their butts, but this isn't true, because in an ideal world, unity is great, but I don't see the world being equal in the sense of gender specifics." Participant 16 noted, "As long as women continue to push for fair and equal pay along with equal opportunity, women will be treated as equal to men."

Participant 1 noted, "I think there would be more passion than it is financially". Participants 2-5 felt that women are already in senior management and are treated as equals. They emphasized that gender shouldn't be a factor for equal aspirations and opportunities. Participant 6 noted,

> We don't have enough people in the world to care for others when we only focus on gender. It is difficult to say what it would be like with the current shortages; however, equality is important and there shouldn't be any barriers.

Participants 7-12, feel that there aren't any major concerns of gender pay differences, resulting in active current gender equality. Participants 13-17 all agreed and had similar views that women would have a seat at the table of the C-suites whenever they would like to, would not have to stare at the glass ceiling, and would be able to work and function free of discrimination.

As noted in Chapter 2, throughout all walks of life, gender bias is found in education, politics, government, and all other jobs (Ahmed et al., 2022). Women serving in management roles within academics and practitioners is essential for the advancement and equal opportunities for women (Bass, 2019). Women are found throughout society, the workplace, and the household, but continue to be less valued than men (Etienne, 2022). Throughout the health workforce, gender plays a vital role (Newman, 2014). Women and their devotion to work and being underpaid has reflected their gender resulting in not fitting in the economic mold and being underrepresented (Meleis & Lindgren, 2002). Women found in leadership positions in government organizations implement different policies than men and are found to be more supportive by other women (Downs et al., 2014). The concern for gender inequality is vital for the success of different industries between men and women (Block et al.,2019).

Participant 1 noted,

> I think it comes down to education. I think if a male or female, or both have the same education and experience, that it will close the gap, and I think women are on the rise with closing the gap.

Participant 2 noted, “I think with anything, career related or culturally, there should be equal opportunities for everybody. There shouldn’t be a difference with gender and it is discouraging to think that there is a current difference.” Participant 3 noted, “There would be greater respect and inclusivity in the workplace. There would be more diversity in teams and businesses that have women in leadership roles.” Participant 4 noted, “Regardless of gender, affiliation or religious organization, sexual orientation, it would be ideal that equality should be based on production and contribution.” Participant 5 noted, “I wouldn’t say I have a vision, because it is already occurring. The best person for the job, gets the job.” Participant 6 noted, “I would love to see more equality across the board.” Participant 7 noted, “Women already make up a lot of roles in healthcare. To my experience, women are the primary gender in healthcare.” Participant 8 noted, “Gender equality would prevent any discrimination. People feel discriminated and unequal to pay, thus, this would provide equal opportunities to ensure every person’s needs are met.” Participant 10 noted, “I think men and women are already equal through everything.” Participant 11 noted, “I wouldn’t see any changes, because I don’t feel there are any differences.” Participant 12 noted, “I would hope this promotes more equal influence. Going back to the stereotype of home, and the views of this world, there would be a balance of both genders that can be full-time parents and have full-time careers.”

Participant 13 noted, “I think there shouldn’t be any limitations with gender.” Participant 14 noted, “this would promote equality and women would feel that they can sit at the same table as men, and both genders would be considered equal voices.” Participant 15 noted, “When I was going to school in a class of 100, only 10 were male. I never have perceived as women not being equal when I have seen women in more areas than men.” Participant 17 noted, “Women and men can live their lives of seeking careers and being a parent if they desire, and not have the worry of less pay or barriers from preventing to achieve their goals.”

Limitations

Although the study included 17 participants that included 12 human resource leaders and five female healthcare workers, there were potential predisposing and actual limitations and barriers for this study to take place. The sample was diverse in terms of location and areas of healthcare. The original proposal for the study was to execute in-person face-to-face interviews. However, the potential barrier of not being able to pinpoint a day and time where interviews with human resource leaders are available to discuss the research questions resulted in the decision to conduct the study through virtual Zoom interviews, upon approval of the Walden University IRB.

Another possible limitation was that men in financial positions or human resource positions could have inherit bias or prejudiced feelings on this topic and not want to participate. However, there was a diversity of men to women that occurred during the interviews, and many men were open to the discussions, of which some praised that

women should be found in more roles as men, and others did not even realize how women are not found in as many roles compared to men. Another possible limitation was meeting data saturation with having a larger sample size of 12 human resource leaders and five female healthcare workers. Data saturation was met early on and those additional descriptions and experiences were added into the study.

Another barrier was finding the time and commitment of female healthcare workers along with human resource leaders to coordinate the time and day for interviews. While the researcher prepared for random schedules to adhere to participant interview times, the researcher found that all participants preferred to have their interview conducted in the evenings after work, or on the weekends. Participant 7 said, “my schedule is always changing and I never know when I am available, evening interviews and conversations work best for my schedule”. Another limitation was being able to hone down and interview people that have the title as a human resource leader. Human Resource leaders are responsible for the recruitment, onboarding, and executing of employing organizations with professionals (Coursera, 2023). One of the onboarding tasks that Human Resource leaders are responsible for, is creating and producing the pay that a working professional will receive (Graham, 2020).

Leadership found in clinics, hospitals, dental offices, and more often times have providers and owners that make up the Human Resource roles. This results in human resource positions not having specific people in these roles, and instead having the owners and medical providers oversee and manage these responsibilities, thus causing a

limitation of not interviewing direct human resource titles. Throughout the study, interviews were being conducted and participants made up of human resource leaders in healthcare actively, and with past experience of healthcare HR, and also there were participants that made up the roles of HR in their provider or owner position. Participant 9 reported that, “I operate my own business and handle all HR obligations while running the business, and my days are always filled with unknown obstacles”. Participants 2, 4-7, 9-10, all mentioned in their interviews that as providers or owners, they take on the roles as individual HR in their organizations as they are the primary contact for hiring, firing, onboarding, interviewing and executing the pay of new employees. This resulted in not having to interview 12 direct titles human resource leaders, because the title of a human resource leader resulted in its role being governed and executed by owners and operators of different organizations.

Recommendations for Further Action

This study reflected the experiences, and perceptions that occurred through interviews and related descriptions of 17 participants. The descriptions and results of this study resulted and reflected a specific point in time. However, it would be ideal to follow-up with these participants or similar participants in future milestone markers of 10, 20, and 30 years down the road, to access whether there have been any major occurrences or changes in the world we live in. As times progresses, these participants might take the focus of this study and execute equal pay and equality of gender in their own organizations going forward, and be more aware and supportive of potential

increased changes going into the future for equality in the workplace. Women in generations Y, Z and Alpha are entering the healthcare force, specifically medical school and graduate programs to compete with male colleagues in fair gender equity in leadership roles and fair pay (Plietz, 2012). Participants emphasized that women would like to pursue careers and be treated as equals; but through the stereotypes at home, perceptions of females in the workplace, and the careless views of a unified world, women have resulted in having to focus on other obligations at home and aren't given the opportunity to pursue their careers and be parents. All while women find themselves not entering the home life with fear of losing their ability to strive in the workforce and be respected. How might the future of gender equality and pay equality look in 10-30 years with a follow-up study with the same participants or future generations? It would be beneficial to interview women currently in the workforce, entering the workforce, entering school, and retiring from the workforce for the next 10-30 years to examine if any changes occurred.

With the consideration of a longitudinal study and information shared by the participants on how their careers evolved, another option would be to conduct research on undergraduate students and graduate students in their classes to obtain the current gender polls of numbers that are pursuing careers. In college, both genders are found, however, with a constant gender bias and stereotypes, women aren't found as often in healthcare provider roles, or other industries that require years of dedication and sacrifice that men have been used to doing, and limiting women to be at home and work. Plus, conducting

research with women and men in their college years and what their aspirations are for a career standpoint and if they currently at that time view any barriers or obligations they have to deal with. For example, interviewing some women in college might say they only want to be a mother, whereas, other women might say they want to be a doctor and a mother, and might feel they are unable to do both. A potential study of this focus would examine early on barriers that younger generations are aware of or fear that prevent them from pursuing their aspirations.

The research participants for this study shared personal experiences and their own perceptions of gender pay gaps, gender equality, pay disparities, and how women are viewed in this world found in the healthcare workforce. There was 12 human resource leaders, and 5 female healthcare workers. There was a general consensus of men and women in a variety of industries that made up HR roles, and a variety of women in different healthcare areas. There was not as many women found in provider or operator roles compared to just HR roles, and this provides future research to focus on women leadership and how they operate. When men were asked their perceptions, most men agreed that women should have equality, but most men also did not see a problem with unfair gender equalities or pay differences, or were aware of active gender differences, resulting in men not caring and being aware of these issues. This resulted in not having to interview male healthcare workers, since men were not aware or hyper-focused compared to women in the healthcare industry. But further researcher could occur with possibilities to further engage research on women in leadership and equality. Research could result in

how men and women are executing equality in the workplace through gender, obligations, stereotypes, and pay disparities.

Implications for Social Change

The world is constantly evolving. Women need to be able to prepare the future path of women in leadership positions in all industries but specifically for this study in healthcare (Mahase, 2022). Men continue to dominate the leadership and C-suite roles in healthcare (Berlin et al., 2022). There has and continues to be inequality for men and women, and women deserve their time to shine and be at the top with men and be treated equally and fairly through all things. Equal pay for physicians both male and female should be respected, especially when men and women have the same education and experience (Gould et al., 2016). Women should not be pre-judged about being biased or prejudice towards men and should be given the opportunity, just like men to be able to show leadership skills and manage in leadership roles (Butkus et al., 2018).

Women bring the empathetic ability to be more emotionally attached or thought out for choices and decisions (Yang, 2020). Men mainly act on their knowledge, whereas women act on their feelings and look at everything that is in place (Kachel et al., 2016). Through research, women in the healthcare industry are equal to men through non-leadership positions based on pay wages (Layne, 2017). Women found in healthcare roles such as physicians, management, or C-suite management positions, women have and continue to be treated unfairly (Mangurian et al., 2018). Unequal pay in leadership to being overlooked for advancement is not being fair and is discriminating against women

(Butkus et al., 2018). Women who have the same education and experience as their male co-workers are being surpassed by the stigma of men in leadership roles, and women beneath them. While this has occurred in the past, more women are starting to progress into more physician opportunities, however, in management and leadership roles also found in the C-suite, women are rarely found. In healthcare, women and men should be treated at equal levels through pay, advancement, management, and all leadership roles (Berlin et al., 2022).

Women make up 77.6% of healthcare workers (Statistics, 2022). Women continue to face barriers and challenges that prevent them from being paid fairly, barriers to leadership, and culture stereotypes that cause issues from respected women in the workplace on all levels (AAUW, 2016). Women primarily make up the healthcare workforce (Day & Christnacht, 2021). Women continue to be underrepresented and treated unfairly in the workplace (Krivkovich et al., 2022). Researchers have continued to find an epistemology in past research as many people determine that women continue to face barriers with their goals not just in healthcare, but all industries (Sibeoni et al., 2020). Women receive the same education and experience as their male colleagues, and still are paid less (Gould et al., 2016).

As more women enter higher levels of organizational leadership in accounting and finance, social change is occurring as the barriers between men's and women's roles and responsibilities become less prevalent. Gender equality is essential to promote a workplace in which abilities and skills are valued, regardless of preconceived biases and

stereotypes. As mentioned by participants, some viewed there does not need to be any changes taken for this study because they viewed the world already as equal. Some participants emphasized they hope someday gender will not play an issue and both genders will be respected and not a barrier. While other participants felt that it would be nice to have equality, but it will not ever occur with the constant social obligations, prejudice, biases, and stereotypes that the world perceives current genders in the workplace.

Conclusion

The study of the 17 participants highlighted the perceptions and experiences of human resource leaders and female healthcare workers on gender pay gaps. Many participants felt there was not active gender pay gaps or gender disparities, however, the majority of participants did feel there were active gender pay gaps along with barriers for women to have equality in the workplace. Reflecting back on Chapters 1 and 2, the theories that grounded this study included; situational leadership theory and feminist theory. The feminist theory uses a conflict approach to examine gender roles and inequalities (Conerly et al., 2021). For instance, radical feminism focuses on the family in the male dominance of perpetuation. Feminist theory identifies how gender is a factor on how humans are represented in reality. There is a constant problem of epistemic identification on the female subject as humans analyze gender differences and theorizing feminist politics concerning feminism and multiculturalism (Dietz, 2003).

Situational leadership theory is a repeatable framework used for leaders to match their own behaviors with individuals of their needs in an attempt to influence them (Hersey et al., 1979). The situational leadership theory uses logical and internal inconsistencies, conceptual ambiguity, incompleteness, and confusion with a relationship based on between the leader and follower based on their performance readiness. (Graeff, 1997).

Women are significantly underrepresented in hospital management positions, and because of this, gender disparity has changed over the past decades showing the struggles and barriers women face to achieve leadership roles (Sexton, 2014). For the future of healthcare, if a woman has the same experience and education compared to a man, instead of being bias and automatically giving the position to a gender where the enforcer is being biased, all future leadership healthcare positions should be equal to both men and women. More women should be given more management positions to prepare them for higher C-suite level positions including CEO of the hospital. Women found in leadership positions will promote unity between men and women in future roles of leadership in healthcare (AAUW, 2016).

Equality through pay is essential for men and women in all industries as it provides a voice and be able to be represented and protected throughout the workforce (Rescue, 2021). Women overtime have been shadowed overhead by men through leadership, advancement, management, pay differences, recognition, and much more (Knutson, 2022). Women have been a predominant gender throughout the workforce, but

still are treated of lesser value to men through leadership and fair pay opportunities (Parker, 2020). Throughout healthcare, women have been found in more areas than men, but are found in fewer management positions (Perez-Sanchez et al., 2021). Women in healthcare, experience unfair pay compared to men with the same education, experience, and qualifications working in the same roles as men (Aragao, 2023). Human Resource leaders are responsible for the recruitment, onboarding, and executing of employing organizations with professionals (Coursera, 2023). One of the onboarding tasks that Human Resource leaders are responsible for, is creating and producing the pay that a working professional will receive (Graham, 2020). As Human Resource leaders analyze a person's education, experience, and qualifications, they are then able to produce and conclude with an amount of pay that a professional will receive (ADP, n.d.). With a constant gender pay gap, Human Resource leaders must understand their role in preventing and limiting gender pay gaps for men and women who work in the same positions with equal qualifications of each other (Ashton, 2016). Equality of pay for men and women in healthcare is essential for the success of a healthcare organization for many reasons (WHO, 2022). Dismissing and not fixing gender pay equality can promote and result in the disruption and destruction of a unified healthcare organization (Treadwell, 2019).

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Appendix: Final Interview Guide

Opening Phase

Hello and thank you for your willingness to participate in today's interview with me, MaKormick Claypool, a Ph.D. student at Walden University. Thank you for agreeing to do this interview today and returning the informed consent to me. The information gathered today will be recorded and transcribed in confidence for the purposes of my dissertation alone. Your name and company will not be identified in this study and every effort will be made to keep your responses in complete confidence. This is a safe, private place and your responses will not be judged in any manner. Do I have your permission to proceed?

Introduction Phase

Purpose Statement. I would like to restate the purpose of this study. The purpose of this qualitative case study is to explore the experiences and perceptions of HR leaders in healthcare who work with and address concerns regarding gender pay gaps and the perceptions of people that identify as women in healthcare professional roles on their perceptions for gender pay gap in the same roles as those that identify as male. This study will be used in my dissertation toward obtaining a Ph.D. in Health Care Administration with Walden University. Your participation is voluntary, and you may stop at any time. I will be recording the audio during today's meeting. Do you have any further questions before we proceed? I will start recording now.

Transition Phase

Demographic and Ice-Breaker Questions

I'd like to get to know a little bit about you before we plunge into the main questions.

1. How many years have you worked in healthcare?
2. To your knowledge, is your current organization a for-profit or non-profit organization?
3. Are you currently working fulltime or part-time in healthcare?
4. What is your role in healthcare?
5. Do you feel there is a current gender pay gap with your line of work?
6. Do you have any questions before we begin?

Are you ready to proceed to the main questions related to: the perceptions of HR leaders in healthcare on Gender Pay Gap?

The Main Phase

What are the experiences and perceptions of HR leaders in healthcare who work with and address concerns regarding gender pay gaps?

Sub-question A: What are the perspectives of HR leaders in health care organizations towards possible gender pay differences?

Sub-question B: What are the perspectives of HR leaders in health care organizations toward possible facilitators that may assist with creating gender pay differences?

Sub-question C: What are the perspectives of people who identify as women towards pay difference in their field of healthcare?

I would like to take a moment to define gender pay gap: A measurement between men and women of the differences each receive based on hourly or salary earnings that work part-time or full-time (Hoff & Lee, 2021).

Probe1: Do you have any questions about gender pay or gender equity in healthcare?

Research Questions	Interview Questions
Q1: What are the experiences and perceptions of HR leaders in healthcare who work with and address concerns regarding gender pay gaps?	Q1A: Can you tell me about an experience when you negotiated someone's pay based on their qualifications that may have been similar or different to the job that you hired for?

	Q1B: Can you tell me about a time when someone during an interview felt underpaid and underappreciated that will limit their ability to provide care to patients? Q1C: With physician shortages, specialties, medical professions and workers, can you tell me what ultimately dictates the final say on pay gap for hospitals, clinics, and medical offices?
Q2: What are the perspectives of HR leaders in health care organizations towards possible gender pay differences?	Q2A: Can you tell me about your perception for the future of gender pay if women were found in more leadership positions in healthcare? Q2B: Why do you feel that there is a constant gender pay gap between men and women found throughout the healthcare system in different roles? Q2C: Can you tell me your vision of the future in healthcare where men and

	women are treated equally through pay, leadership, and career aspirations?
Q3: What are the perspectives of HR leaders in health care organizations toward possible facilitators that may assist with creating gender pay differences?	Q3A: Do you feel that senior management reviews and are aware of active gender pay gaps set by human resource leaders? Q3B: Can you tell me what the medical industry would be like today if women and men were treated equally through gender pay, leadership, and all health care professions and career aspirations? Q3C: Can you tell me how human resource leaders execute the pay of someone based on their qualifications and education? Q3D: If women served in human resource positions or senior financial leadership, can you tell me how women in those positions ensure there is fair pay and avoid the gender pay gap along with if they experience any barriers from male

	counterparts preventing them from upholding fair gender pay?
Q4: What are the perspectives of people who identify as women towards pay difference in their field of healthcare?	Q4A: Can you tell me about your experience(s) with equal pay in your profession? Q4B: Can you tell me when you might have been paid a different wage compared to a man in the same position as you? Q4C: Do you feel that HR leaders are aware of the ongoing gender pay gaps presently in healthcare? Q4D: Can you tell me about your struggles with knowledge of being underpaid compared to men in the same role as you? Q4E: Can you tell me about your obligations outside of your profession that can limit, prevent, or refrain you from working that men don't relate to?

Closing Phase

That concludes my main questions, thank you. Do you have any questions or anything you would like to say now before we end?

I will be transcribing the audio recordings of these interviews to define some common themes related to perceptions on gender pay gap from HR leaders and females in healthcare roles. Please review the transcript for accuracy and send me any edits, and any additional information you would like to include. I will notify you in the next two weeks if any further action is needed beyond this. Do you have any questions?

Thank you for helping, feel free to contact me if you need any assistance