1

Gendered Career Development within Nursing and Healthcare

To understand the rationale for the Challenging Perceptions career development and mentoring programme, it is important to consider the wider environment within which nursing and healthcare are situated, for example the genderisation of education, the labour market and careers, and explanations as to why this happens (Broadbridge and Fielden, 2015). This chapter presents an overview of the career development of women and men in the workplace. It then moves on to focus specifically on the career development of women and men in nursing and healthcare, and apparent gender inequalities in the nursing career. It is widely acknowledged that many women do not progress in their careers in the same way as their male counterparts (Davidson and Burke, 2011; Vinnicombe *et al*., 2013; Mulligan-Ferry *et al*., 2014), thus it is important to begin by outlining gendered trends in education and the workplace.

Education

Recent figures from English exam boards suggest that girls outperform boys, and in 2014 girls outperformed boys at GCSE level within all subjects other than mathematics. Interestingly, this is not necessarily the case at A level and, worryingly, there are clear gender differences in subjects studied at A level (Arnett, 2014). For example, research conducted by the Institute of Physics found that in 2011 49% of state-funded, co-educational English schools sent no girls on to take A level physics (Institute of Physics, 2012). In contrast, physics was the fourth most popular A level choice for boys (ibid). It is perhaps no surprise then that there are distinct gender differences in areas of learning at university, with female students choosing more arts-related subjects and male students more likely to be found studying physical sciences, engineering and information technology (Higher Education Statistics Agency, 2013). Interestingly, this trend appears to have reversed in some subject areas. For example, medicine and law, once male-dominated subjects, have experienced feminisation and between 2010 and 2011

Mentoring in Nursing and Healthcare: Supporting Career and Personal Development, First Edition.
Helen M. Woolnough and Sandra L. Fielden.

66% of all students studying law were women (ibid). These differences in subject choice at school, college and university have been shown to impact on career choice and ultimately affect the proportion of men and women in certain occupational areas (Paris and Decker, 2015).

The Labour Market

The UK has witnessed a dramatic increase in women's employment over the past 40 years, particularly among women with dependent children. At the end of 2014, 74.6% of women aged 16–64 were in work, an increase from 53% in 1971, and from 1996 to 2013 the number of working mothers increased by almost 800,000 to 5.3 million (Office for National Statistics, 2013a, 2014). This increase is due to changes in societal attitudes and legislation, and the introduction of family-friendly policies, which have provided increased opportunities for many women to enter into and remain in the workforce. This change has also been experienced by many women in developed countries across the globe (International Labour Office, 2014). Despite this, women still face inequality (Equality and Human Rights Commission, 2013) and women's employment is highly concentrated in certain occupations. Figures from the Office for National Statistics (2103b) show that in April–June 2013, women dominated occupations within caring and leisure, and accounted for 82% of those within these occupation types. The next most common occupations that women dominated were administration and secretarial roles and sales/customer service occupations, with the most common professional occupation for women being nursing. In contrast, men predominate in areas such as construction and information technology (Office for National Statistics, 2013b). Those occupations in which there is a high concentration of female workers also tend to be the lowest paid and the disproportionate segregation of women in certain occupations is commonly referred to as 'horizontal segregation' (Anker, 1997).

There is much evidence to suggest that 'vertical segregation' also exists in the labour market (Huppatz, 2015), and occurs when men and women in the same occupation attain different hierarchical levels. In this respect, men tend to be found in more senior roles, whereas women are concentrated at lower organisational levels. Figures suggest that nursing is a good example of both horizontal and vertical segregation (*Nursing Times*, 2010; Nursing and Midwifery Council, 2015). Although nursing is a female-dominated profession (Equality and Human Rights Commission, 2007; *Nursing Times*, 2010), women and men tend to gravitate towards particular specialities in nursing. Proportionately more men work in mental health nursing than any other discipline within the profession (Nursing and Midwifery Council, 2006; Vere-Jones, 2008). Research has found that the mental health discipline is preferred

by male nurses as the roles, activities and culture associated with mental health nursing allows men to express their masculinity in a profession dominated by women (Holyoake, 2002).

Furthermore, male nurses are concentrated in more senior roles. A survey by the *Nursing Times* (2010) found that male nurses are twice as likely to hold a top job in England's leading hospitals, which may be a reflection of the business ethos of foundation trusts that can act as a deterrent for women less inclined to apply for such leadership roles, or indeed be selected for top jobs. The apparent occupational sex segregation within occupations and organisations is detrimental to women because it has a negative effect on how men perceive women and how women view themselves (Smith, 2015).

In the UK, the number of men working part-time has increased in recent years, predominantly among fathers who are combining work with childcare responsibilities (Chanfreau *et al*., 2011). However, women remain considerably more likely than men to work part-time (Office for National Statistics, 2015) and labour market statistics between December 2014 and February 2015 highlighted that 42.5% of women worked part-time compared with 13% of men (ibid). The predominance of women working part-time is largely attributed to the childcare and other domestic roles (e.g. caring for elderly relatives) traditionally performed by women, which limits their ability to work full-time (Brown, 2010; Woolnough and Redshaw, 2015). Hakim (1996) argues that women who work part-time have a preference for domestic roles and a relatively weak labour force attachment, but Lane's (2004) work investigating the career of female part-time nurses in the National Health Service (NHS) has challenged this theory. Respondents in Lane's (2004) survey of over 600 qualified nurses working part-time in the NHS reported a high degree of under-achievement. Lane (2004) argues that people may be more likely to channel efforts into social and family issues because their career opportunities working part-time are significantly limited. This is not necessarily a reflection of lack of commitment to work: part-time workers, for example, often face disadvantage with regard to lack of access to training and development, being less likely to gain promotions and less likely to be provided with opportunities to supervise others (Burke and Nelson, 2002; Tomlinson, 2007). Also, there is a distinct lack of provision for part-time workers at senior organisational levels, which means that women can be forced to act in lower level roles due to the absence of more senior part-time positions they would be capable of filling, given the opportunity (Tomlinson, 2007; Wilson, 2013).

In terms of income, women are generally paid less than men. Figures from the Equality and Human Rights Commission (2013) show that female employees working full-time in the UK in 2012 earned 90.4% of the median hourly earnings of men (excluding overtime) who worked full-time, thus producing a full-time gender pay gap in hourly earnings of 9.6% (Perfect, 2011). Women

working part-time in the UK in 2010 earned 61.2% of the median hourly earnings of men who worked full-time. This meant that the part-time women's pay gap was 38.8% (ibid). These figures also mask the extent of inequality and do not reveal differences in rates of pay for comparable jobs (Burke and Nelson, 2002).

Gendered Careers

The *glass ceiling* has been shown to exist even in occupations where women predominate, including nursing, teaching and social work (Davidson and Burke, 2011). Despite the higher numbers of women in such female-dominated professions, men still appear to occupy a significant proportion of senior positions. For example, approximately 90% of nurses in England and Wales are women, yet men are more likely to be found in senior roles (*Nursing Times*, 2010). Furthermore, nearly 70% of full-time qualified teachers in the UK in 2005 were women but just 36% of head teachers were women (National Statistics, 2010). In addition, female-dominated professions tend to pay less than male-dominated professions and are generally regarded as lower in status, despite comparable education and other requirements for entry into the role.

The inability of women to reach *top* positions is commonly regarded as a consequence of the glass ceiling effect. The 'glass ceiling' is a term first coined by the *Wall Street Journal* in 1986, and is an analogy used to describe the condition that keeps women and minorities from reaching senior positions in both public and private sector organisations in the UK and across the globe (Schein, 2007; Powell, 2010; Davidson and Burke, 2011). The term is used to reflect the ability of women and minorities to view the world above them but the metaphorical ceiling prevents them from accessing the senior positions they can view. This glass ceiling effect occurs when women and minorities with equivalent credentials to white men, that is, those who traditionally occupy positions of power within organisations, are prevented from accessing top jobs simply because they are women and/or minorities (Konrad, Prasad and Pringle, 2006; Gatrell and Cooper, 2007). As the glass is clear, women and minority groups may be unaware at first that a barrier exists but as they attempt to progress through the organisation, the glass ceiling becomes a very real barrier to their career development.

The proportion of women in management has increased over the past three decades in almost all countries and legislation in some countries (e.g. Affirmative Action legislation in the USA and Canada) has contributed to this trend (Burke, 2007; Powell, 2010). Despite this encouraging increase, in the UK in 2014 only 20.7% (FTSE 100) and 15.6% (FTSE 250) of directors were women. To highlight this point, in 2015 there were more chief executives and

chairs of FTSE 100 companies called John than there were women (Rankin, 2015). This figure is even more disturbing when the breakdown between executive and non-executive directors is explored, with the vast majority of women holding the less powerful non-executive positions: 6.9% and 25.5% FTSE 100, 5.3% and 19.6% FTSE, executive/non-executive respectively (Vinnicombe, Doldor and Turner, 2014). This is also reflected in the most recent figures produced by the Office for National Statistics (2013a), which reports that although the number of female managers continues to grow, women are more likely to be found in lower managerial levels, including department head or section leader. Women again experience vertical segregation as they are highly concentrated in certain areas of management, including HR/personnel and sales/marketing.

In a recent survey, *Sex and Power: Who runs Britain?*, the Centre for Women and Democracy (2014) concluded that Britain is 'a country largely run by men' and that Britain is missing out on a large pool of talented women. In 2012, women made up 22.3% of Members of Parliament, were editors of 5.0% of national newspapers, fulfilled 1.8% of senior ranks in the armed forces, held 14.2% of vice-chancellor posts in universities and occupied just 13.6% of senior judiciary posts (Centre for Women and Democracy, 2014). Accessing recent figures from the NHS is problematic due to significant restructuring; nevertheless women held 34.8% of health service chief executive posts in 2012. Although this was an increase of 6.2% since 2003 progress remains slow (ibid).

It is clear that the glass ceiling remains an important issue of concern and may prevent women from pursuing senior roles, whatever profession they may work in. However, the glass ceiling may be weakened if some women make it to the top jobs. Yet the few numbers of women at senior levels, particularly black and ethnic minority women, has meant that women face a potential burden associated with being 'token' women (Broadbridge and Simpson, 2011). Women may face pressures related to being a test case for the employment of future women in the organisation at senior level and, frustrated by the glass ceiling, some women choose to leave and start their own businesses (Hunt and Fielden, 2013).

Women who reach senior roles may experience the 'queen bee' syndrome, a concept first introduced by Staines, Tavris and Jayagratne (1973). They described the 'queen bee' as a dominating, successful, bossy, senior female executive who is protective of her role due to the difficult experiences she encountered when reaching that role. It has been argued that such women are unhelpful to more junior female executives as 'queen bees' may jeopardise the future of other women due to their fear of competition and their desire to remain unique (Ellemers *et al.*, 2004). Recently, Professor Dame Sally Davies, the first female Chief Medical Officer in the UK, commented that some senior women in the NHS are 'queen bees' who do not help others to succeed, adding

that in her experience some senior female doctors were not supportive of colleagues because they enjoyed being the only woman in a male environment (*The Times*, 2014). However, some academics have highlighted how the term 'queen bee' can be unhelpful and may reflect the unrealistic expectations of the role senior women are expected to play in assisting more junior women (Mavin, 2008; Mavin and Grandy, 2012).

Authors have identified an array of complex factors that contribute to the existence and pervasive nature of the glass ceiling. Two main perspectives have been offered to explain the adversity facing women aspiring to senior levels within organisations. These are commonly referred to as the person-centred or gender-centred approach (d'Aquino and Cirad, 2007), and the situation-centred or organisational structure perspective (Kanter, 1977; d'Aquino and Cirad, 2007; Due Billing, 2011).

The Person-centred Approach

The first perspective focuses on the ways in which women differ from men and hypothesises that the characteristics, attitudes, behaviour, skills and education of men places them at an advantage. According to this perspective, gender differences are attributed to men and women's biological differences and their different socialisation patterns (Schein, 2007; Powell, 2012). This leads to stereotyping, a learnt behaviour, which according to Dovidio and Hebl (2005) reflects 'a generalisation of beliefs about a group or its members that is unjustified because it reflects faulty thought processes or over generalisations, factual incorrectness etc.'

Within organisations, as within society in general, women and men are expected to adopt roles that are consistent with their gender stereotype: attitudes, behaviours and interests are regarded as more appropriate for one sex than the other (Wilson, 2013). Theorists suggest that the predominance of men at the upper echelons of organisations is largely a result of stereotypical beliefs that women lack the motivation, attitudes, commitment and skills to be good managers (Due Billing, 2011). This has led researchers to identify the 'think manager, think (white) male' syndrome (Schein, 2007), which is a global phenomenon and prevalent even in countries with equal opportunities programmes and legislation such as the UK and the USA (Powell, 2012). This syndrome implies that management is perceived as a masculine role, a role to be performed by dominant, aggressive, decisive and competitive individuals, attributes that are more suited to the male sex. In contrast, women are expected to be more submissive, expressive and sensitive, which are attributes considered less suited to management and leadership positions (Cunliffe and Erikson, 2011; Gartzia and van Engen, 2012). Although female leadership characteristics such as interpersonal communication, nurturing and mutual respect are

beginning to warrant more value, they are yet to be regarded in the same way (Still, 2006; Wilson, 2013).

These stereotypes have been shown to influence the way in which people react to colleagues of each sex and they also affect the way in which women and men perceive themselves. In this respect, such stereotypes may lead to a self-fulfilling prophecy and women themselves may doubt their own management and leadership ability (Singh, Vinnicombe and Terjesen, 2007; Smith, 2015), which is also likely to affect women's self-esteem and confidence. Self-esteem is generally regarded as an evaluation in which people express approval or disapproval of themselves and make judgements about their personal worth (Diener and Diener, 2009) and women have been shown to experience low self-esteem largely due to the negative stereotyping of female traits. Consequently, the perception that female characteristics are less suitable for more senior roles than male characteristics impacts on the extent to which women pursue management roles, thereby perpetuating the status quo and reinforcing the male norm at senior organisational levels (Gatrell and Cooper, 2007; Due Billing, 2011). If this is to change, management needs to be regarded as a role that can be performed by anyone with the appropriate experience, skills and education (Collins and Singh, 2006; Singh, Vinnicombe and James, 2006).

In addition, the traditional perception that the primary responsibility for domestic life lies with women has implications for women who enter the traditional sphere of 'paid' employment. The presence of women in the workforce can still, for many, reflect a divergence from the traditional family roles with which they are normally associated and this can be problematic. Working long hours, seeking promotion and relocating to further career development are activities synonymous with men acting as providers for their families. In contrast, women pursuing their career aspirations may be regarded as neglecting their families (Walby, 2007; Gattrell and Cooper, 2007). However, family circumstances often mean that the choice between work and home life is a luxury few can afford (Wilson, 2013). Rather than considering 'whether to do both', working women (and indeed some men) face the dilemma of 'how to do both' (Woolnough and Redshaw, 2015). The attempts women make to maintain a career and look after the family can place them under enormous stress and strain, and research has demonstrated that working mothers may be at greater risk of burnout compared with other working populations (Robinson, Magee and Caputi, 2016).

Interestingly, O'Conner (2001) proposed that some women (and indeed some men) do not reach management positions, especially senior management positions, because they do not possess the desire or motivation to do so. Typically, the executive job is accompanied by significant time demands and pressures, and is a role that can only be performed by those willing to make personal sacrifices. According to Powell (2010), these job characteristics tend

to attract individuals who adhere to the traditional male model of career success. They argue that while the traditional male model focuses on working life, the female model of career success includes greater consideration of non-work as well as work elements. To succeed in most of the top management jobs, the balance between work and home life needs to be significantly skewed in favour of the former (Greenhaus and Powell, 2012) and this is unattractive to many women (and indeed some men).

Critics of the person-centred approach to account for the pervasive nature of the glass ceiling have argued that there is little or no difference in the characteristics, skills, abilities and education of professional men and women (Powell, 2012). In addition, research findings have shown that even when women are as qualified as men, their progress remains slow (Benschop and Doorewaard, 2012). Women managers often complain of having to do better or over-perform at the same level of management as men (Burke, 2007). These issues may be exacerbated for black and ethnic minority women, who may experience both racial and sexual discriminations (Fielden *et al.*, 2010).

The Organisational Structure Perspective

The second theory, the organisational structure perspective, suggests that the organisational work environment in which women operate influences the career development of women in management, rather than their own traits, skills and behaviours. Women are prevented from progressing in the same manner as their male counterparts because they encounter organisational blockages imposed by power elites (usually white males) in organisations. Research has reported that women aspiring to senior roles are held back due to an array of organisational blockages (Burke, 2007; Gatrell and Cooper, 2007; Carli and Eagly, 2011). These blockages are far ranging and may include lack of access to developmental opportunities, including mentoring programmes, networking, role models and challenging assignments. Additionally, differences in the promotional system and recruitment practices and lack of access to flexible working patterns may influence the career development of women (Hurrell, Botcherby and Darton, 2007). The following is not an exhaustive discussion of organisational blockages, rather a reflection of potential blockages that women may face.

Women's career success is often dependent on the opportunities they are given to develop their skills and to demonstrate their abilities to others (Hewlett and Luce, 2005; Hopkins and O'Neil, 2007). There are, however, apparent gender differences when it comes to accessing developmental opportunities in organisations and this can detrimentally affect the career development of women, particularly women aspiring to senior roles. Mentoring, for example, is increasingly regarded as an essential career development tool that aids

individual development and contributes to a successful, progressive career (Ensher and Murphy, 2011; Blood *et al*., 2012; Ghosh and Reio, 2013). Mentors can provide support, assistance and guidance, and the relationship enhances the visibility of mentees within organisations, resulting in enhanced job satisfaction, higher rates of promotion, and increased career commitment. However, women are not only less likely to be offered mentoring opportunities than their male counterparts, but they are less likely to find such opportunities rewarding (Clutterbuck, 2005).

It has been suggested that mentoring relationships, particularly those as part of a formal mentoring programme, are invaluable to the career development of women (Hersby, Ryan and Jetten, 2009; Davidson and Burke, 2011; Woolnough and Fielden, 2014). Mentors can serve as role models, demonstrating behaviour that can lead to success in organisations, enable mentees to gain access to channels of communication that may previously be unavailable and provide useful insights into organisational politics (Kram, 1985; Fowler and O'Gorman, 2005). Mentors have also been shown to help with networking, which is crucial to career success (Bickle, Witzki and Schneider, 2009). Mentoring relationships allow women to exhibit their talents, skills and abilities to a wider and potentially more influential audience. Furthermore, cross-gender mentoring relationships may challenge stereotypical beliefs that women lack the motivation, attitudes, commitment and skills to be good managers (Wanberg, Kammeyer-Mueller and Marchese, 2006; Woolnough and Fielden, 2014).

Role models are also vital to the successful development of younger women and minorities. According to Singh, Vinnicombe and James (2006) role models are individuals whose behaviours, styles and attributes are attractive to others and are therefore emulated. Singh, Vinnicombe and James (2006) state that unlike mentors who are in some form of relationship with junior members of staff due to the nature of that particular developmental relationship, role models are often not acquainted with the individual that regards them as a role model. Role models therefore have a powerful influence without being known to the role model user, yet women face an absence of appropriate role models. As those in more senior roles are predominantly men, it has been argued that women are disadvantaged when promotional decisions are made because men tend to gravitate towards maintaining the status quo (Sealy and Singh, 2010). In her seminal book, which has provided the basis for much subsequent research in the workplace literature, Kanter (1977) characterised the results of such a preference in top management ranks as 'homosocial reproduction'. She argued that the primary motivation in bureaucracies is to minimise uncertainty because uncertainty is regarded as risky and has the potential to prove costly to the organisation. Ryan and Haslam (2005) have confirmed this theory, reporting that women are more likely to be hired and promoted into a particular management level when women already occupy these

positions. In these cases, the prospect of adding more women into positions of power is less fraught with uncertainty, as men are likely to be more accustomed to working alongside women. Thus, the main challenge is to get women into positions of power in the first place (Stroh, Langlands and Simpson, 2004; Davidson and Burke, 2011).

Working arrangements can impact on the career development of women in the workplace (Heras and Hall, 2007; Banyard, 2010). For example, flexible working, which includes part-time working and term time only working, can enable women (and indeed men) to moderate their working hours according to their family and other domestic needs (Mann, 2013). This is also accompanied by alternative forms of work, including home-based working and hot desking, which have provided more opportunities for combining work and home life (Levin *et al*., 2015). Even in nursing, flexible working has been found to make nurses happier (Atkinson and Hall, 2011) and impacts on both retention and turnover (Currie and Hill, 2012). Yet research has reported that workplace flexibility is far from widespread and it has been suggested that taking advantage of such flexibility can indicate a lack of commitment to work. This means that women (and indeed men) do not take advantage of flexible working, if provided with opportunities to do so, for fear of being regarded as less committed to work (Mann, 2013). Within nursing, research by McIntosh, McQuaid and Munro (2015) highlights that commitment is demonstrated through full-time working, which is problematic for many female nurses with children. There is also evidence of attempts to resist improved accessibility and flexibility for women with young children in favour of maintaining more traditional models of employment.

Although the person-centred approach and the organisational structure perspective offer some insight into the insidious nature of the glass ceiling, women's experiences are multifaceted. According to Gray (1994:212), many of the experiences of women in management 'fall between theories and cannot be easily contained in one explanatory system.' Rather, women's experiences are multi-faceted and complex (Davidson and Burke, 2011; Powell, 2010).

Gender Differences in Career Development and the Meaning of Success

The traditional male career model of education, full-time career and retirement has formed the focus for most research assessing career progress (Huang and Sverke, 2007). More research has found that women and men often do not experience career development in the same way due to different personal, organisational and societal influences (Eagly and Carli, 2007). This has led authors to a call for a different approach to understanding women's careers

(Carli and Eagly, 2011; Vinnicombe *et al*., 2013). The differences in perceptions of career success are also an important factor in an examination of the career development of women. Both objective and subjective measures are used to assess career success, although most research studies consider objective variables when measuring career success, mainly promotion. Subjective measures include job satisfaction, work–life balance and job security. Women and men tend to use different types of measures in assessing their own career success, with men focusing on more objective measures and women focusing on subjective measures (O'Neill, Bilimoria and Saatcioglu, 2004). Although not focusing on gender specifically, Heslin (2005) argues that there is a need to be sensitive to the criteria that people in different contexts use to judge their own career success.

Gender Differences in the Career Progression of Nurses and Healthcare Professionals

Across the globe nursing is a female-dominated profession, although Whittock *et al*. (2002) comment that it is only in countries where a higher qualification is required for nursing, such as Belgium and Spain, that more men enter the nursing profession. This suggests a link between the level of qualification (and thus the image of a profession in society) and the number of males. According to the Nursing and Midwifery Council (2015), the regulatory body for nurses and midwives in England, Wales, Scotland and Northern Ireland, women constitute the vast majority of the nursing workforce. Figures from the Nursing and Midwifery Council (2015) show that 90% of the 680,858 nurses and midwives on their register on 31 March 2014 were female and 10% male. Yet this is not reflected at the top end of the organisational hierarchy.

Limited literature addresses the career progression of female and male nurses, yet available studies have suggested that men experience greater career success (when using objective measures) compared with women in nursing. For example, men obtain higher nursing grades much faster than female nurses (Lane, 2004; Finlayson and Nazroo, 1997). In their extensive study of over 14,000 nurses in England, for example, Finlayson and Nazroo (1997) found that men were twice as likely to be in either an H or I grade position (senior nurse manager) than women. In addition, in their economic review of a survey of NHS nurses, Pudney and Shields (2000) found that after controlling for participation and training history, male nurses were found to have a significant advantage in terms of speed of promotion amounting in cash terms to between £35,000 and £48,000 in additional earnings over a whole career. Some authors (Davies, 1998; Brown and Jones, 2004) have outlined a number of factors responsible for this that employ similar frameworks

to those used to explain the wider occupational disadvantages faced by women presented earlier.

Furthermore, a report focusing on equality and diversity issues within the allied health professions (Bogg *et al*., 2005) and senior career progression in the bio/health sciences sector (Bogg *et al*., 2007) concluded that the NHS suffers from an institutional bias that favours the progression of men over women. Bogg *et al*.'s (2005) study of over 1600 allied health professionals found that female respondents felt they must assume an aggressive, male 'career personality' to progress. There was also a strong belief that the 'old boys' network' was very much prevalent in terms of selection for senior positions, and that women and ethnic minorities had to work twice as hard as men to progress in their careers.

It is important to recognise that progression in a nursing career, as with other careers, is usually accompanied by added responsibility and/or increased hours at work. A UNISON (2014) survey of nearly 30,000 union members working in the NHS, including nurses, cleaners, radiographers and senior managers, highlighted that more than a third of respondents worked unpaid overtime. The research also revealed that increased workload, low pay, constant restructures and the stresses of the job are among the reasons why two thirds (66%) of NHS workers have considered resigning. Furthermore, the research also showed a growing number (62%) relying on extra earnings compared with 54% in 2012. Career progression in nursing, and indeed across the NHS, without appropriate pay, guidance to achieve career goals and support once in more senior positions, may be unattractive to many nurses, particularly female nurses with additional domestic responsibilities. It is important to enhance career outcomes for all healthcare employees, particularly the large nursing workforce, the vast majority of whom are female, to prevent the further loss of talented, skilled and committed professionals.

It is also important to acknowledge the diverse career structure in nursing. Career progression is not necessarily straightforward, with much sideways movement and narrowing of clinical skills, for example. Career progression can also mean a move from predominantly clinical nursing into performing management and leadership roles, which can be problematic for some nurses who find themselves distanced from the patient's bedside. Bolton's (2003) qualitative research of senior nurses in the north-west of England emphasises the mixed responses of senior nurses to their management roles. Whilst the nurses in Bolton's study did not reject their management roles and responsibilities, they distanced themselves from some management philosophy which may have been at odds with their values as caring professionals, reiterating the tension that can be experienced by nurses when acting in more senior roles with management responsibility. More recent work by Woolnough and Fielden (2014)

demonstrates that nurses who moved into more senior roles often considered that the accompanying management and leadership responsibility brought opportunities to champion compassionate patient care on behalf of their team.

Summary

This chapter has explored the main issues influencing the career development of women and glass ceiling issues. The review began with outlining some general trends among women in the workforce. Following this, the focus was turned to some of the existing theories and empirical research concerning potential career barriers for women in the workplace and perspectives were offered to account for the pervasive nature of the glass ceiling (Thompson and Graham, 2005; Bilmoria and Piderit, 2007; Schein, 2007; Powell, 2010). The chapter then moved on to address the role of women in nursing and healthcare, and gender inequalities in the nursing career.

It is widely acknowledged that women encounter barriers to their career development. Despite being equally, if not more, qualified, hard-working women continue to be excluded from the upper echelons of organisations (Bilmoria, Godwin and Zelechowski, 2007; Edmonstone, 2009; Curtis, de Vries and Sheerin, 2011). Nursing is traditionally regarded as an occupation dominated by women yet men predominate at the top of the nursing hierarchy, illustrating that potential barriers to women's career advancement exist, even in an occupation such as nursing in which women predominate (Matykiewicz and McMurray, 2013; *Nursing Times*, 2010). That is not to say that promotion to senior roles is the only determinant of career success. Career pathways are increasingly diverse and not necessarily straightforward. Furthermore, women in particular have been shown to value subjective measures, including personal fulfilment, work–life balance and variety at work. However, there is much evidence to suggest that very real barriers exist for women who do want to progress. Similarly, there is also evidence to suggest that women may not be given access to training and development opportunities in the same way as their male counterparts, particularly those who work part-time and/or take advantage of flexible working. Mentoring, particularly formal mentoring, has been shown to be a useful mechanism to assist women in organisations in their attempts to acquire more senior roles (Vance and Olsen, 2002; Ragins, 2007; Burke and Singh, 2014). Mentoring has also been shown to support employees in terms of influencing practice, gaining confidence and pursuing opportunities for professional development as part of a developing career. The following chapter addresses the literature in relation to the important role of mentoring as a career and personal development tool.

References

Anker, R. (1997) Theories of occupational segregation by sex: an overview. *International Labour Review*, **136** (3), 315–340.

Arnett, G. (2014) GCSE results: biggest gap in 11 years between boys and girls A*–C pass rate. *The Guardian*, http://www.theguardian.com/news/datablog/2014/aug/21/gcse-results-2014-biggest-gap-11-boys-and-girls-a-c-pass-rate.

Atkinson, C. and Hall, L. (2011) Flexible working and happiness in the NHS. *Employee Relations*, **33** (2), 88–105.

Banyard, K. (2010) *The Equality Illusion: The Truth about Women and Men Today*, Faber & Faber.

Benschop, Y. and Doorewaard, H. (2012) Gender subtext revisited. *Equality, Diversity and Inclusion: An International Journal*, **31** (3), 225–235.

Bickle, G., Witzki, A.H. and Schneider, P.B. (2009) Mentoring support and power: A three year predictive field study on protégé networking and career success. *Journal of Vocational Behavior*, **74**, 181–189.

Bilmoria, D. and Piderit, S.K. (2007) *Handbook on Women in Business and Management*, Edward Elgar, Cheltenham.

Bilmoria, D., Godwin, L. and Zelechowski, D.D. (2007) Influence and inclusion: a framework for researching women's advancement in organisations, in *Handbook on Women in Business and Management* (eds D. Bilimoria and S.K. Piderit), Edward Elgar, Cheltenham.

Blood, E.A., Ullrich, N.J., Hirshfeld-Becker, D.R., Seely, E.W., Connelly, M.T., Warfield, C.A. and Emans, S.J. (2012) Academic women faculty: Are they finding the mentoring they need? *Journal of Women's Health*, **21** (11), 1201–1208.

Bogg, J., Sartain, S., Wain, M., Pontin, E. and Gibbons, C. (2005) *Breaking Barriers in the Workplace: Allied Health Professionals Equality and Diversity in the NHS*, University of Liverpool.

Bogg, J., Sartain, S., Wain, M., Pontin, E. and Gibbons, C. (2007) *Breaking Barriers in the Workplace: Allied Health Professionals Equality and Diversity in the NHS*, Follow-up report, University of Liverpool.

Bolton, S.C. (2003) Multiple roles? Nurses as managers in the NHS. *International Journal of Public Sector Management*, **16** (2), 122.

Broadbridge, A.M. and Fielden, S.L. (2015) *Handbook of Gendered Carers in Management: Getting in, Getting on, Getting out*, Edward Elgar, Cheltenham.

Broadbridge, A. and Simpson, R. (2011) 25 years on: Reflecting on the past and looking to the future of gender and management research. *British Journal of Management*, **22** (3), 470–483.

Brown, L.M. (2010) The relationship between motherhood and professional advancement: perceptions versus reality. *Employee Relations*, **32** (5), 470–494.

Brown, C. and Jones, L. (2004) The gender structure of the nursing hierarchy: The role of human capital. *Gender Work and Organisation*, **11** (1), 1–25.

Burke, R.J. (2007) Career development of managerial women: attracting and managing talent, in *Handbook on Women in Business and Management* (eds D. Bilimoria and S.K. Piderit), Edward Elgar, Cheltenham, pp. 109–131.

Burke, R.J. and Nelson, D.L. (2002) *Advancing Women's Careers: Research and Practice*, Blackwell, Oxford.

Burke, R.J. and Singh, P. (2014) Correlates of career priority and family priority among hospital-based nursing staff. *Gender in Management: An International Journal*, **29** (2), 91–107.

Carli, L. and Eagly, A. (2011) Gender and leadership, in *The SAGE Handbook of Leadership* (eds A. Bryman, D.L. Collinson, K. Grint, M. Uhl-Bien and B. Jackson), Sage, London, pp. 103–117.

Centre for Women and Democracy (2014) Sex and Power: Who Runs Britain? http://www.cfwd.org.U.K./uploads/Sex_and_PowerV4per cent20FINAL.pdf, accessed May 2015.

Chanfreau, J., Gowland, S., Lancaster, Z., Poole, E., Tipping, S. and Toomse, M. (2011) *Maternity and Paternity Rights and Women Returners Survey 2009/10*, Department for Work and Pensions Research Report No. 777, Department for Work and Pensions.

Clutterbuck, D. (2005) Establishing and maintaining mentoring relationships: an overview of mentor and mentee competencies. *South African Journal of Human Resource Management*, **3** (3), 2–9.

Collins, J. and Singh, V. (2006) Exploring gendered leadership. *Women in Leadership and Management*, 11–31.

Cunliffe, A.L. and Erikson, M. (2011) Relational leadership. *Human Relations*, **64** (11), 1425–1449.

Currie, E.J. and Hill, R.A.C. (2012) What are the reasons for high turnover in nursing? A discussion of presumed causal factors and remedies. *International Journal of Nursing Studies*, **49** (9), 1180–1189.

Curtis, E.A., de Vries, J. and Sheerin, F.K. (2011) Developing leadership in nursing: exploring core factors. *British Journal of Nursing*, **20** (5), 306–309.

d'Aquino, P. and Cirad, F. (2007) Empowerment and Participation: How could the wide range of social effects of participatory approaches be better elicited and compared. *The Icfai Journal of Knowledge Management*, **5** (6), 76–87.

Davidson, M.J. and Burke, R. (eds) (2011) *Women in Management Worldwide: Progress and Prospects*, Gower, Farnham.

Davies, C. (1998) *Gender and the Professional Predicament in Nursing*, Open University Press, Buckingham.

Diener, E. and Diener, M. (2009) Cross-cultural correlates of life satisfaction and self-esteem, in *Culture and Well-being: The Collected Works of Ed Deineri* (ed. E. Deiner), Social Indicators Research Series **38**, pp 71–91, Springer.

Dovidio, J.F. and Hebl, M. (2005) Promoting the 'social' in the examination of social stigmas. *Personality and Social Psychological Review*, **9**, 156–182.

Due Billing, Y. (2011) Are women in management victims of a phantom male norm? *Gender Work and Organization*, **18** (3), 298–317.

Eagly, A. and Carli, L. (2007) *Through the Labyrinth: The Truth about How Women Become Leaders*, Harvard Business School Press, Boston.

Eagly, A.H. and Johannesen-Schmidt, M. (2007) Leadership style matters: The small, but important, style differences between male and female leaders, in *Handbook on Women in Business and Management* (eds D. Bilmoria and S.K. Piderit), Edward Elgar, Cheltenham, pp. 279–303.

Edmonstone, J. (2009) Clinical leadership: the elephant in the room. *International Journal of Health Planning and Management*, **24** (4), 290–305.

Ellemers, N., van den Heuvel, H., de Gilder, D., Maass, A. and Bonvini, A. (2004) The under representation of women in science: Differential commitment or the queen bee syndrome? *British Journal of Social Psychology*, **43**, 315–338.

Ensher, E.A. and Murphy, S.E. (2011) The mentoring relationship challenges scale: The impact of mentoring stage, type, and gender. *Journal of Vocational Behavior*, **79**, 253–266.

Equality and Human Rights Commission (2007) *Sex and Power: Who runs Britain?* Equality and Human Rights Commission, Manchester.

Equality and Human Rights Commission (2013) *Gender Pay Gaps*, Equality and Human Rights Commission, Manchester.

Fielden, S.L., Davidson, M.J., Woolnough, H. and Hunt, C.M. (2010) A model of racialized sexual harassment of women in the UK workplace. *Sex Roles*, **62**, 20–34.

Finlayson, L.R. and Nazroo, J.Y. (1997) *Gender Inequalities in Nursing Careers*, Policy Studies Institute, London.

Fowler, J.L. and O'Gorman, J.G. (2005) Mentoring functions: A contemporary view of the perceptions of mentees and mentors. *British Journal of Management*, **16**, 51–57.

Gartzia, L. and van Engen, M. (2012) Are (male) leaders 'feminine' enough? Gendered traits of identity as mediators of sex differences in leadership styles. *Gender in Management: An International Journal*, **27** (5), 292–310.

Gatrell, C. and Cooper, C.L. (2007) (No) cracks in the glass ceiling: women managers, stress and the barriers to success, in *Handbook on Women in Business and Management* (eds D. Bilimoria and S.K. Piderit), Edward Elgar, Cheltenham, pp. 57–77.

Ghosh, R. and Reio, T.G. (2013) Career benefits associated with mentoring for mentors: A meta-analysis. *Journal of Vocational Behaviour*, **83**, 106–116.

Gray, B. (1994) Women-only management – past and present, in *Women in Management* (ed. M. Tanton), Routledge, London, pp. 202–242.

Greenhaus, J.H. and Powell, G.N. (2012) The family-relatedness of work decisions: A framework and agenda for theory and research. *Journal of Vocational Behavior*, **80** (2), 246–255.

Hakim, C. (1996) *Key Issues in Women's Work*, Athlone Press, London.

Heras, M.L. and Hall, D.T. (2007) Integration of career and life, in *Handbook on Women in Business and Management* (eds D. Bilmoria and S.K. Piderit), Edward Elgar, Cheltenham.

Hersby, M.D., Ryan, M.K. and Jetten, J. (2009) Getting together to get ahead: The impact of social structure on women's networking. *British Journal of Management*, **20**, 415–430.

Heslin, P.A. (2005) Conceptualizing and evaluating career success. *Journal of Organizational Behavior*, **26** (2), 113–136.

Hewlett, S.A. and Luce, C.B. (2005) Off ramps and on ramps: Keeping talented women on the road to success. *Harvard Business Review*, **83** (3), 43–54.

Higher Education Statistics Agency (2013) *Student Introduction 2012/13*, https://www.hesa.ac.U.K./intros/stuintro1213, accessed April 2015.

Holyoake, D. (2002) Male identity in mental health nursing. *Nursing Standard*, **16** (48), 33–37.

Hopkins, M.M. and O'Neil, D.A. (2007) Women and success: dilemmas and opportunities, in *Handbook on Women in Business and Management* (eds D. Bilmoria and S.K. Piderit), Edward Elgar, Cheltenham, pp. 132–153.

Huang, Q. and Sverke, M. (2007) Women's occupational career patterns over 27 years: relations to family of origin, life careers, and wellness. *Journal of Vocational Behavior*, **70**, 369–397.

Hunt, C.M. and Fielden, S.L. (2013) E-coaching as a technique for developing the workforce and entrepreneurs, in *Handbook of Research on Promoting Women's Careers* (eds R. Burke, S. Vinnicombe, S. Blake-Beard and L. Moore), Edward Elgar, Cheltenham, pp. 471–486.

Huppatz, K. (2015) Theories of vertical segregation in feminized occupations: rethinking dominant perspectives and making use of Bourdieu, in *Handbook of Gendered Careers in Management: Getting in, Getting on, Getting out* (eds A.M. Broadbridge and S.L. Fielden), Edward Elgar, Cheltenham, pp. 179–193.

Hurrell, K., Botcherby, S. and Darton, D. (2007) *Out of Work or Working Below Potential – Assessing the Impact of Increasing Flexible Working Opportunities*, Equal Opportunities Commission, Manchester.

Institute of Physics (2012) *It's Different for Girls: The Influence of Schools*, Institute of Physics, London.

International Labor Office (2014) *Global Employment Trends, Risk of a Jobless Recovery*, International Labor Office, Geneva.

Kanter, R.M. (1977) *Men and Women of the Corporation*, Basic Books, New York.

Konrad, A.M. Prasad, P. and Pringle, J.K. (2006) *Handbook of Workplace Diversity*, Sage, London.

Kram, K.E. (1985) *Mentoring at Work: Developmental Relationships in Organisational Life*, Scott, Foresman, Glenview, IL.

Lane, N. (2004) Women and part-time work: The careers of part-time NHS Nurses. *British Journal of Management*, **15**, 259–272.

Levin, L.A., Mattis, M., Tsentides, A. and Choate Beier, C. (2015) Pursuing partnerships: flexible work arrangements in US accounting and law firms, in *Handbook of Gendered Careers in Management: Getting in, Getting on, Getting out* (eds A. Broadbridge and S.L. Fielden), Edward Elgar, p. 357–373.

Mann, S. (2013) Smart flexibility: moving smart and flexible working from theory to practice. *Leadership and Organization Development Journal*, **34** (6), 588–589.

Matykiewicz, L. and McMurray, R. (2013) Modern Matron: a 'site' for leadership. *Gender in Management: An International Journal*, **28** (6), 321–337.

Mavin, S. (2008) Queen bees, wannabees and afraid to bees: no more best enemies for women in management. *British Journal of Management*, **19**, 575–584.

Mavin, S. and Grandy, G. (2012) Doing gender well and differently in management. *Gender in Management: An International Journal*, **27** (4), 218–231.

McIntosh, B., McQuaid, R. and Munro, A. (2015) The impact of gender perceptions and professional values on women's careers in nursing. *Gender in Management: An International Journal*, **30** (1), 26–43.

Mulligan-Ferry, L., Bartkiewicz, M.J., Soares, R., Singh, A. and Winkleman, I. (2014) *2013 Catalyst Census: Financial Post 500 Women Board Directors*. Catalyst, New York.

National Statistics (2010) *Statistical First Release About the School Workforce in England, Main text SFR15/2013*, Department for Education, London.

Nursing and Midwifery Council (2006) *Statistical Analysis of the Register: 1 April 2005 to 31 March 2006*, www.nmc-uk.org/aDisplayDocument.aspx?documentID=3593, accessed 23 January 2008.

Nursing and Midwifery Council (2015) *Equality and Diversity Report: 1 April 2013 to 31 March 2014*, http://www.nmc.org.U.K./globalassets/sitedocuments/annual_reports_and_accounts/the-equality-and-diversity-annual-report---english-january-2015.pdf, accessed October 2015.

O'Connor, V.J. (2001) Women and men in senior management – a 'different needs' hypothesis. *Women in Management Review*, **16** (8), 400–404.

Office for National Statistics (2013a) *Women in the Labour Market*, http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/womeninthelabourmarket/2013-09-25, accessed April 2015.

Office for National Statistics (2013b) *Participation of Women*, file:///C:/Users/THEDRA~1/AppData/Local/Temp/Participation%20rates%20in%20the%20UK%20-%202014%20-%202.%20Women.pdf.pdf, accessed April 2015.

Office for National Statistics (2014) *Women in Work*, http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/compendium/participationratesintheuklabourmarket/2015-03-19/participationratesintheuk20142women, accessed April 2013.

Office for National Statistics (2015) *Full-Time, Part-Time and Temporary Workers*, Office for National Statistics, London

O'Neill, D.A., Bilimoria, D. and Saatcioglu, A. (2004) Women's career types: attributions of satisfaction with career success. *Career Development International*, **9** (5), 478–500.

Paris, L. and Decker, D. (2015) Education and career counselling, in *Handbook of Gendered Careers in Management: Getting in, Getting on, Getting out* (eds A. Broadbridge and S.L. Fielden), Edward Elgar, Cheltenham, pp. 18–29.

Perfect, D. (2011) *Gender Pay Gaps Briefing Paper 2*, Equality and Human Rights Commission, Manchester.

Powell, G.N. (2010) *Women and Men in Management*, 4th edn, Sage.

Powell, G.N. (2012) Six ways of seeing the elephant: the intersection of sex, gender, and leadership. *Gender in Management: An International Journal*, **27** (2), 119–141.

Pudney, S. and Shields, M. (2000) Gender and racial discrimination in pay and promotion for NHS nurses. *Oxford Bulletin of Economics and Statistics*, **62**, Special Issue, 801–835.

Ragins, B.R. (2007) Diversity and workplace mentoring relationships: a review and positive social capital approach, in *The Blackwell Handbook of Mentoring: A Multiple Perspectives Approach* (eds T.D. Allen and L.T. Eby), Blackwell, pp. 281–300.

Rankin, J. (2015) Fewer women leading FTSE firms than men called John, *The Guardian*, 6 March, http://www.theguardian.com/business/2015/mar/06/johns-davids-and-ians-outnumber-female-chief-executives-in-ftse-100, accessed January 2016.

Robinson, L.D., Magee, C.A. and Caputi, P. (2016) Burnout and the work–family interface: a two-wave study of sole and partnered working mothers. *Career Development International*, **21** (1), 31–44.

Ryan, M.K. and Haslam, S.A. (2005) The glass cliff: Evidence that women are over-represented in precarious leadership positions. *British Journal of Management*, **16**, 81–90.

Schein, V.E. (2007) Women in management: reflections and projections. *Women in Management Review*, **22** (1), 6–18.

Sealy, R. and Singh, V. (2010) The importance of role models and demographic context for senior women's work identity development. *International Journal of Management Reviews*, **12** (3), 284–230.

Singh, V., Vinnicombe, S. and James, K. (2006) Constructing a professional identity: how young female managers use role models. *Women in Management Review*, **21** (1), 67–81.

Singh, V., Vinnicombe, S. and Terjesen, S. (2007) Women advancing onto corporate boards, in *Handbook on Women in Business and Management* (eds D. Bilimoria and S.K. Piderit), Edward Elgar, Cheltenham, pp. 304–329.

Smith, P. (2015) Women's beliefs about breaking glass ceilings, in *Handbook of Gendered Careers in Management: Getting in, Getting on, Getting out* (eds A. Broadbridge and S.L. Fielden), Edward Elgar, Cheltenham, pp. 194–207.

Smyth, C. (2014) Female bosses in NHS are queen bees, says medical chief Dame Sally Davies. *The Times*, 17 December, http://www.thetimes.co.uk/tto/health/news/article4299389.ece, accessed May 2015.

Staines, G., Tavris, C. and Jayaratne, T.E. (1973) The queen bee syndrome. *Psychology Today*, **7**, 55–60.

Still, L.V. (2006) Gender, leadership and communication, in *Gender and Communication at Work* (eds M. Barrett and M.J. Davidson), Ashgate Publishing Limited, Aldershot, pp. 183–194.

Stroh, L.K., Langlands, C.L. and Simpson, P.A. (2004) Shattering the glass-ceiling, in the new millennium, in *The Psychology and Management of Workplace Diversity* (eds M.S. Stockdale and F.J. Crosby), Blackwell Publishers, Malden, MA, pp. 147–167.

Summers, S. (2010) *The Image of Nursing: Not Good Enough for a Feminist? Nursing Times*, 2 November, http://www.nursingtimes.net/roles/nurse-educators/the-image-of-nursing-not-good-enough-for-a-feminist/5021297.fullarticle, accessed May 2015.

Thompson, P. and Graham, J. (2005) *A Woman's Place is in the Boardroom*. Macmillan.

Tomlinson, J. (2007) Employment regulation, welfare and gender regimes: a comparative analysis of women's working-time patterns and work–life balance in the UK and the US. *International Journal of Human Resource Management*, **18** (3), 401–415.

UNISON (2014) *Two Thirds of Staff have Considered Leaving the NHS*, https://www.unison.org.uk/news/article/2014/10/two-thirds-of-staff-have-considered-leaving-the-nhs/, accessed April 2015.

Vance, C. and Olsen, R.K. (2002) *The Mentor Connection in Nursing*, Springer, New York.

Vere-Jones, E. (2008) Why are there so few men in nursing? *Nursing Times*, 3 March, http://www.nursingtimes.net/why-are-there-so-few-men-in-nursing/849269.article, accessed May 2015.

Vinnicombe, S., Doldor, E. and Turner, C. (2014) *The Female FTSE Report 2014: Crossing the Finish Line*. Cranfield International Centre for Women Leaders, Cranfield.

Vinnicombe, S., Burke, R.J., Blake-Beard, S. and Moore, L.L. (eds) (2013) *Handbook of Research on Promoting Women's Careers*, Edward Elgar, Cheltenham.

Walby, S. (2007) *Gender (In) Equality and the Future of Work*, Working Paper Series no. 55, Equal Opportunities Commission, Manchester.

Wanberg, C.R., Kammeyer-Mueller, J. and Marchese, M. (2006) Mentor and protégé predictors and outcomes of mentoring in a formal mentoring program. *Journal of Vocational Behaviour*, **69** (3), 410–423.

Whittock, M., Edwards, C., Mclaren, S. and Robinson, O. (2002) 'The tender trap': Gender, part-time nursing and the effects of 'family-friendly' policies on career advancement. *Sociology of Health and Illness*, **24** (3), 305–326.

Wilson, F.M. (2013) *Organizational Behaviour and Work: A Critical Introduction*, Oxford University Press.

Woolnough, H.M. and Fielden, S.L. (2014) The impact of a multi-faceted career development and mentoring programme on the career and personal development of female mental health nurses in the UK. *Gender in Management: An International Review*, **29** (2), 108–122.

Woolnough, H.M. and Redshaw, J. (2015) Exploring the career decisions of professional women with dependent children, in *Handbook of Gendered Careers in Management: Getting in, Getting on, Getting out* (eds A. Broadbridge and S.L. Fielden), Edward Elgar, Cheltenham, pp. 460–473.