# Ranking the enablers promoting female empowerment in the UAE health care sector

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## Abstract

**Purpose** – The purpose of this study is to identify and rank the enablers that promote female empowerment in the health-care sector in the United Arab Emirates (UAE).

**Design/methodology/approach** – This study uses the analytic hierarchy process (AHP) to rank the enablers that promote female empowerment in the health-care sector. The AHP model was developed with 7 criteria and 28 sub-criteria based on previous literature. Data were collected through interviews of 24 female Emirati medical professionals. The respondents were selected from UAE-based public and private health-care units. The data collected were interpreted, and a priority vector was assigned to each criterion and sub-criterion.

**Findings** – It is observed that organizational human resource policies, organizational culture and institutional factors take top priority under the main enablers, and training and development, ethical environment and institutional and legal systems were determined to be the three most important sub-enablers that promote female empowerment in the UAE health-care sector.

**Research limitations/implications** – The major limitation of this study is that it is conducted only in the UAE. Similar studies should be carried out in other GCC (Gulf Cooperation Council) countries due to the governmental and cultural homogeneity. The study will help policymakers and health-care organizations in the GCC to adopt the best approaches that transform work cultures and realize the potential of investing in female and their contribution to the national economy.

**Originality/value** – Female empowerment has been a challenging task for the mainstream literature of gender advancement. This study is the first of its kind to propose an AHP model that ranks the enablers that promote female empowerment in the UAE health-care sector.

**Keywords** Analytic hierarchy process (AHP), Health care, Female empowerment, United Arab Emirates (UAE)

**Paper type** Research paper

## 1. Introduction

Female empowerment has become the buzzword of the twenty-first century and has gained immense attention over the past few decades (Murthy, 2017). Gender equality and female empowerment are included in 2030 Agenda of the United Nations (UN) Sustainable Development Goals (SDGs) (Goal No. 5) [United Nations (UN), 2015]. Moreover, developing countries are making extensive efforts to address this issue and enhance the socio-economic status of female in order to combat economic crisis (Bayeh, 2016). Female participation in the work force impacts national economy. Unless female play an active role in economic, social, political and environmental areas of the country, no sustainable development will be achieved (Huis *et al.*, 2017). Equal participation of female with men in the world economy would lead to an expansion of annual GDP of US$28tn by 2025 (McKinsey Global Institute, 2015). Globally, over the past decade, the world of work has also changed dramatically and has contributed to female's empowerment across all regions of the world (Metcalfe, 2011).

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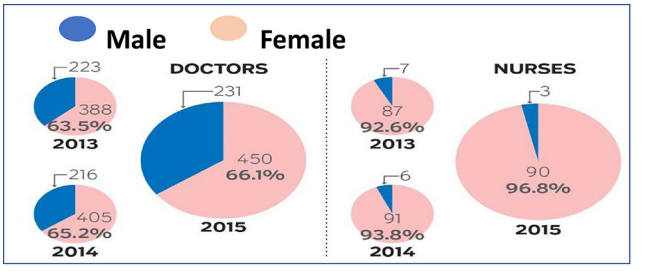
Researchers have called for more empirical studies exploring female's empowerment across the individual, organizational, societal and cultural levels within developing countries (Huis *et al.*, 2017; Hodges, 2017; Al-Asfour *et al.*, 2017; Kauser and Tlaiss, 2011; Metcalfe, 2011). Furthermore, the experiences of women in the health-care sector, especially in the developing country context are unexplored. The study examines the significance of each enabler in both public and private UAE health-care sectors by using the analytic hierarchy process (AHP) method. This study will provide useful theoretical and practical acumens. It will propose some pragmatic suggestions to identify the major enablers that promote female participation in the health-care sector and design the policies for effective promotion of female empowerment in both the public and private realms of the region. The contribution of the current study is as follows:

- The author tries to address the gap of the lack of empirical studies with regard to enablers that promote female empowerment, especially in the health-care sector of UAE.
- The current study is a novel implementation of the AHP framework to rank the most influential enablers that promote female empowerment from experiences of female staff working in the UAE health care.
- Also, the study aims to encourage health-care organizations to adopt the best practices for implementing each enabler that ensure active female participation, creating value through mutual growth and work in line with the UAE National Healthcare Agenda and contribute to the long-term economic growth of the country.

### *1.1 Female participation in the UAE health-care sector*

The UAE's health-care sector has continued to expand over the past four decades and has been a major contributor to the UAE economy. The growth of the UAE health-care sector has forced the government to keep this sector at the top of the development agenda, and high-profile investment is expected to reach US$133bn by the end of 2018 (UAE Vision, 2018). Emirati female are increasingly entering the workforce, and female's employment is no longer an exception but a growing trend, as 75 per cent of positions in health care and education sectors are occupied by females (Metcalfe, 2008). The statistics are illustrated in Figure 1. Female are more inclined to take high positions in the health-care sector, including doctors, head nurses, surgeons, etc. (Gulf news, 2018). This increase in the trend is a part of the initiative taken by the Dubai Health Authority (DHA) in line with National Health




**Source:** Dubai Health Authority, knowledge and Human Resources Authority, 2016

**Figure 1.**
Emirati doctors and nurses according to gender in Dubai 2013-2015

Agenda 2021 to encourage more Emirati students to study medicine, by offering monthly sponsorships (DHA, 2018). Additionally, the Ministry of Health and Prevention (MOHAP) organizes a yearly celebration of the Emirati Female's Day to represent UAE's distinct position as a pioneering model for empowering female, thereby making them influential partners in sustainable development and continuous innovation (Albawada business, 2018).

Emirati female have made exceptional strides in terms of overcoming cultural and social barriers and are entering the labour market. Most studies have focussed on GCC context with regard to barriers or challenges faced by the female. Hodges (2017) examined the obstacles to female advancement in Saudi Arabia and reported the challenges faced by professional female as social, religious, cultural and organizational. Similarly drawing on Institutional Theory, Al-Asfour *et al.* (2017) explored the experiences of employed Saudi female and reported that a significant number of prominent societal and organizational structural and attitudinal barriers exist to their advancement in the workforce. Indeed, several studies across the Arab world (Belwal and Belwal, 2017; Al Marzouqi and Forster, 2011; Haghighat, 2013) have highlighted the widespread attitudinal and structural barriers to female employment and the firmly embedded gender hierarchies in everyday organizational practices. In Lebanon female physicians and nurses confirmed gender discrimination at workplaces and the absence of family-friendly policies that assist working professionals in achieving work–life balance (Jamali *et al.*, 2008). According to El-Jardali *et al.* (2011), female health-care professionals continue to highlight the high level of employee dissatisfaction with salaries, lack of support from supervisors, lack of training and developmental opportunities and working conditions. In Lebanon, Tlaiss (2013) have reported that female health-care professionals experienced attitudinal and structural organizational barriers that hinder their career advancement in health-care sector. Also, Miller *et al.* (2017) identified and explored the challenges that Arab women in the UAE face in their professional careers. Metcalfe (2008) provided new theoretical insights into the interconnections and relationships between women, management and globalization in the Middle East and stated that female is underrepresented in professional and managerial positions when compared to developed countries. In another study, Thompson (2015) attempted to explore the challenges and opportunities facing female at the forefront of societal reform. To combat the issues relating to the United Nations Millennium Development Goals (UNMDG) in the Middle East, Frederick and Bertsch, (2013) in his studies reported that socio-cultural issues having direct relevance to the region's progress toward promoting Gender Equality and Women Empowerment. Moreover, challenges faced by female wrapped up in the broader literature and research findings on female in the Middle East (Karam and Afiouni, 2014; Tlaiss and Mendelson, 2014).

Very few researchers have focused on female empowerment and their advancement trends in the twenty-first century, and little has been done with regard to positive aspects or factors promoting female empowerment (Faisal *et al.*, 2017; Kemp, 2013; Kauser and Tlaiss, 2011; Metcalfe and Woodhams, 2012; Shaya and Abu Khait, 2017; Tlaiss, 2015). Therefore, there is a need to identify the enablers that promote female empowerment in the health-care sector, especially in developing countries as these sectors are critical, particularly bearing in mind their impact on the global economy. Hence, the research question of this study is:

*RQ1.* What are the drivers in promoting female empowerment in the UAE health-care sector?

The objective of this research is to identify and rank various enablers that promote female empowerment in the UAE public and private health-care sector by using the analytic

hierarchy process (AHP). To meet the objectives, the current study uses a relational multilevel theorization approach (Syed and Özbilgin, 2009; Bourdieu, 1977) that integrates the macro socio-cultural, meso-organizational and micro-individual levels of analysis to understand various enablers of female empowerment. It is also departing from the single level conceptualisations and explanations of female empowerment towards the multi-level, relational approaches that integrate the societal, organizational, cultural, institutional and individual factors. A holistic approach is adopted based on relational multi-level theory focusing on distinct factors, i.e. the selection of criteria and sub-criteria that promote female empowerment in the UAE health-care sector, an emerging Arab country. The outcome of the study is expected to provide insight to policymakers, managers and researchers seeking to understand the various enablers that promote female empowerment in an emerging Arab country, i.e. UAE's health-care sector.

The remainder of this paper is as follows: discussion of the literature and theoretical background in Section 2, followed by the research methods in Section 3, and results and discussions in Sections 4 and 5. Finally, the article concludes with implications, along with limitations and directions for the future research in Section 6.

## 2. Literature review

### *2.1 Personal factors*

The personal factors are the individual factors referring to personal empowerment through different psychological aspects about personal beliefs and actions, inner drive for success, educational opportunities, the ability and skills to handle multiple tasks, self-confidence, etc. Several past studies on female empowerment have focused on personal factors as the means to develop a sense of self and individual confidence and capacity (Al-Asfour *et al.*, 2017; Hodges, 2017; Turner and Maschi, 2015).

*2.1.1 Ability and skills.* Ability and skills help the female to gain insight into the internal and external environment and to build their capacity to make informed decisions in an effective manner (Turner and Maschi, 2015). Empowering female is to impart the necessary skills and abilities that shape their overall personality and elevate their status within the society (Madichie and Gallant, 2012). Education provides a means to build the skills and cognitive abilities needed to be competent (Metcalfe, 2011).

*2.1.2 Work-life balance.* Support for work–life balance helps in facilitating female's gainful employment (Hodges, 2017). Women face many constraints with regard to work–life balance and in setting their priorities (Al-Asfour *et al.*, 2017). When employees have time to focus on work–life balance, they have greater control over their personal and professional lives, increasing their productivity, self-esteem and health. It is economically beneficial for organizations to address work–life balance (Jabeen *et al.*, 2018a, 2018b).

*2.1.3 Quality of work life.* Quality of work life is ensured by the opportunities provided by a job for the general well-being of employees, work–home interface, good working conditions, job-career satisfaction and increased personal empowerment and skills (Swamy *et al.*, 2015). It would inevitably lead employees to lowered turnover intention, absenteeism and grievances (Belwal and Belwal, 2017). An empirical analysis by Jabeen *et al.* (2018a, 2018b) found that quality of work life has a direct impact on the job satisfaction, turnover and productivity of Emirati female working in public-sector organizations.

*2.1.4 Self-efficacy.* One of the driving forces of female's success is their determination or inner drive for success, i.e. self-efficacy, or the ability to handle multiple tasks and their self-confidence (Turner and Maschi, 2015). Developing an individual's self-efficacy is crucial and especially important for females to overcome biases and shape their perceived career

options. It has been noted that female who have high levels of self-efficacy are likely to take more challenging tasks, consistent with the construct of greater empowerment (Wilson *et al.*, 2009).

*2.1.5 Risk-taking attitude.* A study on gender differences in risk-taking found that female were more risk-averse than men (Filippin, and Crosetto, 2016). Female managers invest in a more risk-averse way than male managers. Also, an empirical study on risk-taking and gender showed that female risk-taking was an essential remedy to persisting stereotypes (Maxfield *et al.*, 2010).

*2.2 Organizational HR policies*

Organizational HR factors refer to human resource policies and strategies to promote the female employees at work such as recruitment and development, gender diversity and flexibility. Past studies have highlighted the role of organizational HR policies as a facilitator to female empowerment (Al-Asfour *et al.*, 2017; Bayeh, 2016; Jabeen *et al.*, 2018a, 2018b; Metcalfe, 2011; Tlaiss and Dirani, 2015).

*2.2.1 Job opportunities.* Job opportunities are the accessible pool of job openings offered through HRD policies aiming at hiring workers from as high in the labour market as possible, offering the best jobs (Karam and Afiouni, 2014). The Millennium Development Goals required national governments to develop appropriate governance mechanisms and institutional/structural arrangements for managing female and to provide "enabling" environments to support them through HRD planning by creating fair recruitment opportunities, selection, promotion and assessment practices (Al-Asfour *et al.*, 2017).

*2.2.2 Training and development.* Training and development are considered a critical factor in facilitating a woman's success, promotion, and growth within an organization and its culture (Tlaiss and Dirani, 2015; Metcalfe, 2011). Training and development in some circumstances can give professional female better chances to manoeuvre around stressful work environments. Lack of professional training and learning opportunities in an organization with gender discrimination and gender-biased cultures hinder female's professional development (International Labour Organization (ILO), 2016; El-Jardali *et al.*, 2011).

*2.2.3 Flexibility.* Workplace flexibility is also regarded as a provision to accommodate female's lifestyle routines and domestic commitments of providing adequate work-life balance, and it includes adequate work structures and job designs (Syed, 2010). Jabeen *et al.* (2018a, 2018b) found that the existence of flexible work options was positively aligned with female employees' sense of loyalty and their alignment with organizational goals. Also, flexible work practices strongly impact work–life balance, health and well-being and job outcomes (Karam and Afiouni, 2014).

*2.2.4 Pay equity.* Pay equity has been a consistent challenge in different national contexts and organizational policies (ILO, 2016). El-Jardali *et al.* (2011) highlighted the importance of a fair and equitable compensation in alleviating perceptions of inequity and discrimination at the workplace. Organizational and HR leaders should focus on pay discrimination to eradicate inequality (Ali, 2013).

*2.2.5 Gender equality.* Gender equality refers to a situation in which both men and female enjoy equal rights and equal opportunities, where the behaviour, drives, desires and needs of female and men are equally appreciated and favoured (ILO, 2016; Karam and Afiouni, 2014). The fast-growing economies are those that have greater equality between female and men. Gender equality helps in achieving sustainable development (Bayeh, 2016).

*2.3 Organizational structure and management style*

Organizational structure and management style have a direct role in determining and influencing the career trajectories of female employees. It refers to management approach to diversity structures and routines. Any misfit between organizational structure and the management styles will result in negative interpersonal relationships. The role of organizational structure and management style has been perceived as a prominent and crucial factor for female empowerment in organizations (Hodges, 2017; Lopez and Ramos, 2016; Murthy, 2017). Below are the details of the various specific sub-sections of organizational structure and management style.

*2.3.1 Flexible hierarchal structures.* A more flexible and anti-authoritarian work organization structure gives greater opportunities for the female to develop in their work and to accept leading positions (Tlaiss, 2014). Gendered occupational structures have caused inequalities in organizational hierarchies and limit female's opportunities (Tlaiss, 2013). A study examining the status of Arab women reported that Flexible Hierarchal structures could help to overcome female challenges associated with dissatisfaction with promotions (Tlaiss and Mendelson, 2014).

*2.3.2 Work meaningfulness.* Over the past two decades, there has been growing interest in understanding work as a domain. Meaningfulness at work impacts on individual, psychological and work-related outcomes. Organizations need to focus more on the construction of meaningfulness at work for women leaders so as to provide empowering working conditions (May *et al.*, 2015). The construct of work meaningfulness is highly subjective wherein individuals can express their unique character strengths and thus derive some sense of personal fulfilment and meaning (Lopez and Ramos, 2017).

*2.3.3 Interpersonal relationships.* According to Madsen (2010), one of the challenges faced by the female is mostly related to workplace culture and difficulties establishing interpersonal relationships at work. Most research has suggested that when employees are subjected to negative interpersonal interactions, it leads to aggression, social exclusion, job dissatisfaction, adverse health outcomes and turnover (Robbins *et al.*, 2014). The positive interpersonal relationship at workplace fosters a variety of beneficial outcomes at individual and organization level (Karam and Afiouni, 2014).

*2.3.4 Participative management style.* A recent study by Moore (2012) on Emirati female business leaders describes the inherent understanding of Emirati female leaders that female Muslim female leaders use a participative and consultative management style. Modern organizations have moved from traditional hierarchies to a more flexible and participative approach to engaging employees effectively in the decision-making process to accomplish organizational goals and successfully advancing women's careers (ILO, 2016).

*2.3.5 Autonomy.* In autonomous work groups, employees are given the freedom to plan, coordinate and control work-related activities with independence at work and the authority to access information in accomplishing a task (Hodges, 2017). Empowering female to realize their full identity and power in all spheres of life, such as greater autonomy in decision-making, greater access to knowledge and greater control over the circumstances that influence their lives, enables them to have a greater ability to plan their work and non-work lives (Murthy, 2017).

*2.4 Organizational support*

Organizational support motivates female employees to participate actively at all levels in the hierarchy. The levels of support at the workplace create an environment that enhances inter-personal relationships and entrust among employees. Several studies have highlighted the

importance of organizational support as a means to female empowerment in organizations (Bhatti *et al.*, 2018; Karam and Afiouni, 2014; Hodges, 2017).

*2.4.1 Top management support.* Effective top management support is required to spur effectiveness and efficiency by maintaining a balance of attitudes, behaviours and relationships (Karam and Afiouni, 2014). Binti *et al.* (2014) reported that Saudi Muslim female's advancement is hindered by a lack of mentoring systems and organizational management support. Top management support includes helping the employees as a team to remove obstacles that hinder female, encouraging and providing other resources by building an atmosphere of trust and coordination (Tlaiss, 2013).

*2.4.2 Peer relationships.* Peer relationships impact the organizational commitment, quality of work life and job satisfaction of employees (Bhatti *et al.*, 2018). The importance of peer relationships is highlighted as a way to reduce employee discomfort, encourage the free flow of information and avoid feelings of insecurity. Additionally, peer relationships appear to have the potential to serve some of the same critical functions as mentoring. The ability of the women to manage their work–life balance is shaped by peer relations and social interactions (Forson, 2013).

*2.4.3 Subordinate support.* Subordinate roles can provide female with psychological support, trusting relationships and the motivation to take responsibility, as well as reinforce achievement-oriented behaviour and help provide specific task feedback (Langlois and Johnston, 2013). Feminism has grown up with the idea of various kinds of support group. In organizations where socialization practices are emphasized for employee development, subordinates can help accomplish organizational goals (Hodges, 2017).

### *2.5 Organizational culture*

Organizational culture is the underlying beliefs, norms, values and the way people interact, the context within which knowledge is created, that contribute to the unique psychological and social environment of an organization. Organizational culture will have a positive impact on both individual and organizational processes of female empowerment (Ballon, 2018; Cullinan, 2018; Hodges, 2017; Shaya and Abu Khait, 2017). The below sub-sections will give the details of organizational culture criteria.

*2.5.1 Collaborative working environment.* Collaborative working is a crucial part of contemporary health and social care. In terms of group processes, recent evidence strongly suggests that group collaboration, as indexed by collective intelligence, is significantly improved by the presence of the female in the group (Bear and Woolley, 2011). It is essential to meet the challenges of a turbulent business environment and to develop the extensive global links required by organizations to be effective and efficient (Cullinan, 2018).

*2.5.2 Open communication and information sharing.* Open communication fosters environments that encourage active employee participation, healthy exchange of information and constructive conflict resolution (Nordin *et al.*, 2014). Additionally, information sharing is one of the major requirements for empowering employees (Ballon, 2018). Organizational environment should encourage the free flow of information through open communication across all organizational units, departments and functional levels (Moneim, 2009).

*2.5.3 Networking.* According to ILO (2016) report, one of the factors contributing to female's participation in the labour force and helping their career advancement female is networking. Studies on gender suggest that female seek advice and support among friends and family and from professional networks (Hodges, 2017). HRM practitioners and career coaches advocate that female network to seek information support within their professional

community as much as possible because networking improves their career success female (Karam and Jamali, 2013).

*2.5.4 Ethical environment.* Gill (2010) inferred that women promote an ethical environment on the basis of their higher ethical disposition compared to men. Fostering an ethical climate within an organization helps improve the quality of work life, awareness of ethical principles, and organizational commitment (Lawrence and Weber, 2014). Moreover, adherence of female to the Islamic work ethic can be easily explicitly depicted as honesty, transparency, confidentiality, loyalty, rejecting bribery and monopoly, mercifulness, and justice and equity in wages and earned wealth (Shaya and Abu Khait, 2017).

### *2.6 Societal factors*

Societal factors are those variables which arises from culture, community, family, organization, society, government, etc., which can impact the employment and experiences of female participation into workforce dynamics. Several studies have highlighted that societal factors have a positive role to play towards strengthening female empowerment (Ballon, 2018; Bayeh, 2016; Belwal and Belwal, 2017; Karam and Afiouni, 2017).

*2.6.1 Change in patriarchal community.* Change in patriarchy has increased Muslim female's participation at the workplace and other public domains of life (Ali, 2013). Change in patriarchy helps to uncover and unpack the hidden subtleties of patriarchal logics that pervade women's lives (Karam and Afiouni, 2017). As younger generations come into the workforce, we also see indications that modernity may diminish patriarchal attitudes towards the female. Female who support a patriarchal social structure have greater economic security in the future (Bayeh, 2016).

*2.6.2 Social-economic policy reforms.* Social policy reform seeks to protect against risks and contingencies and to improve female's economic citizenship. It reflects a change in the perception of the female's place in society (Thompson, 2015; Karam and Afiouni, 2014). Informed policies help to fight structural and social barriers facing female to pursue formal employment (Ali, 2013). Recently, much attention has been paid to signs of reform and liberalization in Arab female. There is also considerable evidence of trends in social transformation (Belwal and Belwal, 2017).

*2.6.3 Access to resources and control.* According to Ballon (2018), female empowerment is conceptualized as a function of female's access to education and control over resources, which extends to their decision-making capabilities, freedom of movement (physical mobility) and control over material and intangible resources such as property, information, and education. Bayeh (2016) and Hodges (2017) conceptualize empowerment as access to education, health-care facilities and infrastructure as prime requisites for social development.

### *2.7 Institutional factors*

Institutional factors underpin female participation in national labour forces and consequently impact their advancement and development in professional life, as they can form incentives or disincentives for female to enter or exit labour markets and to pursue careers (Belwal and Belwal, 2017; Metcalfe, 2011; Miller *et al.*, 2017).

*2.7.1 Institutional and legal system reforms.* Legal frameworks underpin female's participation in national labour forces and consequently impact their development and progress. They can form incentives or disincentives for the female to enter or exit labour markets and to pursue careers (ILO, 2016**).** Government and institutional support have bolstered efforts to break down and change societal perceptions of Arab female who want to pursue a career (Miller *et al.*, 2017). Promotion of legislation, new laws, and reforms of

established laws can empower females (Metcalfe, 2011; Karam and Afiouni, 2014; Belwal and Belwal, 2017; Jabeen and Faisal, 2018).

*2.7.2 Career counselling and external mentoring programs.* According to ILO (2016), one of the challenges related to workplace culture difficulties for the female is lack of mentoring and coaching support and family-friendly programmes. Furthermore, organizational performance in gender participation should be monitored through mentoring and holding managers accountable to progress in meeting gender targets (Karam and Afiouni, 2014). Also, Hodges, (2017) suggests that mentoring, coaching has positively influenced women advancement.

*2.7.3 Stakeholder interests.* Stakeholder interests provide a means to address female empowerment issues (Karam and Jamali, 2013; Metcalfe and Woodhams, 2012). According to Metcalfe and Mutlaq (2011), a recent framework on Middle Eastern female's leadership development is based on partnerships of key stakeholders who are seen to support female's empowerment through national government organizations, private institutions, international development bodies, agencies, non-governmental organizations and female's groups.

Criteria and sub-criteria of female empowerment are summarized in Table I.

## 3. Research methodology

### *3.1 Overview of research technique*

The analytical hierarchical process (AHP) is a powerful method developed by Saaty (1980). It is an improvised process and aids decision makers in testing the sensitivity of a solution or outcome and deal with complex decision-making problems. The AHP helps to analyse rational and irrational values comprehensively according to their level of importance to the decision-making process (Saaty, 2012). AHP uses a multilevel hierarchical structure of objectives, criteria, and alternatives. It is versatile, helps handling complex problems, translates human pairwise judgements and deals with qualitative criteria (Hussain *et al.*, 2015). The advantage of AHP over other methods is that while even qualitative comparisons are possible the tool calculates a final score for quantitative evaluation of alternatives. It is one of the most widely used multi-criteria decision-making tools due to flexibility, simplicity and ease of use. It assists in arranging the main aspects of the issue into a hierarchical structure, to reduce the complex decisions to a series of simple evaluations and rankings, and then analyses the results to conclude a clear decision based on the rational weights of each aspect. According to Saaty (2008), AHP prioritizes the decision-making process and reaches an outcome based on the following steps:

- Step 1: Structuring a problem as a goal with dependent loops;
- Step 2: Eliciting judgements of experts or managers through intuition, feelings and experience;
- Step 3: Assigning weights to each criterion/sub-criterion according to its relative importance;
- Step 4: Analysing the results; and
- Step 5: Analysing sensitivity to change with regards to judgements.

In AHP, a problem is structured as a hierarchy. The hierarchical structure enables a comprehensive assessment of all variables and their relationships A pair-wise comparison is carried out at each level of the hierarchy, and a matrix is developed. AHP mainly relies on the judgment of experts to derive the priority scales. These scales measure the intangibles in relative terms. The comparisons are made using a scale of absolute judgement that represents how much more one element dominates another with respect to a given attribute. The AHP method used in this research is according to Saaty (2012), as shown in Figure 2.

| Sl. no. | Main criteria | Sub criteria | References |
|---|---|---|---|
| 1 | Personal factors | Ability and skills<br>Work–Life balance<br>Quality of work life<br>Self-efficacy<br>Risk-taking attitude | Al Asfour *et al.* (2017), Belwal and Belwal (2014), Filippin and Crosetto (2016), Hodges (2017), Jabeen *et al.* (2018), Maxfield (2010), Madichie and Gallant (2012), Metcalfe (2011), Swamy *et al.* (2015), Turner and Maschi (2015), Wilson *et al.* (2009) |
| 2 | Organizational HR policies | Opportunity<br>Training and development<br>Flexibility<br>Pay equity<br>Gender equality | Ali (2013), Al Asfour (2017), Bayeh (2016), El-Jardali *et al.* (2011), Jabeen *et al.* (2018), ILO (2016), Karam and Afiouni (2014), Metcalfe (2011), Syed (2010), Tlaiss and Dirani (2015) |
| 3 | Organizational structure and management style | Flexible hierarchical structures<br>Work meaningfulness<br>Inter-personal relationships<br>Participative management style<br>Autonomy | Hodges (2017), ILO (2016), Karam and Afiouni (2014), Lopez1 and Ramos (2016), Madsen (2010), May *et al.* (2015), Murthy (2017), Moore (2012), Robbins *et al.* (2014), Syed (2010), Tlaiss (2013), Tlaiss (2014), Tlaiss and Mendelson (2014) |
| 4 | Organizational support | Top management support<br>Peer relationships<br>Sub-ordinate support | Binti *et al.* (2014), Bhatti *et al.*, 2018; Forson, 2013; Hodges, 2017; Karam and Afiouni, 2014; Langlois and Johnston, 2013; Tlaiss, 2013 |
| 5 | Organizational culture | Collaborative working environment<br>Open communication and information sharing<br>Networking<br>Ethical environment<br>Access to resources and control | Ballon (2017), Bear and Woolley (2011), Cullinan (2018), Gill (2010), Hodges (2017), ILO (2016), Karam and Jamali (2013), Lawrence and Weber (2014), Langlois and Johnston (2013), Moneim (2009), Nordin *et al.* (2014), Shaya and Khait (2017) |
| 6 | Social factors | Change in patriarchal community<br>Social-economic policy reform | Ali (2013), Ballon (2017), Bayeh (2016), Belwal and Belwal (2017), Hodges (2017), Karam and Afiouni (2014), Karam and Afiouni (2017), Thompson (2015) |
| 7 | Institutional factors | Institutional and legal system reform<br>Career counselling and external<br>Mentoring programs<br>Stakeholder interests | Belwal and Belwal (2017), Hodges (2017), ILO (2016), Karam and Jamali (2013), Karam and Afiouni (2014), Metcalfe (2011), Metcalfe and Mutlaq (2011), Metcalfe and Woodhams (2012), Miller *et al.* (2017) |

**Table I.**
Criteria and sub-criteria of female empowerment

**Source:** Author's data

AHP has been successfully implemented in various industries, as shown in Table II.

In recent studies, AHP techniques have become one of the most widely used tools for decision-makers and researchers as an emerging solution to complex real-world and multi-criteria decision-making problems (Hussain *et al.*, 2015). The main concern of AHP is dealing with inconsistencies arising with the judgment and improving this judgement (Saaty, 2008). AHP judges and selects the elements/concepts which have a greater influence on predetermined objective. AHP has been used to accurately evaluate the influence of the

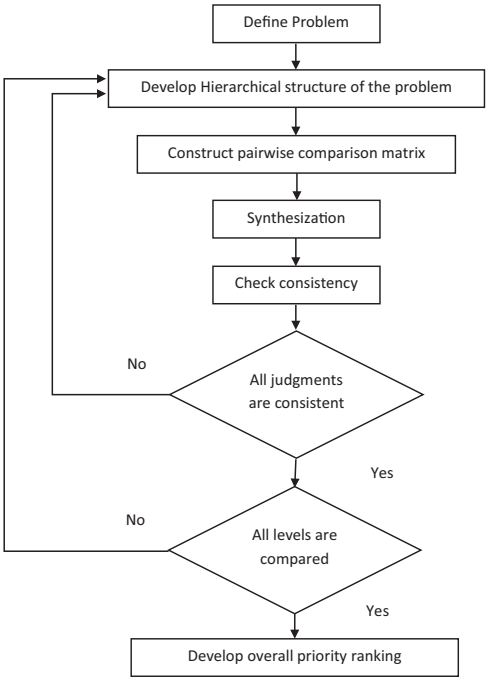



**Figure 2.** Outlines the AHP method used in this research (Saaty, 2012)

| Author | AHP application field |
|---|---|
| Chui *et al.* (2015) | Cardiovascular diseases identification in health care |
| Al Dhaheri *et al.* (2017) | Career choice of females in the private sector |
| Al Matroushi *et al.* (2018) | Promoting innovation in Emirati female-owned SMEs |
| Oudah *et al.* (2018) | Determinants linked to family business sustainability |

**Source:** Author's data

**Table II.** Examples of AHP application

criteria in terms of goals. Health care and medical decision-making has also been an application area for the AHP. The analytical hierarchy process (AHP) provides a means of prioritising the various elements in the hierarchy, thereby helping governments and industry practitioners to focus on the most important areas (Cheng and Li, 2001). Many modern world complex problems are now being resolved with the use of this technique by managers and policy makers. As the objective of this research is to prioritize different enablers for female empowerment, and AHP seems a better option for this research. Hence, AHP was chosen as the most suitable and appropriate method for this study to support the decision-making process.

### *3.2 AHP model*

The aim of this research to identify and rank the most influential enablers that promote female empowerment in both public and private UAE health-care sectors was a complex

process. We have composed a multi-criteria decision-making model of Female Empowerment so as to rank the most influential enabler in the health-care sector. This research is built on a hierarchical process and the criteria and sub-criteria were gleaned from the literature. These were identified based on relational multilevel theorisation approach of Syed and Özbilgin (2009) and Bourdieu (1977) that integrates the macro socio-cultural, meso-organizational and micro-individual levels of analysis to understand various enablers of female empowerment. The questionnaire was pilot-tested by an hour-long focus group discussion comprised two academics and an expert team of three managers with more than ten years' of experience in the health care. In light of their comments, some of the items had to be rephrased to make them more representative of the intended constructs. All focus group members agreed to include 7 criteria and 28 sub-criteria in this AHP model.

The AHP model used in this study is presented in Figure 3. The classification of the goal and all other decision criteria and variables are presented in five major levels. The highest level of hierarchy in the AHP model represents the goal that needs to be investigated in the complex hierarchical system, i.e. to identify and rank the most influential enablers that promote female empowerment in UAE health-care sectors. The second level of hierarchy consists of the criteria personal factors, organizational HR policies, organizational structure and management style, organizational support, organizational culture, social factors and institutional factors. The criteria were further sub-divided into sub-criteria at Level 3 in the

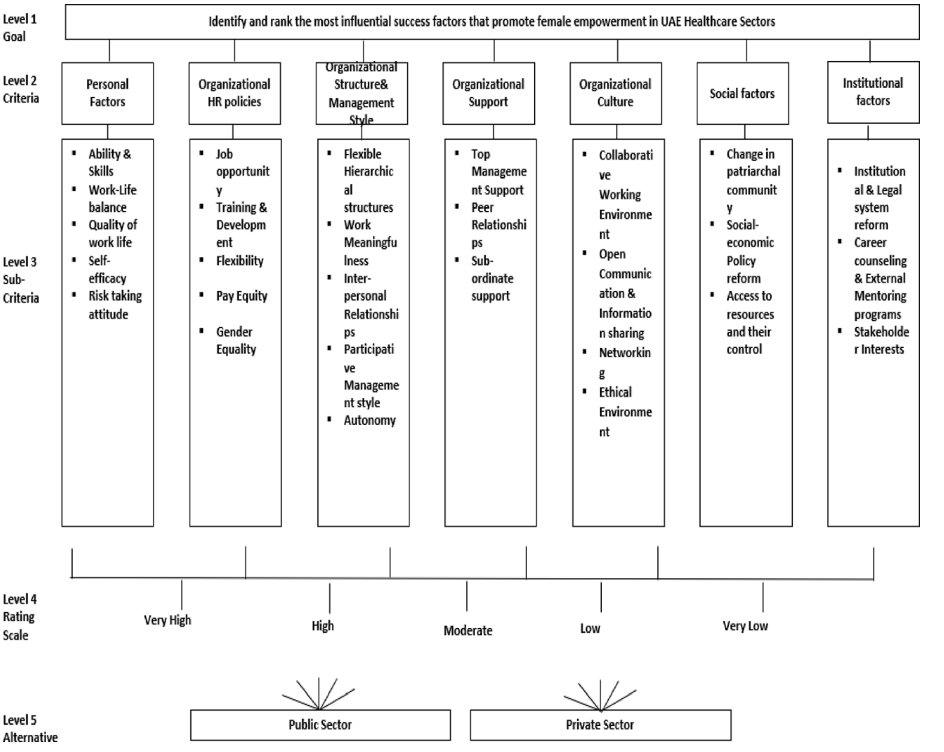



**Figure 3**
Proposed AHP model

**Source:** Author's data

hierarchy. Level 4 contains the rating scales. Lastly, Level 5 of the AHP model represents the public and private UAE health-care sectors as the alternatives to be considered to achieve the goal.

After the formation of the AHP hierarchy, the next phase is data collection. Data were collected through interviews of 24 top-level female health care managers, doctors, head nurses, physiotherapists and supervisors, 12 from public and 12 from private health-care sectors from the emirates of Abu Dhabi, Dubai, Sharjah and Ajman (UAE).

*3.3 Data collection and interview procedure*

The prime role of the researcher in the data collection process was only to target the female respondents in both public and private UAE health-care sectors. To target the right respondents feasible for the study, the websites of The Ministry of Health and Prevention (MOHAP) were browsed which offered facility for searching health-care professionals in the emirate of UAE (MOHAP, 2018). The Ministry of Health and Prevention (MOHAP) is the regulatory body of the UAE which is responsible for the implementation of health-care policy in the public and private health-care sector locally. The website listed 79 Public hospitals and 36 private hospitals. A list of both private and public hospitals based in emirates of UAE employing female professionals targeting only the experts with more than 10 years of experience with highest degrees in Health care was prepared by browsing through the website. The participant list includes top-level Emirati women managers in various managerial positions working in public and private sectors in UAE Health care across various occupations such as Nursing/Head nurse, Head of Gynecology Department, Laboratory Manager, Female Physicians and Surgeons, Supervisor of Pediatrics Department, Hospital/Head of department, Head of Emergency Room, etc.

An email mentioning the research objectives was sent to the head offices of the selected health-care organizations. The HR managers and heads were contacted through email only after approval from their head offices. An email was sent to targeted respondents. A total of 50 emails were sent in both the sectors. More than 70 follow up emails were approximately sent; only 24 respondents were willing to participate. Those female respondents who were willing to participate were interviewed. The interviews were conducted in locations chosen by the interviewees such as coffee shops, women offices, etc. A questionnaire derived from Figure 2 was designed on the nine-point scale as suggested by Saaty (1983), based on 7 criteria with 28 sub-criteria. The questionnaire was pilot-tested on industry experts and academicians, and changes were made as per the suggestions proposed. After the review, the updated questionnaire was used to collect the data to make the study more focused towards the goal. The data were collected from both public and private hospitals based in UAE. The collected data were interpreted, and a priority vector was assigned to each criterion and sub-criterion. A single interviewer conducted the interviews, and the same questionnaire was used for each interview to obtain the required data.

The validity of the construct was sound and reliable, as the focus of the study was to interview the top-level female health-care managers, doctors, head nurses, physiotherapists and supervisors in both public and private health-care sectors. All the interviews took around two months based on the availability of respondents. Face-to-face interviews were conducted to collect the data from the sample and meet the desired results. The survey fatigue problem was solved by providing respondents with two choices or alternatives to compare at a time and make judgements. Making the judgement was made easy and simplified with two items at a time, instead of overloading the participant with a list of 28 items altogether. According to Hussain *et al.* (2015), the judgement of two items for the participants to complete is much easier than a list of items. The main contribution of AHP is

eliminating any bias that could be inherent from value judgements and providing results that are both consistent and effective. The pair-wise comparison approach has provided more consistent and coherent data due to the interrelated comparison among variables (Saaty, 2008). This pair-wise comparison helps in generating more logical and useful information with consistency involving intuitive feelings from the experts (respondents) based on their past experience (Saaty, 2012). A small sample size is acceptable from the AHP's perspective (Hussain *et al.*, 2015). Therefore, the sample size of 24 respondents was considered satisfactory for this research study. Comparisons were made using a scale of absolute judgement that represented how much more one element dominated over another with respect to a given attribute. The pair-wise comparison of the respondents was collected and the geometric mean was used for the further analysis. In accordance with Saaty (2012), the geometric mean approach was given preference over the arithmetic mean to combine the individual pair-wise comparison judgements and to obtain the consensus pair-wise comparison judgement matrices for the entire team.

### *3.4 Analysis and results*

The 24 respondents were asked to compare the importance of one criterion over the other. The next step in AHP analysis is to refine the pair-wise comparisons as they generate more meaningful information and improve the consistency of judgements, as suggested by Saaty (2012). A nine-point scale as shown in Table III was used for making judgements and assigning weights.

The questionnaire was designed based on seven criteria identified from the literature, with at least three sub-criteria for each criterion. For example, if a respondent made a judgement to choose training as an absolutely more important criterion than cost, then training was rated as "9" and cost was rated as "1/9", and the judgements followed on similar grounds. The consistency index (CI) was applied to check the consistency. Saaty (1990) has defined the consistency index as:

$$CI = (\lambda_{max} - n)/(n - 1)$$

where:

$\lambda_{max}$ = the Maximum Eigenvalue of the matrix of the important ratios; and

n = number of factors.

| Intensity of importance | Definition | Explanation |
|---|---|---|
| 1 | Equal importance | Two criteria contribute equally to the objective |
| 3 | Moderate importance | Judgement slightly favours one over another |
| 5 | Strong importance | Judgement strongly favours one over another |
| 7 | Very strong importance | A criterion is strongly favoured, and its dominance is demonstrated in practice |
| 9 | Absolute importance | |
| 2,4,6,8 | Intermediate values | Importance of one over another affirmed on the highest possible order<br>Used to represent a compromise between the priorities listed above |

**Table III.**
The scale of 1 to 9 for the AHP preference

**Source:** Saaty, 1980

In addition, the consistency ratio (CR) is used to assess the matrix to check the consistency sufficiency. The consistency ratio (CR) is defined as the ratio of the consistency index (CI) to the random index (RI) of a matrix of comparison generated randomly:

$$CR = CI/RI$$

These random pair-wise comparisons were simulated to produce average random indices for different matrix sizes. The values of RI are given in Table IV. Saaty (1990) has commented that the consistency is accepted only if the value of CR is smaller or equal to 0.10.

## 4. Results

Table V presents the geometric means of pair-wise comparison of seven main criteria. The next step was to define the relative priorities of the criteria (the last column of Table V) by computing "priority vectors". For calculating the priority vectors, Saaty (1990) has introduced a "consistency principle", which says that: $a_{ik} = a_{ij} \cdot a_{jk}$

And subsequent arguments for using the special case of the consistency matrix formed by elements:

$$a_{ik} = w_i/w_j$$

where:

$w_i$ = the elements of the priority weight vector corresponding to criteria; and

$iw_j$ = the elements of the priority weight vector corresponding to criteria j.

Table V illustrates that the respondents considered organizational HR policies, organizational culture, and institutional factors the most important success factors that

| | Order of the matrix | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| N | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| RI | 0.00 | 0.00 | 0.52 | 0.89 | 1.11 | 1.25 | 1.35 | 1.40 | 1.45 | 1.49 |

**Note:** N is number of factors
**Source:** Saaty, 1980

**Table IV.**
Random index (RI)

| Main criteria | Personal factors | Org HR Policies | Org structure and mgmt style | Organizational support | Org culture | Social factors | Institutional factors | Priority weight |
|---|---|---|---|---|---|---|---|---|
| Personal factors | 1.00 | 0.15 | 1.04 | 0.37 | 0.22 | 0.45 | 0.34 | 0.04 |
| Org HR Policies | 6.67 | 1.00 | 6.72 | 3.22 | 3.27 | 3.27 | 0.70 | 0.31 |
| Org structure and mgmt style | 0.96 | 0.15 | 1.00 | 2.23 | 0.16 | 0.83 | 1.94 | 0.09 |
| Organizational support | 2.70 | 0.31 | 0.45 | 1.00 | 0.27 | 2.41 | 0.75 | 0.09 |
| Org culture | 4.55 | 0.31 | 6.25 | 3.70 | 1.00 | 4.44 | 3.32 | 0.26 |
| Social factors | 2.22 | 0.31 | 1.20 | 0.41 | 0.23 | 1.00 | 1.33 | 0.08 |
| Institutional factors | 2.94 | 1.43 | 0.52 | 1.33 | 0.30 | 0.75 | 1.00 | 0.13 |

CR value: 0.00 < 0.10 (consistent)

**Table V.**
Geometric means (GMs) of pair-wise comparisons of main criteria

promote female empowerment in both public and private UAE health-care sectors. Organizational HR policies were ranked first, with a priority weight of 31 per cent, followed by organizational culture as a second strategic priority, with 26 per cent, and institutional factors ranked third, with 13 per cent vector priority. The priority vector column in Table V shows that organizational HR policies and organizational culture together constitute more than 50 per cent as success factors that promote female empowerment in both public and private UAE health-care sectors. It may be noted that all the consensus responses in Table V fulfilled the acceptable level of consistency requirement with CR = 0.001.

Table VI shows the priority listing of the pair-wise comparison sub-criteria of personal factors. It is noted from the responses that ability and skills were the most important sub-criterion, with a weight of 0.28. Risk-taking attitude ranked the lowest, with 0.04 as a priority weight. All sub-criteria of personal factors showed an acceptable level of consistency, with CR = 0.00.

Similarly, the pair-wise comparison for Organizational HR policies sub-criteria in Table VII showed that training and development were considered the most important, with a priority score of 0.50, followed by flexibility at 0.14, and the lowest priority was pay equity, at 0.08. All sub-criteria of organizational HR policies showed an acceptable level of consistency.

Table VII also show the pair-wise comparison of the organizational structure and management style sub-criteria. Work meaningfulness was ranked as the top priority, with priority level 0.28, and inter-personal relationships were ranked the least, at 0.11. All sub-criteria of organizational structure and management style showed an acceptable level of consistency.

Similarly, from Table VII the pair-wise comparison of the organizational supports sub-criteria. Peer relationships were ranked the top priority, with priority level 0.52, and least impactful was top management support, at 0.28. All sub-criteria of organizational structure and management style showed an acceptable level of consistency. Also, the pair-wise comparison of organizational culture in Table X shows that the ethical environment is ranked 1st, with 0.52 priority weight, and networking least, with 0.08. All the sub-criteria of organizational culture showed an acceptable level of consistency.

Similarly, the pair-wise comparison of social factors sub-criteria in Table VII shows that the change in patriarchal community is ranked 1st, with 0.75 priority level. Access to resources and control ranked last, at 0.23. All the sub-criteria of social factors showed an acceptable level of consistency. Lastly, the pair-wise comparison of institutional factor sub-criteria in Table VII shows that institutional and legal system reform ranked 1st, with 0.46 priority level. The lowest-ranking was career counselling and external mentoring, at 0.26. All the sub-criteria of social factors showed an acceptable level of consistency.

**Table VI.**
Geometric means of pair-wise comparison of personal factor Sub-criteria

| Personal factors | Ability and skills | Work-life balance | QWL | Self-efficacy | Risk-taking attitude | Priority weight |
|---|---|---|---|---|---|---|
| Ability and skills | 1.00 | 1.00 | 1.79 | 1.14 | 5.95 | 0.28 |
| Work-life balance | 1.00 | 1.00 | 1.27 | 1.37 | 4.45 | 0.25 |
| QWL | 0.56 | 0.79 | 1.00 | 1.85 | 5.82 | 0.23 |
| Self-efficacy | 0.88 | 0.73 | 0.54 | 1.00 | 6.21 | 0.20 |
| Risk taking attitude | 0.17 | 0.22 | 0.17 | 0.16 | 1.00 | 0.04 |

**Note:** CR = 0.000 < 0.1

**Table VII.**
Geometric means of pair-wise comparison of Sub-criteria's

Geometric means of pair-wise comparison of organizational HR policies sub-criteria

| Org HR policies | Job opportunity | Training and development | Flexibility | Pay equity | Gender equality | Priority weight |
|---|---|---|---|---|---|---|
| Job opportunity | 1 | 0.14 | 0.35 | 5.41 | 1.37 | 0.15 |
| Training and learning | 7.14 | 1 | 5.28 | 2.96 | 5.53 | 0.5 |
| Flexibility | 2.86 | 0.19 | 1 | 2.98 | 0.34 | 0.14 |
| Pay equity | 0.18 | 0.34 | 0.34 | 1 | 0.77 | 0.08 |
| Gender equality | 0.73 | 0.18 | 2.94 | 1.3 | 1 | 0.13 |
| | | | | | CR = 0.000 < 0.1 | |

*Geometric means of pair-wise comparison of organizational structure and management style sub-criteria*

| Org structure and management style | Flexible Hierarchal Structures | Work meaningfulness | Inter-personal contacts | Participative Management Style | Autonomy | Priority weight |
|---|---|---|---|---|---|---|
| Flexible hierarchal structures | 1 | 0.93 | 2.44 | 0.48 | 0.74 | 0.18 |
| Work meaningfulness | 1.08 | 1 | 3.31 | 2.44 | 0.87 | 0.28 |
| Inter-personal relationships | 0.41 | 0.3 | 1 | 0.39 | 0.92 | 0.11 |
| Participative management style | 2.08 | 0.41 | 2.56 | 1 | 0.87 | 0.22 |
| Autonomy | 1.35 | 1.15 | 1.09 | 1.15 | 1 | 0.21 |
| | | | | | CR = 0.000 < 0.1 | |

(*continued*)

Table VII.

*Geometric means of pair-wise comparison of organizational support sub-criteria*

| Organizational support | Top management support | Peer relation | Sub-ordinate support | Priority weight |
|---|---|---|---|---|
| Top management support | 1 | 0.51 | 0.47 | 0.19 |
| Peer relationships | 1.96 | 1 | 2.71 | 0.52 |
| Sub-ordinate support | 2.13 | 0.37 | 1 | 0.28 |
| | | | CR = 0.001 < 0.1 | |

*Geometric means of Pair-Wise comparison of Organizational Culture sub-criteria*

| Organizational culture | Collaborative working environment | Open communication &info sharing | Networking | Ethical environment | Priority weight |
|---|---|---|---|---|---|
| Collaborative working environment | 1 | 0.93 | 4.65 | 0.18 | 0.18 |
| Open communication and info sharing | 1.08 | 1 | 5.79 | 0.31 | 0.22 |
| Networking | 0.22 | 0.17 | 1 | 0.32 | 0.08 |
| Ethical environment | 5.56 | 3.13 | 3.13 | 1 | 0.52 |
| | | | | CR = 0.002 < 0.1 | |

(*continued*)

| | *Geometric means of pair-wise comparison of social factor sub-criteria* | | | |
|---|---|---|---|---|
| Social structures | Change in patriarchal community | Social policy reform | Access to resources and control | Priority weight |
| Change in patriarchal community | 1 | 3.49 | 0.78 | 0.75 |
| Social policy reform | 0.29 | 1 | 2.68 | 0.41 |
| Access to resources and control | 1.28 | 0.37 | 1 | 0.23 |
| | | | CR = 0.002 < 0.1 | |
| | *Geometric means of pair-wise comparison of institutional factor sub-criteria* | | | |
| Institutional factors | Institutional and legal system reform | Career counselling and external mentoring | Stakeholder interest | Priority weight |
| Institutional and legal system reform | 1 | 1.74 | 1.69 | 0.46 |
| Career counselling and external mentoring | 0.57 | 1 | 0.91 | 0.26 |
| Stakeholder interests | 0.59 | 1.1 | 1 | 0.28 |
| | | | CR = 0.00 < 0.1 | |

**Table VII.**

## 5. Discussion

This study aimed to rank the enablers that promote female empowerment in the UAE health-care sector. The respondents collectively ranked organizational HR policies, organizational culture and institutional and legal factors at the top. The findings were consistent with Metcalfe (2011), who found that both organizational HRD policies and institutional and legal factors are important for female empowerment at the workplace.

The pair-wise comparison organizational HR policies showed that training and development were given the highest priority. Health-care organizations should work on enhancing training and development opportunities to foster female career growth. This is in line with other researchers who highlighted the importance of training and development as a key success factor in facilitating a woman's success, promotion and growth within an organization and its culture (Al-Asfour *et al.*, 2017; ILO, 2016; Karam and Afiouni, 2014; Tlaiss and Dirani, 2015; Metcalfe, 2011). Providing specialized training in areas such as career growth, building confidence and leadership development for female helps to develop their competencies. Additionally, HRM departments should hold training sessions to equip female with tools to better manage their excessive workload and achieve work-life balance. Training and learning in some circumstances give professional female better chances to manoeuvre around stressful work environments and feel confident in handling difficult tasks, advancing female's aspirations or intensifying the organizational obstacles, including the balancing of work and home responsibilities. Further, many female's emphasized flexible working environments. The health-care sector should focus on flex-weeks, flex-locations, flex-time, etc., to keep female happy and augment their sense of belonging to their organization. This is also supported by Jabeen *et al.* (2018a, 2018b) who reported that female employees perceive and categorize themselves as valuable elements of the workplace when the significance placed with their individual purpose is in alignment with the organization's purpose.

The pair-wise comparison of organizational culture showed that ethical environment was given the highest priority. These findings are in line with researchers who emphasized that well-formulated ethics and values in the context of issues pertaining to gender help boost performance and promote emotional well-being (Cullinan, 2018; Hodges, 2017; Lawrence and Weber, 2014; Metcalfe, 2011; Shaya and Abu Khait, 2017). Health-care organizations should aim at implementing the best practices that emphasize the importance of values and ethics embraced by an organization towards accomplishing its mission. Fostering an ethical climate helps to address some of the criticalities with issues pertaining to female in the workforce. Ethical environments encourage employees to act honestly, professionally and in responsible ways, leading to greater job satisfaction and family satisfaction and influencing the perception of external stakeholders. Moreover, the adherence of female to the Islamic work ethic in the Arab workplace emphasizes trustworthiness, transparency, confidentiality, faithfulness, rejecting bribery and monopoly, mercifulness and fairness and equity in wages and earned wealth. Hence, organizations should consider adopting ethical policies that increase individual perceptions of an ethical company environment, support good conduct and punish unethical behaviours.

The pair-wise comparison of institutional factors was ranked as the third highest priority, within which institutional and legal system reform was given the highest priority. The findings are in accordance with (Belwal and Belwal, 2017; Hodges, 2017; Metcalfe and Woodhams, 2012; Metcalfe, 2011; Miller *et al.*, 2017). Legal frameworks are set up to support female's participation in national labour forces and for their development and progress. To empower female, promotion of new laws, as well as reforms of traditional laws, is necessary. Policy makers and government leaders should work on the ongoing process of institutional

and legal system reform to transform work cultures and realize the potential of investing in female and as an important contributor to the long-term economic growth of their countries. Over the past few decades, a renewed interest has been seen in government spending and legal reforms, especially in UAE, towards female empowerment, equal opportunity, maternity leave, childcare, etc. UAE labour law as per Article 53 entitles females with three months of fully paid maternity leave and two hours of daily leave to nurse their children. Mandatory laws are passed to set up crèches or nurseries to boost productivity, reduce turnover and support family stability.

Organizational support was ranked the fourth highest priority, within which peer relationships were given the highest priority. These findings are in line with (Bhatti *et al.*, 2018; Forson, 2013; Hodges, 2017). The importance of peer relationships is highlighted as a way to reduce employee discomfort, promote the free flow of information and minimize feelings of insecurity. Peer relationships act as a potential alternative to mentoring and also help with psychosocial support, career advancement, and personal growth. It helps communication, mutual support and collaboration to a great extent. Organizations should work on relationship building to increase organizational commitment, quality of work life, career growth, performance and job satisfaction. In hierarchal organizations where peers are more than the mentors, building such relationships can foster some critical functions of mentoring and career growth.

The last categories are personal factors, organizational structure and management style, and societal factors. Those factors are important, but the hospital professionals ranked them low. This contradicts researchers who emphasize the positive roles of personal factors, organizational structure and management style and societal factors (Bayeh, 2016; Murthy, 2017; Thomspon, 2015; Tlaiss and Mendelson, 2014; Turner and Maschi, 2015). The findings might be contradictory because of the cultural setting strictly defined gender roles in the context of UAE. Personal factors are ranked low as the Arab countries share similar societal and cultural values such as large power distance, high uncertainty avoidance and high collectivism. Flexible hierarchal structures in organizations have helped female to overcome challenges associated with dissatisfaction with promotions as under the Constitution of UAE, changes in national employment policies across the region female are guaranteed the equal access to employment, equal pay and promotions at work, health and family welfare facilities, same legal status, claim to titles, access to education, the right to practice professions and the right to inherit property as men. Government also supports to bring change in societal perceptions of Emirati female who want to pursue a career by mandatory membership in the Boards of Directors of federal bodies, companies and institutions. Female overall status in Arab nations has improved due to transition in patriarchy raising the bar of female in education, access to resources, greater autonomy in decision making, greater access to knowledge and greater control over the circumstances that influence their lives, enables them to have a greater ability to plan their work and non-work lives.

The final step in the analysis is to compare the global priorities. The global weight is the normalization of linear combinations achieved and is calculated as the products of the weights of the sub-criteria and the weights of the main criterion (Saaty, 1990). For example, in organizational culture, the sub-criterion ethical environment was calculated by multiplying its weight (0.47) with its main criterion (organizational culture) weight (0.21), resulting in a global weight equal to 0.09, as shown in Figure 4. The final result of all the priorities of the criterion multiplied by the sub-criterion priorities establishes the global weights of all sub-criteria. This study found that highest global priority that promoted female empowerment in both public and private UAE health-care sectors was training and development (0.11), followed by ethical environment (0.09), institutional and legal system

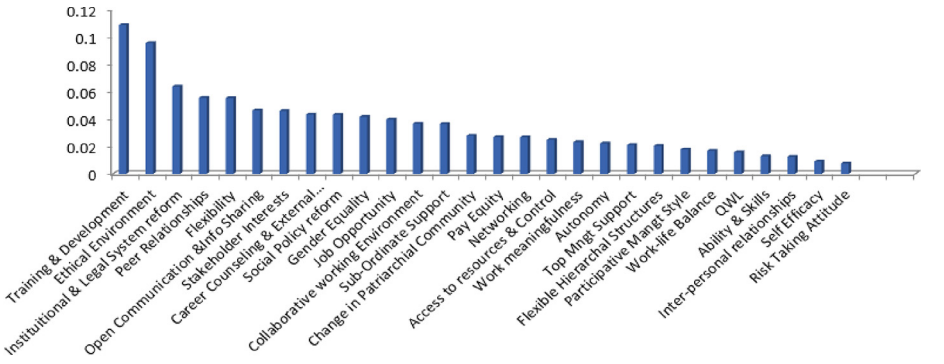



**Figure 4.**
Priority of the 28 sub-criteria

**Source:** Author's data

reform (0.06) and peer relationships (0.05) among sub-criteria and the least impactful factor was risk-taking attitude (0.01). The sub-criteria are the 28 items of the seven criteria presented from the highest to the lowest in Figure 4 as success factors that promote female empowerment.

## 6. Implications

The theoretical contribution of this study is that it adds to the existing body of literature by identifying the major enablers that promote female empowerment, taking a holistic approach. Additionally, it proposed a new model for future research. In future research, the model can be tested in other GCC countries, and comparative studies can be done to identify the success factors that impact female empowerment in various sectors.

The emerging period of economic restructuring demands policymakers in the health-care sector and government leaders to consider new and innovative approaches to the on-going process of institutional and legal system reform in both public and private sectors to transform work cultures and to optimize the individual capacity and independence so they can cope with changing times and emerging labour market conditions.

The practical contribution of this study is that it will assist the government leaders, health-care practitioners and policymakers to gain a better understanding of the various enablers that promote female empowerment. The study results will encourage the health-care organizations and policy makers to adopt the best practices for implementing each enabler that ensure active female participation, creating value through mutual growth and to design effective policies in both the public and private realms to work in line with the UAE National Health-care agenda and contribute to the long-term economic growth of the country.

On an organizational level, the best HR policies should be incorporated that will enhance female employees' training and learning opportunities to develop their capacity, along with flexible options and ethical climates as cultural factors that support relationships in organizations, making them influential partners for mutual growth.

## 7. Conclusion, limitations and scope for future research

This research addresses the gap of empirical studies with regard to enablers that promote female empowerment in both public and private UAE health-care sectors from a developing Islamic country context. From previous literature, this paper combined the major enablers

that have impacted female empowerment and investigated each enabler in both public and private UAE health-care sectors. A questionnaire was formatted on a nine-point scale based on the gleaned success factors. The data were collected from 24 top-level female medical professionals from public and private UAE health-care sectors. Consistency tests were performed on all the pair-wise comparisons of the data collected. These tests showed the consistency of all the pair-wise comparisons met the consistency requirement.

The major findings of this study are that organizational HR policies, organizational culture, and institutional and legal factors are the important enablers that promote female empowerment in the health-care sector. Therefore, it need to be given importance in terms of designing training and development programmes, increasing workplace flexibility and incorporating best ethical practices and relationship building in organizations. On the other hand, government officials and policymakers should work on reforming institutional and legal policies that empower female at the workplace to cope with time constraints and emerging labour market conditions.

Prior studies have mentioned the barriers, but none of these focused on enablers of female empowerment especially in the developing Islamic country where health-care sector is the major contributor to the GDP. Based on relational multi-level study, the proposed AHP model connects the various criteria that promote female empowerment in the UAE health-care sector that integrates the macro socio-cultural, meso-organizational, and micro-individual levels of analysis to understand various enablers of female empowerment. The study provides an in-depth insight about the female empowerment and also highlights the importance of organizational human resource policies, organizational culture, and institutional factors as the most important enablers that promote female empowerment in the UAE health-care sector. The findings help to promote female empowerment which has been a challenging task for the mainstream literature of gender advancement and policy implication both in private and public realm of health-care sector. The findings are in line with those of Metcalfe (2011), who outlined the challenges faced and positive gains made in Gulf economies to empower women NGO's highlighting the importance of developing appropriate institutional and legal factors, enabling environment and organizational HRD policies to advance female empowerment.

The main limitation of this research is that it was carried out only in the UAE. The study is also limited in the small sample size used to assess enablers that promote female empowerment. This research framework should be tested in other GCC countries to generalize the findings. Furthermore, a qualitative approach to this topic can be taken to evaluate the model in the context of the GCC. In future research, this model can be used in quantitative methods to generate hypotheses showing the significance of each enabler to the goal. Furthermore, future research can test the significance of these enablers by applying other advanced statistical methods to a more significant sample of both private and public health-care sectors.

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## Further reading

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