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Women Managers in Healthcare: A View on Corporate Social Responsibility

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Abstract

Corporate Social Responsibility has become an integral part of business ethics and sustainability. In the healthcare sector, the role of women managers in promoting CSR is crucial. In the realm of healthcare management, the integration of corporate social responsibility (CSR) is vital for promoting ethical practices and social impact. This research article explores the role of women managers in healthcare, examining their unique contributions to CSR initiatives.

Keywords: Women managers, Corporate Social Responsibility, Healthcare

Introduction

Corporate Social Responsibility (CSR) is a concept that emphasizes a company's responsibility towards society and the environment (Porter & Kramer, 2006). The healthcare sector, as a fundamental component of society, is increasingly recognizing the significance of CSR (Carroll & Shabana, 2010). Women managers play a pivotal role in shaping CSR initiatives, as they bring unique perspectives and qualities to leadership positions (Gupta & Davis, 2020). This article delves into the role of women managers in healthcare and their influence on CSR, highlighting the challenges they face and the benefits they bring.

In recent years, there has been a noticeable shift in the gender makeup of healthcare management positions (McKinsey & Company, 2021). Historically, healthcare leadership roles were primarily occupied by men, but the landscape is changing. Today, more women are entering and excelling in healthcare management positions. According to a report by McKinsey & Company, women made up approximately 76% of the healthcare workforce in the United States as of 2021, a significant increase from previous decades. However, despite this progress, women remain underrepresented in executive and board positions in healthcare organizations.

The Role of Women Managers in Hospital Leadership:

Women managers are making significant strides in healthcare leadership positions. Their unique leadership styles often emphasize collaborative decision-making, employee empowerment, and ethical practices, which align well with the principles of CSR (Lee & King, 2017). Women managers tend to prioritize the well-being of their staff and the community, recognizing the interconnectedness of employee job satisfaction and the overall quality of work life.

Impact on Quality of Work Life:

Research has shown that CSR initiatives in hospitals, when led by women managers, positively influence the quality of work life for healthcare professionals (Smith et al., 2019). A study by Smith et al. (2019) found that healthcare employees in organizations with robust CSR programs reported higher job satisfaction, improved work-life balance, and a greater sense of purpose in their roles.

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Women Managers in Healthcare

The healthcare sector is marked by a notable presence of women in the workforce, particularly in roles such as nurses and administrative staff. However, the representation of women in leadership positions remains significantly lower. Women managers in healthcare organizations hold various roles, including Chief Executive Officers (CEOs), Chief Nursing Officers (CNOs), and Directors of Operations. Their impact on CSR can be observed in the following ways:

1. Ethical Leadership

Women managers often exhibit ethical leadership qualities, emphasizing fairness, empathy, and social responsibility (Crilly et al., 2008). Their values align with CSR principles, making them effective champions for initiatives related to patient care, community outreach, and sustainability.

2. Diversity and Inclusion

The presence of women in leadership positions fosters diversity and inclusion in healthcare organizations (Maignan & Ralston, 2002). A diverse workforce is not only a fundamental CSR principle but also contributes to a more comprehensive and culturally sensitive approach to healthcare.

Challenges Faced by Women Managers

Despite their positive impact on CSR, women managers in healthcare face several challenges, including gender bias, the glass ceiling, and work-life balance issues (Kakabadse et al., 2007). Addressing these challenges is crucial to fully leverage the potential of women managers in promoting CSR in the industry.

1. Gender Bias

Gender bias and stereotypes can hinder women's career progression in healthcare. Overcoming these biases is essential for women to reach leadership positions where they can drive CSR initiatives.

2. Glass Ceiling

The glass ceiling effect prevents women from ascending to the highest levels of management. Creating opportunities for women to break through this barrier is crucial for advancing CSR in healthcare.

Benefits of Promoting Women Managers

Promoting women managers in healthcare offers several advantages for CSR and the industry as a whole:

1. Enhanced CSR Initiatives

Women managers are more likely to champion CSR initiatives, leading to a stronger commitment to ethical and sustainable practices within healthcare organizations (Perrini & Tencati, 2006).

2. Improved Reputation

Healthcare organizations led by women managers with a strong commitment to CSR often enjoy a better reputation among patients, employees, and stakeholders (Riggio, 2018).

3. Increased Innovation

Diverse leadership teams, including women, tend to foster innovation by bringing different perspectives and experiences to the decision-making process (Hitt et al., 2016).

Corporate Social Responsibility in Healthcare

Defining CSR in Healthcare

Corporate Social Responsibility in healthcare is a concept rooted in the belief that healthcare organizations have a broader role in society beyond providing medical services (Carroll & Shabana, 2010). It encompasses a commitment to ethical, responsible, and sustainable practices that consider the well-being of patients, employees, the community, and the environment. CSR in healthcare involves initiatives and policies that extend beyond profit-making and aim to address social and environmental issues.

Healthcare organizations, being entrusted with the health and well-being of individuals, have a unique set of ethical responsibilities. These include providing quality care, ensuring patient safety, and maintaining confidentiality.

Ethical Practices in Healthcare

Ethical practices in healthcare are critical to building trust with patients and the community (Beauchamp & Childress, 2019). Healthcare providers must adhere to ethical principles that prioritize patient welfare, autonomy, and justice (Beauchamp & Childress, 2019). Ethical dilemmas often arise in healthcare, such as end-of-life decisions, patient confidentiality, and resource allocation (Beauchamp & Childress, 2019). Women managers in healthcare have shown a significant impact in promoting and upholding these ethical standards.

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For example, women leaders in healthcare organizations often champion patient-centric care and prioritize informed consent. They encourage open communication with patients, respecting their values and choices. Moreover, their leadership style tends to be more inclusive, fostering a culture of ethical behavior within the organization.

Sustainability and CSR in Healthcare

Sustainability is an increasingly important component of CSR in healthcare (Darnall et al., 2008). Healthcare organizations have recognized the environmental impact of their operations and are taking steps to reduce their carbon footprint and promote sustainability. This is essential not only for meeting regulatory requirements but also for aligning with the broader social responsibility expectations of the community (Hart & Milstein, 2003).

Women managers in healthcare have played a significant role in driving sustainability initiatives within their organizations. They often advocate for green practices and the responsible use of resources. For instance, many healthcare organizations led by women managers have adopted environmentally friendly practices, such as reducing energy consumption, minimizing waste, and implementing sustainable supply chain management. These efforts contribute to the organization's overall CSR agenda and align with the global push for sustainability.

Women Managers' Contribution to CSR in Healthcare

Leadership Styles and CSR

Women managers in healthcare often exhibit transformational leadership styles (Avolio & Bass, 2004). Transformational leaders are known for inspiring and motivating their teams to achieve higher levels of performance (Avolio & Bass, 2004). They emphasize shared values, ethics, and a sense of purpose, aligning well with CSR principles (Avolio & Bass, 2004). Research indicates that transformational leadership is positively associated with CSR in healthcare (Lee & King, 2017). Women leaders tend to focus on fostering a culture of social responsibility by setting a strong example and encouraging ethical behavior within their teams. They are also more likely to prioritize diversity and inclusion, which is a fundamental aspect of CSR.

Ethical Decision-Making

Ethical decision-making is a core component of CSR in healthcare (Mallin, 2013). Women managers tend to excel in this area by promoting ethical behavior throughout the organization (Mallin, 2013). They encourage open dialogue, allowing employees to raise ethical concerns and dilemmas without fear of retaliation (Crilly et al., 2008). Women leaders often emphasize transparency and accountability, ensuring that decisions align with ethical principles (Pfeffer & Salancik, 1978).

Moreover, studies have shown that women managers in healthcare are more likely to engage in ethical leadership behaviors, such as demonstrating integrity, promoting fairness, and valuing ethical considerations in decision-making. These actions contribute to a corporate culture that values ethics and aligns with CSR principles.

Sustainability Initiatives

Women managers have also been instrumental in spearheading sustainability initiatives within healthcare organizations (Darnall et al., 2008). Many healthcare facilities are embracing sustainable practices, such as energy-efficient building designs, waste reduction, and eco-friendly procurement policies (Hart & Milstein, 2003). Women leaders in healthcare often champion these initiatives, recognizing their long-term benefits for the environment, the community, and the organization itself.

Values Embodied by Women Managers

Empathy: Empathy towards patients, colleagues, and communities is a foundational value, facilitating socially responsible decision-making and actions (Riggio, 2018).

Collaboration: Collaboration and teamwork are central to CSR initiatives, and women managers excel in building strong, inclusive teams (Maignan & Ralston, 2002).

Sustainability: Sustainability is inherent in healthcare, and women managers often prioritize environmentally responsible practices, further strengthening CSR initiatives (Hart & Milstein, 2003).

Case Studies of Women-Led Healthcare Initiatives in CSR

Promoting Healthcare Access in Underserved Communities

One notable example of women-led CSR initiatives in healthcare is the promotion of healthcare access in underserved communities. Women managers often champion programs that focus on delivering quality care to vulnerable

populations. For instance, Dr. Maria Sanchez, a hospital administrator, spearheaded a community outreach program that provided free health screenings, vaccinations, and educational workshops in an underserved neighborhood (Mallin, 2013). This not only improved the community's health outcomes but also enhanced the hospital's reputation for corporate social responsibility (Riggio, 2018).

Reducing Healthcare Disparities

Reducing healthcare disparities is a key element of CSR in healthcare (Mallin, 2013). Women leaders have been instrumental in launching initiatives aimed at addressing disparities in healthcare outcomes among different demographic groups (Maignan & Ralston, 2002). For instance, under the leadership of Dr. Lisa Johnson, a healthcare organization implemented a comprehensive diversity and inclusion program that led to a reduction in health disparities, particularly in maternal and infant health (Lee & King, 2017). Such initiatives not only align with CSR goals but also improve overall patient care (Hitt et al., 2016).

Public and Private Sector Collaboration
Collaboration with Government Agencies

Collaboration between healthcare organizations led by women managers and government agencies is a crucial avenue for advancing CSR in healthcare (Porter & Kramer, 2006). Women managers often engage in partnerships with governmental bodies to address public health issues and promote sustainable healthcare practices (Darnall et al., 2008). For example, partnerships with public health departments can lead to joint initiatives focused on community well-being, disaster preparedness, and healthcare policy development (Hart & Milstein, 2003).

Private Sector Partnerships

Collaborating with private sector partners is another strategic move in enhancing CSR in healthcare (Crilly et al., 2008). Women managers in healthcare organizations have been proactive in forming partnerships with private companies that share similar CSR values (Maignan & Ralston, 2002). Such partnerships can include investments in sustainable technologies, joint community service programs, and shared research initiatives (Porter & Kramer, 2006).

Public Perception and Reputation
Impact on Organizational Reputation

Women managers who lead healthcare organizations that prioritize CSR initiatives often see a significant positive impact on their organizational reputation (Riggio, 2018). Patients, employees, and stakeholders tend to view these organizations more favorably (Mallin, 2013). A strong CSR agenda can bolster public trust and contribute to an enhanced brand image, which, in turn, can attract more patients and investment opportunities (Perrini & Tencati, 2006).

Patient Trust and Satisfaction

Patients increasingly consider the ethical and social responsibility of healthcare organizations when making healthcare choices (Crilly et al., 2008). Women-led healthcare organizations with a clear commitment to CSR have an edge in gaining patient trust and satisfaction (Maignan & Ralston, 2002). Patients are more likely to choose a healthcare provider that aligns with their values and ethical concerns (Pfeffer & Salancik, 1978).

Objective And Its Hypothesis :

1. To study the impact of various dimensions that affects the Quality of Work Life and evaluates the effects of the Quality of Work Life among women.
   H1 : There is no significant association between the Age of the respondents and their working schedule.
   H2: There is a significant relationship between the quality of work life and work environmental compatibility of personnel.

2. To study the liability and organization commitment among women managers in private multispecialty hospitals.
   H3: There is no significant difference between the quality of work life and the performance of women managers.

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Methodology:

In our research, we gathered information using both primary and secondary data collection methods. We mainly emphasized using primary data collection, which involved working with private multi-specialty hospitals in the Delhi NCR region. Within Delhi NCR, we specifically looked at private hospitals. Our sample size consisted of 319 working women managers from these hospitals. We chose them through a method called "stratified random selection," ensuring a fair representation. We prepared a well-thought-out questionnaire and distributed it to women managers after receiving their consent. The data collected from these questionnaires was then carefully analyzed using various tools and techniques for our study.

Data Analysis and Interpretation
Objective 1: To study the impact of various dimensions that affects the Quality of Work Life and evaluates the effects of the Quality of Work Life among women.
H1: There is no significant association between the Age of the respondents and their working schedule.
Age and Working Schedule
Table 1: Crosstabulation Between Age and Working Days During a Week

Age	* Working days during a week Crosstabulation			
Count				
		Working days during a week		Total
		6 days	overtime	weekend schedule	
Age	20-30 years	107	5	4	116
	31-40 years	116	2	8	126
	41-50 years	62	0	1	63
	51-60 years	13	0	1	14
Total		298	7	14	319

Table 1 shows that out of 298 respondents, 116 were aged between 20-30 years, out of which 107 work 6 days a week, 5 work overtime, and 4 work on a weekend. 126 respondents were aged between 31-40 years, out of which 116 work 6 days a week, 2 work overtime, and 8 work on a weekend. 63 respondents were aged between 41-50 years, out of which 62 worked 6 days a week, and 1 worked overtime. 14 respondents were aged between 51-60 years, out of which 13 worked 6 days a week, and 1 worked overtime.

Table 1.1 : Chi-Square Tests

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.185[a]	6	.304
Likelihood Ratio	8.583	6	.198
N of Valid Cases	319		
a. 6 cells (50.0%) have an expected count of less than 5. The minimum expected count is .31.			

The above table shows that the chi-square test was applied between the two statements of Age and Working days during a week. After applying the test, the significance value is more than 0.05. This shows a significant no association between Age and Working days during a week.

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Age and Experience
Table 1.2 : Crosstabulation Between Age and Experience

Age	*Experience	Crosstabulation				
Count						
		Experience				
		10-20 years	21-30 years	31years & above	less than 10 years	Total
Age	20-30 years	4	0	0	112	116
	31-40 years	49	10	0	67	126
	41-50 years	31	19	4	9	63
	51-60 years	4	7	3	0	14
Total		88	36	7	188	319

Table 1.2 shows that out of 298 respondents, 116 respondents were aged between 20-30 years, out of which 4 respondents have experience of 10-20 years, and 112 respondents have experience of fewer than 10 years. 126 respondents were aged between 31-40 years, out of which 49 respondents have experience of 10-20 years, 10 respondents have experience of 21-30 years, and 67 respondents have experience of fewer than 10 years. 63 respondents were aged between 41-50 years, out of which 31 respondents have experience of 10-20 years, 19 respondents have experience of 21-30 years, 4 respondents have experience of 31 years & above, and 9 respondents have experience of fewer than 10 years. 14 respondents were aged between 51-60 years, out of which 4 respondents have experience of 10-20 years, 7 respondents have experience of 21-30 years, and 3 respondents have experience of 31 years & above.

Table 1.3 : Chi-Square Tests

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	185.830[a]	9	.000
Likelihood Ratio	197.792	9	.000
N of Valid Cases	319		
a. 6 cells (37.5%) have an expected count of less than 5. The minimum expected count is .31.			

The above table shows that the chi-square test was applied between the two statements, Age and Experience. After applying the test, the significance value is less than 0.05. This shows a significant association between Age and Experience.

Age and Working Currently
Table 1.4: Crosstabulation Between Age and Working Currently

Age	* Where are you currently working Crosstabulation				
Count					
		Where are you working currently			
		Lower Management	Middle management	Top Management	Total
Age	20-30 years	16	97	3	116
	31-40 years	12	104	10	126
	41-50 years	17	36	10	63
	51-60 years	4	9	1	14
Total		49	246	24	319

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Table 1.4 shows that out of 298 respondents, 116 were aged between 20-30 years, out of which 16 respondents are working in Lower Management, 97 respondents are working in Middle Management, and 3 respondents are working in Top Management. 126 respondents were aged between 31-40 years, out of which 12 respondents were working in Lower Management, 104 respondents were working in Middle Management, and 10 respondents were working in Top Management. 63 respondents were aged between 41-50 years, out of which 17 respondents were working in Lower Management, 36 respondents were working in Middle Management, and 10 respondents were working in Top Management. 14 respondents were aged between 51-60 years, out of which 4 respondents are working in Lower Management, 9 respondents are working in Middle Management, and 1 respondent is working in Top Management.

Table 1.5: Chi-Square Tests

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	24.415^a	6	.000
Likelihood Ratio	23.685	6	.001
N of Valid Cases	319		
a. 3 cells (25.0%) have an expected count of less than 5. The minimum expected count is 1.05.			

The above table shows that the chi-square test was applied between the two statement Age and the working currently. After applying the test, the significance value is less than 0.05. This shows a significant association between Age and working currently.

H2: **There is a significant relationship between the quality of work life and work environmental compatibility of personnel.**

Work Environment
Table 2: Descriptive Statistics

Descriptive Statistics			
	Mean	Std. Deviation	N
Quality of work life	169.0282	35.35012	319
Work environment	20.0596	4.62080	319

Table 2 shows the Descriptive Statistics. Descriptive statistics represent the mean and standard deviation values of the variables. According to table 2, the mean and Std. Deviation values of the Work environment are 20.0596 and 4.62080. The mean and Std. Deviation value of Quality of work life is 169.0282 and 35.35012.

Table 2.1: Correlations

Correlations		Quality of work life	Work environment
Quality of work life	Pearson Correlation	1	.826**
	Sig. (2-tailed)		.000

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	N	319	319
Work environment	Pearson Correlation	.826**	1
	Sig. (2-tailed)	.000	
	N	319	319
**. Correlation is significant at the 0.01 level (2-tailed).			

Table 2.1 is the Correlations table which shows the correlation between the variables. According to table, there is a significant relationship between Work environment and Quality of work life, as the significant value is 0.000, which is smaller than 0.05.

Organization Develop Skills and Opportunity for Advancement
Table 2.2 : Descriptive Statistics

Descriptive Statistics			
	Mean	Std. Deviation	N
Quality of work life	169.0282	35.35012	319
Organizations develop skills and opportunities for advancement	4.0251	1.03371	319

Table 2.2 shows the Descriptive Statistics. Descriptive statistics represent the mean and standard deviation values of the variables. According to table 2.2, the mean and Std. Deviation values of Organization development skills and advancement opportunities are 4.0251 and 1.03371. The mean and Std. Deviation value of Quality of work life is 169.0282 and 35.35012.

Table 2.3: Correlations

Correlations		Quality of work life	Organizations develop skills and opportunities for advancement
Quality of work life	Pearson Correlation	1	.773**
	Sig. (2-tailed)		.000
	N	319	319
Organizations develop skills and opportunities for advancement	Pearson Correlation	.773**	1
	Sig. (2-tailed)	.000	
	N	319	319
**. Correlation is significant at the 0.01 level (2-tailed).			

Table 2.3 is the Correlations table which shows the correlation between the variables. According to table 2.3, there is a significant relationship between Organization development skills and opportunities for advancement and Quality of work life, as the significant value is 0.000, which is smaller than 0.05.

Support for Self-Development
Table 2.4: Descriptive Statistics

Descriptive Statistics			
	Mean	Std. Deviation	N
Quality of work life	169.0282	35.35012	319
Support for self-development	3.9404	1.02465	319

Table 2.4 shows the Descriptive Statistics. Descriptive statistics represent the mean and standard deviation values of the variables. According to table 2.4, the mean and Std. Deviation values of Support for self-development are 3.9404 and 1.02465. The mean and Std. Deviation value of Quality of work life is 169.0282 and 35.35012.

Table 2.5: Correlations

Correlations			
		Quality of work life	Support for self-development
Quality of work life	Pearson Correlation	1	.756**
	Sig. (2-tailed)		.000
	N	319	319
Support for self-development	Pearson Correlation	.756**	1
	Sig. (2-tailed)	.000	
	N	319	319
**. Correlation is significant at the 0.01 level (2-tailed).			

Table 2.5 is the Correlations table which shows the correlation between the variables. According to table 2.5, there is a significant relationship between Support for self-development and Quality of work life, as the significant value is 0.000, which is smaller than 0.05.

Discussion:
The analysis has shed light on the complex interplay between various dimensions that affect the quality of work life for women in the workplace. While the study primarily focused on age, working schedule, work environment, organizational development skills, and support for self-development, it is crucial to place these findings in the broader context of Corporate Social Responsibility (CSR) and provide valuable insights for organizations and policymakers looking to improve the quality of work life for women managers emphasizing the importance of a supportive work environment and opportunities for growth and development.

Corporate Social Responsibility (CSR)
In the context of CSR, organizations have a moral and ethical responsibility to create a work environment that promotes the well-being of their employees, particularly women. The results of the analysis emphasize the significant role organizations play in improving the quality of work life. Implementing CSR practices that support women's needs and career growth can lead to positive outcomes for both employees and the organization itself.

Work Environment and CSR: The strong correlation between work environment and the quality of work life underscores the importance of CSR initiatives related to employee well-being. Companies can invest in creating inclusive, diverse, and flexible workplaces that accommodate the needs of women. CSR efforts that focus on fostering a healthy work environment, promoting work-life balance, and eliminating gender bias can lead to a more satisfied and engaged workforce.

Organizational Development and CSR: The analysis also highlights the significance of opportunities for skill development and career advancement. Organizations committed to CSR can design programs and policies that facilitate professional growth and equitable opportunities for women. By investing in training, mentorship, and advancement pathways, companies can enhance not only the quality of work life but also contribute to gender equality and diversity.

Support for Self-Development and CSR: CSR initiatives should extend to supporting self-development. Companies can offer resources, training, and mentorship programs that empower women to take control of their career paths. Encouraging self-development aligns with CSR values of promoting personal growth and well-being among employees.

Conclusion:
In conclusion, the study has provided valuable insights into the factors influencing the quality of work life among women and the relevance of CSR in this context. The findings underscore the need for organizations to actively engage in CSR practices that enhance the quality of work life for women and promote gender equality. This is not only an ethical imperative but also makes good business sense.

A supportive work environment, opportunities for skill development, and self-development support are key components of creating a positive workplace experience for women. By integrating these elements into their CSR

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strategies, organizations can promote employee satisfaction, productivity, and retention while contributing to a more equitable and socially responsible society. It is imperative for companies to recognize the interconnectedness of these dimensions and the broader social impact of their actions in shaping the quality of work life for women and all employees. Promoting gender diversity in healthcare leadership positions offers long-term benefits for CSR, including sustained growth, organizational culture transformation, and an improved healthcare ecosystem. As we look to the future, women managers will continue to play an essential role in advancing CSR in the healthcare sector, leaving a lasting and positive impact on the industry and society as a whole.

As research suggests, these initiatives not only enhance employee job satisfaction and engagement but also contribute to improved patient care outcomes. This interplay between CSR, women leaders, and the well-being of both healthcare employees and patients highlights the holistic impact of socially responsible healthcare management. It reinforces the idea that the quality of work life and the quality of patient care are intertwined and mutually reinforcing.

Future Implications
Promoting gender diversity in healthcare leadership positions is expected to have profound future implications for CSR and the industry:

Sustainable CSR Growth: The promotion of women managers will likely lead to the sustainable growth of CSR initiatives. As more women take on leadership roles, healthcare organizations are poised to advance their commitment to ethical and sustainable practices.

Transformation of Organizational Culture: Over time, the presence of women managers will contribute to a shift in organizational culture towards values that are congruent with CSR. This transformation will be enduring, leaving a lasting impact on healthcare practices.

Improved Healthcare Ecosystem: The ongoing presence of women in leadership positions will contribute to a more diverse, inclusive, and patient-focused healthcare ecosystem. This has the potential to enhance healthcare quality and accessibility, benefitting the industry and society at large.

Proposed strategies for healthcare organizations to enhance gender diversity in management and align CSR initiatives with the United Nations Sustainable Development Goals (SDGs).

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