Gordon Institute of Business Science

University of Pretoria

Female leaders: A dynamic capabilities view on diversity and equality

Student number: 04990057

A research project submitted to the Gordon Institute of Business Science, University of Pretoria, in partial fulfilment of the requirements for the degree of Master of Philosophy (International Business).

28 November 2022

Abstract

Female representation in the upper echelons of business remains constrained, with only 27% of senior management roles occupied by women, who often experience bias despite possessing the same necessary management and leadership capabilities as their male peers. The management of multinational entities (MNEs), where underrepresentation of female leaders is still high, especially in patriarchal societies, stand to benefit from the role gender parity and diversity in South African and multinational businesses can and should play. Gender parity and a stronger presence of female leaders in the healthcare sector could have a positive impact on the sector. The unprecedented Covid-19 pandemic placed the spotlight on the provision of healthcare, and highlighted the plight of female frontline workers, as well as female leaders in this sector.

This study aims to glean an understanding of the dynamic capabilities used by female leaders in the healthcare sector when managing diverse teams and stakeholders, as limited research had been conducted on the convergence of female leaders, healthcare stakeholders, diversity management and dynamic capabilities. An epistemological qualitative approach was followed, using semi-structured interviews, anchored in the medical technology industry within South Africa. Similarities to existing literature was found, with new nuances added to the micro-foundations of dynamic managerial capabilities, adding a gendered lens, and thereby extending the international business literature. The study's recommendations to the healthcare sector contributes to the competitive advantage of firms, should female representation in senior management positions be embraced and thus reduce a gender and diversity bias.

Keywords

Dynamic managerial capabilities; diversity; female leaders; cultural intelligence; risk mitigation

Declaration

I declare that this research project is my own work. It is submitted in partial fulfilment of the requirements for the degree of Master of Philosophy International Business at the Gordon Institute of Business Science, University of Pretoria. It has not been submitted before for any degree or examination in any other University. I further declare that I have obtained the necessary authorisation and consent to carry out this research.

28 November 2022

LIST OF TABLES	
Table 1: Research question and propositions	5
Table 2: Consistency matrix	
Table 3: Summary of participants by management level and industry experience	38
Table 4: Interview duration, industry experience and role description by participant	46
Table 5: Interview guide questions diversity of stakeholders	
Table 6: Summary of themes and research construct	
Table 7: Select evidence on knowledge-sharing, training and learning case A	
participants	53
Table 8: Select evidence on knowledge-sharing, training and learning case B	
participants	57
Table 9: Select evidence on knowledge-sharing, training, and learning industry expe	erts
Table 10: Select evidence on cultural intelligence Case A participants	
Table 11 :Select evidence on cultural intelligence Case B participants	
Table 12: Select evidence on cultural intelligence industry experts	
Table 13: Select evidence on gender bias Case A participants	
Table 14: Select evidence on gender bias Case B participants	
Table 15: Select evidence on gender bias industry experts	
Table 16: Interview guide questions: Proposition 1	
Table 17: Select evidence Case A Proposition 1	
Table 18: Select evidence Case B: Proposition 1	
Table 19: Select evidence industry experts Proposition 1	
Table 20: Interview guide questions: Proposition 2	
Table 21: Select evidence Case A: Proposition 2	
Table 22 Select evidence Case B: Proposition 2	
Table 23: Select evidence industry experts: Proposition 2	
Table 24: Interview guide questions: Proposition 3	
Table 25 Select evidence: Case A Proposition 3	
Table 26: Select evidence Case B Proposition 3	
Table 27: Select evidence Case B 1 Toposition 3	
Table 28: Interview guide questions: Proposition 4	
Table 29: Select evidence Case A Proposition 4	
Table 30: Select evidence Case B Proposition 4	
Table 31: Select evidence Industry experts Proposition 4	
Table 32: Interview guide questions: Proposition 5	
Table 33: Select evidence Case A Proposition 5	
Table 34: Select evidence Case B Proposition 5	
Table 35: Select evidence Industry experts Proposition 5	
Table 36: Interview guide questions: Proposition 6	
Table 37: Select evidence Case A Proposition 6	
Table 38: Select evidence Case B Proposition 6	
Table 39: Select evidence Industry experts Proposition 6	
Table 40: Summary of findings	120
LIST OF FIGURES	0
Figure 1: Roadmap of Literature review	
Figure 2: Dynamic capabilities framework	
Figure 3: Healthcare stakeholders	
Figure 4: Contextual framework	
Figure 5: Interview code saturation by participant	
Figure 6: Updated contextual framework	100

CONTENTS

Abstrac	et	i
Keywor	ds	i
Declara	tion	ii
LIST OF	TABLES	iv
	FIGURES	
1. CH/	APTER 1: INTRODUCTION	1
1.1.	Background to the research problem	1
1.2.	Theoretical relevance to the research problem	2
1.3.	The research question and propositions	5
1.4.	The aim of the research	6
1.5.	The research contribution	6
1.6.	The scope of the study	6
1.7.	Structure of the report	7
2. CH/	APTER 2: LITERATURE REVIEW	8
2.1.	Introduction	8
2.2.	Discussion	8
2.2.1.	Dynamic capabilities	9
2.2.2.	Dynamic managerial capabilities	11
2.2.3.	Diversity management	12
2.2.4.	Female leadership	13
2.2.5.	Dynamic capabilities, diversity and competitive advantage in healthcare.	15
2.2.6.	Stakeholders in healthcare	16
2.3.	Key research themes and propositions	18
2.3.1.	Knowledge-sharing	18
2.3.2.	Cultural intelligence	19
2.3.3.	Diversity bias	20
2.3.4.	Social capital	22
2.3.5.	Crucial conversations	23
2.3.6.	Educational background	25
2.3.7.	Process and risk	26
2.4.	Chapter conclusion	28
3. CH/	APTER 3: RESEARCH QUESTION AND PROPOSITIONS	30
4. CH/	APTER 4: RESEARCH METHODOLOGY	34
4.1.	Research design	3/
	Population	36

	4.3.	Unit of analysis	.36
	4.4.	Sample and sample selection	.37
	4.5.	Data collection	.39
	4.6.	Analysis	.41
	4.7.	Limitations and ethics	.42
5.	CHA	APTER 5: FINDINGS	.44
	5.1.	Introduction	.44
	5.2.	Description of the interviews	
	5.3.	Description of the case studies	
	5.3.1.	Case organisation A	.48
	5.3.2.	Case organisation B	.48
	5.4.	The coding process	.48
	5.5.	Findings	.49
	5.5.1.	Diversity of stakeholders	.50
	5.5.2.	Main research question	.52
	5.5.2.1	Knowledge-sharing, training and learning	.53
	a)	Evidence from the female leaders: Case A	.53
	b)	Analysis of findings case A	.55
	c)	Evidence from the female leaders Case B	.57
	d)	Analysis of findings case B	.58
	e)	Evidence from the industry experts	.59
	f)	Analysis of findings industry experts	.60
	g)	Comparison of case studies and industry experts	.60
	5.5.2.2	2. Cultural intelligence	.61
	a)	Evidence from the female leaders: Case A	.61
	b)	Analysis of findings Case A	.62
	c)	Evidence from the female leaders Case B	.63
	d)	Analysis of findings Case B	.64
	e)	Evidence from the industry experts	.64
	f)	Analysis of findings industry experts	.64
	g)	Comparison of case studies and industry experts	.65
	5.5.2.3	B. Gender stereotypes	.65
	a)	Evidence from the female leaders: Case A	.65
	b)	Analysis of findings Case A	.66
	c)	Evidence from the female leaders Case B	.67
	d)	Analysis of findings Case B	.67
	e)	Evidence from the industry experts	.67
	f)	Analysis of findings industry experts	.68
	g)	Comparison of case studies and industry experts	.68

5.5.3. Pro	position 1	.68
5.5.3.1.	Questions included in the interview guides relevant to the proposition	.69
5.5.3.2.	Evidence from the female leaders: Case A	.69
5.5.3.3.	Analysis of findings Case A	.70
5.5.3.4.	Evidence from the female leaders Case B	.70
5.5.3.5.	Analysis of findings Case B	.70
5.5.3.6.	Evidence from the industry experts	.71
5.5.3.7.	Analysis of findings industry experts	.71
5.5.3.8.	Comparison of case studies and industry experts	.71
5.5.4. Pro	position 2	.72
5.5.4.1.	Questions included in the interview guides relevant to the proposition	.72
5.5.4.2.	Evidence from the female leaders: Case A	.72
5.5.4.3.	Analysis of findings Case A	.73
5.5.4.4.	Evidence from the female leaders Case B	.75
5.5.4.5.	Analysis of findings Case B	.75
5.5.4.6.	Evidence from the industry experts	.76
5.5.4.7.	Analysis of findings industry experts	.76
5.5.4.8.	Comparison of case studies and industry experts	.77
5.5.5. Pro	position 3	.77
5.5.5.1.	Questions included in the interview guides relevant to the proposition	.78
5.5.5.2.	Evidence from the female leaders: Case A	.78
5.5.5.3.	Analysis of findings Case A	.79
5.5.5.5.	Analysis of findings Case B	.80
5.5.5.6.	Evidence from the industry experts	.80
5.5.5.7.	Analysis of findings industry experts	.81
5.5.5.8.	Comparison of case studies and industry experts	.82
5.5.6. Pro	position 4	.83
5.5.6.1.	Questions included in the interview guides relevant to the proposition	.83
5.5.6.2.	Evidence from the female leaders: Case A	.83
5.5.6.3.	Analysis of findings case A	.84
5.5.6.4.	Evidence from the female leaders Case B	.84
5.5.6.5.	Analysis of findings Case B	.84
5.5.6.6.	Evidence from the industry experts	.85
5.5.6.7.	Analysis of findings industry experts	.85
5.5.6.8.	Comparison of case studies and industry experts	.85
5.5.7. Pro	position 5	.86
5.5.7.1.	Questions included in the interview guides relevant to the proposition	.86
5.5.7.2.	Evidence from the female leaders: Case A	.87
5.5.7.3.	Analysis of findings Case A	.87

5.5.7.	4. Evidence from the female leaders Case B	88
5.5.7.	5. Analysis of findings Case B	88
5.5.7.	6. Evidence from the industry experts	89
5.5.7.	7. Analysis of findings industry experts	89
5.5.7.	8. Comparison of case studies and industry experts	90
5.5.8.	Proposition 6	90
5.5.8.	2. Evidence from the female leaders: Case A	91
5.5.8.	3. Analysis of findings Case A	92
5.5.8.	4. Evidence from the female leaders Case B	93
5.5.8.	5. Analysis of findings Case B	93
5.5.8.	6. Evidence from the industry experts	94
5.5.8.	7. Analysis of findings industry experts	94
5.5.8.	B. Comparison of case studies and industry experts	95
5.6.	Chapter conclusion	95
6. CH/	APTER 6: DISCUSSION	100
6.1.	Introduction	100
6.2.	Discussion of findings: main research question	101
6.2.1.	Knowledge sharing	101
6.2.1.	1. Summary of findings	101
6.2.1.	2. Summary of literature review key insights	102
6.2.1.	3. Comparison of findings to literature	103
6.2.1.	4. Conclusion on knowledge-sharing	103
6.2.2.	Cultural intelligence	104
6.2.2.	1. Summary of findings	104
6.2.2.	2. Summary of literature review key insights	104
6.2.2.3	3. Comparison of findings to literature	105
6.2.2.	4. Conclusion cultural intelligence	105
6.2.3.	Gender stereotypes	106
6.2.3.	1. Summary of findings	106
6.2.3.	2. Summary of literature review key insights	106
6.2.3.	3. Comparison of findings to literature	106
6.2.3.	4. Conclusion gender stereotypes	107
6.3.	Discussion of findings: Proposition 1	107
6.3.1.	Summary of findings Proposition 1	107
6.3.2.	Summary of literature review key insights related to proposition 1	107
6.3.3.	Comparison of findings to literature Proposition 1	108
6.3.4.	Conclusion on Proposition 1	109
6.4.	Discussion of findings: Proposition 2	109
6.4.1.	Summary of findings Proposition 2	110

	6.4.2.	Summary of literature review key insights related to Proposition 2	110
	6.4.3.	Comparison of findings to literature Proposition 2	110
	6.4.4.	Conclusion on Proposition 2	
	6.5.	Discussion of findings: Proposition 3	111
	6.5.1.	Summary of findings Proposition 3	112
	6.5.2.	Summary of literature review key insights related to Proposition 3	112
	6.5.3.	Comparison of findings to literature Proposition 3	112
	6.5.4.	Conclusion on Proposition 3	113
	6.6.	Discussion of findings: Proposition 4	113
	6.6.1.	Summary of findings proposition 4	114
	6.6.2.	Summary of literature review key insights related to Proposition 4	114
	6.6.3.	Comparison of findings to literature Proposition 4	114
	6.6.4.	Conclusion on Proposition 4	114
	6.7.	Discussion of findings: Proposition 5	115
	6.7.1.	Summary of findings Proposition 5	115
	6.7.2.	Summary of literature review key insights related to Proposition 5	115
	6.7.3.	Comparison of findings to literature Proposition 5	116
	6.7.4.	Conclusion on Proposition 5	116
	6.8.	Discussion of findings: Proposition 6	116
	6.8.1.	Summary of findings Proposition 6	117
	6.8.2.	Summary of literature review key insights related to Proposition 6	117
	6.8.3.	Comparison of findings to literature Proposition 6	118
	6.8.4.	Conclusion on Proposition 6	118
	6.9.	Chapter conclusion	118
7.	CHA	APTER 7: CONCLUSION	123
	7.1.	Introduction	123
	7.2.	Principal theoretical conclusions	123
	7.2.1.	Knowledge sharing	123
	7.2.2.	Cultural intelligence	124
	7.2.3.	Diversity bias	124
	7.2.4.	Social capital	125
	7.2.5.	Crucial conversations	125
	7.2.6.	Educational backgrounds	125
	7.2.7.	Risk	126
	7.2.8.	Processes and governance structures	126
	7.3.	Research contribution	126
	7.4.	Recommendations for management and/or other stakeholders	127
	7.5.	Limitations of the research study	127
	7.6.	Suggestions for future research	127

7.7. Conclusion	128
REFERENCES	130
ANNEXURE A: SEMI-STRUCTURED INTERVIEW GUIDE: FEMALE LEAF	DERS 135
ANNEXURE B: INFORMED CONSENT LETTER	138
ANNEXURE C: SEMI-STRUCTURED INTERVIEW GUIDE: INDUSTRY EX	PERTS 139
ANNEXURE D: ETHICAL CLEARANCE APPROVAL	141
ANNEXURE E: CODES	142
ANNEXURE F: EDITING CERTIFICATE	153

1. CHAPTER 1: INTRODUCTION

1.1. Background to the research problem

Despite the gradual and steadfast improvement of women's rights in the past century, and gender equality forming part of the United Nations' 17 Sustainable Development Goals (United Nations, 2021), progress remains slow. According to the World Economic Forum (WEF), there are significantly more skilled women professionals than before; yet, only 27% of all managerial positions are occupied by female leaders (World Economic Forum, 2021). Of great significance is the increase in the number of women choosing to leave their current employer, where diversity, equity and inclusion policies do not resonate with them, as they do not address the improvements and changes that are imperative for a fairer workplace. This situation was highlighted during the Covid-19 pandemic (Krivkovich et al., 2022), especially in the burdened healthcare sector. Without serious intervention by business, the gender gap will take another 136 years to close (World Economic Forum, 2021). At the same time, international business and multinational companies (MNEs) stand to benefit from an improved role gender parity and diversity can and should play in the management of these companies. Underrepresentation of female leaders is still high, especially in patriarchal societies (Krivkovich et al., 2022). The unprecedented Covid-19 pandemic placed the spotlight on the provision of healthcare, and highlighted the plight of the predominantly female frontline workers as well as of the female leaders in this sector.

Given that only 27% of managerial positions are occupied by women, limited opportunities exist to showcase women's leadership styles. Authors tend to categorise women's leadership styles into either one of two categories; however, this is not a complete reflection of their management style, which can traverse between transactional and transformational, depending on the specific role and outcome requirement (Dwivedi et al., 2021; Giacomin et al., 2021; Nekhili et al., 2018).

South Africa as a host country to various MNEs is characterised by a rich and diverse demographic landscape, recognising 11 official languages and citing at least 10 different religions being practised in the country (GCIS, 2019), in addition to different cultures and the gender. Despite not necessarily being in the minority in numbers, but coupled with a patriarchal paradigm, women and underrepresented groupings face discriminatory challenges in South Africa. These challenges are especially difficult for female leaders. Therefore, this study examines the role of female leaders at the centre of managing diverse stakeholders.

The healthcare industry has been slow to change and, to date, has experienced limited disruption akin to what has happened in other sectors (Berry, 2019). Firms have had to contend with the medically insured population growth, where universal access to healthcare is still limited, competing at facility and doctor levels (Uner et al., 2020). The Covid-19 pandemic completely disrupted that assumption, with most private healthcare providers performing financially worse than during their pre-pandemic times, as all 'non-urgent' surgeries had to be cancelled or postponed. The financial impact was similarly felt by the ancillary service providers, including those with primary operations in medical technology, as the direct downturn in the private healthcare providers' spending resulted in a slowdown in equipment and consumables requirements.

The various stakeholders in the healthcare industry, which are influenced by various actors in the value chain and providers of care, have a diverse demographic, educational and social background. Female frontline workers often traverse from their clinical training background, into non-clinical managerial positions. This is of relevance to the study, as these female leaders are required to manage direct team members and also influence the external stakeholders, motivating them to acquire the company's products.

1.2. Theoretical relevance to the research problem

The relevance of female leadership and diversity management to international business could easily be questioned, where the examined topics are typically focused on MNEs, processes, and dynamic capabilities. Arikan and Shenkar (2022) recognise the complexity of international business literature and the evolution thereof, which emanated from anthropology, sociology and political science, encouraging a more inter-disciplinary approach to studies. Specific areas of under-emphasis include: (1) Neglected audiences and actors (groups, firms and locations); (2) neglected environmental layers; (3) neglected ideologies; (4) neglected economic systems; (5) neglected history; and (6) neglected interactions (Arikan & Shenkar, 2022). This study does not pretend to cover the full complexity and integration of all the under-emphasised aspects. Instead, the study considers female actors within the medical technology industry in the South African context that is nuanced from the traditional Western-based style of working. Ideological views of a specific country may have an impact on the cultural management of a company; yet, this could be different at the home and host country company location (Arikan & Shenkar, 2022). In the two case studies included in this study, it was a coincidence that both have their origins in Germany; yet the study deliberately focus on their South African operations, where patriarchy remains the norm and the political environment is tenuous.

Dynamic capabilities have been well-researched since the seminal work of Teece et al. (1997). However, only limited research had been conducted on healthcare and adjacent services, where research mostly focused on the internationalisation process of hospitals (Uner et al., 2020) and the emerging technologies in health insurance companies (Nayak et al., 2021). These studies also examined the use of artificial intelligence and machine learning by medical professionals (Fruehwirt & Duckworth, 2021) and companies shifting towards value-based care (Kokshagina, 2021). To the best of the researcher's knowledge, limited research has been done on the convergence between female leaders in healthcare and adjacent medical technology services and dynamic capabilities. The healthcare industry, similar to other industries, continues to be managed predominantly by men, despite the large contingent of female representation in non-managerial positions in these companies. This scenario seems to be stagnant, despite the richness in discussions and improved firm performance emanating from having female representation. Many of these women in managerial positions with diverse educational backgrounds could also add to the companies' performance, temper male Chief Executive Officers' (CEO's) over-confidence and reduce risk in times of crises (Bennouri et al., 2018; Besley et al., 2017; Chen et al., 2019). The Covid-19 pandemic was evidence of a severe crisis in the broader healthcare industry and again highlighted the challenges female leaders faced in this industry.

Gender bias and discrimination across the various business sectors tend to emanate from societal structures, which companies seem to replicate, despite seemingly operating as a gender-neutral entity. Research on gender in peer-reviewed top-rated international business journals is categorised into four distinct areas: (1) Contrasting and comparing women against men, (2) gender as a cultural macro variable, (3) gender as a control variable, and (4) 'doing' gender in international organisations (Koveshnikov et al., 2019; Serrano-Pascual & Carretero-García, 2022). These focal points lead Koveshnikov et al. (2019) to conclude that organisations are social spaces and therefore gendered. Koveshnikov et al. (2019, p. 47) invite scholars into redefining MNEs as a gendered social space, diffusing masculine values:

Given the immense potential, we have reconceptualized the MNC as a gendered social space. We invite IB scholars to pay more attention to its role as the principal agent of gendered power and politics in globalization and as a central site for diffusing and (re)producing masculine values and ideals across the world.

Literature in business and financial journals on female leadership and the impact on the firms' performance is ambiguous in its findings. Some scholars find a positive relationship

between female leadership and positive company performance (Bennouri et al., 2018; Brahma et al., 2021; Terjesen et al., 2016) and increased risk-taking (Poletti-Hughes & Briano-Turrent, 2019), while others report that female directors are more risk-averse, thus making them more suitable for monitoring roles and serving on the Board of Directors as opposed to being a CEO and thus tempering the over-confidence of male CEOs (Chen et al., 2019). This study adds a dimension on the risk appetite of women, positing that female leaders may mitigate risks instead of being risk-averse, which could be seen as risk-aversion by some scholars.

The research methodology in international business literature on female leaders is typically of a quantitative nature and focused on directorship and not C-level or senior management (Bennouri et al., 2018; Nekhili et al., 2018; Terjesen et al., 2016).

In a call for papers "A special issue on equality, diversity and inclusion" in international business by the *Journal of World Business* (Lu, et al., 2022), it is posited that international business research has focused primarily on culture as the focus of diversity and in so doing, it left room for research on how other sources of diversity such as gender, race and sexual orientation, among others, and the management thereof, contribute towards international business operations. This study posits that diversity in stakeholders also requires careful navigation and management.

The thread between gender and diversity is a natural one, with articles mostly written on the topic in anthropology and sociology journals. The impact of diversity management on effective business management of international businesses requires clearer articulation, as the topic is often only focused on by human resource (HR) specialists (Küskü et al., 2021).

Dwivedi et al. (2021) invite further research into how firms and their leadership may "enhance or mitigate barriers to women's effectiveness in leadership roles" (p.1902). This opens the door to further research on how business can embrace diversity and equality without tokenism and placing women (in both a gender and under-represented group context) at the pivot.

In the context of this study, the term 'diverse teams' refers not only to a direct subordinate and management relationship, but to the broader management of stakeholders in the competitive business environment, in which the female leaders function. The stakeholders in the South African and the multinational organisations are diverse regarding their educational, age, religious, racial, cultural and gender backgrounds. It is incumbent on the female leaders to influence various stakeholders, ranging from peers,

colleagues, and subordinates to customers and end users of their company's products to ensure sustainability of the business.

It is for these reasons that female leaders and the general definition of diversity, which includes demographic, social capital and human capital attributes, has been placed at the centre of this study.

1.3. The research question and propositions

The main research question is anchored in the call to action by three scholars, with (1) Arikan and Shenkar (2022) requesting integration of other theoretical realms into international business studies, recognising the complexity of the field; (2) Koveshnikov et al. (2019) proposing organisations are gendered social spaces, and (3) expanding the diversity focus beyond culture by the *Journal of World Business*.

To answer the challenges discussed in the introduction and find answers to the problem statement, the question and propositions are listed below, which will be discussed throughout the study.

Table 1: Research question and propositions

Research question and propositions	Key themes
The main research question asks how female leaders use their dynamic capabilities to	Knowledge-sharing Cultural intelligence
manage diverse teams in MNEs. Proposition 1: Female leaders use	Diversity bias
managerial cognition to reduce diversity bias.	0 : 1 : " 1
Proposition 2: Female leaders use managerial social capital and social capital diversity within team members' networks to reduce business barriers.	Social capital
Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to enhance a competitive advantage.	
Proposition 4: Female leaders, who use dynamic capabilities, have diverse educational backgrounds.	Educational background
Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance.	Risk and risk mitigation

Proposition	6: I	-en	nale	leade	rs impler	nent
governance	str	uct	ures	, pro	cesses	and
procedures	and	in	so	doing	enhance	the
competitive	adva	nta	ge.			

Corporate governance and processes

1.4. The aim of the research

The study aims at gleaning an understanding of which dynamic capabilities female leaders use to manage diverse teams and stakeholders, through using empirical evidence, which was collected and analysed using semi-structured interviews. To the best of the researcher's knowledge, limited research had been conducted on the convergence between female leaders in healthcare and adjacent medical technology services and dynamic capabilities. First, the study drew on existing literature, combining constructs of dynamic capabilities, dynamic managerial capabilities and diversity management, with a gendered lens. Second, it added to the extant literature with some nuances for consideration by scholars and guiding future research recommendations. Third, it aims at assisting organisations to understand how female representation in senior management roles may contribute successfully to the competitive advantage of a firm, through reducing or overcoming diversity bias, and in so doing also reducing the gender gap.

1.5. The research contribution

The study aims to contribute to the extant literature by applying a gendered lens to dynamic capabilities and the micro-foundations, which is to the best of the researcher's knowledge the first study intersecting healthcare, gender and diversity with dynamic capabilities. Second, most of the reviewed articles in international business studies on women focused on the role of CEO and directorships, whereas this study included senior and middle management female leaders. Third, a qualitative epistemological approach was followed, whereas the reviewed articles on female leaders followed a quantitative methodology. Fourth, it emphasise the contribution female leaders can make to the competitive advantage of companies.

The key themes identified, and which will be discussed, are (1) knowledge-sharing, (2) cultural intelligence, (3) diversity bias, (4) social capital and social capital diversity, (5) crucial conversations, (6) diverse educational backgrounds, (7) risk mitigation, and (8) process and governance.

1.6. The scope of the study

The study was anchored in the medical technology industry, focused on MNEs with a presence in South Africa. Female leaders occupying senior and middle management

roles were interviewed across two case companies, both of which happened to be held by German-owned parent companies. The South African healthcare industry, which has a large female representation, but who are often only occupying non-commercial roles, is highly regulated and has been slow to change, which allowed for richness of data. Limited studies had been conducted in international business studies on healthcare and the adjunct sectors such as medical technology providers.

The choice of country allowed for rich data analysis, because of (1) its culturally and historically diverse demographic, with 11 official languages (GCIS, 2019, p. 14), (2) South Africa being an emerging market, where institutional maturity and embedded practices are at varying levels and (3) the different levels of completed secondary and tertiary education, and the advancement of women into senior roles in organisations.

1.7. Structure of the report

The report started by providing an introduction to the research question and propositions in Chapter 1. Chapter 2 sets out the theoretical underpinnings of the study, followed by Chapter 3, which summarises the research question and propositions. Chapter 4 provides insights into the utilised research methodology, the ethical considerations, and the research approach and rigour. Chapter 5 provides the evidence of the findings and Chapter 6 discusses the findings and relates them to the academic literature. Chapter 7 concludes the study, outlining the research contributions, recommendations to stakeholders, limitations of the study and finally suggests areas for future research.

2. CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

The researcher followed a structured approach in integrating the various constructs related to the research topic and in building the themes, while also aiming to find the gaps in existing literature related to the topic, with the view of adding to the existing body of knowledge. The literature review, which follows builds on the intersectionality of dynamic capabilities, dynamic managerial capabilities and diversity management, as seen through the lens of female leaders in the medical technology industry, which has a close alignment and relationship to overall healthcare.

The discussion which follows has been structured by (1) research constructs, (2) female leadership, (3) the healthcare context and finally, (4) leading into the literature supporting the propositions and key themes extracted from the findings.

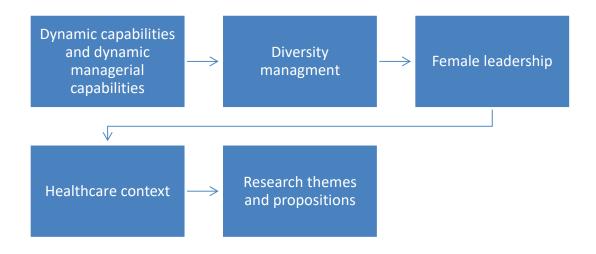


Figure 1: Roadmap of Literature review

Source: Author's own

2.2. Discussion

Dynamic capabilities have been extensively studied, integrating the organisational role with the individual influence (dynamic managerial capabilities) on the outcome of a firm's performance and competitive advantage. As limited studies have been done to the researcher's knowledge on the micro-foundations of dynamic capabilities from a gendered and healthcare industry perspective, this study focuses on female leaders in garnering an understanding on which dynamic capabilities are used by them and are contributing to competitive advantage, while they manage diverse teams. Against this

background, the literature review will discuss the underpinnings of dynamic capabilities, the intersect with dynamic managerial capabilities and diversity management, and contextualise it against the healthcare industry. The close relationship between leadership styles and managerial capabilities influenced the literature review, although no specific leadership style is attributed to enhanced dynamic capabilities. The interview collected data identified knowledge-sharing and cultural intelligence as microfoundations of dynamic managerial capabilities used by female participants in addition to the propositions that were focused on: (1) diversity bias, (2) social capital, (3) crucial conversations, (4) diverse educational backgrounds, (5) risk mitigation and (6) process and governance structures, which will be discussed in this chapter.

2.2.1. Dynamic capabilities

Dynamic capabilities were introduced as an extension of resource-based theory in an understanding of how firms build and sustain competitive advantage. Teece et al. (1997, p. 516) defined dynamic capabilities as "the firm's ability to integrate, build, and reconfigure internal and external competences to address rapidly changing environments." The firm's focus is on the ability to sense, seize and transform opportunities, and mitigate threats before competitors do and thereby creating value for both customers and the company (Porter, 1985). Dynamic capabilities are structured processes that are replicable and in "moderately dynamic markets, the evolutionary emphasis is on variation" (Eisenhardt and Martin, 2000, p. 1116), and the appropriate coordination of resources to achieve a competitive advantage (Eisenhardt and Martin, 2000). An apt framework of dynamic capabilities developed by Schilke et al. (2017) postures various aspects as influencing the outcomes such as antecedents, dimensions and mechanisms, which are influenced by moderators. The overlap between organisational and environmental antecedents and moderators at a high level are mediated through inward and outward looking focal points, such as organisational structure, culture (inward) and size, strategy, culture and so forth, compared to competitors (outward) (Schilke et al., 2017).

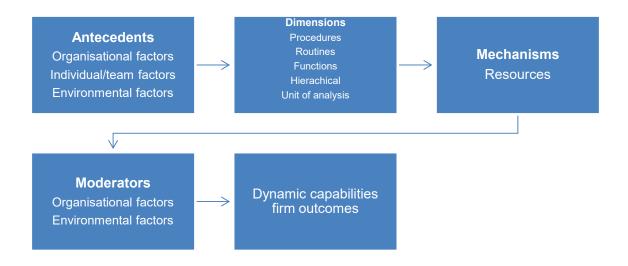


Figure 2: Dynamic capabilities framework

adapted from Schilke et al. (2017)

Scholars have adopted various dimensions against which to measure dynamic capabilities, categorised by Schilke et al. (2017) in a review of the literature, into (1) types of processes, (2) degree of routines, (3) functional domain, (4) hierarchy, and (5) focal unit of analysis either at an organisational, individual or team level. Not all categories of dynamic capabilities are necessarily embraced and utilised at an equal level by firms and individuals, resulting in diminished performance as sensing, seizing or transformation might receive either an overweight or underweight attention.

Dynamism is a function of carefully coordinating and responding to stimuli in a time-appropriate manner (Helfat & Peteraf, 2015; Teece, 2018). Dynamic capabilities are dependent on the setting or context of the environment where they are present, which reduces the replicability thereof, despite the focal point of processes. Although dynamic capabilities have been studied at an individual level, also termed dynamic managerial capabilities, research to the best of the researcher's knowledge and based on the review by Schilke et al. (2017) has not specifically been extended to a gendered focal point.

The seminal work of Teece et al. (1997) on dynamic capabilities envisaged companies essentially being able to adapt rapidly to a volatile, uncertain, complex, and ambiguous environment (VUCA). Dynamic capabilities are not only observable among top level

management, but senior and mid-level leaders also need to be equipped to as well as be allowed to innovate (Ferreira et al., 2020). A firm's performance is only as strong as its ability of adapt to the changing environment at sufficient pace by empowering senior and mid-level managers to do so. The Covid-19 pandemic has accelerated change across industries, which would otherwise possibly have taken decades to occur, forcing adaptation to VUCA. Yet, it also brought about a brittle, anxious, non-linear and incomprehensible work environment (BANI), which requires leaders to engage in a culturally and psychologically appropriate way with teams and stakeholders (MJV Team, 2021). The terminology of BANI is not yet well cited or widely used in highly rated scholarly business journals; however, it is something that business must contend with.

Dynamic capabilities comprise numerous layers of micro-foundations, including corporate foresight, innovation, cultivation of employees' skills and exploiting opportunities (Schwarz et al., 2020). Literature has advanced from a resource-based theory to dynamic capabilities in explaining a firm's performance, with a greater focus on the firm's performance from general as opposed to specific dynamic capabilities. Specifically, marketing, learning and innovation score higher in the dynamic capabilities articles reviewed, whereas product development and flexibility tend to score lower (Pezeshkan et al., 2016). This contributes a new dynamic on the value-based care focus within healthcare, which requires development of integrated care models, collaboration and therefore flexibility or leniency by all parties to reach a mutually beneficial accord (Kokshagina, 2021). It is also of importance in the medical technology sector, where the appropriate response to the environment and end-users' needs must be considered in developing products above the wants of the developer, as has been evidenced by the slow pace of adoption of new technologies in healthcare (Fruehwirt & Duckworth, 2021). Collaboration requires knowledge-sharing and an environment, in which crucial conversations can be held, considering and adapting to the diversity of the actors.

2.2.2. Dynamic managerial capabilities

The theory of dynamic capabilities intersects with the theory development of dynamic managerial capabilities, which asserts that strategic decisions of a company are made by managers, using capabilities to "build, integrate and reconfigure organisational resources and competences" (Adner and Helfat, 2003, p. 1020). Managers with the three attributes of managerial cognition, managerial social capital and managerial human capital, typically contribute positively to a firm's competitive advantage (temporary and sustainable), which evolved using the antecedents of dynamic capabilities and various HR theories (Helfat & Martin, 2015). Helfat and Martin (2015) also posit that a direct

relationship exists between dynamic managerial capabilities and entrepreneurial spirit of leaders. The micro-foundations of dynamic managerial capabilities were originally categorised based on sensing, seizing and transforming. At a sensing level, perception and attention are important; seizing centres on problem-solving, reasoning and language; whereas social cognition and communication are important for transformation (Helfat & Peteraf, 2015). Cultural intelligence is akin to perception and knowledge-sharing to social cognition and communication, two key themes that emerged from the study participants.

Corporate foresight is an important precursor to the overall management of people and performance, as people are not only a key resource, but also valuable because of their knowledge and transfer of such to other individuals, ultimately driving the firm's competitive advantage (Schwarz et al., 2020).

2.2.3. Diversity management

Movements such as #BlackLivesMatter and #MeToo have placed a different spotlight on diversity and equality during the past few years. Businesses are required to respond to the demands made by diverse groups and are expected to enhance the diversity and equality within their firms, while also taking cognisance of the international introduction of more rigid human rights regulations (Lu, Fitzsimmons, Özbilgin, Nkomo, & Thomas, 2022). Diversity in the corporate environment can take many forms, and an important focus is often placed on physically noticeable attributes, such as gender, race, ethnicity, and so forth. As it is multifaceted, and scholars have identified demographic, human and social capital as three categories of diversity, one could argue that there is some intersect in terminology and definitions of the dynamic managerial capabilities' attributes, which include managerial cognition, social capital and human capital. This sets the scene for overlap and integrating the role of dynamic managerial capabilities with those of diversity and effective team management.

Countercultural practices and cross-cultural acceptance have been found to positively contribute to employees' participation and sense of belonging, despite the underlying culture being either collectivist or individualism, when certain conditions are present, such as (1) strategic intent, (2) local preferences, (3) institutional drivers, and (4) social responsibility, which has not been well researched (Caprar et al., 2022). A limited number of studies focused on within-country cultural differences (Caprar et al., 2022). The relevance to this study is two-fold, as (1) the South African context has a diverse cultural background and thus, at a country level, the female leaders' management style and use

of identified dynamic capabilities may resonate differently with different stakeholders, and (2) the influence of the home country's policies or standardisation regarding diversity, may potentially be a mediator on the findings.

2.2.4. Female leadership

Feminist theory has its origins in the mid-1900s, which was criticised by minority groupings for being a "White" movement, as it does not consider the background and work conditions of women of colour (Holvino, 2010). In the current environment, prominent public male figures such as Barack Obama, former President of the United States of America and Canadian President Justin Trudeau, self-identify as feminists, considering the underlying focus being equality and not that women are better than men, as people not familiar with the true meaning of feminism often assume (Bell et al., 2019). Given that this study is focused on South African subsidiaries of international companies, it would be remiss of the researcher not to consider the local context of Africana Womanism, which places emphasis on family and community more so than an individualised focus on gendered equality, as an extension to feminist theories (Barry & Grady, 2019).

Several studies have been conducted on the impact of women on firms' performance, following the advances of women within the corporate environment, especially since the introduction and implementation of diversity policies worldwide. Bennouri et al. (2018) state that female directors have a positive impact on a firm's performance, while the market perception of investors has a negative correlation and impact on the share value. Terjesen et al. (2016), however, in a multi-country study, find that Boards with an increased proportion of female directors contribute both positively to their firm's performance and share value, which could be attributed to the perceived improved corporate governance. This is consistent with the view of Bennouri et al. (2018), where improved Board decision-making can be attributed to the presence of female directors and their leadership attributes. Nekhili et al. (2018) conversely confirm that both a firm's performance and share value are affected positively where the CEO is female in nonfamily firms and the chairperson is female in family firms. In many cases, these results are based on the fact that female leaders are able to adapt their leadership style to be transformational or transactional, depending on the position they hold in the firm as either a chairperson of the Board of Directors or the CEO of the firm.

Firms with gender diverse top management teams tend to be able to enrich the managerial capability, resulting in improved firm performance, and also able to better navigate challenges during times of crisis (Fernando et al., 2020). In most organisations, the role of a chairperson of the Board of Directors is focused on managing diverse Board members and complex environments. This requires a transformational leadership style, whereas a CEO is normally tasked with managing the firm and therefore its results, implying a more transactional style. Studies have placed women in both these roles (Nekhili et al., 2018). This leads to the assumption that it would require an individual to adapt their leadership style to fit in with the company's culture and the specific role requirements. It would also dispel the view that only one leadership style exists for all management or leadership roles and equally for both men and women (Nekhili et al., 2018).

The focus of female leaders in the healthcare context requires a fine balance between the transactional leadership style in leading their business to success, while they would also have to practise the transformational style when having to influence stakeholders who are not subordinates. This is of relevance to the female leaders within the medical technology industry, who are largely dependent on influencing clinicians, hospital groups and funders of medical care, and inform and motivate them regarding the importance of using the company's products. These female leaders are required to participate in discussions that provide the products at a suitable price point, which will also have long-term clinical benefits to the patients and thus downstream, an attractive cost saving to the funders.

Given that the Board of Directors is in place to ensure the organisation's compliance regarding governance and monitoring, and is tasked with strategy formulation, which also requires relational capital to be used in influencing and building cohesiveness among fellow directors, the focal point in academic research is often on directorship in the female leadership context as opposed to executive leadership roles. However, it is important to note that sensing, seizing, and transforming are joint responsibilities and not incumbent only on a select group at director or executive level. Thus, expanding the reach of literature on female leadership other than only in the roles of directorship and CEO, is essential for studies that focus on confirming several hypotheses that had used quantitative research methods, by using a qualitative approach, as this will add to existing literature.

The ambiguity regarding the role female leaders play in their firms' performance leads to further research being needed when aiming to gain an understanding as to which dynamic capabilities female leaders use to contribute positively to their firms'

performance, and this informed the main research question.

2.2.5. Dynamic capabilities, diversity and competitive advantage in healthcare The World Health Organization and United Nations put access to basic healthcare forward as a basic human right, advocating for universal access to healthcare (United Nations, 2021). However, such universal and easy access to quality healthcare remains wanting, most notably in emerging economies, necessitating the need for private healthcare providers and the so-called grudge purchase by patients (Agwunobi & Osborne, 2016; Kokshagina, 2021).

Healthcare providers typically compete for highly reputable clinicians by investing in modern facilities and state-of-the-art equipment. This also tends to instil trust among patients when they seek a modern, capable healthcare institution for their treatment. The balance between capital intensive investments, and financial and operational performance are dynamic, which could either create or destroy the ultimate corporate value (Uner et al., 2020) of these firms. Although the focus of the study is on the medical technology sector, the context of the hospital provider environment is an important one, and given the competitive advantage of these firms, they are highly dependent on the curative and diagnostic capabilities of hospital providers. Supply chain collaboration in the hospital-supplier relationship also has been found to enhance the competitive advantage and dynamic capabilities of the hospital provider. Therefore, the medical technology firms stand to gain exponentially, if they are successful in establishing both an integrative and collaborative relationship focused on technology, but more importantly, on knowledge-sharing (Mandal, 2017). It is understood that a dynamic tension exists between funders of care, wanting to reduce the overall cost of care, yet currently focused on cost per event, whereas technology is a driver of increased medical inflation. Hospital providers unwilling to embrace technology and the associated shortterm cost and absorbing some of the immediate return on investment limitations, may lose overall sustainability. This necessitates a holistic view of short-term and long-term viability. Female leaders may have a greater influence on such perceptions through their collaborative approach in engaging with stakeholders.

The antecedents of dynamic capabilities are built on micro-foundations, such as processes, methodologies and routines (Kokshagina, 2021; Teece et al., 1997), corporate foresight (Schwarz et al., 2020), and business model innovation (Randhawa et al., 2021). The notion that dynamic capabilities, at an individual level, also referred to as dynamic managerial capabilities, can only be present with managers responsible for

the commercial operations of a business, is a false one. It takes a host of stakeholders and participants in the ecosystem to achieve and maintain a firm's competitive advantage. In the healthcare and adjacent medical technology industry, the varied and diverse stakeholders include clinicians, allied health professionals, nurses and pharmacists, as well as all the financial, strategy and commercial business managers. Without every cog in the wheel acting and operating in harmony, a competitive advantage will be absent, as the necessary transformation will not take place (Kokshagina, 2021).

The healthcare industry, in the past was not affected dramatically by change, although to date, it has been operating in a moderately dynamic market focused on variation, with a reasonably stable product life cycle. However, it is rapidly moving towards a volatile market (Eisenhardt & Martin, 2000), and it will experience disruption that will be affected by digital transformation, and disruptive technologies and strategies (Fruehwirt & Duckworth, 2021). Value-based care in healthcare has become more topical in medical academic articles in recent years, although most healthcare companies are still at the infancy stages of truly embracing and implementing it (Kokshagina, 2021). It is built on the premise of improving quality care, while simultaneously reducing cost, and it is focused on clinical outcomes, which - if achieved - can provide the healthcare provider with a sustainable competitive advantage (Agwunobi & Osborne, 2016). The importance of having suitable, high-quality equipment is a double-edged sword in the improved clinical outcomes; yet, this comes often at a more expensive cost. Should providers and funders continue to focus on the near-term, immediate cost savings realised, as opposed to evaluating the longer-term benefits to patients and funders alike, overall cost of care is unlikely to reduce at any noteworthy level. Thus, the conundrum for medical technology providers and by inference their leaders, is having to influence the stakeholders responsible for the cost management, which are unlikely to be the end-user medical professionals, to make use of their products, illustrating the long-term benefits over the immediate cost savings.

2.2.6. Stakeholders in healthcare

Understanding the various stakeholders in the healthcare value chain is important to contextualise the focus of this study, which refers to the role of female leaders in the organisations using their dynamic capabilities. Placing the patient at the centre, every stakeholder in the healthcare industry is as important as the next one, but probably has a different outcomes focus. The discussion that follows is based on the researcher's experience within the industry.

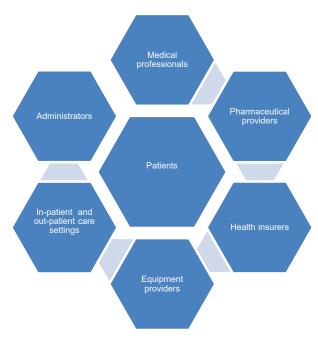


Figure 3: Healthcare stakeholders (Source: Author's own)

Medical professionals include all clinically-focused members, doctors, nurses, pharmacists, and allied health professionals, taking joint and individual responsibility for the overall patient care. South Africa's healthcare is a highly regulated environment, where conduct is governed by professional bodies such as the Health Professions Council of South Africa (HPCSA), the South African Nursing Council and the South African Pharmacy Council, among others.

Pharmaceutical providers include manufacturers, importers or both, of medical consumables and medication, used in the treatment of patients.

Health insurers (medical schemes) and administrators play an interlinked role, with the insurers pooling risk profiles of their membership, through monthly contributions and making payment to the healthcare provider, when there is a claim or medical event for a specific patient. The administrator typically plays a managed role of the medical scheme.

Equipment providers are either manufacturers or importers of medical and other equipment, facilitating the effective treatment of patients. They are suppliers to in-patient and out-patient care providers.

In-patient and out-patient care settings include, among others, hospitals, primary care

facilities, mental health facilities, renal dialysis, oncology services, diagnostic imaging and pathology services, and physical rehabilitation facilities.

2.3. Key research themes and propositions

The main research question aims to answer how female leaders use dynamic capabilities to manage diverse teams. The researcher identified two key themes informing the discussion on the main research question: (1) knowledge-sharing and (2) cultural intelligence. The remainder of the discussion will be focused on the propositions developed that were based on the literature review.

Leadership styles have not been a core focus of dynamic capabilities, despite the focus on managerial capabilities, allowing for the effective utilisation of individual and team skills. However, they have been extensively discussed in HR and organisational journals. The specific micro-foundations discussed in this study, however, in many instances have a close correlation with the leadership styles pursued by female leaders.

2.3.1. Knowledge-sharing

Knowledge-sharing has been found to be a key competence of transformational leadership, facilitating innovation in employees, when combined with organisational learning, in an organisational environment that promotes learning and knowledge-sharing (Khan & Khan, 2019). Transformational leaders who are adept at knowledge-sharing, have been categorised into those who are (1) at an individual level focused transformational leaders, (2) team-based transformational leaders, or (3) they are dual focused (both individual and team level) transformational leaders. Of significance is the finding that team-based knowledge-sharing influences individual's creativity, especially where the skills development levels are lower (Dong et al., 2017). This reflects a close correlation between cultural intelligent teams, where interdependence and cooperation are greater and where the awareness is greater (Alexandra et al., 2021). However, knowledge-sharing between culturally diverse groups may be less effective, because of language and cultural barriers or differences, which requires leadership input from those with cultural intelligence (Ali et al., 2019).

Taking a different perspective or a leader making the deliberate effort to distance themselves from their own viewpoint and consider the views of others, is an important part of knowledge-sharing, which was found to be an aspect of respectful leadership. Where respectful leaders use perspective-taking as a mechanism to share and receive

knowledge, their teams are also more willing to impart their knowledge to their colleagues and team members (Gerpott et al., 2019). However, the leader must be able to learn and gather knowledge, and then consider the newfound information against their existing knowledge.

Therefore, leaders must be receptive to knowledge transfer, using mental activities such as perception, reasoning and, in sum, emotional intelligence, known as managerial cognition, (Helfat & Martin, 2015), while simultaneously reasoning and adapting to the changing environment and likewise sharing their knowledge. Should they fail in such information or knowledge transfer, it could have serious negative outcomes and affect or even destroy the competitive advantage of a firm, which – in a worst-case scenario – may include bankruptcy and market obsolescence.

2.3.2. Cultural intelligence

Cultural intelligence (CQ) closely aligns with diversity management, as it refers to an individual's ability to adapt and function within a culturally diverse environment. Appropriate CQ and by proxy stakeholder management by leaders could enhance the firm's dynamic capabilities and thereby its competitive advantage. This is based on the findings that a culturally diverse environment cultivates greater collaboration and teamwork through garnering a greater understanding of the different cultures and thus, engaging in a culturally relevant manner (Alexandra et al., 2021). It furthermore enhances both individual and team-level creativy, when knowledge-sharing is done across culturally diverse teams, and by employees with high cultural intelligence (Ali et al., 2019). It could be argued that knowledge-sharing and cultural intelligence possess close intersectionality.

CQ in an expatriate context is based on informal and formal structures, where the informal structure refers to it being based on culture, gender, and so forth (Stoermer et al., 2021). Although the context of the study was based on knowledge-sharing across host and home countries, the informal CQ structures can equally be applied to the South African diverse and multicultural background. The definition of multiculturalism has been challenged, urging scholars to focus International Business research on an individual level and how it affects the power dynamics of the MNEs. Multiculturalism requires an individual to display three distinct characteristics: (1) Knowledge of the culture, (2) internalisation of the culture, and (3) identification with the culture (Vora et al., 2019). Although all three antecedents are not necessarily present in culturally intelligent individuals, one could argue that they would need an understanding of other cultures, in addition to their primary culture.

In the multidimensional South African context and MNEs working across country borders, this is of relevance to the study, where female leaders are expected to act in a culturally appropriate way when managing and interacting with diverse stakeholders and team members. High levels of CQ should drive greater acceptance, participation, and inclusion beyond the mere tolerance of each other's culture.

Overcoming of barriers through an integrative approach with the various actors in the ecosystem, without passing the burden to other actors in the ecosystem, should ideally realise an economic benefit to an organisation (Bianchi et al., 2022). The overall management of diversity and having cultural intelligence is of particular importance in the healthcare industry, where the stakeholders have achieved different levels of professional qualifications and training, and come from very different cultural backgrounds, yet, all are playing crucial roles in the caregiving to patients.

2.3.3. Diversity bias

The dimension and dynamics of tolerance and respect are important considerations in diversity management, as they are not mutually exclusive, especially where under-represented groups are employed within an organisation. Lozano and Escrich (2017, p. 693) contribute an impactful statement to business to look beyond profit-seeking and managing diversity on an ethical basis:

"Cultural diversity management in firms requires serious normative reflection on legitimate cultural practices and actions that foster dialogue between different traditions and respond to the moral imperative of respect for people's dignity."

Team effectiveness can be measured by the firm's positive outcomes, but prior to success, it is affected at varying levels of task dependence. Effectiveness often results in more depth and breadth within the team, based on the individual level diversity of skills, experience, social networks, and cultural, ethnic, and racial backgrounds, coupled with the multi-facets of team diversity. However, there is always the risk that diversity bias could take place, where personal range is absent within the team, along with limited personal range interactions with team-level diversity for the under-represented groups (Tasheva & Hillman, 2019).

Team effectiveness can equally be affected by the leadership style of the leader, by the way the leader sets examples and addresses the team's diversity or the different cultures, and how diversity within the team is embraced and bias overcome, especially

where a similar bias was experienced by the female leader. Some authors claim that gender influences the leadership style, with women typically being assumed to follow a more transformational style, being more democratic and interactive, whereas men are assumed to be more transactional, being directive, results and task orientated (Nekhili et al., 2018). The stereotypical view of whether a woman possesses masculine or feminine characteristics as an effective leader in the upper echelons of management can lead not only to bias and prejudice, but it can potentially reduce the longevity of the individual in a senior role (Dwivedi et al., 2021). Such bias or gender stereotypes are founded on societal norms, and they ignore intersectionality. A limited study focused on visual facial attributes, finding that women in leadership positions are perceived to display powerful, yet warm attributes, regardless of the industry differentiation between perceived masculine and feminine industries (Giacomin et al., 2021).

In a limited study based on a Sri Lankan subsidiary of a Western MNE, Fernando (2020) discusses how the host country incumbents responded to the corporate-driven diversity agenda, challenging, and influencing the overall policy and power relationship. Senior management embraced the policy, implementing it without questioning or considering the local context, leaning into the power dynamic. Women in specialist roles distanced themselves from the gendered diversity agenda, refuting that they were in need of help and thus inferior. However, women in senior management roles held a strong view that the local cultural and societal conditions needed to be understood when implementing the policy, and in so doing, advocated to the organisational change agenda, removing the power relationship held by the organisation (Fernando, 2020).

The setting and gendered diversity focus in the Sri Lankan context can be extended to this study, where female leaders of different ages and seniority may have different focused outcomes for themselves and team members. Female leaders and minorities displaying diversity-valuing behaviour are, however, at significant risk of being further stereotyped, negatively rewarded and deemed less competent than their White male counterparts. This in turn, may exacerbate the glass ceiling effect, despite diversity initiatives being in place in the firm (Hekman et al., 2016). This finding might explain why women in specialist roles are less likely to support diversity initiatives, despite the view that they feel it depicts them as needing help, whereas women in senior management roles have already experienced the discrimination and they are therefore more willing to advocate the plight of minorities (Fernando, 2020).

The presence of an atypical leader, described as an individual from an under-

represented grouping or minority ascending to a position of leadership could have a positive influence on advocating the rights of minorities. However, supportive organisational structures are a prerequisite to allow the diversity agenda drive (Samdanis & Özbilgin, 2020). The authors also postulate that atypical leaders may both legitimise as well as delegitimise different aspects of diversity, depending on their own social disposition, such as class, race and gender. They may focus on diversity aspects that resonate with them and neglect the ones they deem less relevant or where dominance in the organisation prevails. Although the article was conceptual and more research is recommended, female leaders can be described as holding the position of both an insider and an outsider in the corporate environment, allowing them to advocate the rights of minorities having access to the internal structures, because of their position as an atypical leader, overcoming diversity bias.

An interesting finding by Bennouri et al. (2018) is that female directors have a positive impact on a firm's performance, while the market perception of investors has a negative correlation and impact on the share value, pointing to potential investor bias. Bias against female leaders could emanate from both internal and external company sources. This will be an important consideration in determining the way female leaders, using dynamic capabilities, in South Africa's healthcare sector overcome and manage such bias and prejudice, coupled with their propensity to champion for other minorities.

Proposition 1: Female leaders use managerial cognition to reduce diversity bias

2.3.4. Social capital

Managerial social capital infers the ability managers must have to build and maintain social networks to gain information and access resources, including skilled personnel, and identify and seize opportunities. Social ties could also inform the managerial beliefs about the environment (Helfat & Martin, 2015) and as such, leaders may tend to have a closed network that was built over time and on trust, allowing for deeper collaboration. Inversely, they may find it challenging to collaborate outside of their network and therefore, this limits the potential for diverse views and information being shared (Burt et al., 2021). On the other hand, managers with too broad a social network may lose focus on the task at hand when trying to seize opportunities to diversify (Holzmayer & Schmidt, 2020). This contradicts the notion that managerial social capital enhances strategic decision-making (Helfat & Martin, 2015).

An individual's social network could be expanded through introductions by colleagues and team members. Social capital diversity refers to the various stakeholders the different team members know, who are not consistent across the group, leading to a broader overall team network. Individuals with a personal high social capital range may gain access to individuals not within the broader team's network, resulting in more information and resources being shared with the team (Tasheva & Hillman, 2019).

Because of the stereotypical physical attributes required, women practising a trade in a typically male dominated environment will be required to acquire cultural capital through education and gaining work experience. Social capital is a function of existing informal networks; however, it is also evident that transferability of social capital is prevalent where existing networks are not in place (Bridges et al., 2022), utilising social capital diversity. Although the study had a different industry focus, it is likely that the mechanisms used by women to broaden their social networks are similar.

Leaders in the complex healthcare industry should possess both relational and social capital, which are important attributes to convince the various stakeholders, from hospital provider procurement decision-makers and funders of care to medical professionals, and those most likely to use their products, of the benefits regarding the products they offer. They must also understand all regulatory, technological, and disruptive changes in the industry, along with the emergence of new entrants, often competing more on price, with less emphasis on quality. This leads to proposition 2.

Proposition 2: Female leaders use managerial social capital and social capital diversity within team members' networks to reduce business barriers

2.3.5. Crucial conversations

Holding crucial conversations and influencing stakeholders to focus on a common goal, are premised on the creation of a psychologically safe environment. Psychological safety is said to improve knowledge-sharing, innovation, better communication, and collaboration, all of which ultimately improve the firm's performance (Newman et al., 2017).

In reviewing articles on psychological safety, Newman et al. (2017) states that these are typically categorised at an individual, team or organisational level. Divergent views were held on the level at which psychological safety is inculcated, with the review finding some

authors positing it is at an individual level, while others perceived this to occur at a team level, and a limited number at an organisational level. The leadership style of an individual can either create or diminish the comfort level at which team members are willing to share their views, linking to both managerial social capital and managerial cognition.

In an understudied dimension of dynamic managerial capabilities, specifically managerial cognition and managerial social capital, the ability of leaders to regulate their emotions, as well as that of others, in difficult conversations have been found to improve the relationships, resulting in the ability to change strategy as well as being able to seize opportunities that can enhance the firm's competitiveness (Huy & Zott, 2019). The authors further challenge the assertion that dynamic capabilities only alter a firm's resources, positing that "putting existing resources in action more frequently, intensely or longer" (p. 51), is a mechanism to realise value for the firm. This intersects with the ability of leaders to hold crucial conversations, while also creating a psychologically safe environment, through appropriate emotion regulation.

The healthcare industry is a complex and changing environment, which requires multistakeholder engagements and an openness or willingness of leaders to integrate stakeholder participation, their views and feedback into effecting change that will enhance the organisation's competitive advantage (Agwunobi & Osborne, 2016; Kokshagina, 2021). The industry has seen technological advances predominantly in the realm of equipment, which enables clinicians to perform surgeries and make diagnosis in a less invasive manner for the patient and thereby improving the clinical outcomes (Agwunobi & Osborne, 2016). Developments regarding the access to, sharing of, and the management of data, machine learning and artificial intelligence pose an opportunity to further equip healthcare professionals and clinicians with technology that will reduce the number of mundane tasks having to be handled by them, and increase their clinical time spent with patients.

Technical experts have a far more positive outlook on the potential uses of technology than do healthcare professionals, who express a low level of seeing the desirability of automation, where emotional intelligence and direct clinical engagement are required (Fruehwirt & Duckworth, 2021). To implement major technological change will require both an understanding of clinicians' key concerns regarding a change towards using more up-to-date and efficient technology, as well as involving them in adequate dialogue and engagement on how to overcome potential challenges. The importance of these changes to healthcare leaders do not only concern the technological advances, but also

how these could have a negative impact on their firm's competitive advantage if they are not embraced. Paradoxically, the Covid-19 pandemic has accelerated a greater and earlier acceptance of technology, which includes aspects such as virtual care, despite the regulatory bodies acting as one of the barriers to the implementation and adoption thereof (HPCSA Corporate Affairs, 2022).

Diversity management literature is typically focused on race and gender. However, given the varied cultural, racial, gender and educational backgrounds of the stakeholders in the healthcare sector, one can contextualise stakeholder management to diversity management, both of which will require crucial conversations. The ability of female leaders to create a psychologically safe environment and hold crucial conversations with stakeholders informs proposition 3.

Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to enhance a competitive advantage

2.3.6. Educational background

Education levels with a focus on commercial or business-related qualifications have not been conclusively proven to make a difference to the firms' performance, while Bennouri et al. (2018) find that diverse educational backgrounds result in firms' positive performance. Female directors tend to enhance their educational background with business degrees and attaining Master and PhD degrees, bringing specific skills to the Board. Terjesen et al. (2016) posit that diversity in women's educational background results in richer discussions, creativity and innovative solutions.

Attributes that influence their firms' performance have been women's educational background, years of tenure and their experience, as well as their relational or social capital. Controlling for financial industry and the United Kingdom and the United States of America, the results are similar across developing economies and other industries (Terjesen et al., 2016). This is of value in the healthcare business setting, where female leaders, who are using their dynamic capabilities, could have clinical, HR or commercial educational backgrounds, which informed proposition 4.

Proposition 4: Female leaders, who use dynamic capabilities, have diverse educational backgrounds

2.3.7. Process and risk

Managerial human capital is the ability of managers to use their knowledge and skills (educational and experience) to sense, seize opportunities and reconfigure resources (Helfat & Martin, 2015). It could be viewed as both a 'benefit and a curse' to have individuals with a long tenure and experience working at a company or in a specific sector. A long tenure allows for the development of a richer understanding of the challenges within the industry, but it could equally result in inertia to respond timeously to an external, potentially disruptive stimulus. Given the slow pace of change in the healthcare environment, this is of particular relevance in the context of this study, where the environment will be faced by disruption and new entrants emerging from unexpected sources, including new technology (Agwunobi & Osborne, 2016). The advent of the Covid-19 pandemic has accelerated change and the acceptance of new or different ways of doing things and disrupted historically-sound business models. If companies and by implication the leadership of these companies, fail to embrace the fast changing environment and adapt accordingly, they will lose relevance rapidly.

Managing changing environments requires individuals having to adapt and develop new dynamic capabilities. The Covid-19 pandemic has forced healthcare providers to rapidly adapt and transform their businesses, requiring them to develop new dynamic capabilities. Although change is typically driven from or at an organisational level, it is incumbent on all individuals to effect the change. They may be better equipped to act and implement change at a faster pace, without the sometimes cumbersome, and potentially limiting barriers to business model innovation bureaucracy present in the MNEs' corporate structures (Bocken & Geradts, 2020).

In line with all other successful organisations, health insurance companies are pressed to invest in product innovation, service delivery, human resources and a people orientation, emerging technologies, knowledge management and technical expertise (Nayak et al., 2021). This has become even more demanding as the Covid-19 pandemic stabilised towards an endemic stage. The dynamic tension between health insurance companies and healthcare providers is an important consideration when evaluating the different dynamic capabilities each possess. Health insurance companies are typically the providers of funding for health interventions. Over the past decade, their focus has shifted from providing funding for acute care towards encouraging preventative care, whereas healthcare providers are still focused on curative interventions through the

diagnosis and treatment of patients. The power funders of care hold over decisions on which technologies and treatments are funded, despite the regulatory environment guiding prescribed minimum benefits, which funders must reimburse, has also increased, with a significant focus on reducing the cost of care. Medical technology providers typically focus on providing equipment and consumables to healthcare professionals; yet, they are faced with similar challenges as those experienced by hospitals, as patients place their health and wellness first, shifting to ambulatory care models, such as day procedures, care at home and preventative care. Without adapting to the change and enabling technologies, maintaining quality but at a cost-effective solution, the traditional industry players are at risk of obsolescence. This adaptation requires both risk mitigation and implementation of processes and procedures.

In a study that evaluated CEO's overconfidence and the tempering effect of female directors, the findings reflect that firms with greater female representation follow less aggressive investments strategies, which in times of a crisis negates poor firm performance (Chen et al., 2019). Interestingly, there is no correlation when the CEO is female, indicative of the likely consideration of risks being an innate characteristic. The authors' posit that it is likely because of having a dissenting voice, challenging group thinking, requiring deeper evaluations and discussions before making a decision. Conversely, Poletti-Hughes and Briano-Turrent (2019) find that female directors increase a firm's risk-taking. However, this is context dependent and pivots on venture risk and preservation of socio-economic wealth, coupled with breaking through the glass ceiling leading to less risk aversion. The researcher posits that female leaders are not necessarily risk averse, but rather identify, evaluate and then mitigate risks, informing proposition 5.

Corporate governance is premised on processes and procedures being in place, which need to be adhered to, and inform decision-making. Organisational design, another micro foundation of dynamic capabilities, informs business model innovation. In organisations, where the values and structures stifle innovative thinking, it is setting an unfortunate chain of events in action, which may result in lost opportunities to ensure the future sustainability of the business (Agwunobi & Osborne, 2016; Bocken & Geradts, 2020). First, it is important for healthcare leaders in large healthcare organisations to be empowered so that they will be able to adapt quickly to the changing environment. Second, the organisational structure plays an important moderating role in how knowledge is shared among colleagues, both local and abroad (Stoermer et al., 2021), which influences how leaders apply dynamic capabilities, as the organisation could

facilitate or hinder the implementation of processes and procedures to create a structured environment.

This discussion informs propositions 5 and 6, positing that female leaders identify, evaluate and mitigate risks and also implement processes and procedures to create a structured environment.

Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance

Proposition 6: Female leaders implement governance structures, processes and procedures and in so doing enhance competitive advantage

2.4. Chapter conclusion

The literature remains ambiguous on the role female leaders play in creating and retaining a competitive advantage of firms. Although numerous studies have been conducted that focused on topics such as gendered leadership styles and women's propensity to take risk in business leadership roles, few have focused on which dynamic capabilities were used by women. Dynamic managerial capabilities as an extension of the dynamic capabilities and resource-based view have evolved over the past 20 years, becoming an established construct within international business research studies. The focus was on individual level capabilities, whereas dynamic capabilities were on that of the organisation, with processes forming one of the main foundations. However, the development and implementation of processes and governance structures are dependent on individuals and the research will illustrate the interaction between individuals and the organisation, with female leaders at the centre of the study. Although micro-foundations have been defined, with managerial social cognition, managerial social capital and managerial human capital as the main antecedents, this research will extend existing knowledge with a female leadership and diversity lens applied. Diversity in teams and stakeholders, including social, human and demographic capital, leads to richer discussions and if harnessed appropriately, improved firm outcomes, which is dependent on appropriate knowledge-sharing and the cultural intelligence of the leaders.

The literature review leads to the conceptual framework, which builds a strong correlation between dynamic capabilities, dynamic managerial capabilities and diversity management, depicted in Figure 4.

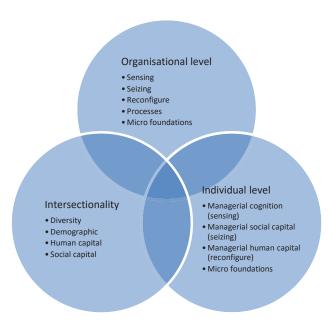


Figure 4: Contextual framework (Source: Author's own)

3. CHAPTER 3: RESEARCH QUESTION AND PROPOSITIONS

This chapter summarises the main research question of how female leaders use dynamic capabilities to manage diverse teams, and the associated propositions that will be discussed in further detail in the findings in Chapter 5, along with the theoretical framework in Chapter 6.

The link between dynamic capabilities, dynamic managerial capabilities and diversity, and how these could enhance team effectiveness and leadership, leads to propositions to explore in answering the main research question of how female leaders use their dynamic capabilities to manage diverse teams in MNEs. The main research question will focus on specific micro-foundations of female leaders managing diverse teams, which are summarised below, followed by the propositions. The themes emerging from the literature review, which were used in arriving at the propositions, are displayed before discussing these propositions further.

Table 2: Consistency matrix

Research question/ Propositi on	Context/Emerging theme	Authors	Research construct keywords
Main research question	Knowledge sharing	Khan and Khan (2019) Dong et al. (2017) Ali et al. (2019) Gerpott et al. (2019) Helfat and Peteraf (2015) Vora et al. (2019) Bianchi et al. (2022)	 Social cognition Human capital
Main research question	Cultural intelligence	Alexandra et al. (2021) Dong et al. (2017) Ali et al. (2019) Stoermer et al. (2021)	Managerial social cognition
_	Gender bias		Feminism – this was not originally envisaged to be included, however, it emerged as a theme during the interviews

Proposition 1	Female leaders have likely experienced diversity bias and are expected to reduce similar bias against other minorities.	Tasheva and Hillman (2019) Samdanis and Özbilgin (2020) Hekman et al. (2016) Dwivedi et al. (2021) Bennouri et al. (2018)	 Dynamic managerial capabilities – Managerial cognition (sensing) Diversity management – Social categorisation based on demographic and human capital
Proposition 2	Leaders in the complex healthcare environment should possess relational and social capital to influence stakeholders.	Helfat and Martin (2015) Burt et al. (2021) Bridges et al. (2022) Tasheva and Hillman (2019)	Managerial social capitalSocial capital
Proposition 3	The complexity of the healthcare industry requires leaders to hold of multi-stakeholder engagements and integrate participation to enhance competitive advantage.	Agwunobi and Osborne (2016) Fruehwirt and Duckworth (2021) Huy and Zott (2019) Newman et al. (2017)	 Managerial cognition Managerial social capital Managerial human capital Social capital Human capital
Proposition 4	Diverse educational backgrounds result in richer discussions and positive firm performance. The researcher posits female leaders in the healthcare industry have diverse backgrounds and progressed their careers into roles that have an impact on competitive advantage.	Bennouri et al. (2018) Terjesen et al. (2016)	Managerial human capital
Proposition 5	Ambiguity exists on female leaders' risk appetite. The researcher posit it is the result of female leaders' innate ability to identify, evaluate and mitigate risks.	Bennouri et al. (2018) Terjesen et al. (2016) Chen et al. (2019) Poletti-Hughes and Briano-Turrent (2019) Fernando et al. (2020)	 Managerial cognition Managerial human capital Managerial social capital Human capital Social capital

Proposition 6	Process and procedures are governed at an organisational level; however, the researcher posit that female leaders are likely to develop and implement these.	Bennouri et al. (2018) Terjesen et al. (2016) Bocken and Geradts (2020) Agwunobi and Osborne (2016) Stoermer et al. (2021) Fernando (2020)	 Managerial cognition Managerial human capital
---------------	--	--	--

(Source: Author's own)

Proposition 1: Female leaders use managerial cognition to reduce diversity bias

Managerial cognition is the ability of individuals to use perception, reasoning, knowledge transfer and sharing to adapt to a changing environment. Diversity bias can take many forms, but in sum, it refers to the discrimination against an individual with a different cultural, educational, and gendered background (human and demographic capital), among others, to the existing social group. The proposition posits that female leaders are able to reduce the diversity bias through using managerial cognition, specifically perception, because of their own lived experience of bias.

Proposition 2: Female leaders use managerial social capital and social capital diversity within team members' networks to reduce business barriers

The proposition is premised on female leaders' ability to build networks to gain information, create access to resources, including human capital and financial resources by using a diverse range of social networks and backgrounds, and in so doing, reduce barriers in business to achieve a competitive advantage.

Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to enhance a competitive advantage

Learning and innovation are important antecedents or micro-foundations of dynamic capabilities. Crucial conversations create a psychologically safe environment, in which the parties involved feel comfortable to openly share their perspectives when aiming to achieve a common goal. The proposition posits that female leaders create an environment around all stakeholders, in which learning is facilitated and thereby leads to innovation.

Proposition 4: Female leaders, who use dynamic capabilities, have diverse educational backgrounds

Diverse educational backgrounds drive richer discussions and enhance decision-making, as different perspectives are shared and incorporated into the discussions, and in so doing, reduce collective thinking or existing industry bias. The proposition posits that female leaders in the medical technology industry use dynamic capabilities and have diverse educational backgrounds, contributing to the firm's improved performance.

Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance

The literature holds contradicting views on the risk appetite of female leaders and as such, the on the most suitable roles women should occupy to counter risk. The proposition poses that female leaders use their skills and knowledge to mitigate risks, oppose the risk aversion and suitable role assertions.

Proposition 6: Female leaders implement governance structures, processes and procedures and in so doing, enhance the competitive advantage

Process and procedures are governed at an organisational level; however, the researcher posits that female leaders are likely to develop and implement these, using managerial cognition and managerial human capital.

4. CHAPTER 4: RESEARCH METHODOLOGY 4.1. Research design

As the research question is part of a subjective, social science study aimed at answering conceptually how female leaders use dynamic capabilities in managing diverse teams, an interpretivist and deductive epistemological approach was followed. This approach was chosen, considering that (1) the researcher is a female leader, which reduced the distance between the researcher and the topic, and (2) the varying views and interpretation of both gender influence as well as diversity in a national (country) and company perspective were sought.

Case studies are a common method of conducting research in new and emerging fields in business and social studies, with qualitative research in business and sciences still leaning heavily towards case studies (Crane et al., 2018). They are also the preferred method when the questions are "how" and "why", and there is limited control on the outcome (Bell et al., 2018). Despite the criticism raised by Crane et al. (2018) on the frequent use of case studies, case studies are well suited to theory development (Reuber & Fischer, 2022) and thus the researcher followed a mono-method of qualitative research, using a multiple case study approach. By placing focus on the individuals, the unit of analysis or business units as well as the companies included in the case study built out on the understanding of the study (Bell et al., 2018, p. 524). Second, the time available to conclude the research was limited, which inhibited exploring novel approaches or large-scale surveys.

The selection of the two research sites (case studies) within the medical technology industry built an empirical context, allowing for comparison, triangulation, and assessing the validity of the study, and this contributes to existing theory (Reuber & Fischer, 2022). The researcher selected the companies through a convenience approach, as introductions were secured through a colleague. These companies were prominent MNEs in the medical technology sector and the researcher wanted to focus on the healthcare industry dynamics, which has limited studies focused on female leadership in the context of dynamic capabilities and diversity management.

Importantly, given that the design of the case study focused on a heterogeneous sample, despite the industry focus (Poulis et al., 2013), the overall design evolved as the research process unfolded. Thus, this was not limited to any pre-conceived ideas documented during the design phase (Reuber & Fischer, 2022). Two female industry experts, with a keen interest in leadership and upliftment of minorities were included subsequent to the

initial design phase, as part of the unfolding design.

The research design and industry focus evolved since the research proposal was submitted in May 2022, shifting from the healthcare sector to medical technology. The evolution was driven by the limited time available to the researcher to conclude the study. It was also affected by the more stringent ethical clearance requirements, both from an academic institution and an industry perspective. The originally envisaged participant companies require submission to their ethics and research committees, to obtain consent to conduct the research, followed by GIBS ethics clearance and then followed by University of Pretoria ethics clearance. These additional submissions would have extended the timeline before commencement of research by approximately one month and therefore, the researcher changed the focus of the study to the adjunct medical technology sector, where similar to the healthcare sector, women are at the majority employees. Reuber and Fischer (2022) posit this is often a natural part of research, as circumstances and conditions change from when the research design commenced. The research process followed during the interviews confirmed the similarities in business focus and dynamics, which was fortuitous, as the requirement to expand industry specific literature reviews was reduced.

It is understood that with research, participants are often unwilling to take part in a study or withdraw at short notice, and therefore, subsequent to the shifting focus from healthcare, the researcher approached four companies within the medical technology industry to consent to their female leaders participating in the study. Two companies provided consent, a third did not respond and the fourth requested that this be delayed by two months, as it was in a sensitive transition phase. This approach was followed to avoid having to reapply for ethics clearance and not having sufficient data subjects. Therefore, the overall design was limited to two companies in the medical technology sector, because of the time within which the study had to be conducted. Although both companies requested to review the documents as the research and interviews were concluded, to ensure accuracy of the data, confidentiality of the companies was maintained through anonymising all secondary data. The document was not shared, as it would have further reduced the time in which to conclude the study and the dissertation and would have contravened the academic institution's guidelines on sharing studies before their acceptance thereof.

Subsequent to obtaining ethics clearance and conducting the majority of the primary semi-structured interviews, the researcher decided to include secondary semi-structured

interviews with two female industry experts, to triangulate the findings from the primary interviews, which required a re-submission to the ethics clearance committee, which was approved. This still maintained the original mono-method of qualitative research. The purpose of using industry experts instead of using surveys with existing stakeholders to the case study participants were threefold: (1) The primary interviews reflected a very close correlation with the broader healthcare industry, albeit from a supply chain perspective; (2) to validate the findings beyond the specific entities and triangulate them against the broader industry; and (3) to maintain the mono-method of qualitative research.

4.2. Population

The focus of the research at a macro level was on female leaders in medical technology multinational enterprises (MNEs) with the companies' origins in Germany, although the two companies had a strong presence in South Africa. Two female healthcare industry experts were also approached for information to triangulate the findings.

Articles reviewed by the researcher on dynamic capabilities and female leaders were mostly focused on one country (Agwunobi & Osborne, 2016; Besley et al., 2017; Holzmayer & Schmidt, 2020; Nekhili et al., 2018; Randhawa et al., 2021), and therefore, while limiting the interview participants to South Africa, the study still maintained the international business studies relevance, both from a construct and an MNE perspective. It also allowed for having multiple constants, setting the context, within which the theoretical constructs were evaluated, by using a multidimensional lens, despite being country, industry, and gender specific (Reuber & Fischer, 2022).

4.3. Unit of analysis

The unit of analysis was senior and middle-management female leaders, with overall responsibility for a business division in the MNE medical technology industry sector. Natow (2020) describes "elite interviewees" as people with subordinates and being in a position of power. The female leaders were fluent in English, which avoided any language barriers and misunderstandings or the need for an interpreter, although some participants' native tongue was Afrikaans and initial pleasantries were exchanged in Afrikaans between the researcher and participants. The level of analysis was the phenomenon studied, in this case the dynamic capabilities used to manage diverse teams, limited by the case study companies' context.

4.4. Sample and sample selection

The researcher followed a purposive and convenient sampling approach, focused on female leaders within the two companies selected for the case studies. The sampling method was purposive, as it focused on a specific industry; yet, it was also convenient, as the researcher had 20 years of experience in the healthcare industry, which allowed her to secure introductions through her network to medical technology providers to her employer (Bell et al., 2018, p. 548). Although the initial intent of the researcher was to only focus on senior management with direct reports, the process evolved both through the introductions made by the entry point participant, along with snowballing taking place, as two participants were unable to attend the interviews. This turned out to be a 'blessing in disguise', as it provided deeper insights where the final participants had a closer link and relationship with the key stakeholders, compared to the more senior managers.

After obtaining ethics clearance and commencing with the research, the researcher identified the need to include industry experts, who are well-known in the healthcare industry, having worked across the large private hospital providers and ancillary services, and holding C-suite positions. The researcher contacted the three participants through her LinkedIn connections, who confirmed willingness to participate in the study. One of the industry experts, however, was too busy and the researcher chose to only continue with two experts, after two proposed appointments could not be made with the third expert.

Sample size as a proxy uses four distinct determinants: (1) The rule of thumb, (2) conceptual models, (3) numerical guidelines, and (4) the statistical formulae (Sim et al., 2018). The premise that a researcher can adequately determine the appropriate sample size likely to reach saturation, prior to commencing with the actual research is often criticised (Sim et al., 2018). Writers in academic research journals hold differing views on the preferred sample size in case studies to reach saturation, ranging from 12 to 15 (Bell et al. 2018. p. 397; Boddy, 2016), although reviewers typically criticise samples sizes of less than 12 participants (Boddy, 2016). It is also posited by Natow (2020) that gaining access to "powerful elites" is difficult and can have an impact on the ability to gain access to a large sample size.

The researcher was able to secure a sample size of seven female leaders in company A, six participants in company B, and two industry experts, totalling 15 participants. This was deemed to be an adequate sample size, because of the limited time available, despite falling within the lower range of an acceptable sample size.

Table 3: Summary of participants by management level and industry experience

Description	Case A	Case B	Industry experts
Number of participants	7	6	2
Member of the executive committee (senior management)	4	5	Both participants have occupied C- suite positions during their careers at various organisations within the healthcare and adjacent industries.
Middle to senior management	3	1	
Longest years of industry experience	32 years	45 years	38 years
Shortest years of industry experience	1 year	6 years	36 years
Average years of industry experience	17 years	27 years	37 years

Source: Author's own

The phenomenon under study is not a completely novel field of study and the context within female leadership and under-represented groups is at an intermediate stage. Therefore, an inductive approach, adding to existing literature, was followed, which evolved to both inductive and abductive, as information and insights emerged during the data collection (Reuber & Fischer, 2022). Boddy (2016) posits that one single case could provide sufficient information to build a theory on, using the discovery of penicillin and the study of a psychopathic CEO as examples, although this study does not claim to build new theories.

The business units and female leaders, who participated in the study, had different cultural and geographic influences but all worked in South Africa. The choice of country allowed for rich data analysis, because of (1) its culturally and historically diverse demographic, with 11 official languages (GCIS, 2019); (2) South Africa is an emerging market, where institutional maturity and embedded practices are at varying levels; and (3) the different levels of secondary education completion and advancement of women into senior roles into organisations.

Second, the choice of industry was based on the potential to provide richness of data,

limited research in international business on healthcare and adjunct sectors having been conducted prior to this study, and the predominantly large female representation as frontline workers in this industry sector.

4.5. Data collection

Data collection can follow various forms. The researcher used semi-structured interviews, asking open ended questions, as the primary data source with the participants within each case study (ANNEXURE A), using a secondary semi-structured interview guide and interviews with the industry experts. This method was chosen to allow the researcher to obtain richer feedback focused on the participants' reality and social context, which may otherwise not have been obtained (Bell et al., 2018). This gave the participants the opportunity to answer the question based on their personal understanding, although on occasion, they asked for clarification. The researcher was careful not to lead the answers in the clarification provided. The discussion at times evolved, with the researcher asking additional probing questions, especially when the answers were ambiguous or opened another interesting avenue related to the research question.

A cross-sectional approach was followed, conducting the interviews at a specific point in time, over a period of one and a half months (between August 2022 and September 2022), based on participants' availability and using the digital platform Microsoft Teams. This reduced the need to travel to the different areas and allowed for the ease of participants' time management and recording of interviews. All participants were asked to sign an informed consent form (ANNEXURE B) to participate as well as for the interviews to be recorded, where practical, to ensure clarification of ambiguity in notes, which were easily made during the interviewing and coding process. The researcher listened carefully, while also making notes for transcription, in anticipation of any potential failure of technology. During the interviews, two participants needed to pause, because of connectivity challenges to move to a better connection and one interview had to be rescheduled, because of electricity loadshedding and the loss of connectivity. The latter interview was conducted as if the initial interview, which had lasted only five minutes, had not taken place. Fortunately, none of these interruptions resulted in a loss of recording or loss of information.

The researcher did not conduct a pilot interview prior to commencing with the interviews with the participants, because of time limitations, as the participants had scheduled their available time almost immediately upon the researcher requesting access. This resulted

in the first interview not flowing as naturally as expected; however, this was quickly remedied as the process unfolded, whereas another participant took offence at the academic term for exploit, which the researcher clarified. The researcher started recording most of the session as soon as participants joined the online interview, and initially as soon as the researcher joined, to ensure no discussion points were missed. However, this resulted in some instances in a longer recording than the actual interview content, because of the initial pleasantries being exchanged, in some instances in Afrikaans, the researcher's home language and that of some of the participants. To be reflective of the real interview time and content, these introductory discussions were removed from the transcripts as well as deducted from the total interview time (Refer to Table 4: Interview duration, industry experience and role description by participant).

Triangulation is a useful method to form a confirmatory view of the information gathered. The participants are viewed as powerful and elites in the context of the position of authority they hold in their organisation. Therefore, it was important to perform triangulation through other methods that included documentary evidence and review, as well as interviews with "non-elites" or their subordinates (Natow, 2020). Additionally, a researcher could use multiple methodologies in interview studies such as these, including surveys, which would then change the research design to a mixed methodology. Although subordinate surveys or interviews provide richer insights, the researcher decided not to include these into the study, because of the limited time available and the potential for non-responses from the secondary data participants. Although not planned, some of the participants were subordinates of the other female leaders interviewed, which provided some insights into their views, as these were volunteered in answering some of the interview questions. The researcher also opted to include two female industry experts, to triangulate the findings, using semi-structured interviews (ANNEXURE C), as described under the research design.

Secondary data collection using multiple qualitative methodologies typically falls within four categories, following a review of qualitative studies' triangulation methods by Natow (2020), (1) policy documents, (2) news media, (3) academic literature and (4) internet-based data. The literature review performed by the researcher informed the interview guide content and guided insights drawn from the interviews. Themes arose from the interviews, which the researcher did not originally include in the literature review, and they resulted in a deductive approach being followed, extending the literature review.

The literature review process led to the researcher identifying seminal work, on which the theories were built, through a keyword search process using Google Scholar. This was followed by a refinement to ensure more recent articles, attempting to include articles no older than from 2017, and these were reviewed to avoid building on theories and constructs that had already been discussed extensively by scholars. The researcher ensured that more than 80% of all cited articles were published in top-rated journals with a rating of three or four in the Academic Journal Guide. As the research process unfolded, the researcher identified further areas of interest and relevance to the study, which were included in the literature review after the formulation of the research question and propositions.

The research participants and companies were reluctant to provide any sensitive information, such as climate surveys and financial results that are not publicly available, resulting in secondary data triangulation being limited to financial and other reports published on the companies' websites. The researcher committed to maintain confidentiality of the participants as well as the companies, and therefore anonymised the references to the publicly available documents.

Industry reports and trends published online by consulting firms such as Deloitte (Deloitte, 2022), PwC (PwC, 2022) and Statista (Statista, 2022) freely available on the internet, along with company-specific publications (Company A Investor relations, 2022; and Company B - Our Company, 2022) were reviewed to gain more insight into the industry and companies prior to commencing with the interviews.

4.6. Analysis

Transcription is an important aspect of qualitative research where interviews are conducted, and accuracy is of vital importance to ensure the credibility to the research. Transcription is a "time-consuming process, which can take up to six times the length of the actual interview" (Bell et al., 2018, p. 447). The use of voice recognition software (VRS) and transcription software have become more accessible to researchers to facilitate the transcription process, especially, where the researcher prefers to handle the transcription to become more familiar with the interview content. Matheson (2007) recommended investing in both VRS and transcription software, training the VRS to one's voice, and then listening and reading out the interview for the transcription to take place. Fletcher and Shaw (2011) found that VRS not only reduces the time of traditional transcribing, but it also leads to earlier insights that the researchers can interpret. The researcher intended to follow a two-pronged approach of using transcription services,

subject to a signed confidentiality agreement, as well as making use of transcription software to develop written transcripts of the interviews upon conclusion of each of the semi-structured interviews. The transcription software within Microsoft Teams was however adequate, reducing the need to make use of an external transcription service or to invest in VRS. The researcher carefully reviewed each transcript for accuracy and made the necessary corrections in cases where errors occurred. This provided her with the opportunity to start the process of identifying themes and adding notes.

The process of coding the responses into common themes, using software Atlas.ti commenced concurrent with the transcription corrections, with the researcher often listening to the interview or sections thereof, more than once. The researcher started coding with the perceived richest interview dataset, followed by replicating the process and codes across all participants. The process included reducing the first level of codes to merging similar codes, creating categories, using business language and finally documenting the themes that were aligned to the academic literature. The findings are discussed in Chapter 5 and the review against literature is discussed in Chapter 6, reaching the conclusion in Chapter 7. The researcher did not find any ambiguity during reading the transcripts and listening to the recordings, which required direct clarification with any of the participants, maintaining data quality. The use the assigned academic supervisor was paramount to ensuring that author bias was reduced; especially, since the researcher's employer is a well-known healthcare industry player that all the participants were familiar with, often making reference to it, along with the researcher's 20 years' experience in the healthcare industry.

The conclusion will lead to expanding existing knowledge and theory, and identify the basis for future research. It is acknowledged that the sample size was limited, and therefore generalisation will be difficult to achieve.

4.7. Limitations and ethics

All participating companies in the two case studies were asked for written consent. Four companies were approached, with only two providing consent, one requesting a deferral of two months and one not responding. This preceded the researcher applying for ethical clearance through the GIBS Ethics Committee as consent is one of the pre-requisites for approval to pursue the research topic, acknowledging the topic of female leaders and diversity are contentious, yet important topics to explore. No research commenced prior to obtaining ethical clearance, where after each participant was required to acknowledge consent in a written format, before commencing with the interviews. As previously

discussed, the researcher applied for a second round of ethical clearance, adding industry experts to the research instrument.

The confidentiality of interview participants was maintained through the following methods (1) no names of individuals or organisations were reported, (2) data has been stored without identifiers, (3) data was de-identified and stored on the researcher's Microsoft OneDrive personal account, which is password secured and (4) upon completion of the research report and final submission, all the data collected will be shared with GIBS to store for ten years on a secure shared folder. The researcher also secured the services of an editor to assist with the final flow, language, and style of the dissertation, who signed a confidentiality agreement. Since the interview participants were limited to the lower acceptable level of participants, the research design made development of grounded theory and generalisation difficult. The research will thus contribute to existing literature. The setting of industry and country boundaries may result in "misleading foundations for future research" (Reuber & Fischer, 2022, p. 32).

All the interview participants were familiar with the researcher's employer, and often referred to the company's strategy or discussions with it, despite the researcher not having met most of the participants prior to the interviews. This may have resulted in limiting the feedback or expansion of topics as there was an assumption that the researcher understood the industry and inner workings. However, the researcher requested participants to assume that she did not know anything about the healthcare industry, where such behaviour became evident. The researcher is therefore also aware of the risk of confirmation bias, which were mitigated through the participants answering the questions without acknowledging the researcher's industry experience.

5. CHAPTER 5: FINDINGS 5.1. Introduction

Chapter 5 focuses on the analysis of the research question and propositions, which seek to answer the main research question of how female leaders use dynamic capabilities to manage diverse teams.

This chapter provides a brief overview of the research participants, followed by a summary of the data analysis and coding process to identify themes, and finally links it back to the research constructs. The semi-structured interview guide questions were developed in such a way to gain insight into the research question and the six propositions. The coding and analysis of the data consciously ignored the propositions, which were developed to ensure data was obtained that was relevant to the participants. The researcher then focused not only on what was said, which could be confirmatory or contradictory to the propositions, but equally what was not said, which could provide deeper insights. The researcher identified several themes, which will be discussed, aligned to the main research question, followed by a discussion on each proposition.

Finally, the findings are discussed, without making any theoretical comparison, as this is discussed in further detail in Chapter 6.

5.2. Description of the interviews

The researcher chose two companies that are suppliers in the medical or health technology industry. Case A included a total of seven participants, with case B including six participants, at varying levels of management. Although the initial intent of the study was to only focus on senior management with direct reports, the process evolved both through the introductions made by the entry point participant, along with snowballing taking place, as two participants were unable to attend the interviews. This turned out to be a 'blessing', as it provided deeper insights where participants had a closer link and relationship with the key stakeholders, compared to the more senior managers. It also confirmed that diversity management is broader than manager and subordinate relationships, with a strong link to the South African demographic context and the various internal and external stakeholders who these leaders interact with and need to influence. Most participants have vast industry experience; however, some interesting insights were gained from participants, who were relatively new to the medical technology and healthcare sector, which will be discussed further below.

All the interview participants were familiar with the researcher's employer, and often referred to the company's strategy or discussions with it, despite the researcher not

having met most of the participants prior to the interviews. This may have resulted in limiting the feedback or expansion of topics, as there was an assumption that the researcher understood the industry and inner workings, as stated in Chapter 4. However, the researcher requested participants to assume that she did not know anything about the healthcare industry.

Since the researcher did not first conduct a pilot interview to ensure that the participants understand the questions clearly and to obtain a natural rhythm with the interviews, the very first interview conducted did not necessarily flow as naturally as the subsequent interviews, nor did the researcher start off by explaining the field of study, although the participant asked, and it was then clarified. Another participant took offence at the use of the word 'exploit', regarding it as unethical behaviour, which she and the company do not subscribe to. The researcher then explained the word exploit to mean 'taking advantage of opportunities' as opposed to the company or employees behaving in an unethical way.

Second, three industry experts, who collectively have more than 100 years of healthcare industry experience, coupled with strong academic credentials focused on leadership and organisational change, were approached by the researcher to triangulate the findings. However, one of the industry experts was very busy and the researcher chose to continue with only two experts.

A total of 15 interviews were conducted and analysed across two companies and industry experts. Although both the included companies operate in the medical technology industry, the researcher would not describe them as active competitors to one another, purely based on the varying ranges of equipment and consumables they provide. The companies are described later in the chapter as reference and background.

The interviews were conducted over a period of one and a half months, although several of these interviews were conducted in quick succession of one another. The duration was influenced by the availability of the participants and the late addition of industry experts, following a re-submission to ethical clearance to include the second research instrument, in the form of a semi-structured interview guide. All interviews were recorded with consent from the participants.

The healthcare experience as reflected in summarised format in **Table 3** in Chapter 4 and by participant in **Table 4**, is an indication of the perceived understanding of the complexities within the industry and ability to adapt to the changing environment. It furthermore contributes to the ability of incumbents to appropriately receive and transfer

knowledge from and to new employees. It includes both clinical as well as commercial experience in the industry, as several of the participants had a clinical educational background, whereas others with non-clinical educational backgrounds grew their careers within the healthcare industry.

The researcher started recording most of the session as soon as participants joined, and initially as soon as the researcher joined, to ensure no discussions were missed. To be reflective of the real interview time and content, these introductory discussions have been removed from the transcripts as well as deducted from the total interview time, as reflected in **Table 4**. Two participants also interrupted their interviews for a short period of time to move to another room, because of connectivity challenges to continue the interview. One participant experienced loadshedding and lost connectivity, which resulted in the interview being re-scheduled. The content of the first interview has not been included, as the rescheduled interview started from the beginning of the interview guide. Interviews were scheduled for between 90-120 minutes to ensure sufficient time was available; however, the average interview lasted 49 minutes, with the shortest interview only lasting 27 minutes and the longest lasting 80 minutes.

The participant order is not based on the order, in which they were interviewed, but rather on the order, in which they are categorised in Atlas.ti to ensure consistency throughout the document.

Table 4: Interview duration, industry experience and role description by participant

Participant	Total duration of interview recording (hours, minutes, and seconds)	Total interview time (hours, minutes, and seconds)	Years healthcare experience	Role description	Group
P1	00:58:52	00:55:52	18 years	Product manager	Case A
P2	00:36:19	00:36:09	36 years	CEO, Healthcare systems improvement leader and engineer	Expert

P3	00:50:09	00:49:46	45 years	Funder and projects manager	Case B
P4	00:52:40	00:47:00	27 years	Head of sales	Case A
P5	00:28:03	00:27:40	23 years	Manager and clinical support specialist	Case B
P6	00:49:07	00:46:30	6 years	Human capital, regulatory affairs, compliance and quality management	Case B
P7	1:19:32	1:14:15	20 years	Country divisional lead	Case A
P8	1:26:35	1:20:10	30 years	Business manager	Case B
P9	1:11:47	1:01:13	26 years	Managing director	Case B
P10	1:13:57	1:07:40	14 years	Head of business development and enterprise services	Case A
P11	00:37:00	00:35:20	30 years	Business manager	Case B
P12	00:28:35	00:27:29	38 years	Head of strategy	Expert
P13	00:47:58	00:45:50	8 years	Business development manager	Case A
P14	00:33:43	00:32:40	32 years	National sales manager	Case A
P15	00:55:28	00:54:20	1 year	Head of strategy execution	Case A

Source: Author's own

5.3. Description of the case studies

The medical technology industry in Germany alone has more than 3 000 companies of varying sizes, ranging from small and medium-sized enterprises (SMEs) to multinational organisations. The divisional representation in South Africa extends across agency holders and subsidiaries, estimated to be between 350 and 600 companies (South African Medical Research Council, 2022). Although the research instrument took the form of case studies, the unit of analysis was female leaders with the level of analysis being the phenomenon studied as per the research question and the six propositions.

5.3.1. Case organisation A

The company is a multinational organisation with its origins in Germany focused on manufacturing, distribution and digitalisation across various industries, including medical technology. The healthcare and medical technology business serves a broad population, and customers include public and private hospitals, diagnostic providers such as imaging and pathology services, universities and funders of care. The company employs approximately 49 000 staff members worldwide (Company A Investor relations, 2022).

5.3.2. Case organisation B

The company is a family-owned global manufacturer and distributor of medical devices, with its origins in Germany, serving clinicians, public and private hospitals, and universities. The company has a presence in 40 countries worldwide (Company B - Our Company, 2022).

5.4. The coding process

The interview recordings from MS Teams were upload into Atlas.ti software, along with the MS Teams transcripts associated with each recording. The transcripts were read and corrected, through carefully listening to the recordings and identifying, where the MS Teams transcription software was inaccurate. This was done within Atlas.ti to avoid duplicate effort. Initially, the researcher worked through each transcript and made corrections before commencing with the coding. However, after the first codes were generated, the process of reading, listening and correcting occurred concurrently with the coding of each section. The researcher deliberately did not identify themes based on the theoretical literature prior to commencing with the coding, to avoid retrofitting the findings to the literature. The process followed identification of key phrases, which were unique, but also replicable across the entire dataset, until a point of saturation was reached, which is graphically represented in **Figure 5**.

After the researcher completed the coding process, and started analysing the results and themes, it was necessary to reflect and review all the transcripts again to ensure the main themes identified were not overlooked in the interviews when the initial coding was done. The themes were subsequently allocated to the research question and propositions, aligned with the research constructs on which the interview guide was developed. Since the researcher is a novice at coding, the subsequent analysis focused on the interview questions related to the research question and proposition, to ensure appropriate quotes were used, although intersectionality exists with multiple propositions.

The saturation is typically reached after 16 interviews; however, the dataset was limited to only 15 participants. The researcher started with the perceived richest and longest interview in case study B, to identify as many as possible codes, and then replicating the process across the other participants. The same process was followed with case study A, although emerging trends from case study B were also used. The number of codes per interview are graphically represented below.

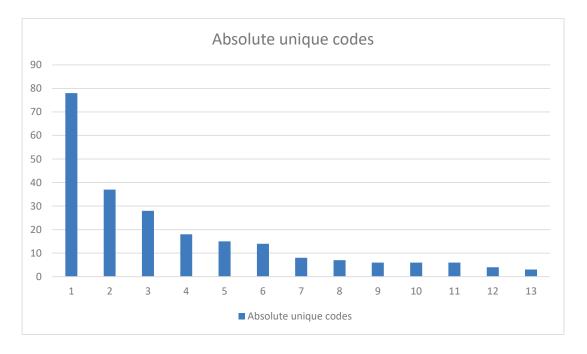


Figure 5: Interview code saturation by participant

Source: Author's own

5.5. Findings

The key themes identified are summarised below, with the discussions focused on these. Although additional themes were found, they were not explored or discussed in detail, because of the limited number of participants raising the theme. This in itself could be an emerging theme, which will be discussed further under Chapter 7 on recommendations for future research. The themes have been assigned, based on the main categories of the interview guide building on the micro-foundations of dynamic capabilities and the antecedents of diversity, equality, and inclusion. The findings are therefore discussed first at a main research question level, focusing on themes that are not specifically addressed under the propositions, providing additional insights not addressed as part of the propositions, followed by a specific focus on the research propositions.

5.5.1. Diversity of stakeholders

Setting the scene of participants' view on stakeholders and diversity to the business

The participants were asked the following questions to determine their view on who the stakeholders are, describing the diversity of the teams and influential stakeholders.

Table 5: Interview guide questions diversity of stakeholders

Semi-structured interview question	Interview guide
Who are the key internal and external stakeholders in your organisation?	Female leaders
How would you describe the diversity (gender, race, age, educational background) of team members and influential stakeholders?	Female leaders/ Industry experts

Source: Author's own

In setting the scene and confirming the researcher's view that stakeholders are not only direct reports and team members, all participants identify external stakeholders as the customers, end users of the products and the key decision-makers in procuring their products. Internally, they identify all departments as stakeholders to fulfil their job requirements.

P8: So I mean internally, I mean, stakeholders, you know, I have a very inclusive management style. So, I would almost say everybody's a stakeholder. You know, regardless of where they are on the ladder, they all play a role and they're all a stakeholder in what we ultimately do. Then from an external, I mean, our key stakeholders, really, I mean, that's that old traditional triangle off the doctor, the funder and the hospital group

All participants describe their team members as diverse; however, they believe that the external stakeholders are less demographically represented from the overall population, but still very male dominated in some professions, such as doctors. The stakeholders' age group varies based on the qualification and position they occupy.

P13 summarises the overall representation and diversity of all the stakeholders:

So, usually the doctors are male, White male. Not always. It depends. It depends on your area, but mostly male, predominantly male, if I think of the congresses, it's not so many females. I'm stereotyping now, but females often go into Paediatrics or into Aesthetics. Hospital managers, there's a mix of female and male. I also think it depends on, so when you look at a person's career growth, there's usually a few steps that you need to take to get on at a specific level. So, a hospital manager would never be someone who's newly qualified, so a hospital manager would never be someone who is extremely young. And then also the specialist, because I work mostly with specialists, so specialists would also, it's quite a few steps in a few years that they need to take before they can get where they are, so they're also not extremely young. One of the other end users that we have is the radiographers. So, often radiographers are mostly female and they would also be, there's a big mix of ages. And then internally, if I speak about my team, all the business managers. We're a mix of Indian, Coloured, African, White, male, female. The youngest is... there's about three/four of us who are my age and then the others are about 10 years older than us.

The industry experts also believe the industry is still under-represented by women at a senior management level, with their statements being indicative of the perceived patriarchy and gender stereotypes that still exist in the healthcare industry.

P12 holds a strong view that women in healthcare still face the glass ceiling and it is unlikely that a women will become a CEO in the South African context, despite international presence in such roles.

There are no female CEO in healthcare. I don't think there will ever be. And then you will ... in the private sector, if I think, if I think of the woman that I know in ***, *** and *** etcetera, they are always just kept below the surface and I know a lot of strong women that have left and gone into other industries, because of their glass ceiling, because there is still a glass ceiling.

She further states on racial representation that the industry has made some strides, but still has work to do, but that from an educational background, the company is very diverse.

And if you look at it, if you look at our industry from a from a diversity point of view, I think we're 50% of the way there in terms of racial categories. Educationally, I think we've done well. I think there's a lot of educational diversity.

5.5.2. Main research question

How do female leaders use dynamic capabilities to manage diverse teams

The research question aimed at answering, which micro-foundations of dynamic capabilities female leaders use in managing diverse teams, both internally and externally and in so doing, contributing positively to the firms' performance. The interview guide questions were categorised into sensing, seizing, reconfiguring capabilities and diversity management, closing with a general question to allow the female leaders to provide closing remarks. Several themes emerge, although not necessarily consistently within cases or across cases. The relationship and intersect between the dynamic capabilities, dynamic managerial capabilities and diversity are depicted visually in Chapter 2, **Figure 4.**

The core themes are summarised in the table below, in order of frequency and categorised based on the main research question or the research propositions. Some themes are relevant across multiple propositions and intersect across the various research constructs. The analysis and findings have therefore been grouped in such a way that they may address multiple constructs. However, the literature will not be discussed in this chapter, with the discussion and relation to literature evaluated in Chapter 6. Although numerous themes are identified, the researcher limits the findings to the most interesting or insightful findings, regardless of the absolute frequency tabulated.

Table 6: Summary of themes and research construct

Discussion point	Theme	Unique codes generated	Absolute frequency	Research question or Proposition	Research construct
5.5.5	Communication (crucial conversations)	19	90	Indirect link to P3	Diversity, equality and inclusion

Not discussed	Competitive environment (Industry dynamics)	30	80		Sensing and seizing
5.5.5	Psychological safety	10	33	P3	Diversity, equality and inclusion
Indirectly discussed	Collaboration	23	132		Sensing
5.5.7	Business model innovation and technology	29	123	P5	Sensing and seizing
5.5.7, 5.5.8	Process	35	90	P5, P6	Reconfiguring capabilities
5.5.3,5.5.2.3	Gender stereotypes	7	9	RQ, P1	Diversity, equality and inclusion
5.5.2.2	Cultural intelligence	13	65	RQ, P1, P3,	Diversity, equality and inclusion
5.5.1,5.5.3	Diversity and stakeholder management	48	123	RQ, P1,	Diversity, equality and inclusion
5.5.2.1;5.5.5	Knowledge sharing	9	44	RQ, P3	Seizing
Error! Reference source not found.	Cultivating employees' skills and innovation through training	17	49	RQ	Sensing and seizing
5.5.4	Social networks	15	76	P2	Seizing Managerial social capital

Source Author's own

5.5.2.1. Knowledge-sharing, training and learning

a) Evidence from the female leaders: Case A

Table 7: Select evidence on knowledge-sharing, training and learning case A participants

Participant	Description of quote on internal training and knowledge transfer	Description of quote on external training and knowledge transfer	Group
P4	"And we try and make sure that the skill set is carried over to the younger generation."		Case A

	AND		
	"Like I said, we would upskill our salesforce, for me. I always upskill. Then we have a lot of sales training. Our training aspect in *** is very high."		
P7	"We are very privileged to work for a multinational. There's a lot of training available" AND "I think great part is also that it is a global organisation and we have seen that and jokingly saying that we are the training ground for Germany and for Dubai that a lot of our organisation has been because that is the development."		Case A
P13	"I provide them with additional product training so that they feel secure and knowledgeable when they speak about my product, and they feel confident in selling this."	'And if you are used to doing something the way you have always done it and it works, you are not going to change". AND "So we need to change this. So, the way that we change it is at the training stage, so I'm pushing for tenders to get robotics in the academic institutions, so that we can just expose the people being trained on these."	Case A
P14		We try and have open days when we introduce key stakeholders to our new departments with products experts locally as well as product experts from international that have been involved in the research and development process not only from a technical perspective, but from a clinical perspective as well."	Case A
P15	"But in terms of the digital products that we have, they kind of have challenges. So that's why we've gone to		Case A

develop this elevator pitch,
which is now something that
they can give to the
customers and customers
can have."

Source: Author's interview transcripts

b) Analysis of findings case A

The company focuses predominantly on internal training and upskilling of employees, seeing it as an investment. It was evident that the training is driven at an organisational level, as both P4 and P7 mention the company focus on training: "Then we have a lot of sales training. Our training aspect in *** is very high." (P4) and P7: "We are very privileged to work for a multinational. There's a lot of training available".

However, it does not appear to be only an organisational drive, as P4 feels strongly about upskilling her team, speaking more to knowledge transfer at an individual level: "Like I said, we would upskill our salesforce, for me, I always upskill".

This theme continues with several participants, resulting in a duality in the term training and knowledge transfer. Training implies specific sessions to grow vocational and educational skills, whereas knowledge transfer is an informal method of sharing important information and tacit skills from one individual to the next. Depending on the seniority of the interview participant, the training and knowledge transfer focus differs, with participants ensuring the sales force is adequately equipped to sell the product or on the personal growth of the individual.

"I provide them with additional product training so that they feel secure and knowledgeable when they speak about my product, and they feel confident in selling this." (P13)

"I think a great part is also that it is a global organisation and we have seen that and jokingly saying that we are the training ground for Germany and for Dubai ... that a lot of our organisation has been ... because that is the development." (P7)

It is worth noting though that both P1 and P14 do not directly mention training of their team members or customers, although mentioning the company's culture in supporting the growth of individuals. This may have been because another function in the company was responsible for transferring their knowledge to the sales team in promoting their

product line, as mentioned by P13. Alternatively, it could be because of it being a natural part of the job requirements and company focus and not worth mentioning or deemed less important to generate sales, because of the market slowness to change. This might result in apathy, which as the Covid-19 pandemic has taught the industry, could become a great threat to the future sustainability if 'new ways of doing' and adaptability are not inculcated.

External or customer-focused training seems to take the form of post-installation training and demonstrating the equipment range, more so than focusing on proactive training of end users to upskill them on new techniques.

We try and have open days, where we introduce key stakeholders to our new departments with product experts locally as well as product experts from international who have been involved in the research and development process not only from a technical perspective, but from a clinical perspective as well. (P14)

P15 seems to think the customer awareness of available products and capabilities within the organisation is lacking and therefore developed an approach to transfer knowledge to both the sales team as well as the customers: "So that's why we've gone to develop this elevator pitch, which is now something that they can give to the customers and customers can have."

It is evident though that the process of enhancing knowledge by P15 is still in progress, as she often mentions aspects to focus on, which other participants believe are already in place, although also often mentioning P7 and P10 as sources of information, further evidence that these female leaders focus on knowledge transfer.

P13 demonstrates strategic forward thinking and risk mitigation, contrary to the other case A participants, focused on expanding the externally-based training beyond the post-installation training, to ensure the future use of the company's products.

And if you are used to doing something the way you have always done it and it works, you are not going to change, so we need to change this. So, the way that we change it is at the training stage, so I'm pushing for tenders to get robotics in the academic institutions, so that we can just expose the people being trained on these.

Learning that enables knowledge transfer seems to take the form of participants using social media, research on company-enabled platforms, utilising internal team members and customers, coupled with independent research.

P4: We have a market intelligence from our marketing itself, we obviously use our sales force who is on the floor ... on the ground all the time. They look at what competitors are doing, and they see how the ... changes in the market. We use a proper CRM system, where we see things happening. We have basically day-to-day conversations. We, we're in the field more ... I would say, more in-field intelligence, talking to customers, talking to competitors, you know, you do talk to them.

I like engaging directly with customers or, you know industry. If you wanna call it and just, you know, speaking to them, finding out where are the pain points. I obviously rely a lot ... in terms of what is published out there ... in terms of healthcare challenges, healthcare problems that are in the market. But my first base is to always try and, you know, allocate what are the latest statistics and what are the latest studies saying. I like benchmarking also what East Africa is doing in comparison to where we are, because I feel like they've been the most innovative on the continent (P10).

c) Evidence from the female leaders Case B

Table 8: Select evidence on knowledge-sharing, training and learning case B participants

Participant	Description of quote		Group
P8	"And then of course, and that's the most important, stakeholders in here is training the sales team and looking after the sales team, so that they are adequately equipped and they have enough knowledge to be able to work with this product to understand the strategies and the tactics and the technology and the procedure, so that they can go into their hospitals as professionals and give the best advice and	So, it really has to do with the hospital groups and assessing it, assessing the cost of it, assessing the benefits of it and for us to point out to the hospital groups that this is the benefit to your hospital, to your patient, and then does that actually become cost-effective for them? Is it viable for them?	Case B

	service and support for this equipment."		
P9		"I guess, if we're frank about it, we're not going to run a webinar just to train somebody without getting some spin-off."	
P11		"So, hence having workshops, inviting them to workshops, where they can trial or evaluate or play with the product. And we do evaluations and demonstrations in the hospital, where we will bring in all the equipment that they can try it out."	Case B

Source: Author's interview transcripts

d) Analysis of findings case B

Informal training of the sales team to generate leads and sales has been used as a crucial method of knowledge transfer within case B, especially so for the interview participants who are directly responsible for generating sales.

And then of course, and that the most important stakeholders in here is training the sales team and looking after the sales team, so that they are adequately equipped and they have enough knowledge to be able to work with this product to understand the strategies and the tactics and the technology and the procedure so that they can go into their hospitals as professionals and give the best advice and service and support for this equipment (P8).

The dynamic tensions between the funder, provider of care and hospital groups creates an interesting dynamic, which the case participants must manage to ensure their organisation's sustainability. Although the end user in most instances is either the doctor or an allied health professional, the procurement of the relevant equipment or medical devices will be done by the private hospital groups, which generally do not have an employment relationship with the end users, except for nursing personnel. The end user is used as an influencer by the medical technology companies to influence the key decision-makers in the hospitals to purchase their products. This is done by enticing them through webinars, sponsored congresses and most importantly training them and making them key opinion leaders on techniques and how their equipment may improve clinical outcomes.

P11: "So, hence having workshops, inviting them to workshops, where they can trial or evaluate or play with the product. And we do evaluations and demonstrations in the hospital, where we will bring in all the equipment that they can try it out."

The further challenge is then to convince the hospital that the equipment is needed, especially where new technology is introduced, which comes at a higher cost, but the overall cost savings to funders of care have not been proven yet.

P8: "So, it really has to do with the hospital groups and assessing it, assessing the cost of it, assessing the benefits of it and for us to point out to the hospital groups that this is the benefit to your hospital, to your patient, and then does that actually become cost-effective for them? Is it viable for them?"

P9 clearly articulates that the training is an investment in revenue generation. "I guess if we're frank about it, we're not going to run a webinar just to train somebody without getting some spin-off."

In order to facilitate the necessary transfer and influence on the stakeholders, the participants make use of learning platforms such as congresses, internet research and social media, as well as information from the sales team on customer and competitor trends.

P8: My number one source of information is really from my team, from the sales team, and I rely heavily on the feedback that they give me and what they see in their daily duties and what the and what they come across. And further than that is I do look up on LinkedIn to find out what is happening, and I do my research in that way and I will often when I'm doing my reports, I will check online to see what else is available. And another very, very important source for this information is at congresses and events, because there you will find the companies would exhibit all of the instrumentation, and they will also launch the latest instrumentation.

e) Evidence from the industry experts

Table 9: Select evidence on knowledge-sharing, training, and learning industry experts

Participant	Description of quote	Group
P2	I think it's huge because the more exposure and the more broad the understanding is of the industry, the more they can see the opportunities for new markets.	Expert
P12	Certainly, for the person who's being expected to look at the, at the new market opportunities, training people to conduct decent research and thorough research is almost an art form. So, some people are very good at making connections at reaching out to new business opportunities, to looking at the obvious platforms for opportunities. But most people have to be given, I don't know if it would really amount to training and development, but it's certainly a form of coaching and mentoring as to how you would look for those opportunities and make sure that they actually had some gravitas.	Expert

Source: Author's interview transcripts

f) Analysis of findings industry experts

P2 confirms the need for knowledge transfer to existing industry incumbents as well as new joiners, to ensure they are able to identify market opportunities.

"I think it is huge, because the more exposure and the more broad the understanding is of the industry, the more they can see the opportunities for new markets".

P12 holds a similar view, but clearly articulates that it is not training as much as it is coaching and mentoring at an individual level to identify and take advantage of opportunities.

"I don't know, if it would really amount to training and development, but it's certainly a form of coaching and mentoring as to how you would look for those opportunities and make sure that they actually had some gravitas".

g) Comparison of case studies and industry experts

The focus on training can be categorised into two parts: (1) internal formal and informal knowledge transfer and employees' vocational training, and (2) customer and end-user training, which realises a financial return to the organisation. Customer-facing training takes many forms, which are typically described as webinars, congresses where key opinion leaders present findings on the equipment and outcomes, product demonstrations, and post-installation training, and in so doing transferring knowledge. It also serves as a method used by the participants to gain information and knowledge, and facilitating their learning of market trends, threats and opportunities. As technology advances, attempts are made to change the clinical training techniques already at

university level, which will reduce the need of medical technology providers to invest time in changing existing methods and habits.

The external training focus within case A is predominantly on after-sales installation, allowing end users to be equipped to use the equipment, whereas case B focuses more on knowledge transfer ahead of the sale through congresses to end users, who are typically doctors. The expectation is that they will gain their future loyalty to buy the equipment and act as key opinion leaders, allowing them to influence colleagues to receive knowledge from them.

The participants of both cases place a strong emphasis on empowering the sales team to be knowledgeable and confident about the product they are selling. The employees' academic or vocational training is driven at an organisational level, through having support structures in place, allowing further studies. The interviewed female leaders have a strong focus on both learning and knowledge transfer, to ensure their own or their company's competitiveness, whereas organisational design appears to be the driver on educational training as part of a greater social agenda as well as contributing towards the company's competitive advantage.

5.5.2.2. Cultural intelligence

Cultural intelligence is the individuals' ability to find common ground with other individuals, whose social forming and beliefs are different. The findings coincide with the questions asked to answer Propositions 1 and 3. However, the researcher found some additional insights, which warranted a separate discussion under the main research question.

a) Evidence from the female leaders: Case A

Table 10: Select evidence on cultural intelligence Case A participants

Participant	Description of quote	Group
P1	After getting our country head and is really focused on being a grounded, trustworthy, open door kind of policy person. And that is for me key. The organisation will not be successful if the leadership is not on the same page and leads by example.	Case A
P7	And I think within the organisation that I've been doing this for some time. So firstly, one on ones, you have one on ones with each of your team members, which is an informal discussion really, where there is no seniority, it's an eye-to-eye conversations in terms of where people are and then within	Case A

	teams, we definitely have a lot of because the answer is not with one person. The answer is in the team and another thing that we are very strong about is to get people into that, to know that you are the leader that you are waiting for	
P14	You know, I think it's, you know, in this day and world, it is important that acceptance of people, within different backgrounds, different religious beliefs, different cultural beliefs, allows one to, you know, recognise where we can connect, you know, even externally. You know we have a mixed stakeholder realm of people, you know from the different cultures to the different beliefs, and I think adaptability You know to a certain person within a certain situation is very important and I think, you know, when you stay informed of the different cultural beliefs and how it enhances your own self beliefs, it's very important and I think that's what we have managed to be able to do.	Case A

Source: Author's interview transcripts

b) Analysis of findings Case A

Culturally intelligent individuals possess the abilities to integrate diverse stakeholders' views in decision-making, harnessing the team's dynamics and differences, including understanding and balancing the cultural backgrounds, religious beliefs, and the like. The participants are mostly aligned on the approach they follow, which is very collaborative, focused on face-to-face discussions and allowing everyone an opportunity to speak. The participants are open to understanding the social shaping of the other person, create an environment within which team members feel comfortable to collaborate and build the competitiveness of the business.

P14 believes that acceptance of differences creates an environment of trust and collaboration, even when there are differences of opinions and viewpoints on the best outcome.

"In this day and world, it is important that acceptance of people, within different backgrounds, different religious beliefs, different cultural beliefs, allows one to, you know, recognise where we can connect, you know, even externally".

P7 speaks about the duality of the individual and the organisational focus on problem-solving as a collective and at an individual level, without waiting for management to find the solution through using a collective form "we": "The answer is in the team and another thing that we are very strong about is to get people into that, to know that you are the leader and that you are waiting for..."

P1 feels fortunate to work in such an open environment, mentioning that the country head (P7) created the environment of trust, which also serves as a triangulation of the cultural intelligence present: "The organisation will not be successful if the leadership is not on the same page and lead by example".

Participants also refer to the younger generation's needs, wanting a work-life balance, seeking meaning in what they do and therefore requiring acceptance by companies that they may not stay with the same organisation for an extended period, as had been the custom in the healthcare sector for decades.

c) Evidence from the female leaders Case B

Table 11 :Select evidence on cultural intelligence Case B participants

Participant	Description of quote	Group
P9	So, it's really I have to draw and make sure everyone gets that voice. But because the team get on so well, they're not afraid to speak. We don't have a culture of fear. People are people really are pretty engaged. But I make sure that everyone gets a chance.	Case B
P11	I think that that brings so much more to the table in discussions and ideas. The last thing you want to do is get same-same, because then you have group think and I don't like it. I love it when a group member says to another group. Nah, I disagree with you. And This is why I disagree with you. And then we say, OK, let's debate this. It's important to have that diversity. Our organisation has also fostered a huge amount of diversity in the organisation. And we can have some lively discussions. And it's not offensive. It's I'm not agreeing or disagreeing with you, because I personally don't like you, that's not it. I'm disagreeing, because this is the idea, and our MD has encouraged play the ball and not the player.	Case B
	Absolutely related to the leadership style, I've worked in organisations and I'm talking about big, big companies, where you've had a change in leadership and seeing how the dynamic has changed in the company. You know, if I think of when I first got to ***, it was very much a boys' club at the top. And everything was a pandering to the boys' club. Suddenly, a woman started managing the company. Things started to change.	

Source: Author's interview transcripts

d) Analysis of findings Case B

The participants speak about the refreshing culture created by the Managing Director, who allows open debate and discussions, and understands the other person's viewpoint, after having encountered a toxic corporate culture in the company when she joined.

P11 holds a strong view that the change in leadership after the female Managing Director joined (P9), creates a much more open and collaborative environment for people to voice their opinions and contribute towards the greater success of the company, serving as a triangulation of the culturally intelligent style and environment.

P11: "Our MD has encouraged play the ball and not the player" and "I think of when I first got to ***, it was very much a boys' club at the top. And everything was a pandering to the boys' club. Suddenly a woman started managing the company. Things started to change".

P5 also mentions that her educational background aided her throughout her career to focus on the person, instead of their background and in so doing, it created the relationship: "I spend more time understanding people and where they come from".

e) Evidence from the industry experts

Table 12: Select evidence on cultural intelligence industry experts

Participant	Description of quote	Group
P2	I think women and, I think you get both of those women, can be lone rangers. As I said earlier, and in which case, there's so much there's like a professional jealousy that can emerge that will hold back collaboration. But when there is collaboration, then I think they they do, do it particularly well and can see the bigger picture and can work, you know, in the same way that any woman kind of will keep the family set up. You know, we, sort of inherently have both sorts of capabilities.	Expert

Source: Author's interview transcripts

f) Analysis of findings industry experts

P2 states that women have the ability to be inclusive and understand the other person, but professional jealousy may hinder that; however, when they are open to seeing the other person's view, then collaboration is great.

"But when there is collaboration, then I think they ... they do ... do it particularly well and can see the bigger picture and can work, you know, in the same way that any woman kind of will keep the family set up".

g) Comparison of case studies and industry experts

Diversity management and cultural intelligence are driven by leadership, both at an individual as well as organisational level. Inclusivity and an open door policy are highlighed by case A participants as driving the culture of diversity and inclusion. This view is also confirmed by case B participants, where the recent change in leadership created a much more open and collaborative environment, building on a relationship of trust.

The industry experts agree that female leaders are able to traverse between transactional and transformational leadership styles, especially when professional jealousy is set aside, and this then results in greater cultural intelligence. There is also a general acceptance of age and generational differences, and that these differences require adaptation and acceptance of the various individuals' different needs.

5.5.2.3. Gender stereotypes

Although not directly related to the research question or the six propositions, the theme of gender stereotypes is evident as having been experienced by several participants and therefore, the researcher believes it is important to discuss this aspect further, as it may have broader implications to business.

a) Evidence from the female leaders: Case A

Table 13: Select evidence on gender bias Case A participants

Participant	Description of quote	Group
P4	And I am very lucky, because I mean being female and having male people who report to me, I actually feel privileged, because they do you know. Yeah, they do listen to me.	Case A
P13	I've had a doctor once at a meeting say to me 'she's just a pretty face to make you buy equipment'. So, you just smile and wave. In our team, so so it's I think the approach would be completely different if it's internal, external. So, external I won't really address it or challenge it, but internally, if a colleague told me something like that, they would be in trouble. However, I have found that I have to I feel like I need to work a lot harder to win over my male colleagues and to prove to them that I'm capable.	Case A
P10	I feel a lot of women are still very silent and ashamed to talk about, you know, treatments and behaviour and passive remarks that are made towards their physique as women. And we downplay it, with a smile or a little chuckle, but deep down, it doesn't always sit right, so there's still quite a lot we need to	Case A

do as women to create safer spaces for other women in the workspace, and we haven't done enough."

Source: Author's interview transcripts

b) Analysis of findings Case A

It seems evident from P4's response that social influences have framed her perception on whether women should be in a leadership position.

"And I am very lucky, because I mean, being female and having male people who report to me, I actually feel privileged, because they do, you know. Yeah, they do listen to me".

P13 does not address it when external stakeholders make gendered comments, as she seems to believe that it would affect her network and ability to gain business: "I've had a doctor once at a meeting say to me 'she's just a pretty face to make you buy equipment'. So you just smile and wave". She also feels that she has to work harder than her male counterparts to prove her abilities, despite admitting that nobody ever said she had to. "However, I have found that I have to, I feel like I need to work a lot harder to win over my male colleagues and to prove to them that I'm capable".

P10 has experienced gender bias and states that women still tend to downplay it, as if it is a natural part of work and life; yet, also feeling that women have to work towards greater inclusion and acceptance.

I feel a lot of women are still very silent and ashamed to talk about, you know, treatments and behaviour and passive remarks that are made towards their physique as women. And we downplay it with a smile or a little chuckle, but deep down, it doesn't always sit right, so there's still quite a lot we need to do as women to create safer spaces for other women in the workspace, and we haven't done enough.

c) Evidence from the female leaders Case B

Table 14: Select evidence on gender bias Case B participants

Participant	Description of quote	Group
P8	I think women can just pack more into a day than what men can. And they can really what I have found is that women are far better organised than most men. And their planning is more spot on. Their planning is more efficient. Their feedback is more efficient. And they tend to be more analytical about their own businesses.	Case B
P11	"I've worked at very conservative companies, where you'll have, and I'm going to say, and I want to say this in a very nice way. You have these little boys' clubs."	Case B

Source: Author's interview transcripts

d) Analysis of findings Case B

P8 holds the stereotypical view that women are better workers than men, listing her own experience in managing both genders.

"What I have found is that women are far better organised than most men. And their planning is more spot on. Their planning is more efficient. Their feedback is more efficient. And they tend to be more analytical about their own businesses".

P11, however, refers to some companies, where inclusion of women in the decision-making process is limited, although admitting it does not happen at all companies: "You have these little boys' clubs."

e) Evidence from the industry experts

Table 15: Select evidence on gender bias industry experts

Participant	Description of quote	Group
P2	And in terms of really shaping a health system that also serves woman, you know, predominantly operated by women. Even though it's predominantly operated by women, we are so it's like we comply with what the how things are without questioning it.	Expert
P12	So, perception is it is still a massive, massive blocker in South Africa. When a woman puts forward a great product or expressed interest in a great product, then in my experience, the men on the team will never take her word as gospel. They will go and find out as much as they can through their own networks, which we discussed earlier, and then only will they give support to an issue and like in a male orientated group,	Expert

where there are no women present, they will often just accept something.

Source: Author's interview transcripts

f) Analysis of findings industry experts

P2 speaks about how women, in an environment where the frontline workers are predominantly female, still succumb to the gender biases, which they have become accustomed to, given the patriarchal society and industry. "Even though it's predominantly operated by women, we are ... so, it's like we comply with what the ... how things are without questioning it".

P12 confirms the perception and historical patriarchal bias in her experience still prevails, despite the diversity drives: "When a woman puts forward a great product or expressed interest in a great product, then in my experience, the men on the team will never take her word as gospel".

g) Comparison of case studies and industry experts

Gender stereotypes are less addressed when the business or the competitiveness of the organisation (or of the individual) are potentially at risk, not because of the deliberate choice of the company, but rather by the female leader believing there is a risk of losing income. The bias experienced by women and female leaders is indicative of their lived experiences, and despite the focus on the diversity and gender agenda, the changes are not happening at pace. The changes should, however, be engendered at a societal level, in addition to the organisational focus, as this will facilitate the acceptance of women in positions of power more by a still largely patriarchal society.

The view of some of the participants, however, is very clear that women should empower themselves and not wait for a 'saviour'. It appears evident that the younger generation and middle managers struggle more with how to address the gender bias they experience than the more seasoned and senior managers.

5.5.3. Proposition 1

Female leaders use managerial cognition to reduce diversity bias

Managerial cognition is the ability of individuals to use perception, reasoning, knowledge transfer and sharing to adapt to a changing environment. Diversity bias can take many forms, but in most cases is a reflection of discrimination raised against an individual with a different cultural, educational and gendered background, among others, compared to

the existing social group. The proposition posits that female leaders are able to reduce the diversity bias through using managerial cognition.

5.5.3.1. Questions included in the interview guides relevant to the proposition

Table 16: Interview guide questions: Proposition 1

Semi-structured interview question	Interview guide
How do you overcome diversity barriers with stakeholders and team members?	Female leaders
How do you incorporate diverse views from stakeholders and team members in decision-making?	Female leaders
Is there anything you would like to add?	Female leaders
How would your team members describe their relationship with one another at work?	Female leaders
Do you believe women are more likely to champion minorities to overcome diversity bias?	Industry experts

Source: Author's own

5.5.3.2. Evidence from the female leaders: Case A

Table 17: Select evidence Case A Proposition 1

Participant	Description of quote	Group
P7	And thereafter, of course, also getting involved with thinking circles and partners of possibilities, that is something that is very close to my heart and to have a co-create and thinking circles with businesswomen. So, there was a five-year period, when I have started my own business within marketing consulting that I left the industry and then returned just over a year ago and in that time, I was involved with business networking of women. So, assisting women to start their businesses.	Case A
P10	And I just feel, we just need to push a little bit more as women. Um, I'm tired of women saying that we need to have a seat at the table. We don't need to be fighting for a seat. We should be heading those seats. In fact, you know, so I would love to see more and more women supporting each other and think that's the biggest thing. If there's one thing I can leave as much as I've said everything else, there's still work to be done by women leaders in those positions, to make the environment a little bit more friendly, friendlier for other women to step into.	Case A

Source: Author's interview transcripts

5.5.3.3. Analysis of findings Case A

P7 believes strongly in empowering women and thus working to reduce minority bias, after having run her own business and focusing on women entrepreneurship and networking: "Getting involved with thinking circles and partners of possibilities ... that is something that is very close to my heart".

P10 believes female leaders can still do much more to support each other, advocating for women to remove the bias by taking the power into their own hands. However, she believes that much work is still needed to be done in this regard.

"I just feel, we just need to push a little bit more as women. Um, I'm tired of women saying that we need to have a seat at the table. There's still work to be done by women leaders in those positions, to make the environment a little bit more friendly, friendlier for other women to step into".

5.5.3.4. Evidence from the female leaders Case B

Table 18: Select evidence Case B: Proposition 1

Participant	Description of quote	Group
P6	To be quite honest, we don't really we haven't experienced diversity barriers in the subsidiary. I can't also say they have experienced globally, because it hasn't been shared with me. So, I don't know if they exist.	Case B
'P11	There's more that links people and separates people and you need to actually look for what links you, you know, sometimes you're walking, and people say ohh, but you know' umm, that's a Black doctor' and doesn't wanna know my business. I don't know. Hang on. There's a lot more that links that person to you. Find the commonalities, find the points of connection. And then you can actually have that discussion.	Case B

Source: Author's interview transcripts

5.5.3.5. Analysis of findings Case B

Listening, discussing matters and problems or opportunities in a collaborative manner and incorporating diverse views in decision-making, regardless of the stakeholders' background, is a common thread, with P8 stating: "I do listen to every input that comes my way, because I don't know everything."

P11 has a refreshing outlook, where diversity bias is very much in the spotlight with movements such as #BlackLivesMatter, focusing on seeing the human being instead of

their diversity to oneself: "There's a lot more that links that person to you. Find the commonalities, find the points of connection".

P6 is either unaware of what is happening in her company or feels that it is a truly accepting and collaborative work environment: "We haven't experienced diversity barriers in the subsidiary".

5.5.3.6. Evidence from the industry experts

Table 19: Select evidence industry experts Proposition 1

Participant	Description of quote	Group
P2	Yes, I do. I think they are more; they sense the tensions, and they sense the opportunities more and stuff, and I think they have that capacity to do that. And simply because, like women, have gone through that in whichever culture they come from. So, they can identify with it, you know, and what it means to them. So, it doesn't matter, which culture you're from, you've probably had some of that experience in your career path and in your family structures.	Expert
P12	Yes. Because of the journey that we've travelled. Women are far more likely to not want to let somebody else suffer the pain that they've suffered.	Expert

Source: Author's interview transcripts)

5.5.3.7. Analysis of findings industry experts

Both P2 and P12 have the firm belief that women are more likely to champion minorities, as women are likely to have suffered some bias in their lives before.

P2: "So, they can identify with it, you know, and what it means to them. So, it doesn't matter, which culture you're from, you've probably had some of that experience in your career path and in your family structures".

P12 puts it candidly:" Women are far more likely to not want to let somebody else suffer the pain that they have suffered".

5.5.3.8. Comparison of case studies and industry experts

Despite the various case study responses focusing on differing aspects of the female leaders overcoming diversity bias, the thread is similar, focusing on empowerment, upliftment, support of people experiencing similar bias, and the ultimate aim of eliminating any avoidable suffering.

5.5.4. Proposition 2

Female leaders use managerial social capital and social capital diversity within team members' networks to reduce business barriers.

The proposition is premised on female leaders' ability to build networks to gain information, access to resources, including human capital and finance, by using a diverse range of social networks and backgrounds, and in so doing, reduce the barriers to achieve a competitive advantage either in their personal path or for the business.

5.5.4.1. Questions included in the interview guides relevant to the proposition

Table 20: Interview guide questions: Proposition 2

Semi-structured interview questions	Interview guide
Do you make use of direct and indirect social networks to identify and exploit business opportunities? If yes, in what manner?	Female leaders
How do you identify changes and opportunities in the market?	Female leaders
How would you describe the diversity (gender, race, age, educational background) of team members and influential stakeholders?	Female leaders
Do you believe women follow a more collaborative approach, including using social networks (social media and in-person) and in so doing overcome diversity barriers with stakeholders and team members? Please provide a reason for your answer.	Industry experts
Do you agree that women are more likely to make use of informal and formal networks to identify changes and opportunities in the market? Please provide a reason for your answer.	Industry experts

Source: Author's own

5.5.4.2. Evidence from the female leaders: Case A

Table 21: Select evidence Case A: Proposition 2

Participant	Description of quote	Group
P1	You have to have a relationship with your clients and that's something that's not only just build on product. I don't know, you have to have a special connection with people, developing that relationship and that's how you will be influenced later on, because there will be opportunity from their	

	side arising and they will remember the person that they can relate to or someone that they know well within the organisation and that's the person that they will be turning to first.	
	It's the key to that relationship and that's why I call it relationship to keep that relationship going and grow with that. That's something also that's not being done within a week or two weeks, or a year. It's done something that goes over time and it's something that needs to be nurtured and maintained. It's like a marriage you have to work on it constantly and make sure that you have that relationship with these with these stakeholders.	
P7	"Yes, of course. I think the industry is quite small and people have built relationships and I think even within the suppliers' side, it's too, I think there's definitely a network, informal network, where people talk to one another in terms of opportunities, in terms of I think more in terms of new business development with funders that is more on a social basis, where we will obtain that information even from our global organisation that has key account management within the global accounts. Sometimes, opportunities come through in that way and of course within our internet, there's also, I think locally, we seldom get requests, because people know who to contact."	Case A
P13	Uh, definitely. So, I know well, social media would be LinkedIn, because people share a lot of information on LinkedIn. People who have changed jobs. For instance, let's say you have a very good relationship with the hospital manager of this hospital, and then they moved to another hospital, where you never really got a foot in the door, and you see this post on LinkedIn. Then you could make contact again with this hospital manager and then you could get your foot in the door with this new hospital. I also have, because I've been in this industry in a while, I have a lot of contact everywhere, especially from my *** days. And so, if I visit my customers in the labs, the other companies would also be there, and you just listen to what they're talking about, and you would pick up some things where you could follow up on. So, social networks, as in social media and LinkedIn, and then social networks with in-person, umm, a contact network. The network of contacts.	Case A

Source: Author's interview transcripts

5.5.4.3. Analysis of findings Case A

The participants seem to be very focused on relationship-building as a key factor to influence stakeholders, even if it does not immediately result in the sale of their product. They view it as a relationship of trust and the creation of a long-term network, rather than only aiming for short-term gains, and becoming a reciprocal relationship: "It's like a marriage. You have to work on it constantly and make sure that you have that relationship with these ... with these stakeholders" (P1).

P13 makes use of her network that she built on and from previous interactions, using both direct and indirect social networks, such as social media LinkedIn, monitoring any personnel or position changes that could be beneficial to her broadening her social sphere of influence, to gain business.

For instance, let's say you have a very good relationship with the hospital manager of this hospital, and then they moved to another hospital, where you never really got a foot in the door, and you see this post on LinkedIn. Then you could make contact again with this hospital manager and then you could get your foot in the door with this new hospital.

She also made use of scouting the market for competitors' information through customer visits, carefully listening to what representatives of competing companies discussed with customers.

"And so, if I visit my customers in the labs, the other companies would also be there, and you just listen to what they're talking about, and you would pick up some things where you could follow up on".

P7 reduces the business barriers by using her existing networks not only in discussions directly with customers, but also with the funders of care, to understand changes that may potentially have an impact on the end users and hospital groups to make use of the product: "I think the industry is quite small and people have built relationships. I think more in terms of new business development with funders that is more on a social basis where we will obtain that information".

The general theme across all participants is that they make active use of social networks, either their own existing network or leveraging colleagues and their networks, or even the sales team to gain market information and support for the use of their products.

5.5.4.4. Evidence from the female leaders Case B

Table 22 Select evidence Case B: Proposition 2

Participant	Description of quote	Group
P5	I prefer to build relationships with people. I mean, I can read a newspaper article and go 'maybe it's relevant', but then I'll immediately contact somebody, who can either validate or disqualify that. So, I really don't use a lot of that. I tend to be more intuitive, and I spend a lot of time with customers. So, the customers would say to me, 'have you seen this new product or the new research' or and I take my leads from them."	Case B
	"I would phone them and make an appointment or use somebody that I know to get me in front of them. Umm yeah. That is just networking.	
P8	My number one source of information is really from my team, from the sales team, and I rely heavily on the feedback that they give me and what they see in their daily duties and what the and what they come across.	Case B
P9	You know, having coffee with some other general manager, MD from another company to talk about industry developments, and I keep it very high level, because one has to be quite careful of the types of discussion one has there, but certainly yes, I do, I do make use of both, I mean informal networking can give you a huge amount of information.	Case B

Source: Author's interview transcripts

5.5.4.5. Analysis of findings Case B

P5, similar to case A participants, speaks about building relationships that are very customer focused, gaining market intelligence, and that are reflective of her using social capital to reduce business barriers: "So, the customers would say to me, have you seen this new product or the new research or and I take my leads from them".

Where she does not have an existing relationship, she makes use of her network to get an introduction: "I would phone them and make an appointment or use somebody that I know to get me in front of them. Umm yeah. To me, that is just networking" (P5).

P8 mentions that she uses her sales team to identify changes and opportunities in the market.

"My number one source of information is really from my team, from the sales team, and I rely heavily on the feedback that they give me and what they see in their daily duties and what the ... and what they come across".

P9 has informal coffee meetings with peers within the industry, subtly gaining market information on the competitors.

"I mean informal networking can give you a huge amount of information".

5.5.4.6. Evidence from the industry experts

Table 23: Select evidence industry experts: Proposition 2

Participant	Description of quote	Group
P2	Oh, I think women don't do informal very well, because they tend to be lone rangers, they tend to kinda get their head down and do work and their networking, in my experience, it's probably a bit better now, but certainly over the years, my experience was that woman tended not to be attending industry conferences, participating fully in, you know, committees and organisations. They would they tended to be the ones kind of back in the health system doing the day-to-day work or driving the team performance as opposed to doing a lot of that networking. So that's been my experience. And then in a formally, I think those channels where they were in formal roles, there were more opportunities for them to do that. But if you weren't in one of those formal roles, they were pretty much hidden.	Expert
P12	Women are generally, and this is obviously generalisation, women are generally more slow at coming forward when they have to network. I think networking and using the old school tie to the varsity, old school, varsity, the whole alumnus network is more a feature of the male part of our population. But certainly, I think in recent times, women have become more skilled at doing that and as they've been exposed to more of the platforms. They have grown into a better networking through the informal route, the formal routes of, you know, looking online, reaching out, etcetera, I think is still more feature of the male environment. But women are certainly becoming more open to doing it.	Expert

Source: Author's interview transcripts

5.5.4.7. Analysis of findings industry experts

Both experts are of the view that in their experience, women would rather focus on driving team performance instead of actively networking: "They tended to be the ones kind of back in the health system doing the day-to-day work or driving the team performance as opposed to doing a lot of that networking" (P2).

Although both mention the reluctance of women to make use of informal networks, P12 acknowledges that in her experience, this has improved, in part attributed to a greater

exposure to platforms such as LinkedIn: "I think in recent times, women have become more skilled at doing that as they've been exposed to more of the platforms" (P12).

5.5.4.8. Comparison of case studies and industry experts

Participants view networking as a business imperative, but do not tend to network with a short-term view. Instead, they rather plan to build a long-term relationship of trust, and nurture it, with the aim to enjoy future business gains. The network is used even if an incumbent leaves a particular organisation. This seems to be a common theme across both groups of participants, regardless of their years of experience in the industry. All the leaders interviewed thus make use of both formal and informal social networks to gain insights into the market and to be able to assess their competitive environment, despite a few of the participants not having direct reports. All participants indicate the strong relationship between the functional areas, head office and the sales teams, who provide the necessary insights on what customer needs are and what competitors are doing.

The industry experts seem to hold a different view, mentioning that historically in their experience, women typically did not use their networks effectively, rather focusing on proving themselves through working harder, but mentioned this aspect as having changed more recently, as women become more confident and are starting to trust their instinct not to emulate masculine behaviour to become successful. This confirms Proposition 2 that female leaders make use of their own and team members' social networks to overcome business barriers and become or remain competitive.

5.5.5. Proposition 3

Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to enhance a competitive advantage

Learning and innovation are important antecedents or micro-foundations of dynamic capabilities. Crucial conversations create a psychologically safe environment, in which the parties involved feel comfortable to openly share their perspectives when they aim to achieve a common goal. Proposition 3 posits that female leaders create an environment with all stakeholders, in which learning is facilitated, leads to innovation, and follows a collaborative approach with stakeholders.

5.5.5.1. Questions included in the interview guides relevant to the proposition

Table 24: Interview guide questions: Proposition 3

Semi-structured interview question	Interview guide
What methods do you use to communicate and influence stakeholders on identified opportunities?	Female leaders
How often do you interact with your senior leaders?	Female leaders
Do you involve your direct and indirect reports in brainstorming and strategic sessions to identify new or unexplored opportunities? If yes, how often do you engage in such sessions?	Female leaders
How do you influence stakeholders to make use of your company's products?	Female leaders
How do you overcome diversity barriers with stakeholders and team members?	Female leaders
How would your team members describe their relationship with one another at work?	Female leaders
How do you incorporate diverse views from stakeholders and team members in decision-making?	Female leaders
Do you believe women are more likely to involve internal and external stakeholders in brainstorming and strategic sessions to identify new or unexplored opportunities? Please provide a reason for your answer.	Industry experts
How do women in your opinion create a psychologically safe environment with stakeholders to harness capabilities and environment dynamics to grow the business?	Industry experts

Source: Author's own

5.5.5.2. Evidence from the female leaders: Case A

Table 25 Select evidence: Case A Proposition 3

Participant	Description of quote	Group
P7	So, if I go into a conversation that I feel angered or how could you have some? It's an emotion. So, it's important subject that needs to be addressed. But I catch myself at the door, asking what do I want this end result to be? And the only success is, if there is a win-win situation on both sides. So, it's not just for me to show that I'm right, even though I might think I'm the only answer. So, what is the result at the end? And those are the things that we take on head on, we don't avoid not having crucial conversations, because we know what the end results we want to be successful as a team.	Case A

So, not so much try to work, because people like as yo know, if there's 'someone who's a head, people tend not to k very I find people are really more comfortable, if it's ju colleagues working together and rather than having someon who's a head in the conversation.	e A st
--	-----------

Source: Author's interview transcripts

5.5.5.3. Analysis of findings Case A

P7 strongly believes in having crucial conversations, focused on an outcome that will be best for all parties, including the organisation: "We don't avoid not having crucial conversations, because we know what the end results ... we want to be successful as a team".

P15 shares an interesting perspective, which seems to be influenced by the seniority of the people participating in the conversation and their view on the position of power. She overcame barriers to open conversations by not having departmental heads in initial brainstorming sessions and thereby was able to allow for innovative and learning discussions on strategic initiatives: "I find people are really more comfortable if it's just colleagues working together, rather than having someone who's a head in the conversation".

5.5.5.4. Evidence from the female leaders Case B

Table 26: Select evidence Case B Proposition 3

Participant	Description of quote	Group
P5	I think it is quite supportive and interactive. However, it's quite competitive again, because we're in the sales environment. So, the salesperson by nature is a maverick. They work independently, they compete freely. Umm, but at the same time has engendered a team spirit, so if somebody can't do something and someone else can help, right, they do work like that. That's pretty cooperative, but competitive.	Case B
P6	We have a relationship that's built on mutual respect and understanding, and we always promote the purpose.	Case B
P11	In meetings, for example, I said, OK, you know what, we've got this challenge that's happening. What do we think we need to do? Then everybody offers ideas. Then we start sort of almost distilling those ideas to the top three. And then I will probably say OK, ***, I want you and *** to work on that idea. You, *** and ***, you work on that idea. *** and ***, you work on that idea, you know, kind of divide up and then come back with a proposal.	Case B

Source: Author's interview transcripts

5.5.5.5. Analysis of findings Case B

The approach followed by all the participants seems to be very inclusive, despite being a competitive environment internally, they tend to allow for healthy debates, but in a respectful way, built on the company's purpose, and thus making a decision that will be best for the company. P5 states that the team dynamic is the result of a specific person engendering an environment, in which all employees feel safe to voice their opinions: 'I think it's quite supportive and interactive" and "That's pretty cooperative, but competitive."

P6 believes that the purpose of any such discussions and the overall organisation was important to build a respectful relationship: "We have a relationship that's built on mutual respect and understanding, and we always promote the purpose".

P11 also follows a directive, yet collaborative approach, when discussing challenges and opportunities, and then assigns finding potential solutions to different team members before agreeing on the best approach.

"Then everybody offers ideas. Then we start sort of almost distilling those ideas to the top three. And then I will probably say OK, ***, I want you and *** to work on that idea. You, *** and ***, you work on that idea. *** and ***, you work on that idea, you know, kind of divide up and then come back with a proposal."

Several of the participants confirm the new female leader's leadership style as having created an environment for learning, innovation and collaboration: "I've got a fantastic manager and to help us do that, you know, I've worked in companies where you couldn't discuss any idea you came up with" (P11) and "She has engendered a team spirit" (P5).

5.5.5.6. Evidence from the industry experts

Table 27: Select evidence Industry experts Proposition 3

Participant	Description of quote	Group
P2	I think women have the potential to do that, because they are more inclusive. And you know, they tend to be more inclusive than one to be more democratic and consultative in processes. But I'm not sure that they always have. I think that largely women have followed the sort of linear, directive processes that they have seen mirrored in the industry and so despite the fact that they might feel that they would want to, they might find that would be inefficient. They might have been	Expert

criticised for it. And therefore, I think largely, they still stick to ..., and they feel less efficient, feel less powerful when they use those qualities. And so, you know, if you're one of the climbing the corporate ladder people, you would mirror the success's that you've seen around you.

AND

I think they create psychological safety still by managing in a very masculine format, because it's just safe to do the same thing. That's one of the safeties and there is a level of shift that's happening there and remember that like ... what I mean by ... you know, mirroring sort of masculine directive, ways of working, which is very effective. I mean I ... I'm ... I know, I use those myself.

P12

Yes, absolutely. So, women will definitely want the collaborative approach. I mean obviously, you find some that are outliers, but for the most part, my experience has been that women will want the benefit of that collective intelligence, knowledge and experience to enhance an outcome as opposed to leaving one stakeholder off just because it didn't suit them to make the arrangements, by way of example.

Expert

AND

So, so women definitely bring empathy to our game and other games in a situation where someone is... is visibly distressed or agitated, you will always see the woman approaching that person first and that just ... that single action creates a huge amount of psychological safety in an organisation. I've never been scared to do it myself. I've done it. It's part of my, of my DNA and as strong ..., with confidence as one may appear to be and possibly are, when you, when you show your softer side, people give far more of themselves than they had previously, and that has been my experience across every single organisation that I've been involved in.

Source: Author's interview transcripts

5.5.5.7. Analysis of findings industry experts

The stereotypical view of women being more nurturing, collaborative and inclusive is shared by both industry experts. However, P2 believes that women in senior leadership positions tend to mirror learned behaviour from male and female counterparts or mentors, as that was the perceived way of how success is achieved and thus, they tend to then follow a transactional approach.

And you know, they tend to be more inclusive than one to be more democratic and consultative in processes. But I'm not sure that they always have. I think that largely, women have followed the sort of linear, directive processes that they have seen mirrored in the industry and so despite the fact that they might feel

that they would want to ..., they might find that would be inefficient. They might have been criticised for it. (P2).

She also believes that some form of perceived psychological safety in the industry is created by women to continue acting in a masculine way, as that is what everyone has become accustomed to and is expecting of their leaders: "I think they create psychological safety still by managing in a very masculine format, because it's just safe to do the same thing".

P12 disagrees with P2, viewing women, with some exceptions, as typically following a more transformational approach: "For the most part, my experience has been that women will want the benefit of that collective intelligence, knowledge and experience to enhance an outcome".

P2 also believes that women create the perceived psychological safe environment for other parties to share and open up more, through empathy.

As strong ..., with confidence... as one may appear to be and possibly are, when you, when you show your softer side, people give far more of themselves than they had previously, and that has been my experience across every single organisation that I've been involved in.

The different viewpoints, despite the similar years of experience in the industry of both industry experts, are likely reflective of their lived experiences, as opposed to their preferred style.

5.5.5.8. Comparison of case studies and industry experts

The participants in both case studies seem to share the view that open conversations are something that takes place frequently and with comfort, indicative of their ability to create a safe environment, in which their team members can learn and innovate, as well as being able to make decisions and being directive as required.

The overall organisational design in addition to the team dynamics appear to play a role in the approach and environment for open discussions to be created, despite it being driven at an individual level. Where a leader may herself not feel safe, it is possible that she will mirror the behaviour displayed by peers and seniors, as is evident by P2's opinion and experience she relayed.

5.5.6. Proposition 4

Female leaders, who use dynamic capabilities, have diverse educational backgrounds

Diverse educational backgrounds drive richer discussions and enhance decision-making as the different perspectives are shared and incorporated into the discussions, and in so doing, they reduce collective thinking or existing industry bias. The proposition posits that female leaders in the medical technology industry use dynamic capabilities, as they have diverse educational backgrounds, which contribute to richer team discussions.

5.5.6.1. Questions included in the interview guides relevant to the proposition

Table 28: Interview guide questions: Proposition 4

Semi-structured question	interview	Interview guide
Briefly provide a background qualifications and training.	on your	Female leaders/Industry experts

Source: Author's own

5.5.6.2. Evidence from the female leaders: Case A

Table 29: Select evidence Case A Proposition 4

Participant	Description of educational background	Role description	Group
P1	Medical technologist	Product manager	Case A
P4	Virologist	Head of sales	Case A
P7	Medical technologist; International marketing management	Country divisional lead	Case A
P10	Advertising and business communications; Programme for management development	Head of business development and enterprise services	Case A
P13	BTech Diagnostic radiotherapy; B degree in business administration and marketing	Business development manager	Case A
P14	Medical technologist; biomedical technology	National sales manager	Case A

P15	B Tech Financial information	Head of strategy Case A
	systems; PGDip digital business and planning	execution

Source: Author's interview transcripts

5.5.6.3. Analysis of findings case A

The participants have a wide range of educational qualifications, although several of them hold degrees in medical technology, radiotherapy and virology, which are clinical in nature, with others having qualified in information technology or advertising. None of these degrees are typical commercial fields of study; however, all the women interviewed hold commercial roles within their organisation.

5.5.6.4. Evidence from the female leaders Case B

Table 30: Select evidence Case B Proposition 4

Participant	Description of quote	Role description	Group
P3	Nursing	Funder and projects manager	Case B
P5	Nursing	Manager and clinical support specialist	Case B
P6	National Diploma Human resources; PGDip labour law; PGDip contract and commercial	Human capital, regulatory affairs, compliance and quality management	Case B
P8	BA in Art History; Qualification in movement; various leadership courses	Business manager	Case B
P9	BSc Dietetics, MBA	Managing director	Case B
P11	Nursing, BCom Honours, MBA	Business manager	Case B

Source: Author's interview transcripts

5.5.6.5. Analysis of findings Case B

The participants' educational background includes nursing, dietetics, art history, human resources and an MBA. Most of the participants had also opted to further their studies beyond their original qualifications, as all participants are working in commercial roles within the company.

5.5.6.6. Evidence from the industry experts

Table 31: Select evidence Industry experts Proposition 4

Participant	Description of quote	Role description	Group
P2	B Pharmacy; Masters Pharmacology, Doctorate in Engineering; Feminine power leadership	systems improvement	Expert
P12	B Social Science Hons; MBA, Doctorate in Business Leadership	Head of strategy	Expert

Source: Author's interview transcripts

5.5.6.7. Analysis of findings industry experts

P2 started her career and educational qualifications in pharmacology, practising as a pharmacist, and furthering her studies in the field to a master's degree, followed by a completely different and unrelated field of study, obtaining a doctorate in engineering. She is using this combined and diverse educational background towards improving and re-engineering healthcare systems. She also makes an important statement on women believing the only way to further their careers is through enhancing their education, instead of merely building relational and social capital.

"We think that the more we, you know, the more knowledge we have, the more we will be able to create impact. But there is a whole field of work that is about influence and impact that isn't taught at a business school".

P12 started her educational background in social sciences, then moved into the field of business studies, and currently lead strategy.

5.5.6.8. Comparison of case studies and industry experts

The educational background of the majority of both case studies' participants started off within the medical field, such as nursing, clinical medical technologists, dieticians, radiologist and the similar fields, with several participants furthering their studies in non-clinical fields. Only a few have non-clinical backgrounds, and these are not necessarily focused on typically commercial qualifications. The two industry experts have expanded their educational horizons beyond their original qualifications, which were clinical, into a Master's in Business Administration (MBA) and Doctorate degrees in the field of engineering and business leadership. At the same time, P2 comments that increasing one's academic qualifications to succeed, implies that the more senior the female leaders

are in their organisations, the more qualifications they have. This may have resulted in them developing or already having more relational capital.

All participants occupy roles where they are responsible for the competitive advantage of their companies, confirming the proposition that female leaders have diverse educational backgrounds that help them to achieve this goal.

5.5.7. Proposition 5

Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance

The literature holds contradicting views on the risk appetite of female leaders and as such, the most suitable roles that women should occupy to counter having to face and decide on risk. The proposition poses that female leaders use their skills and knowledge to identify and mitigate risks to improve their organisations' performance.

5.5.7.1. Questions included in the interview guides relevant to the proposition

Table 32: Interview guide questions: Proposition 5

Semi-structured interview question	Interview guide
How do you identify changes and opportunities in the market?	Female leaders
How, in your opinion, has the Covid-19 pandemic shaped the future of the industry?	Female leaders
What are currently the biggest changes and opportunities in the medical technology environment?	Female leaders
What is the biggest threat to your industry in your opinion?	Female leaders
What are the barriers and drivers to exploiting opportunities in business model innovation?	Female leaders
How do women in your opinion influence stakeholders to adapt to the changing environment and take advantage of opportunities and mitigate threats?	Industry experts
Do you believe women consider risks and mitigate them before approaching leaders to influence organisational change to pursue opportunities? Please provide a reason for your answer.	Industry experts

Source: Author's own

5.5.7.2. Evidence from the female leaders: Case A

Table 33: Select evidence Case A Proposition 5

Participant	Description of quote	Group
P4	It's no longer private and government with this NHI, they have to get to a place where they can partner with each other and then see the needs of the holistic South Africa and not just the premium ones, who can pay the medical fees. So that is something to be looking at, because we're gonna have to see how we can as well support in that.	Case A
P14	The biggest threat specifically to us is the lack of funding. AND One would have never thought that Covid-19 would have such a dramatic impact on opportunity development, especially in our country.	Case A
P15	So, there's also a gap in some of the ways that our customers also don't want to change, or our products are too fast-paced in terms of digitalisation. They don't know how to use some of the options of the functionalities. But I think, it goes back to just training and change management to our customers and manage and just also understanding what our customers prefer.	Case A

Source: Author's interview transcripts

5.5.7.3. Analysis of findings Case A

The participants were asked their views on what has changed in the market and could they identify threats and opportunities. Although specific themes are raised by these participants, their answers and thus the challenges are not necessarily uniform. The intent of the question, however, was more to gain a sense of how they approach opportunities and threats, speaking to managerial cognition, and contributing to risk mitigation. Participants consistently mention changes in technology as an opportunity, and the National Health Insurance (NHI) as both a threat and an opportunity.

P4 views the NHI as a way to find ways of broadening access to care and supporting private and public sector to collaborate: "That is something to be looking at, because we're gonna have to see how we can as well support in that".

P14 views it as a risk, because of a lack of funding. However, she also mentions the great opportunities that arose from the Covid-19 pandemic, reflective of taking advantage of risks: "One would have never thought that Covid-19 would have such a dramatic impact on opportunity development, especially in our country".

P13 comments on how difficult it is to change habits, which is why she is approaching training schools to ensure clinicians are trained on future technology, and gaining support for the use of products (see 5.5.2.1).

P15 identifies the pace of digitisation and how the company products change as a risk to possibly lead to low adoption by customers. However, she also believes that overcoming this risk is through training, change management and understanding the customers' needs: "But I think it goes back to just training and change management to our customers and manage ... and just also understanding what our customers prefer".

5.5.7.4. Evidence from the female leaders Case B

Table 34: Select evidence Case B Proposition 5

Participant	Description of quote	Group
P3	And look, I'm old now. I'm not going to be looking for another job or anything. I'm gonna do what I can do in this space. So, whenever I hear of something new, then I study it up quickly, because I don't wanna be left behind.	Case B
P9	Barriers and the drivers, I mean barriers is, I mean sadly, it's often it's economical, which is a pity, because there are the things that are going to give you the growth, but that often, you just don't have enough money or head count to really go after opportunities as well as maintain maintaining the day-to-day business.	Case B

Source: Author's interview transcripts

5.5.7.5. Analysis of findings Case B

P3 utilises sensing and seizing capabilities through ensuring that she is well-informed and learning as much as she can regarding new market developments, despite her age, which she feels requires her to mitigate the risk of obsolescence:

"So, whenever I hear of something new, then I study it up quickly, because I don't wanna be left behind".

Leaders are often faced with difficult decisions to sustain a business, with P9 considering and mitigating, whether it is feasible to explore and exploit new opportunities, if it will result in losing existing business. This is a double-edged sword, as it is both a mitigation of risk, but also potentially an indication of not taking the risk and realising potential future gains, or in effect, sacrificing potential future gains:

"But that often, you just don't have enough money or head count to really go after

5.5.7.6. Evidence from the industry experts

Table 35: Select evidence Industry experts Proposition 5

Participant	Description of quote	Group
P2	I think they do, but too much in a way. And I think there isn't enough risk-taking, there's too much consideration of risk and not enough prototyping, experimenting and inquiry like a more inquisitive, curious state. I think we owe the categorising and mitigating and those then lead to less being discussed, less being shared or less powerful stories about change being generated. You know, no one wants to change what's working.	Expert
	I think that the more accomplished women, you know, using data more effectively and the mastery of their data with good storytelling, is a, you know, is in my opinion much more effective than winning formula for that kind of process. The part that's not well enough developed is the ability to articulate powerful stories. They've brought this new frame, you know this new framework, this, these new priorities into play. It's like there's a still a little bit of, like apologising for the need to raise these things, but you know, there's there are relentless voices. And so, I can think of a few examples in the industry, but I I'm not sure how much they're being heard.	
P12	Lately, absolutely. So, I believe that our DNA is wired to mitigate risk, because we are often the family carer, the family bringer-together. And the collaborator, the team builder. We make sure that people are not damaged by our actions and that natural DNA enables us to mitigate risk. And we do the same when we love our work, when we don't love our work, then it's a different story. But when we are passionate about what we do, we make sure that no harm comes either to the company or the subjects of the product, which we are hunting.	Expert
	So, women, women are typically great communicators. We love talking and we love relating and we are very good at storytelling and when one provides evidence from your personal experience of the sanctity of the security of the value of an experience, no matter what it is, stakeholders can relate.	

Source: Author's interview transcripts

5.5.7.7. Analysis of findings industry experts

The industry experts hold divergent views on female leaders considering and then mitigating risks. P2 is of the view that women investigate and consider the risks to such an extent that this can easily lead to inertia.

"I think they do, but too much in a way. And I think there isn't enough risk-taking, there's too much consideration of risk and not enough prototyping, experimenting and inquiry like a more inquisitive, curious state".

P12 holds a different view and believes that women consider risks and then mitigate them, because of wanting to avoid any harm, but also stating that it is in women's DNA:

"When we are passionate about what we do, we make sure that no harm comes either to the company or the subjects of the product, which we are hunting."

An interesting consideration is that when women do not love their work, they would not go to the same extent to take or even mull over risks, which may speak to the need for psychological safety resulting in inertia or apathy. She also feels that it is important to consider the stereotypical view of women being nurturers, avoiding any harm coming to their team, the company or even other stakeholders: "When we don't love our work, it's a different story".

However, both experts believe that female leaders are good storytellers, which assists them when they wish to highlight the risks to stakeholders, while concurrently, they are then mitigating the risks. Gender stereotypes are some key themes that emerge clearly from the industry experts throughout the interviews, which may be based on the way the researcher framed the questions, as it is directly related to female leaders using certain skills, which has been discussed partially under 5.5.2.3 Gender stereotypes.

5.5.7.8. Comparison of case studies and industry experts

The participants are able to identify the threats as well as opportunities in their industry sector and some mention the role that they should play in exploiting these, whereas the industry experts are of differing views on how well female leaders mitigate risks, if at all.

The findings are not conclusive on whether female leaders mitigate risks in addition to identifying them, with some stating that they undertake mitigations on the threats identified and others not, which may be caused by the researcher not specifically asking how the risks will be mitigated.

5.5.8. Proposition 6

Female leaders implement governance structures, processes, and procedures and in so doing enhance competitive advantage

The antecedents of dynamic capabilities include sensing, seizing and reconfiguring resources, using both cognitive functions of individuals and structures with processes and procedures. The proposition posits that female leaders use their cognitive abilities to assess the environment and need for processes and procedures to create a structured environment that facilitates the competitiveness of the organisation.

5.5.8.1. Questions included in the interview guides relevant to the proposition

Table 36: Interview guide questions: Proposition 6

Semi-structured interview question	Interview guide
How often do you engage in activities to identify new processes and opportunities?	Female leaders
Do you participate in pilot or experimental studies of newly identified opportunities to determine larger-scale successful implementation across the company?	Female leaders
What steps do you employ to exploit opportunities?	Female leaders
How do you/would you exploit the opportunities and changes mentioned by you?	Female leaders
What are the barriers and drivers to women taking advantage of opportunities in business model innovation?	Industry experts
How should knowledge management and sharing be implemented across organisations?	Industry experts

Source: Author's own

5.5.8.2. Evidence from the female leaders: Case A

Table 37: Select evidence Case A Proposition 6

Participant	Description of quote	Group
P7	"But in terms of finding new business processes and new ways of doing that, definitely lately, I think that for us is key to improving the business and this might not be a traditional way of doing specific customer support or managing a business partner. So, we're looking at different ways of things being	

	done before and I think that is exciting having a a very agile visionary leadership within the healthcare Board."	
P10	"Umm, so there's different ways that we obviously implement depending on size there's, as I said *** is quite a process-driven organisation."	Case A
P15	"And because I come from an IT background, I've been working closely with ***'s team to try and optimise some of course, some of the opportunities are not really new opportunities. It's just the way we handle the processes in the business." So, I would say it happens very often that I do the process optimisation and because we have management meeting, where people say they present their obstacles.	Case A

Source: Author's interview transcripts

5.5.8.3. Analysis of findings Case A

P7 seems to be very excited about implementing process changes, while also referring to the visionary leadership on the healthcare Board, which speaks both to her perceived or expected individual but also organisational impact on processes and procedures.

"But in terms of finding new business processes and new ways of doing that, definitely. Lately, I think that for us ... is key to improving the business and this might not be a traditional way of doing specific customer support or managing a business partner".

The confirmation, however, from P15 in collaborating with *** in developing new processes and procedures to adapt to the changing market, indicates that the changes are driven by the interviewed female leaders.

"I've been working closely with ***"s team to try and optimise some ... of course, some of the opportunities are not really new opportunities. It is just the way we handle the processes in the business" and "I would say it happens very often that I do the process optimisation".

The organisational influence on process is reiterated by P10: "As I said *** is quite a process driven organisation".

5.5.8.4. Evidence from the female leaders Case B

Table 38: Select evidence Case B Proposition 6

Participant	Description of quote	Group
P5	"I would say that's ongoing. That's part of my job. And monitor it to see as I'm working, I'm looking to see how we can improve processes, because that's the background that I had when I was consulting. That's ongoing for me."	Case B
P9	I would say about three times a year in a more formalised way. I mean informally, umm, you know, that's just through engagement, through looking at the way we're doing things through every month with the income statements and the P and L's, what's different, what's happening, how can we do things better? So, I would say that it's an ongoing thing, but I would say formally, when we do business reviews, we actually really delve down into what we're doing. We've also just taken quite a few of our senior teams through design thinking, which really is a big way of looking at what you're doing and why you're doing it.	Case B
P11	So that should be an ongoing process, where you're continually evaluating what you're doing and why you're doing it and what the outcomes are. I think to some degree we tend to gravitate to the comfort zone, and you continue to do the same processes, but this, you need to actively be looking at adjusting and improving the processes.	Case B

Source: Author's interview transcripts

5.5.8.5. Analysis of findings Case B

P8 believes that constant evaluation and changes to processes and procedures as required is something that is a given in her role: "That's part of my job. And monitor it to see as I'm working, I'm looking to see how we can improve processes".

P9, who is also the managing director of the local operations, participates in regular formal as well as informal reviews of processes to improve outcomes and create efficiencies, having also taken her team through design thinking as a process: "I would say that it's an ongoing thing, but I would say formally, when we do business reviews, we actually really delve down into what we're doing."

P11 confirms P8's view on constantly evaluating and improving outcomes through process changes, but also warns against falling into the comfort zone of accepting existing processes without reviewing it for change.

"So that should be an ongoing process, where you're continually evaluating what

you're doing and why you're doing it and what the outcomes are", and "I think to some degree, we tend to gravitate to the comfort zone, and you continue to do the same processes, but this, you need to actively be looking at adjusting and improving the processes".

5.5.8.6. Evidence from the industry experts

Table 39: Select evidence Industry experts Proposition 6

Participant	Description of quote	Group
P2	Both having kind of availability of knowledge, you know that if I if I want to research, if I want to understand, then I can follow whatever channels I need to get access to it. I find that there is so much almost, not neurosis about data and information, then it's also restricting your own employees from having being from having access to the bigger picture to where there may be opportunities to improve the system.	Expert
P12	When you make everything available, obviously not, not personal details, but when you when you make everything about your strategy available to any level of the organisation's people, start to take a different view. And when they feel that they can engage with you on that knowledge that you have shared with them, whether it is, you know, on your intranet or whatever, it is a game changer.	Expert

Source: Author's interview transcripts

5.5.8.7. Analysis of findings industry experts

P2 does not focus as such on female leaders implementing processes, however, she comments on how changes in organisational design are limiting access to information to allow for opportunities to be explored.

"I find that there is so much ... almost, not neurosis about, data and information, then it's also restricting your own employees from having ... being ... from having access to the bigger picture to where there may be opportunities to improve the system".

This is confirmed by P12, stating transparency is important to empower employees to take advantage of opportunities: "When they feel that they can engage with you on that knowledge that you've shared with them, whether it's, you know, on your intranet or whatever, it's a game changer".

5.5.8.8. Comparison of case studies and industry experts

It is evident from Case A participants that processes are both driven and implemented at an organisational level, as well as at an individual level, confirming the strong influence organisational design has. Case B participants tend to be more focused on creating their own processes, with all participants mentioning that process review is an ongoing activity for them. This is indicative that although there may be formal processes in place on an organisational level, it is questioned and challenged by the female leaders when it is no longer serving the business needs.

The researcher posits that this is likely so, because of the much smaller size of the host country (South African) business, from an employment perspective, with less than 100 local employees, along with a very strong local leadership who is able to operate autonomously when needed, but leveraging and having access to international counterparts and leadership. This confirms the interlink between dynamic managerial capabilities and dynamic capabilities. The industry experts do not infer directly that female leaders are more likely to implement processes and procedures; however, they comment on the organisational design and willingness to share information to empower employees so that they can take advantage of opportunities, which may be realised through governance structures and process adaptation. Although there is some evidence of female leaders implementing process and procedures, it could not be ascertained with certainty whether this is the result of their roles, organisational design or an inherent characteristic of female leaders.

5.6. Chapter conclusion

The research question and propositions sought to understand, which dynamic capabilities female leaders use to manage diverse teams and stakeholders. The interview guide was developed to gain insight into the phenomenon being studied.

The diversity of the industry's internal and external stakeholders was confirmed to be representative of the country's racial demographic within the organisation; however, gender representation at a senior management level was still leaning towards male dominance, based largely on the historical hiring and promotional process caused or influenced by patriarchy and gender stereotypes, which still exist in the healthcare industry.

The main research question analysis found that knowledge-sharing, transfer and learning was a key activity practised by female leaders, whereas vocational and

academic training was an organisational focus. Knowledge-sharing was used in two ways, both with the ultimate aim of achieving improved competitiveness either at an individual or organisational level. The first purpose was sharing knowledge with internal incumbents to empower them to sell the products. The second purpose was focused on developing key opinion leaders in the medical doctor community, and in so doing creating knowledge transfer and influencing stakeholders to make use of the company's products. The interviewed female leaders reflected a strong focus on knowledge transfer, to ensure that they and the organisation were becoming or remaining competitive, whereas organisational design appeared to be the driver on educational training as part of a greater social agenda as well as contributing towards competitive advantage. Learning, which enabled knowledge transfer, took the form of customer interactions, direct use of the sales team to obtain feedback on market trends, social media, the attendance of seminars and congresses and online research on future technological advances and competitor trends to maintain competitive.

Cultural intelligence or the ability of individuals to overcome their social forming and beliefs to collaborate with stakeholders was found to be present among the female leaders, driving an inclusive culture with team members and collaborating with external stakeholders, through understanding the person and not seeing their demographic and educational backgrounds as a barrier. However, the findings also reflected that it can be driven at both an individual and an organisational level, if leadership is attuned to it, and thus create an inclusive environment. The industry experts agreed that female leaders are able to traverse between transacitonal and transformational leadership, especially when professional jealousy is set aside, resulting in greater cultural intelligence.

Gender stereotypes and bias were still evident, and the mechanisms used by female leaders to overcome such bias, although effective, spoke more to a survivalist attitude than addressing the bias and aiming to reduce or eliminate it. The societal norms still seem to influence the organisational behaviour within the industry. It appears that gender stereotypes are less addressed by the female leaders, when the business and competitiveness of the organisation and individual is potentially at risk. The bias reported by the female leaders is indicative of their lived experiences, and despite the focus on the diversity and gender agenda, the organisational interventions are seemingly still hindered by societal norms.

Technology was identified as a key driver to change and opportunity being exploited in the industry. Although technology as a theme in itself did not speak to the research question, it indicated the strategic foresight and innovation of the female leaders and how they were using learning and social networks to expand their knowledge.

Proposition 1 sought to identify whether female leaders reduced diversity bias with a common thread being found among the participants, focusing on empowerment, upliftment and support of people experiencing similar bias, and the ultimate aim of eliminating any avoidable suffering. The findings extended the cultural intelligence focus on inclusion and collaboration with diverse stakeholders.

Proposition 2 sought to identify whether female leaders use informal and formal existing networks along with building new networks to gain information, access to resources, including human capital and financial to reduce business barriers to achieve competitive advantage. Participants viewed networking as a business imperative, focusing on building a long-term relationship of trust, nurturing it, and ensuring the ultimate aim of future business gains. The industry experts held a different view, mentioning that women typically did not use their networks effectively, and rather focused on proving themselves through working harder. However, the experts also believed that this stance had started to change recently. The leaders interviewed all made use of both formal and informal social networks to gain insights into the market and their competitive environment. Even though a few of the participants did not have direct reports, all indicated the strong relationship between the functional areas, head office and the sales teams, who provided the necessary insights on their customers' needs and what competitors are doing. This confirmed the proposition that female leaders make use of team members' social networks to overcome business barriers and remain competitive. The interviewed industry experts both held the view that female leaders have historically not been good at making use of networks, relying rather on their own knowledge; however, they were seeing a shift taking place, as women became more confident and were trusting their instinct not to emulate masculine behaviour to become successful.

Proposition 3 sought to identify whether female leaders create a psychologically safe and collaborative environment for all stakeholders, in which learning was facilitated and leading to innovation. All participants shared the view that open conversations were frequently held and in a safe or comfortable zone, indicative of their ability to create a safe environment, in which their team members are able to learn and innovate, making decisions and being directive as required.

The overall organisational design, in addition to the team dynamics, appeared to play a role in the approach and environment for open discussions to take place, despite it being driven at an individual level. Where a leader may herself not feel safe, it is possible that she will mirror the behaviour displayed by peers and seniors.

Proposition 4 sought to identify whether female leaders in the medical technology industry were using dynamic capabilities and had diverse educational backgrounds, contributing to richer team discussions. This was confirmed with the educational background of the participants varying between clinical to non-clinical fields, with a few furthering their studies into commercial fields. P2 commented on the importance of increasing academic qualifications being essential to succeed, as the more senior the female leaders are in their organisations, the more qualifications they tend to have.

Proposition 5 sought to identify whether female leaders use their skills and knowledge to evaluate and then mitigate risks, opposing the risk aversion and suitable role assertions. The participants were able to identify threats as well as opportunities and some mentioned the role they and their organisations should play in exploiting the opportunities and mitigate risks, whereas the industry experts were of differing views on how well female leaders mitigate risks, if at all.

The findings were not conclusive on whether female leaders mitigate risks or if they always correctly identify the potential risks, with some stating that mitigations took place regarding the identified threats and others did not take these steps, which may be as a result of the researcher not specifically asking how the risks will be mitigated.

Proposition 6 sought to identify whether female leaders use their cognitive abilities to assess the environment and need for processes and procedures to create a structured environment that facilitates the competitiveness of the organisation. The findings were inconclusive, as some participants had a strong focus on evaluating and assessing processes or the lack thereof, on an ongoing basis, whereas others seemed to follow the organisational process design. The organisational design was mentioned to be a potential hindrance, where information is not adequately shared to empower employees to take advantage of opportunities, which may be realised through governance structures and process adaptation. This is potentially indicative that although there may be formal processes in place on an organisational level, it is questioned and challenged by the female leaders when it is no longer serving the business needs. This confirms the interlink between dynamic managerial capabilities and dynamic capabilities. Overall, the leaders in both case studies took great pride in their respective businesses and spoke as if these organisations were 'their own', despite being part of a larger organisation.

It is evident from the cases analysed, that the level of corporate involvement and influence is driven by the size of the local or host country division. Case study A has a much larger workforce than Case study B in Southern Africa and the participants all referred to strategy being decided by corporate in Germany, with local adaptation thereof. Case study B, however, appeared to have a more entrepreneurial spirit, despite being a matrix organisation, with the interviewed participants keen to grow the business and its market share; yet, comfortably forming part of a larger entity by leveraging knowledge and expertise as needed.

Almost all the women interviewed would start their sentences with "we", indicative of their approach in working together as a team and not necessarily taking the credit and recognition of their own achievements, as they see themselves as part of a collective. One could also argue that it is as a result of their strong alignment with the organisational values and purpose, which is not something that the researcher explored or included as part of the study.

In conclusion, this chapter discussed the findings based on the evidence obtained from the interview participants, answering how female leaders use dynamic capabilities to manage diverse teams, categorised into themes and propositions, inter alia (1) knowledge-sharing; (2) cultural intelligence; (3) diversity bias; (4) social networks; (5) crucial conversations; (6) educational background; (7) risk mediation; and (8) process.

Chapter 6 will discuss the findings considering the literature review constructs as outlined in Chapter 2.

6. CHAPTER 6: DISCUSSION

6.1. Introduction

This chapter sets out a discussion relating the findings discussed in Chapter 5 to the literature outlined in Chapter 2. This chapter follows the structure captured in Chapter 5, starting with the main research question followed by the six propositions.

The main research question aimed at answering how female leaders use dynamic capabilities to manage diverse teams with propositions. The themes identified in Chapter 5 were (1) knowledge-sharing, (2) cultural intelligence, (3) diversity bias, (4) social capital, (5) crucial conversations, (6) diversity in educational backgrounds, (7) risk mitigation, and (8) process.

The conceptual framework depicted in **Figure 4** in Chapter 2 has been expanded with micro-foundations that had not been defined as specific attributes of dynamic capabilities, although they indicated a strong link with leadership attributes as discussed in HR journals. The revised conceptual framework is displayed with additions in red font. These additions are likely a result of a different cognition definition of dynamic managerial capabilities.

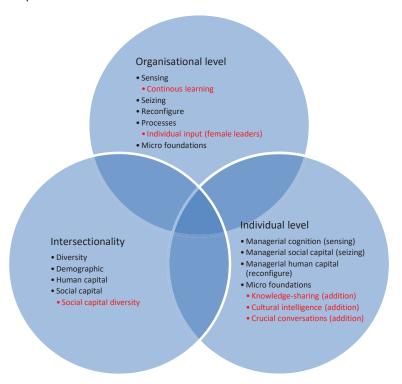


Figure 6: Updated contextual framework Source: Author's own

The research outcomes were deduced from the research findings discussed in Chapter 5. Each outcome was compared to the research constructs in an effort to search for

similarities that act as a confirmation, or for potential differences, both of which contribute to existing literature. The researcher followed a three-pronged approach of first, revisiting Chapter 2 and searching for key insights related to the findings, and then revisiting the cited articles confirming whether it has not been discussed already. Second, this was followed by reading additional articles related to the topic and the key words from the findings in top-rated journals and third, searching for additional articles by the top scholars' theories, on which the seminal foundations of the research paper were built. The key themes that will be discussed are (1) knowledge-sharing, (2) cultural intelligence, (3) gender stereotypes, (4) diversity bias, (5) social capital, (6) crucial conversations, (7) diverse educational backgrounds, (8) risk mitigation, and (9) process and governance.

6.2. Discussion of findings: main research question

How do female leaders use dynamic capabilities to manage diverse teams?

The research question aimed at understanding, which micro-foundations of dynamic capabilities are used by female leaders to manage diverse teams, where the diversity focus was broader than demographic. The teams referred to internal and external stakeholders, which was broader than the manager-subordinate relationship. Although the key themes identified in Chapter 5 related to the main research question focused on specific elements of (1) knowledge-sharing and (2) cultural intelligence, these cannot easily be separated from the propositions, resulting in overlap in the discussion. Gender stereotypes were also identified as an additional theme in Chapter 5, unrelated to dynamic capabilities, yet, they warrant a discussion, given the gendered lens of female leaders.

6.2.1. Knowledge sharing

6.2.1.1. Summary of findings

Across both case studies participants and the industry experts, answers to the main research question identified that the female leaders practised knowledge-sharing as a key activity, with the expected outcome to improve both individual and organisational competitiveness. The methods applied were categorised into two groups: (1) Upskilling and empowering the internal incumbents to sell products, and enabling the sales team to speak with authority and with sufficient knowledge on the subject matter; and (2) developing key opinion leaders in the doctor community, enabling an efficient knowledge transfer, and influencing stakeholders to make use of the company's products. Vocational and academic training appeared to be driven at an organisational level as

part of a greater social agenda, which aimed to contribute towards a corporate competitive advantage.

The female leaders made use of social media, seminars and congresses, research and customers to obtain industry and product trends knowledge, enabling them to transfer appropriate and relevant knowledge.

6.2.1.2. Summary of literature review key insights

Knowledge transfer has not been discussed as a micro-foundation of dynamic managerial capabilities (Adner & Helfat, 2003; Helfat & Peteraf, 2015; Schilke et al., 2017); however, it is deemed a core competence of managerial cognition, which is built on mental activities such as perception, reasoning, and emotional intelligence (Helfat & Martin, 2015). Leadership styles had not been a core focus of dynamic managerial capabilities, despite the focus on managerial cognition and human capital, allowing for the effective utilisation of individual and team skills, which influence how leaders utilise the micro-foundations.

Leadership styles have been linked to effective knowledge sharing, with scholars attributing effective knowledge transfer to leadership styles such as transformational and respectful leadership (Gerpott et al., 2019; Khan & Khan, 2019). Transformational leadership typically focuses on transferring and sharing knowledge at an individual, a team level or both, which is conducive to improved creativity and innovation. The organisational environment is an important mediator, which either promotes or depletes learning and knowledge-sharing, signalling that the transformational leadership style of an individual facilitates innovation in employees (Khan & Khan, 2019). Appropriate knowledge-sharing may also improve individuals' creativity, especially in lower skilled employees (Dong et al., 2017).

Respectful leadership is another nuance to the leadership attributes required to facilitate knowledge-sharing, where the leader respects and considers the perspective of the other party (Gerpott et al., 2019). However, the leader must have the ability to learn and obtain knowledge, and then consider the newfound information against the existing knowledge. This requires leaders to be receptive to receiving knowledge, while also be willing to transfer knowledge to others. Adapting to a changing environment requires leaders to possess a level of cultural intelligence, overcoming language, cultural and educational barriers (Ali et al., 2019). Literature remains ambiguous on the stereotypical view of women following a masculine or feminine leadership approach. The transactional leaders are directive and task orientated, while the transformational leader is more

democratic and interactive (Dwivedi et al., 2021; Giacomin et al., 2021; Nekhili et al., 2018), and judging from the reults of this study, women are able to adapt to the circumstances and traverse between the various styles as required.

6.2.1.3. Comparison of findings to literature

The literature on knowledge-sharing places emphasis on leadership attributes, which either enhance or deplete such knowledge transfer. The female leaders displayed strong characteristics aligned with respectful leadership, and they focused on knowledge transfer, to grow the knowledge and skills of their team members and to educate existing and potential future customers. They tried to identify their customers' needs, and observed what competitors did. Continuous learning through reading, seminar and congress attendance, and research equipped the female leaders to both share and receive knowledge. The organisational environment is also said to contribute towards individuals' willingness to impart their knowledge (Khan & Khan, 2019). The organisational environment and the nature of the business requires the leaders to motivate and persuade stakeholders to make use of their products, and therefore both educational (vocational) training and upskilling of potential customers was a key activity. This adds a nuance to the literature regarding the knowledge transfer by the female leaders in the study, who have the innate ability and willingness to impart knowledge and wanting to remain competitive at an individual, team and corporate level. It also adds knowledge-sharing as a micro-foundation of dynamic managerial capabilities, which has not been specifically assigned in international business studies (Schilke et al., 2017).

6.2.1.4. Conclusion on knowledge-sharing

The female leaders in the study are able and willing to impart knowledge to grow their team members' skills and to remain competitive. Continuous learning and receiving of knowledge enable the participants to effectively impart their knowledge. This is done within an environment that is supportive of knowledge transfer and training, indicative of the duality of individual and organisational level attributes. Although the findings are reflective of the female leaders' ability to transfer knowledge, the limited study focus makes it difficult to conclude whether it is a gendered attribute or as a result of the industry dynamics, which require knowledge transfer so that the companies remain competitive. The addition of the phrase knowledge-sharing as a micro-foundation of dynamic managerial capabilities is an important consideration in future international business studies, extending beyond organisational and HR studies.

6.2.2. Cultural intelligence

6.2.2.1. Summary of findings

The female leaders interviewed displayed a strong belief that it important for leaders to see beyond individual team members and other stakeholders' demographic and educational characteristics, as this was important for collaboration, effective leadership and enhancing competitiveness. Driving an inclusive culture reduced diversity barriers. Some participants confirmed the importance of cultural intelligence of a female leader. However, it was not confirmed whether it was a function of the overall organisational leadership and culture driving the individual behaviour or vice versa, with the industry experts confirming that female leaders are able to traverse between leadership styles, and setting ego aside. The female managing director of one of the cases changed the company dynamic for the better, after the male incumbent left the organisation, adding both a gendered and individual inclusive and cultural intelligence lens to the findings.

6.2.2.2. Summary of literature review key insights

Culturally diverse environments can lead to greater collaboration and teamwork as long as there is an understanding and acceptance of the different cultures, which then enhances the firm's dynamic capabilities and competitive advantage. However, the premise is that the leaders and team members can adapt to and function within a culturally diverse environment, applying cultural intelligence (Alexandra et al., 2021). Cultural intelligence is based on formal and informal structures, which can include race, gender and culture, as well as a host of other characteristics, and the organisational structure, all of which may have an impact on effective knowledge transfer (Stoermer et al., 2021).

Certain conditions, such as (1) strategic intent, (2) local preferences, (3) institutional drivers and (4) social responsibility, have been found to be conducive to a higher level of acceptance of different cultural practices, which contribute positively to employees' participation (Caprar et al., 2022). This may be indicative of the mediating role organisational involvement could play in the receptiveness of leaders to act in a culturally intelligent way. This is especially important in the South African culturally diverse environment. The presence of the three dimensions of knowledge, internalisation and identification of culture are important when managing and interacting with diverse stakeholders (Vora et al., 2019). Overcoming barriers to optimal integration and cooperation should ideally realise economic benefit to an organisation through an integrative approach with the various actors in the ecosystem, without passing the

burden to other actors in the ecosystem (Bianchi et al., 2022). Cultural intelligence has not specifically been named as a micro-foundation of dynamic managerial capabilities; however, perception and social cognition as defined by Helfat and Perfat (2015) can be likened to cultural intelligence.

6.2.2.3. Comparison of findings to literature

The interview data reflected a strong link with the cultural intelligence of the female leaders, placing the 'other person' at the centre when trying to understand their perspective and background. This finding also aligned with the Africana Womanism construct, where women place the family and community at the centre, which requires an understanding of the other party (Barry & Grady, 2019). Such overarching understanding is necessary in firms such as the studied cases, where the racial demographic includes White, Indian, Coloured and Black participants. Emphasising being "African" in the context of Africana Womanism is a function of the Global South. This further aligned with the understanding and identification of other cultures of the varied stakeholders and team dynamics, coupled with the richly diverse personal range of participants having multiple linguistic capabilities, somewhat indicative of multiculturalism (Vora et al., 2019). The customer-centric focus of the female leaders, understanding the stakeholders' needs, and collaboration contribute to the attempt to overcome barriers, following an integrated approach with stakeholders (Bianchi et al., 2022). The subtle nuance though, aligned with Caprar et al. (2022) is the mediating role the organisational environment plays in enhancing the female leaders' cultural intelligence. It is further nuanced by South Africa's rich history and the new, postapartheid South Africa, where diversity and inclusion are being implemented at varying levels of success.

6.2.2.4. Conclusion cultural intelligence

The female leaders displayed high levels of cultural intelligence, coupled by a sense of collaboration and wanting to overcome barriers, placing community and customers first, which is consistent with CQ and Africana Womanism findings. The ability to use CQ and adding it as a defined micro-foundation to dynamic managerial capabilities, as part of the skill to manage diverse teams, is believed to be an expansion of the body of knowledge to the micro-foundations of dynamic managerial capabilities. The organisational and country context however, could be a mediating factor in the findings and requires further research.

6.2.3. Gender stereotypes

6.2.3.1. Summary of findings

Gender bias and stereotypes were not a focus of the study or included in the interview guide questions. However, during the interviews, it became evident that several of the participants felt some bias against them as women or they even imposed societal norms upon themselves and their leadership roles, whereas others held the stereotypical view that women are able to perform certain tasks more diligently than men. It appeared from the findings that women are less likely to openly address bias against them when the competitiveness of their business or the organisation may be affected negatively, because of an anticipated potential loss of business. However, leaders in more senior positions showed a higher willingness (and possibly ability based upon their position) to address such bias and prejudices, and champion for minorities.

6.2.3.2. Summary of literature review key insights

The true meaning of feminism is often quoted as only focusing on the gendered abilities of women compared to men; however, the real focus is on equality, with some men self-identifying as feminists (Bell et al., 2019). It has also been challenged as a "White" movement in the earlier years, ignoring the intersectionality of the women affected and placing a racial lens on it (Holvino, 2010). This was further extended by the development of the Africana Womanism dimension, premised on women from the Global South, placing emphasis above the individual self-interest, putting family and community first (Barry & Grady, 2019).

In international business studies, comparing men and women persists, focusing on various dimensions, but seldom on the discriminatory behaviour, despite the diversity agendas and focus on how these are implemented (Bechtoldt et al., 2019; Bennouri et al., 2018; Besley et al., 2017; Brahma et al., 2021). Some studies have found that when women displayed diversity valuing behaviours, they were at significant risk of being discriminated against at a performance review and reward level, deemed less competent than their male counterparts (Hekman et al., 2016) and shareholders may devalue the female leadership role of these CEOs even when it results in improved firm performance (Bennouri et al., 2018).

6.2.3.3. Comparison of findings to literature

Some of the female leaders held the stereotypical, and incorrect feminism view that women are able to perform certain tasks better than their male counterparts. Others

experienced the invisible discrimination, whether self-imposed or real, believing they had to prove themselves and work harder than their male colleagues, and at times even turning a blind eye towards discrimination and gender bias, consistent with literature.

6.2.3.4. Conclusion gender stereotypes

Gender stereotypes and bias persist in the societal and business environment, which are often experienced and seldom addressed by women still carving their career path. Such bias is likely to prevail, despite the diversity agendas, unless the focus is placed on results and performance, and blind to gender, race and other potentially discriminating characteristics.

6.3. Discussion of findings: Proposition 1

Proposition 1: Female leaders use managerial cognition to reduce diversity bias

Managerial cognition is the ability of individuals to use perception, reasoning, knowledge transfer and sharing to adapt to a changing and often diverse environment. Diversity bias can take many forms, but basically refers to the discrimination against an individual with a different cultural, educational, and gendered background, compared to the existing, often dominant social group. The proposition posited that female leaders are able to reduce the diversity bias through using managerial cognition.

6.3.1. Summary of findings Proposition 1

Participants had a strong sense of supporting minorities and thus attempting to avoid any undue suffering they may experience. Instead, they focused on empowerment, upliftment and support of people who may have experienced a similar gender or other bias, based on their social standing and background. They also believed that women should take control of their own destiny and take upliftment and empowerment into their own hands, and not wait for someone else to do it for them. Inclusion, gaining an understanding of the other point of view, tolerance and listening, were prominent leadership characteristics stated in the interview data.

6.3.2. Summary of literature review key insights related to proposition 1 Given that female leaders are likely to have experienced either a gender of a diversity bias, and are atypical in leadership roles, they may either advocate for the support of other minorities or protect themselves. The longevity of female leaders in senior roles

could be reduced because of bias that ignores intersectionality and applies the

stereotypical view of gendered characteristics, despite findings that female directors have a positive impact on the firms' performance (Bennouri et al., 2018; Dwivedi et al., 2021). Atypical leaders are individuals who were placed in a position of leadership, coming from an under-represented grouping, such as women, racial minorities and LGBTQ+ communities acting as both an insider and outsider within an organisation. when driving the diversity agenda. Atypical leaders may legitimise diversity where it resonates with their social disposition; yet, they may also neglect other aspects of diversity, despite having access to the internal corporate structures to influence the required change (Samdanis & Özbilgin, 2020). This view is supported by Fernando (2020) regarding the varied responses to the diversity policy being implemented at an organisational level among the different categories of employees. Women in specialist roles distanced themselves from the gendered diversity agenda, contradicting the notion that minorities are more likely to advocate the rights of minorities; yet, women in senior management roles advocated for change and reducing the power relationships held by the organisation. This difference in opinion was likely a result of the lived experiences and the ability of the senior female leaders to navigate the corporate structures and affect influence. A different perspective on the contradictory behaviour and findings on women accepting diversity, was the continued stereotyping, and being deemed less competent when they displayed diversity valuing behaviour (Hekman et al., 2016).

Team effectiveness is affected at varying levels of task dependence, resulting in more depth and breadth within the team, based on the individual level's diversity beyond demographic and social groupings, but also including intellectual capabilities and experience. Individuals' personal experiences refer to the diversity in their workplace, their qualifications, industry exposure, multiculturalism and the role of their social networks. Diversity bias is a risk when the team-level personal range is limited, but consists of demographic diversity, thus rejecting a member with a broad personal range (Tasheva & Hillman, 2019).

6.3.3. Comparison of findings to literature Proposition 1

The literature holds contradicting views on atypical leaders' support of overcoming diversity bias, coupled with the confirmed bias against women in leadership roles. The findings reflected similarities with the view that women in senior management, having experienced similar bias, are likely to advocate for change and the rights of minorities (Fernando, 2020). The nuance, however, is these leaders' view that they have to stand up for women's rights, contradicting women in specialist roles who seemed to reject diversity agendas, as they believed that it did not imply that they needed help, but should

rather self-empower, and they placed a feminist view on it.

The female leaders displayed diversity valuing behaviour, which is contradictory to the literature, where the diversity is only legitimised where it resonates with the social disposition of the leader (Samdanis & Özbilgin, 2020). Although it was not a focus of the study to determine whether the female leaders' reward and performance ratings were negatively affected because of their diversity valuing views, they persisted in trying to overcome diversity bias in their organisations. These findings are nuanced to the literature, as women may continue advocating for the rights of minorities to overcome diversity bias, even if it has negative career or financial consequences, although this has to be considered against the seniority the women may have already achieved in the organisation.

Some of the female leaders chose to ignore the discriminatory gendered behaviour directed at them, especially so if they felt their career or the organisation's future business being potentially at stake, which acts as a mediator to the findings by Fernando (2020) on how women respond to diversity agendas and bias. The findings compared to the literature remains conflicting, with some aspects being supported, others refuted, and nuances added, thus remaining inconclusive.

6.3.4. Conclusion on Proposition 1

The female leaders are advocating for the rights of minorities, creating an environment of empowerment and upliftment. It appears from the findings that more senior women are likely to continue driving the diversity agenda and in so doing, overcome diversity bias. Inversely, where a woman is still advancing the corporate ladder, she may choose to self-preserve and not display feminist behaviours that could be to the detriment of her career. It is therefore concluded and adds the nuance of career maturity being the main driver of the contradictory literature on women's willingness to overcome diversity bias, which is a function of personal range, maturity and experience.

6.4. Discussion of findings: Proposition 2

Proposition 2: Female leaders use managerial social capital and social capital diversity within team members' networks to reduce business barriers

The proposition is premised on female leaders' ability to build networks to gain information, access to resources, including human capital and finance, using a diverse

range of social networks and backgrounds, and in so doing, reduce business barriers to achieve a competitive advantage.

6.4.1. Summary of findings Proposition 2

The use of social capital through formal and informal networking was deemed by industry experts to be a skill that women only recently started using effectively. Building and nurturing long-term relationships based on trust, utilising existing networks and securing introductions through colleagues and team members, however, were deemed a business imperative by the participants. Participants made use of formal networks such as seminars and congresses, competitor trend observations, and social media to further extend their knowledge, build relationships and in so doing, build their own competitive advantage and that of their organisation. The perceived risk in building only on existing relationships is that potential new opportunities or different viewpoints are missed, as the network "only knows what they know", although the use of formal networks such as congresses and social media might counter the risk.

6.4.2. Summary of literature review key insights related to Proposition 2

Social capital is the ability to build and maintain networks, and gain information and access to resources to identify and seize opportunities. Contradictory views were held on the appropriate size of the social network to remain focused on the best opportunity and seizing it (Helfat & Martin, 2015; Holzmayer & Schmidt, 2020). Social networks are built over time and on trust, with leaders preferring closed networks as it allows for deeper collaboration. Inversely, such closed networks may limit their potential to gain other diverse views when venturing outside their network (Burt et al., 2021). The relationship of trust is often a function of the leaders' ability to self-regulate their emotions, coupled with sensing that of the other party and adjusting feedback accordingly, thus regulation the emotions of the receiving party (Huy & Zott, 2019). However, the alignment with social capital diversity could allow such leaders access to trusted networks from colleagues and team members, opening future collaboration and access to diverse views and information (Tasheva & Hillman, 2019). Although social capital is a function of existing informal networks, transferability is prevalent in environments where a common purpose is shared (Bridges et al., 2022).

6.4.3. Comparison of findings to literature Proposition 2

The female leaders made use of informal networks as well as formal networks such as social media, however, they mostly used their networks for long-term relationship

building, relying more on existing informal networks to gain access and overcome business barriers (Burt et al., 2021). They made use of gaining access and information through team members and introductions through colleagues, confirming the transferability of social capital (Bridges et al., 2022). Their focus on building long-term relationships is likely indicative of their ability to self-regulate their emotions, investing in relationships and reading others for an appropriate response (Huy & Zott, 2019), whereas using a closed network serves as confirmation of Burt et al.'s (2021) findings that leaders may prefer a closed network, even if it limits the exposure to broader diverse views and different sources of information.

The range and access to team members' networks are, however, nuanced by the 'small industry sector', the medical technology sub-sector, where everyone is seemingly already familiar with each other, and as they are using the feedback from their team members, they are reducing the need for introductions to the expanded network, but they are facilitating such introductions to new incumbents.

6.4.4. Conclusion on Proposition 2

The use of direct social networks in addition to accessing information from the team members' networks were a key activity of the female leaders, despite the industry experts' view that historically, formal networking was very limited among female leaders. Although the study did not explore the extent to which long-term relationships have been built, the proposition that female leaders make use of social capital and social capital diversity in team members' networks to reduce business barriers was confirmed. It is recommended to female business leaders to utilise their own networks and those of other leaders more actively to grow their skill of making use of their social capital more effectively.

6.5. Discussion of findings: Proposition 3

Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to enhance a competitive advantage

Learning and innovation are important antecedents or micro-foundations of dynamic capabilities. Crucial conversations create a psychologically safe environment, in which the parties involved feel comfortable to openly share their perspectives when they aim to achieve common goals. The proposition posited that female leaders create an

environment for all stakeholders, in which learning is facilitated and leading to innovation, and that they followed a collaborative approach with stakeholders.

6.5.1. Summary of findings Proposition 3

Open conversations and creating a psychologically safe environment were a key theme, despite the sales-focused participants operating in a highly competitive internal environment. Collaboration was a recurring theme across the participants' responses across the various propositions. The focus was on inclusivity and the overall purpose of the expected outcome, among team members as well as the external stakeholders. However, when a leader did not feel safe in her position, she would then either exclude the senior leaders from discussions to ensure the team felt comfortable to share ideas, or as mentioned by an industry expert, emulate the behaviour of peers and seniors around her, to create a false sense of safety.

6.5.2. Summary of literature review key insights related to Proposition 3

A key antecedent of holding crucial conversations was the creation of a psychologically safe environment, facilitating collaboration, knowledge-sharing, communication, and innovation. Such perceived emotional safety can be built at an individual, team or the organisation, although limited studies focused on the role of the organisation, and therefore, an emotionally safe environment had not been stated as a mediator (Newman et al., 2017). The ability of an individual and leader to self-regulate their emotions in these conversations creates the safety required to open productive dialogue and improve relationships, which in turn, could enhance a firm's competitive advantage (Huy & Zott, 2019). Given the rapid change in technology (Agwunobi & Osborne, 2016; Fruehwirt & Duckworth, 2021) within a historically 'slow to change' healthcare industry, the healthcare stakeholders and the female leaders in the medical technology sector will be required to influence stakeholders through knowledge-sharing, collaboration and open dialogue to positively influence the desired behaviour.

6.5.3. Comparison of findings to literature Proposition 3

The female leaders made use of crucial conversations, focused on their company's common goal and the purpose of the organisation. However, some felt uncomfortable in creating an emotionally safe environment for their team members when more senior leaders were in the room, and thus excluded them from such discussions. This finding was nuanced with the seniority of the female leaders, who voiced the inclusive manner and listening to all views before making a decision. This is consistent with Newman et

al.'s (2017) finding that psychological safety is created at an individual and team level, more so than at an organisational level, and the role regulation of emotions plays on individuals in difficult circumstances (Huy & Zott, 2019). It does however signal the role the organisational design may play in creating such perceived safety, as emotional or psychological safety for the individual or the teams would be difficult to create at an organisational level. This is supported by the view that women may emulate inappropriate behaviour and not voice their real opinion, to make them feel safe and make others feel safe in the environment, somewhat supporting the emotion regulation of others. Despite trying to create a safe environment, where opinions can be raised and open discussion be held, not all participants felt that their open discussions were successful in convincing funders and procurement departments to purchase their products, which is a nuance to what the common purpose might be and in turn signal the need for stronger collaboration.

6.5.4. Conclusion on Proposition 3

Crucial conversations and the resultant psychological safety are dependent on the individual involved; however, the common purpose may often be misaligned, resulting in a less than desirable outcome to the parties. The organisational environment may also play a role in how honestly and openly crucial conversations are held, which is a nuance to the extant literature, requiring further research. Although the female leaders displayed characteristics associated with the ability to hold crucial conversations, it is difficult to conclude whether it is an innate gendered characteristic, or a skill honed at an individual level instead and what role the organisation plays in creating psychological safety.

6.6. Discussion of findings: Proposition 4

Proposition 4: Female leaders, who use dynamic capabilities, have diverse educational backgrounds

Diverse educational backgrounds drive richer discussions and enhance decision-making, as different perspectives are shared and incorporated into the discussions, and thereby reduce the threat that collective thinking or existing industry bias overrule individual input. This proposition posited that female leaders in the medical technology industry, using dynamic capabilities, have diverse educational backgrounds, contributing to richer team discussions.

6.6.1. Summary of findings proposition 4

The female leaders interviewed had diverse educational backgrounds, which included clinical and non-clinical qualification, and some in commercial studies, as well as information technology and engineering. Several of the female leaders, especially at the more senior management or executive level, had furthered their studies beyond their original clinical training, focusing on business-related studies, including Master and Doctorate degrees.

6.6.2. Summary of literature review key insights related to Proposition 4

Diversity in women's educational backgrounds is believed to enrich discussions and enhance creativity and innovation (Terjesen et al., 2016), which may result in firms' positive performance (Bennouri et al., 2018). However, the research findings were inconclusive whether only commercial or business-related qualifications contribute to the positive result, as most female leaders working in middle management roles had more medical industry qualifications, while senior female directors had already enhanced their education with masters and doctoral degrees. This seemed to indicate that commercial qualifications, in addition to the original medical qualification, may well be an advantage for progression on the hierarchal lines.

6.6.3. Comparison of findings to literature Proposition 4

Similarities were found with the literature on diverse educational backgrounds contributing to firms' positive performance, as the female leaders interviewed were all in positions that contributed to their companies' performance and made use of their dynamic capabilities. The female leaders held diverse educational backgrounds, which included clinical to non-clinical qualifications, with the more senior leaders advancing their careers through furthering their studies in commercial and other fields such as engineering. This is consistent with the finding by Bennouri et al. (2018) that women tend to further their studies to advance their careers as opposed to relying on their relational and social capital.

6.6.4. Conclusion on Proposition 4

The firms' performance was not the focus of the study and as such, the research did not compare the influence female leaders had on the companies' performance; however, all the participants were in key positions contributing to their firms' performance. These female leaders had diverse educational backgrounds, across their role responsibilities and even at an individual level, where qualifications included multiple fields of study,

seemingly as a mechanism to enhance their career growth in addition to self-improvement. Although diversity in education contributes to richer discussions, female leaders, and especially future leaders, should carefully consider the qualifications to advance their existing academic qualifications, as a commercially-orientated qualification in addition to their clinical qualification may assist them more to advance up the ranks in the organisation, as those skills are essential in management roles.

6.7. Discussion of findings: Proposition 5

Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance

The literature holds contradictory views on the risk appetite of female leaders and as such, the most suitable roles that women should or could occupy to counter risk (Bennouri et al., 2018; Chen et al., 2019; Fernando et al., 2020; Nekhili et al., 2018). The proposition posited that female leaders use their skills and knowledge to identify and then mitigate risks, opposing the claimed risk aversion and suitable role assertions.

6.7.1. Summary of findings Proposition 5

The participants were able to identify the threats as well as opportunities and some mentioned the role that should be played in exploiting the opportunities, whereas the industry experts held a different view on how well female leaders mitigated risks, if at all. While female leaders tended to be able to identify risk, and participated in the senior leadership discussions, influencing the potential course of action being taken, which may signal the ability to mitigate risks in addition to considering it, there was no clear indication that the female leaders were keen to accept great risks. The findings were not conclusive, with some female leaders stating mitigations on the threats identified and others not, which may be because of the research instrument not specifically asking how the risks will be mitigated.

6.7.2. Summary of literature review key insights related to Proposition 5 Gender diverse Board representation may result in a firm's improved performance, because of improved decision-making, more robust discussions, and less aggressive investment strategies, negating a firm's poor performance in times of crisis (Bennouri et al., 2018; Chen et al., 2019; Fernando et al., 2020; Nekhili et al., 2018). The role of women has been depicted as risk averse, to having a greater risk appetite to having a neutral effect, all of which were context dependent, with mediators such as industry,

years of experience and seniority in a company, and socio-economic wealth all contributing to the performance and risk appetite of women on Boards. Chen et al. (2019) identify that firms with male CEOs, but which had female directors, followed less aggressive investment strategies, negating poor firm performance in times of crises, because of female leaders tempering the CEO's over-confidence. The presence of female directors resulted in more robust discussions of opportunities, with deeper evaluation and consideration, before proceeding with a strategy, and women thus mitigating risk as opposed to being risk averse. This was not the case where the CEO was female, as the risks were likely considered prior to being presented to the Board to execute on. An opposing view held by Poletti-Hughes and Briano-Turrent (2019) is that female directors tend to increase their risk appetite when their Board experience is longer and they have broken through the glass ceiling. However, their risk appetite may then be more tempered when their own socio-economic wealth may be affected.

6.7.3. Comparison of findings to literature Proposition 5

The findings were inconclusive, given some of the female leaders displayed risk mitigating characteristics, whereas others only identified risks and threats, which was similar to the contradictory literature on the risk appetite of women. The nuance, however, was that the reviewed literature did not address whether the risk appetite and a firm's positive performance resulted because of the richer discussions held before getting involved in risk-taking or the fact that female leaders identified, evaluated and then mitigated the risk, which would be a source for further research.

6.7.4. Conclusion on Proposition 5

The findings were not conclusive whether the female leaders overall identify, evaluate and mitigate risks, as some practised all three aspects of identification, evaluation and mitigation, whereas others only mentioned identification and evaluation. The ambiguity on whether there is improved firm performance with female representation on Boards is the result of their risk appetite, risk aversion or because of the rich discussion signalling risk mitigation, remain nuanced by the richer discussions held, because of the presence of women in the forums, signalling an innate capability to identify and evaluate risks.

6.8. Discussion of findings: Proposition 6

Proposition 6: Female leaders implement governance structures, processes and procedures and in so doing enhance competitive advantage

The antecedents of dynamic capabilities include sensing, seizing and reconfiguring resources, using both cognitive functions of individuals and structures with processes and procedures. The proposition posited that female leaders use their cognitive abilities to assess the environment and need for processes and procedures to create a structured environment that facilitates the competitiveness of the organisation.

6.8.1. Summary of findings Proposition 6

Existing or new processes were assessed by all participants, taking individual responsibility in reviewing processes where they were no longer serving the business needs. The organisational design, however, also played a strong role, where processes were driven by corporate structures. Some participants questioned and challenged the processes, where they believed those processes were hindering the company's competitive advantage at a host country level and adapted these accordingly at a local level, constantly re-evaluating the status quo. Industry experts felt that the organisational design should ensure that adequate and appropriate information was shared with employees to take advantage of opportunities, implying the need for governance structures that are dependent on process and procedures, to be implemented by management.

6.8.2. Summary of literature review key insights related to Proposition 6 Dynamic capabilities are structured processes and the coordination of resources that are developed and implemented at an organisational level (Eisenhardt & Martin, 2000; Teece et al., 1997) and affected by organisational, individual or team and environmental factors (Schilke et al., 2017). This evolved into dynamic managerial capabilities, which placed individuals at the focal point, given strategic decisions are made by managers of all levels (Adner & Helfat, 2003; Helfat & Martin, 2015; Schwarz et al., 2020).

Boards of Directors with female representation are believed to have improved corporate governance, which is a key function of processes and procedures, and results in a firm's improved performance (Terjesen et al., 2016). Processes and procedures in the healthcare industry are important because of the complexity of the environment, which is also highly regulated. Therefore, adaptability to the changing environment is pivotal at an individual and organisational level (Agwunobi & Osborne, 2016; Fruehwirt & Duckworth, 2021). Corporate structures and the associated bureaucracy (processes), however, may be cumbersome and act as a barrier to business model innovation, which is incumbent on individuals to overcome (Bocken & Geradts, 2020). This is of great

importance where health insurance companies are investing in product innovation, service delivery, and emerging technologies (Nayak et al., 2021), requiring the service providers to adapt to the funding and customer environment and thus, adjust their processes accordingly.

6.8.3. Comparison of findings to literature Proposition 6

The role of the organisational design has been found to be a key driver of processes, based on the interview data confirming the seminal work of Teece et al. (1997) and Eisenhardt and Martin (2000). However, at times, organisational design acted as both an enabler and barrier to the incumbents to successfully perform their responsibilities (Bocken & Geradts, 2020). This is nuanced by previous academic findings inferring female directors were responsible for improved corporate governance on Boards (Terjesen et al., 2016), which was premised on the successful implementation and constant evaluation of processes and procedures. The female leaders interviewed reported their dedicated adherence to both reviewing and reconsidering the existing processes as well as challenging them, where they were no longer deemed appropriate, confirming that women contribute to a better corporate governance. It also confirmed the adaptability of individuals based on the market signals, and adjusting processes accordingly (Agwunobi & Osborne, 2016; Bocken & Geradts, 2020; Nayak et al., 2021).

6.8.4. Conclusion on Proposition 6

The role of organisational design and structure cannot be ignored in the overall corporate governance structures within any firm; however, the findings confirm that female leaders implement, review and adjust such structures where required, aligned with the view that strategy is implemented by female managers. This finding places a gendered view on the dynamic capabilities of processes, which require sensing, seizing and reconfiguration. This finding was not been compared to the role male peers play in the processes and despite a gendered lens being placed, it would be valuable to further studies conducting such a comparison, if it has not already been done.

6.9. Chapter conclusion

This chapter outlined the summarised findings, comparing them to extant literature and identified similarities and nuances. To the best of the researcher's knowledge, this was the first study applying three different constructs to diversity management, using dynamic capabilities at a firm and individual level (dynamic managerial capabilities), applying a female leadership lens. The focus in answering the main research question was on which

dynamic capabilities female leaders use to manage diverse teams, including stakeholders, and it considered two micro-foundations, and made six propositions.

First, knowledge-sharing was found to be a skill the female leaders were well equipped to use, and they displayed comfort in doing so. The organisational environment supported them in this effort, as they had to meet the industry requirements of enabling the end users to purchase and use the products. Although knowledge-sharing has been discussed in HR and organisational journals, it has not, to the best of the researcher's knowledge, been explicitly extended to be a micro-foundation of dynamic managerial capabilities, thus extending the existing body of knowledge within International Business studies. Second, cultural intelligence is believed to be micro-foundation that the female leaders used with comfort, thus expanding on the existing body of knowledge of dynamic capabilities, adding both an explicit foundation as well as a gendered lens.

Six propositions were developed by the researcher, and the conclusion on each is summarised below.

- a) Proposition 1 added a nuance to the diversity bias literature, stating that overcoming of diversity bias by female leaders was determined by their personal range, maturity and experience.
- b) Proposition 2 confirmed that female leaders reduce business barriers by making use mostly of informal social networks, including the networks of their team by building relationships of trust and emotion regulation.
- c) Proposition 3 was inconclusive on female leaders possessing an innate ability to hold crucial conversations through creating a psychologically save environment as it was not evident whether it was a gendered attribute, individually learned skill or affected by the organisational design.
- d) Proposition 4 confirmed the female leaders within the medical technology sector, using dynamic capabilities, have diverse educational backgrounds, ranging from clinical to non-clinical qualifications, but they tend to have added commercial qualifications in an attempt to advance their careers to top management.
- e) Proposition 5 was inconclusive on female leaders' ability to identify, evaluate and mitigate risks to enhance firm performance, consistent with the extant literature, which is still ambiguous on the risk appetite of women. The finding is, however, nuanced by the female leaders' ability to enrich discussions allowing for identification and evaluation of risks, which may lead to mitigation, if actioned.
- f) Proposition 6 placed a gendered lens on the individual level dynamic capabilities, concluding that female leaders evaluate and implement governance structures

within an organisation.

Unrelated to the focus of the study, gender bias and stereotypes emerged as a theme, with the female leaders experiencing bias and prejudices, as well as self-imposed societal norms on their leadership position. When the competitiveness of their business and a potential loss of income was at risk, the women were less likely to address or counter the bias, although some attempt seemed to be made by the female leaders in top management to aim for a non-discriminatory environment. The findings against literature are also summarised in Table 40 for ease of reference.

Table 40: Summary of findings

Theme	Finding conclusion	Related literature implication	Authors
Knowledge sharing	Female leaders made use of knowledge-sharing, mediated by industry dynamics.	Addition to dynamic managerial capabilities micro-foundations nuanced by literature language	Ali et al. (2019)
			Bianchi et al. (2022)
			Dong et al. (2017)
			Gerpott et al. (2019)
			Helfat and Peteraf (2015)
bpa			Khan and Khan (2019)
Knowle			Schilke et al. (2017)
			Vora et al. (2019)
Cultural intelligence	Female leaders were culturally intelligent, mediated by the organisational and South African diverse environment.	Consistent with CQ and Africana Womanism, but an addition to dynamic managerial capabilities micro-foundations nuanced by personal background	Alexandra et al. (2021)
			Ali et al. (2019)
			Bianchi et al. (2022)
			Caprar et al. (2022)
			Dong et al. (2017)
Itura			Stoermer et al. (2021)
Cn			Vora et al. (2019)
	When women experienced gendered bias, which could negatively impact their financial position or competitiveness of the organisation, they	Consistent with literature, however nuanced by the willingness to address the bias	Barry and Grady (2019)
Gender stereotypes			Bell et al. (2019)
			Bechtoldt et al. (2019) Bennouri et al. (2018)
			Besley et al. (2017)
			Brahma et al. (2021)
Gender	were less likely to address it, depending on their seniority.		Hekman et al. (2016)

Diversity bias	Advocating for the rights of minorities and self, and embracing diversity values were mediated by the career maturity of the female leader.	Nuance to existing literature by career maturity	Fernando (2020) Hekman et al. (2016) Samdanis and Özbilgin (2020)
Social capital	The female leaders made use of social capital diversity within their teams, focused on long-term relationships and closed networks, nuanced by the "small industry" dynamics.	Consistent with literature at an individual level. A gendered lens could not be conclusively applied	Bridges et al. (2022) Burt et al. (2021) Helfat and Martin (2015) Holzmayer and Schmidt (2020). Huy and Zott, (2019) Tasheva and Hillman (2019)
Crucial conversations	The female leaders were equipped in creating a psychologically safe space to have crucial conversations; however, at times still imitated peer behaviour to feel safe.	Inconclusive, whether it is a gendered attribute or a learned skill; however, mediated by the organisational environment, which adds a nuance to the literature	Agwunobi and Osborne (2016) Fruehwirt and Duckworth (2021) Huy and Zott (2019) Newman et al. (2017)
Diverse educational background	The female leaders had diverse educational backgrounds contributing to richer discussions; however, added business-related studies as they progressed their careers, believing it would contribute to their career progression.	Consistent with literature	Bennouri et al. (2018) Terjesen et al. (2016)
Risk mitigation	The ambiguity on risk appetite and thus mitigation remains, nuanced by the richer discussions the female leaders contribute towards in management meetings.	Consistent with literature, nuanced by innate ability of women to identify and evaluate risk and through richer management discussions, contributing towards risk mitigation	Bennouri et al. (2018) Briano-Turrent (2019) Chen et al. (2019) Poletti-Hughes and Fernando et al. (2020) Terjesen et al. (2016)

		0 1 1 1 11 111 1	
Process and governance	Female leaders reviewed and implemented processes, often challenging the status quo at an organisational level, placing a gendered view on it.		
			Bennouri et al. (2018)
			Bocken and Geradts (2020)
			Fernando (2020)
			Stoermer et al. (2021)
Pr go			Terjesen et al. (2016)

Source: Author's own

This study placed a gendered lens on dynamic capabilities and extended existing literature. It also highlighted the prevailing gendered bias female leaders at varying organisational levels still experience.

Chapter 7 will draw a conclusion on the overall study, outlining the research contributions, recommendations to stakeholders, limitations of the study and suggest areas for future research.

7. CHAPTER 7: CONCLUSION

7.1. Introduction

This chapter summarises the findings to the research question and the six propositions derived from how female leaders use dynamic capabilities to manage diverse teams as discussed in Chapter 6. The conclusion will include the following themes: (1) knowledge sharing, (2) cultural intelligence, (3) diversity bias, (4) social capital, (5) crucial conversations, (6) diverse educational backgrounds, (7) risk mitigation, and (8) process. Although the various themes are discussed independently, the overall conclusion holds a strong interlink across the themes, where one is often dependent on the other.

The chapter is structured by providing the principal theoretical conclusions (7.2), followed by the research contribution (7.3), providing recommendations for management (7.4), outlining the limitations of the study (7.5) and finally providing recommendations for future research (7.6).

7.2. Principal theoretical conclusions

7.2.1. Knowledge sharing

Despite dynamic managerial capabilities placing emphasis on the role managers play in creating and maintaining a firm's competitive advantage, literature had not explicitly discussed knowledge-sharing as a micro-foundation. Leadership styles have been the focus of many knowledge transfer studies, including transformational and respectful leadership (Gerpott et al., 2019; Khan & Khan, 2019), although the aim of this study was not to determine the leadership style of the female leaders, but to determine which dynamic capabilities they use. Given the ambiguity in literature on gendered leadership styles (Dwivedi et al., 2021; Giacomin et al., 2021; Nekhili et al., 2018) and some even finding that leaders can comfortably traverse between styles, this was not explored but used as a basis to inform the conclusions.

Knowledge-sharing is enabled by the environment, in which the incumbents find themselves (Khan & Khan, 2019), with the interviewed female leaders displaying strong abilities and willingness to transfer knowledge to industry incumbents to make use of their company's products and to empower their teams. This contributes to existing literature on the ability to traverse between leadership styles, enabling the leaders to impart and receive knowledge. The extant literature is extended with the nuance of differentiating between the gendered view of knowledge-sharing being an innate capability or whether it is driven by the industry dynamics, which require the leaders to

impart knowledge to the employees so that the company can remain competitive. Continuous learning was also found to contribute to the female leaders' ability to impart relevant and appropriate knowledge to the various stakeholders.

7.2.2. Cultural intelligence

Cultural intelligence is premised on leaders and team members' ability to adapt to and effectively function within a culturally diverse environment (Alexandra et al., 2021), which in turn, cultivates greater collaboration. The study extended the literature on cultural intelligence, adding a gendered view to it along with describing it as a micro-foundation of dynamic capabilities, finding that female leaders place the other party at the centre to understand their perspective and background. Some of the female leaders displayed the characteristics of being multicultural individuals, which consisted of three dimensions of knowledge, internalisation and identification (Vora et al., 2019), which may be a function of the South African diverse history and landscape. The female leaders also confirmed the Africana Womanism (Barry & Grady, 2019) construct of family and community through their inclusive approach. The mediating role of the organisational environment on cultural intelligence added a subtle nuance to the findings, coupled with the rich South African political and cultural history. Cultural intelligence played a mediating role in knowledge transfer, overcoming of diversity bias and added the ability to hold crucial conversations.

7.2.3. Diversity bias

Diversity bias prevails at different levels, despite the diversity agendas being driven worldwide, with bias at a gendered level, even when firm performance is positively affected (Bennouri et al., 2018). The bias and prejudices experienced by the female leaders are consistent with literature and thus, extends the gender stereotype literature, even in international business studies.

However, the female leaders were comfortable advocating for the rights of all minorities, and overcoming diversity bias, even if it meant further discriminatory behaviour towards them for embracing diversity (Hekman et al., 2016). This added a nuance to the extant literature on diversity bias. The findings extended the existing literature by adding the nuance of personal range, maturity and experience as a mediator to female leaders' comfort in advocating for minorities despite the potential consequences, and having access to corporate structures which can influence change (Samdanis & Özbilgin, 2020).

7.2.4. Social capital

Informal social networks were a method used predominantly within a closed network, accessing existing networks along with those of colleagues and team members, reducing business barriers and opening future collaboration (Bridges et al., 2022; Tasheva & Hillman, 2019). The focus on building long-term relationships of trust aligned with the under-studied micro-foundation of dynamic managerial capabilities of emotion regulation (Huy & Zott, 2019).

The view that strategic intent could be impeded when the social network is too large, was supported in the findings, given the "small industry" focus and thus the focus remained on a closed network (Burt et al., 2021; Holzmayer & Schmidt, 2020). This was nuanced, however, as it was not a gendered behaviour, but might be a leadership focus instead.

7.2.5. Crucial conversations

Psychological safety creates an environment in which collaboration, knowledge sharing, communication and innovation are cultivated at an individual, team and organisation level (Newman et al., 2017). Crucial conversations can be tense, when the perceived psychological safety is not present, with potentially devastating effects. The female leaders, consistent with Newman et al. (2017), were adept at crucial conversations on an individual and team level, also displaying the ability to self-regulate their emotions. The findings extended existing literature at a broader level; however, it did not conclusively find it to be a gendered behaviour, but rather a learned and practised skill at an individual level, further mediated by the organisational environment facilitating or limiting real safety.

7.2.6. Educational backgrounds

Different perspectives are often shared and incorporated into discussions, where the educational backgrounds are diverse, resulting in richer discussions and thus enhancing creativity and innovation and by implication improving a firm's performance (Bennouri et al., 2018; Terjesen et al., 2016). Literature remains inconclusive, whether only commercial or business-related qualifications contribute to a firm's improved performance; however the female leaders had both interpersonal diversity in qualifications as well as within teams, extending existing literature. However, the nuance was that despite having diverse educational backgrounds, the more advanced a woman has in her career, the more she tends to add to her qualifications, often into the business-related fields of study, likely to allow her access to top management roles, through a

perceived or real organisational requirement.

7.2.7. Risk

The female leaders displayed varying levels of risk identification, evaluation, and mitigation, consistent with the ambiguous literature on risk appetite (Fernando et al., 2020; Nekhili et al., 2018; Poletti-Hughes & Briano-Turrent, 2019), despite some findings being reflective of the presence of female directors, which resulted in richer discussions and a deeper consideration of opportunities before they are explored and implemented, and tempering the over-confidence of male CEOs (Chen et al., 2019). This added a nuance to the existing literature, as the female leaders were able to clearly identify and evaluate risk, potentially signalling the mitigation is taking place because of their contribution and not despite it.

7.2.8. Processes and governance structures

Governance structures and processes are typically a function of the organisation's design, which was also the case in this study (Eisenhardt & Martin, 2000; Teece et al., 1997); however, consistent with the dynamic managerial capabilities view, it requires managers to implement and execute on strategy, which is reliant on processes. The female leaders were all well versed in creating structures and even challenging existing processes (Bocken & Geradts, 2020), if the processes were not conducive to a competitive advantage. This extended the existing literature on dynamic capabilities with a gendered and team-level lens on process (Adner & Helfat, 2003; Helfat & Martin, 2015; Schwarz et al., 2020).

7.3. Research contribution

To the best of the researcher's knowledge, this is the first study to place a gendered lens on dynamic capabilities, when aiming to identify which capabilities are used by female leaders, and combining it with diversity management of internal and external stakeholders in the medical technology and healthcare industry. Second, most of the reviewed articles in international business studies on women were focused on the role of the CEO and directorships, whereas this study included senior and middle management female leaders. Third, a qualitative epistemological approach was followed, whereas the reviewed articles on female leaders followed a quantitative methodology. Fourth, the study may assist the healthcare industry business leaders in understanding the importance of broadening female representation in management positions.

7.4. Recommendations for management and/or other stakeholders

The findings have potential implications for business leaders and policy makers, driving diversity agendas. First, diversity has been proven in several studies to improve a firm"s performance, with this study contributing towards the attributes female leaders possess. Management stands to gain from increasing female representation from diverse educational backgrounds and include them in decision-making positions, thus exposing them to the commercial aspects of the business, while also considering atypical views. The healthcare industry remains dominated by men at C-suite level, typically with commercial qualifications, whereas the female representation is typically more focused on clinical aspects of the business in the medical technology and healthcare field, ignoring the contribution women may bring into the commercial aspects of the business. Second, policymakers should refrain from only having a gendered or racial lens on driving the diversity agenda, allowing individuals to progress based on merit, as opposed to becoming token appointments, thus reducing the discriminatory behaviours displayed by organisations against diversity valuing individuals. Third, women should carefully consider the motivation when adding to their existing academic qualifications, whether such additional qualification will be a mechanism to advance up the corporate ladder, or whether such qualification may not be an organisational requirement.

7.5. Limitations of the research study

As with any academic study, this study also had its limitations. First, the researcher is a novice and may have missed important nuances during the coding and analysis process. Second, the study was limited to only 15 participants and conducted in a specific industry, which means that the findings are not generalisable to other industries. Third, the researcher did not explore the role and impact of the organisational culture in how the female leaders framed their responses, although psychological safety is created at an individual and team level, and therefore the responses should be reflective of the individual and not the organisation.

7.6. Suggestions for future research

The ambiguity in some of the findings lead to recommendations for future research. First, the Covid-19 pandemic has accelerated change across all industries towards companies adopting technology at a faster pace, with the healthcare industry being no exception. Further studies on the technologies adopted within healthcare that enhance these companies' competitiveness and what is required to influence clinicians to change

existing habits and therefore adopt use of these technologies, would be of value.

Second, the nuanced lens on overcoming diversity bias, being an outcome of gendered career maturity, personal range and experience, requires further studies in international business, pushing the boundaries beyond "queen bee" syndrome. From a quantitative research point of view, it would also be beneficial if such future study could include cross-analysis according to other demographics together with gender bias.

Third, although several studies have concluded that female representation in upper echelons contributes to richer discussions and tempering of male leaders' perceived 'over-confidence', this study was inconclusive whether discussions resulted in risk mitigation by the female leaders. Future studies on the mediating role of risk mitigation on the inconclusive literature of risk appetite in women would be encouraged.

Fourth, understanding the mediating role of the specific industry on knowledge-sharing and extending it to other industries could act as a confirmation if knowledge-sharing is an innate gendered characteristic as a micro-foundation of dynamic capabilities. Finally, it would be of value to understand the mediating role diversity policies and country context play in the level of cultural intelligence displayed by female leaders.

7.7. Conclusion

The study aimed to contribute to the extant literature by applying a gendered lens to dynamic capabilities and micro-foundations, which, to the best of the researcher's knowledge, is the first study intersecting the healthcare/medical technology context, gender and diversity with dynamic capabilities. The study found several similarities with the literature; however, these were nuanced and thus, added a gendered view. First, knowledge-sharing was found to be a key focus of the female leaders; however, the findings were inconclusive of the role industry dynamics play. Second, the organisational environment was a mediating factor on the cultural intelligence displayed by the participants, with cultural intelligence further affecting knowledge-sharing, overcoming the diversity bias and the ability to create a psychologically safe environment. Third, diversity bias and embracing of diversity values, appeared to be mediated by the career maturity of the female leader. Fourth, despite some views that women tend not to embrace their social capital and broadening networks, the use of closed networks appeared to be an overall leadership characteristic and not necessarily a gendered theme. Further research extending beyond the healthcare industry is recommended. Fifth, crucial conversations were found to be a skill the participants were well versed

with; yet, it remains inconclusive whether it is a learned skill or innate female attribute, further enabled by the organisational environment. Sixth, although **diverse educational backgrounds** were found and contribute to richer discussions, the participants furthered their education in business-related fields to advance their careers, because of the perceived organisational and industry requirements. Seventh, the ambiguity on risk appetite of women remains; however, it is nuanced with the richness of discussions being held in their presence, which may result in **risk mitigation**, contributing to improved firm performance, placing a nuance on risk appetite being a function of evaluation and mitigation and not necessarily being one of risk avoidance. Aligned with the literature of processes being governed at an organisational level, yet implemented by managers, female leaders displayed strong attributes of **challenging these structures** and then adapting them to the benefit of the organisation, placing a gendered view on it.

REFERENCES

- Adner, R., & Helfat, C. E. (2003). Corporate effects and dynamic managerial capabilities. *Strategic Management Journal*, *24*, 1011-1025. doi:10.1002/smj.331
- Agwunobi, A., & Osborne, P. (2016). Dynamic capabilities and Healthcare: a framework for enhancing the competitve advantage of hospitals. *California Management Review, 58*(4), 141-161. doi:https://dx.doi.org/10.1525/cmr.2016.58.4.141
- Alexandra, V., Ehrhart, H. K., & Randel, A. E. (2021). Cultural intelligence, perceived inclusion, and cultural diversity in workgroups. *Personality and Individual Differences*, *168*, 110285. doi:https://doi.org/10.1016/j.paid.2020.110285.
- Ali, I., Ali, M., Leal-Rodríguez, A. L., & Albort-Morant, G. (2019). The role of knowledge spillovers and cultural intelligence in enhancing expatriate employees' individual and team creativity. *Journal of Business Research*, *101*, 561-573. doi:https://doi.org/10.1016/j.jbusres.2018.11.012.
- Arikan, I., & Shenkar, O. (2022). Neglected elements: What we should cover more of in international business research. *Journal of International Business Studies*, 53(7), 1484-1507. doi:https://doi.org/10.1057/s41267-021-00472-9
- Barry, F. B., & Grady, S. C. (2019). Africana womanism as an extension of feminism in political ecology (of health) research. *Geoforum*, *103*, 182-186. doi:https://doi.org/10.1016/j.geoforum.2018.09.024
- Bechtoldt, M. N., Bannier, C. E., & Rock, B. (2019). The glass cliff myth? Evidence from Germany and the U.K. *The Leadership Quarterly, 30*(3), 273-297. doi:https://doi.org/10.1016/j.leaqua.2018.11.004
- Bell, E., Bryman, A., & Harley, B. (2018). *Business Research Methods* (Fifth ed.). Oxford University Press.
- Bell, E., Meriläinen, S., Taylor, S., & Tienari, J. (2019). Time's up! Feminist theory and activism meets organization studies. *Human Relations*, 72(1), 4-22. doi:https://doi.org/10.1177/0018726718790067
- Bennouri, M., Chtioui, T., Nagati, H., & Nekhili, M. (2018). Female board directorship and firm performance: What really matters? *Journal of Banking & Finance, 88*, 267-291. doi:https://dx.doi.org/10.1016/j.jbankfin.2017.12.010
- Berry, L. L. (2019). Service innovation is urgent in healthcare. *AMS Review*, *9*(1), 78-92. doi:https://doi.org/10.1007/s13162-019-00135-x
- Besley, T., Folke, O., Persson, T., & Rickne, J. (2017). Gender Quotas and the Crisis of the Mediocre Man: Theory and Evidence from Sweden. *American Economic Review*, 107(8), 2204-2242. doi:https://doi.org/10.1257/aer.20160080
- Bianchi, G., Testa, F., Tessitore, S., & Iraldo, F. (2022). How to embed environmental sustainability: The role of dynamic capabilities and managerial approaches in a life cycle management perspective. *Business Strategy and the Environment*, 31(1), 312-325. doi: https://doi.org/10.1002/bse.2889
- Bocken, N. M., & Geradts, T. H. (2020). Barriers and drivers to sustainable business model innovation: Organization design and dynamic capabilities. *Long Range Planning*, *53*(4), 101950. doi:https://doi.org/10.1016/j.lrp.2019.101950
- Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research*, 19(4), 426-432. doi:https://doi-org.uplib.idm.oclc.org/10.1108/QMR-06-2016-0053
- Brahma, S., Nwafor, C., & Boateng, A. (2021). Board gender diversity and firm performance: The UK evidence. *International Journal of Finance & Economics*, 26(4), 5704-5719. doi:https://doi.org/10.1002/ijfe.2089
- Bridges, D., Bamberry, L., Wulff, E., & Krivokapic-Skoko, B. (2022). "A trade of one's own": The role of social and cultural capital in the success of women in maledominated occupations. *Gender, Work & Organization, 29*(2), 371-387. doi:https://doi.org/10.1111/gwao.12764

- Burt, R. S., Opper, S., & Holm, H. J. (2021). Cooperation Beyond the Network. *Organization Science*, 33(2), 495-517. doi:10.1287/orsc.2021.1460
- Caprar, D. V., Kim, S., Walker, B. W., & Caligiuri, P. (2022). Beyond "Doing as the Romans Do": A review of research on countercultural business practices. *Journal of International Business Studies*, *3*(7), 1449-1483. doi:10.1057/s41267-021-00479-2
- Chen, J., Leung, W. S., Song, W., & Goergen, M. (2019). Why female board representation matters: The role of female directors in reducing male CEO overconfidence. *Journal of Empirical Finance*, *53*, 70-90. doi:https://doi.org/10.1016/j.jempfin.2019.06.002
- Company A Investor relations. (2022, June 27).
- Company B Our Company. (2022, June 27).
- Crane, A., Henriques, I., & Husted, B. W. (2018). Quants and Poets: Advancing Methods and Methodologies in Business and Society Research. *Business & Society*, *57*(1), 3-25. doi:https://doi.org/10.1177/0007650317718129
- Deloitte. (2022, June 27). *Deloitte Medical technology*. Retrieved from Deloitte: https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/topics/medical-technology.html
- Dong, Y., Bartol, K. M., Zhang, Z.-X., & Li, C. (2017). Enhancing employee creativity via individual skill development and team knowledge sharing: Influences of dual-focused transformational leadership. *Journal of Organizational Behavior*, 38(3), 439-458. doi:https://doi.org/10.1002/job.2134
- Dwivedi, P., Misangyi, V. F., & Joshi, A. (2021). "Burnt by the Spotlight": How leadership endorsements impact the longevity of female leaders. *Journal of Applied Psychology*, 106(12), 1885-1906. doi:https://doi.org/10.1037/apl0000871
- Eisenhardt, K. M., & Martin, J. A. (2000). Dynamic capabilities: What are they? Strategic Management Journal, 21(10-11), 1105-1121. doi:https://doi.org/10.1002/1097-0266(200010/11)21:10/11%3C1105::AID-SMJ133%3E3.0.CO;2-E
- Fernando, D. (2020). Challenging the cross-national transfer of diversity management in MNCs: Exploring the 'identity effects' of diversity discourses. *Human Relations*, 74(12), 2126-2152. doi:10.1177/0018726720952838
- Fernando, G. D., Jain, S. S., & Tripathy, A. (2020). This cloud has a silver lining: Gender diversity, managerial ability, and firm performance. *Journal of Business Research*,, 117, 484-494. doi:https://doi.org/10.1016/j.jbusres.2020.05.042
- Ferreira, J., Coelho, A., & Moutinho, L. (2020). Dynamic capabilities, creativity and innovation capability and their impact on competitive advantage and firm performance: The moderating role of entrepreneurial orientation. *Technovation*, 92-93, 102061. doi:https://doi.org/10.1016/j.technovation.2018.11.004
- Fletcher, A. K., & Shaw, G. (2011). How voice-recognition software presents a useful transcription tool for qualitative and mixed methods researchers. *International Journal of Multiple Research Approaches*, *5*(2), 200-206. doi:https://doi.org/10.5172/mra.2011.5.2.200
- Fruehwirt, W., & Duckworth, P. (2021). Towards better healthcare: What could and should be automated? *Technological Forecasting and Social Change, 172*, 120967. doi:https://doi.org/10.1016/j.techfore.2021.120967
- GCIS. (2019, May 27). Official guide to South Africa 2018/19. Retrieved November 11, 2022, from South African Government: https://www.gov.za/about-sa/south-africas-people#languages
- Gerpott, F. H., Fasbender, U., & Burmeister, A. (2019). Respectful leadership and followers' knowledge sharing: A social mindfulness lens. *Human Relations*, 73(6), 789-810. doi:https://doi.org/10.1177/0018726719844813
- Giacomin, M., Tskhay, K. O., & Rule, N. O. (2021). Gender stereotypes explain different mental prototypes of male and female leaders. *The Leadership*

- Quarterly, 101578. doi:https://doi.org/10.1016/j.leaqua.2021.101578
- Hekman, D. R., Johnson, S. K., Foo, M.-D., & Yang, W. (2016). Does Diversity-Valuing Behavior Result in Diminished Performance Ratings for Non-White and Female Leaders? *Academy of Management Journal*, *60*(2), 771-797. doi:https://doi.org/10.5465/amj.2014.0538
- Helfat, C. E., & Martin, J. A. (2015). Dynamic managerial capabilities: Review and assessment of managerial impact on strategic change. *Journal of Management,* 41(5), 1281-1312. doi:10.1177/0149206314561301
- Helfat, C. E., & Peteraf, M. A. (2015). Managerial cognitive capabilities and the microfoundations of dynamic capabilities. *Strategic Management Journal*, *36*(6), 831-850. doi:https://doi.org/10.1002/smj.2247
- Holvino, E. (2010). Intersections: The Simultaneity of Race, Gender and Class in Organization Studies. *Gender, Work & Organization, 17*, 248-277. doi:https://doi.org/10.1111/j.1468-0432.2008.00400.x
- Holzmayer, F., & Schmidt, S. L. (2020). Dynamic managerial capabilities, firm resources, and related business diversification Evidence from the English Premier League. *Journal of Business Research*, *117*, 132-143. doi:https://doi.org/10.1016/j.jbusres.2020.05.044
- HPCSA Corporate Affairs. (2022, August 17). HPCSA Telehealth guidelines. Retrieved November 2022, 2022, from Health Professions Council of South Africa: https://www.hpcsa-blogs.co.za/hpcsa-telehealth-guidelines/
- Huy, Q., & Zott, C. (2019). Exploring the affective underpinnings of dynamic managerial capabilities: How managers' emotion regulation behaviors mobilize resources for their firms. *Strategic Management Journal*, *40*(1), 28-54. doi: https://doi.org/10.1002/smj.2971
- Khan, N. A., & Khan, A. N. (2019). What followers are saying about transformational leaders fostering employee innovation via organisational learning, knowledge sharing and social media use in public organisations?,. *Government Information Quarterly*, *36*(4), 101391. doi:https://doi.org/10.1016/j.giq.2019.07.003.
- Kokshagina, O. (2021). Managing shifts to value-based healthcare and value digitalization as a multi-level dynamic capability development process. *Technological Forecasting & Social Change, 172*, 121072. doi:https://doi.org/10.1016/j.techfore.2021.121072
- Koveshnikov, A., Tienari, J., & Piekkari, R. (2019). Gender in international business journals: A review and conceptualization of MNCs as gendered social spaces. *Journal of World Business*, *54*(1), 37-53. doi:https://doi.org/10.1016/j.jwb.2018.10.002
- Krivkovich, A., Liu, W. W., Nguyen, H., Rambachan, I., Robinson, N., Williams, M., & Yee, L. (2022). Women in the Workplace 2022. McKinsey & Company. Retrieved November 14, 2022, from https://www.mckinsey.com/featured-insights/diversity-and-inclusion/women-in-the-workplace?cid=other-eml-alt-mip-mck&hdpid=1711dd8e-0edd-4c9f-88ff-a4f4b0211086&hctky=9886813&hlkid=170a9f9cee644f25b04b0113270a81cf
- Küskü, F., Aracı, Ö., & Özbilgin, M. F. (2021). What happens to diversity at work in the context of a toxic triangle? Accounting for the gap between discourses and practices of diversity management. *Human Resource Management Journal*, 31(2), 553-574. doi:10.1111/1748-8583.12324
- Lozano, J. F., & Escrich, T. (2017). Cultural diversity in business: A critical reflection on the ideology of tolerance. *Journal of Business Ethics*, *142*(4), 679-696. doi:10.1007/s10551-016-3113-y
- Lu, J., Fitzsimmons, S., Özbilgin, M., Nkomo, S., & Thomas, D. C. (Eds.). (2022, January 1). Retrieved February 13, 2022, from Science Direct: https://www.sciencedirect.com/journal/journal-of-world-business/about/call-for-papers#a-special-issue-on-equality-diversity-and-inclusion-in-international-business

- Mandal, S. (2017). The influence of dynamic capabilities on hospital-supplier collaboration and hospital supply chain performance. *International Journal of Operations & Production Management*, 37(5), 664-684. doi:10.1108/IJOPM-05-2016-0249
- Matheson, J. L. (2007). The Voice Transcription Technique: Use of Voice Recognition Software to Transcribe Digital Interview Data in Qualitative Research. *The Qualitative Report*, *12*(4), 547-560. doi:https://doi.org/10.46743/2160-3715/2007.1611
- MJV Team. (2021, July 13). *mjv innovation/blog*. Retrieved from mjv innovation: https://www.mjvinnovation.com/blog/from-a-vuca-world-to-a-bani-one/
- Natow, R. S. (2020). The use of triangulation in qualitative studies employing elite interviews. *Qualitative Research*, *20*(2), 160-173. doi:https://doi.org/10.1177/1468794119830077
- Nayak, B., Bhattacharyya, S. S., & Krishnamoorthy, B. (2021). Explicating the role of emerging technologies and firm capabilities towards attainment of competitive advantage in health insurance service firms. *Technological Forecasting & Social Change, 170*, 120892. doi:https://doi.org/10.1016/j.techfore.2021.120892
- Nekhili, M., Chakroun, H., & Chtioui, T. (2018). Women's Leadership and Firm Performance: Family Versus Nonfamily Firms. *Journal of Business Ethics*, 153(2), 291-316. doi:https://doi.org/10.1007/s10551-016-3340-2
- Newman, A., Donohue, R., & Eva, N. (2017). Psychological safety: A systematic review of the literature. *Human Resource Management Review*, 27(3), 521-535. doi:https://doi.org/10.1016/j.hrmr.2017.01.001.
- Pezeshkan, A., Fainshmidt, S., Nair, A., Frazier, M. L., & Markowski, E. (2016). An empirical assessment of the dynamic capabilities—performance relationship. *Journal of Business Research*, 69(8), 2950-2956. doi:https://doi.org/10.1016/j.jbusres.2015.10.152
- Poletti-Hughes, J., & Briano-Turrent, G. C. (2019). Gender diversity on the board of directors and corporate risk: A behavioural agency theory perspective. *International Review of Financial Analysis*, *62*, 80-90. doi:https://doi.org/10.1016/j.irfa.2019.02.004
- Porter, M. E. (1985). Technology and competitve advantage. *Journal of Business Strategy*, 60-78. doi:https://doi.org/10.1108/eb039075
- Poulis, K., Poulis, E., & Plakoyiannaki, E. (2013). The role of context in case study selection: An international business perspective. *International Business Review,* 22(1), 304-314. doi:https://doi.org/10.1016/j.ibusrev.2012.04.003
- PwC. (2022, June 27). pwc\Industries\Health industries\Health technology and innovation. Retrieved from PwC: https://www.pwc.com/us/en/industries/health-industries/health-tech-innovation.html
- Randhawa, K., Wilden, R., & Gudergan, S. (2021). How to innovate toward an ambidextrous business model? The role of dynamic capabilities and market orientation. *Journal of Business Research, 130*, 618-634. doi:https://doi.org/10.1016/j.jbusres.2020.05.046
- Reuber, A. R., & Fischer, E. (2022). Putting qualitative international business research in context(s). *Journal of International Business Studies*, *53*(1), 27-38. doi:10.1057/s41267-021-00478-3
- Samdanis, M., & Özbilgin, M. (2020). The Duality of an Atypical Leader in Diversity Management: The Legitimization and Delegitimization of Diversity Beliefs in Organizations. *International Journal of Management Reviews, 22*(2), 101-119. doi:https://doi.org/10.1111/ijmr.12217
- Schilke, O., Hu, S., & Helfat, C. E. (2017). Quo Vadis, Dynamic Capabilities? A Content-Analytic Review of the Current State of Knowledge and Recommendations for Future Research. *Academy of Management Annals*, 12(1), 390-439. doi:10.5465/annals.2016.0014
- Schwarz, J. O., Rohrbeck, R., & Wach, B. (2020). Corporate foresight as a

- microfoundation of dynamic capabilities. *Futures and Foresight Science*, *2*(2), e28. doi:https://doi.org/10.1002/ffo2.28
- Serrano-Pascual, A., & Carretero-García, C. (2022). Women's entrepreneurial subjectivity under scrutiny: Expert knowledge on gender and entrepreneurship. *Gender, Work & Organization, 29*(2), 666-686. doi:https://doi.org/10.1111/gwao.12806
- Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori? *International Journal of Social Research Methodology*, *21*(5), 619-634. doi:10.1080/13645579.2018.1454643
- South African Medical Research Council. (2022). *The medical device landscape in South Africa*. Retrieved from https://www.samrc.ac.za/sites/default/files/files/2022-03-30/SAMRCMedicalDeviceLandscapeReport2022.pdf
- Statista. (2022, June 27). Retrieved from Statista: https://www.statista.com/topics/1702/medical-technology-industry/#dossierKeyfigures
- Stoermer, S., Davies, S., & Froese, F. J. (2021). The influence of expatriate cultural intelligence on organizational embeddedness and knowledge sharing: The moderating effects of host country context. *Journal of International Business Studies*, *52*(3), 432-453. doi:10.1057/s41267-020-00349-3
- Tasheva, S., & Hillman, A. J. (2019). Integrating diversity at different levels: Multilevel human capital, social capital, and demographic diversity and their implications for team effectiveness. *Academy of Management Review, 44*(4), 746-765. doi:https://doi.org/10.5465/amr.2015.0396
- Teagarden, M. B., Von Glinow, M. A., & Mellahi, K. (2018). Contextualizing international business research: Enhancing rigor and relevance. *Journal of World Business*, *53*(3), 303-306. doi:http://dx.doi.org/10.1016/j.jwb.2017.09.001
- Teece, D. J. (2018). Business models and dynamic capabilities. *Long Range Planning*, 51(1), 40-49. doi:https://doi.org/10.1016/j.lrp.2017.06.007
- Teece, D. J., Pisano, G., & Shuen, A. (1997). Dynamic capabilities and strategic management. *Strategic Management Journal*, *18*(7), 509-533. doi:https://doi.org/10.1002/(SICI)1097-0266(199708)18:7%3C509::AID-SMJ882%3E3.0.CO;2-Z
- Terjesen, S., Couto, E. B., & Francisco, P. M. (2016). Does the presence of independent and female directors impact firm performance? A multi-country study of board diversity. *Journal of Management & Governance, 20*(3), 447-483. doi:10.1007/s10997-014-9307-8
- Uner, M. M., Cetin, B., & Cavusgil, S. T. (2020). On the internationalization of Turkish hospital chains: A dynamic capabilities perspective. *International Business Review*, 29(3), 101693. doi:https://doi.org/10.1016/j.ibusrev.2020.101693
- United Nations. (2021, November 28). Sustainable development goals. Retrieved from United Nations: https://www.un.org/sustainabledevelopment/sustainabledevelopment-goals/
- Vora, D., Martin, L., Fitzsimmons, S. R., Pekerti, A. A., Lakshman, C., & Raheem, S. (2019). Multiculturalism within individuals: A review, critique, and agenda for future research. *Journal of International Business Studies, 50*(4), 499-524. doi:10.1057/s41267-018-0191-3
- World Economic Forum. (2021). Global Gender Gap Report 2021. Geneva.

ANNEXURE A: SEMI-STRUCTURED INTERVIEW GUIDE: FEMALE LEADERS

Demographic	Research question or	Questions
information	proposition	
	Proposition 4: Female leaders, who use dynamic capabilities, have diverse educational backgrounds.	Briefly provide a background on your qualifications and training?
		How long have you been working for this company? How long have you been working in the medical technology sector?
		Which country or geography does your division primarily operate in?
		How many people directly report to you?
Dynamic capabilities		
Sensing	Proposition 2: Female leaders use managerial social capital and social capital diversity within team members' networks to reduce business barriers. Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance.	How do you identify changes and opportunities in the market?
	Proposition 6: Female leaders implement governance structures, processes and procedures and in so doing enhance competitive advantage.	How often do you engage in activities to identify new processes and opportunities?
	Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance.	What are currently the biggest changes and opportunities in the medical technology environment? Who are the key internal and external stakeholders in your organisation?
	Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to enhance a competitive advantage.	What methods do you use to communicate and influence stakeholders on identified opportunities?
	Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to	Do you involve your direct and indirect reports in brainstorming and strategic sessions to identify new or unexplored opportunities? If yes, how often do you

	enhance a competitive advantage. Proposition 6: Female leaders implement governance structures, processes and procedures and in so doing enhance competitive advantage.	engage in such sessions? Do you participate in pilot or experimental studies of newly identified opportunities to determine larger-scale successful implementation across the company?
	Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance.	What is the biggest threat to your industry in your opinion?
	Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance.	How, in your opinion, has the Covid-19 pandemic shaped the future of the industry?
Seizing	Proposition 6: Female leaders implement governance structures, processes and procedures and in so doing enhance competitive advantage.	What steps do you employ to exploit opportunities?
	Proposition 6: Female leaders implement governance structures, processes and procedures and in so doing enhance competitive advantage.	How do you/would you exploit the opportunities and changes mentioned by you?
	Proposition 2: Female leaders use managerial social capital and social capital diversity within team members' networks to reduce business barriers.	Which stakeholders do you involve in developing new products?
	Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to enhance a competitive advantage.	How do you influence stakeholders to make use of your company's products?
Reconfiguring capabilities		How do you implement opportunities identified? How has your organisation implemented changes to pursue opportunities?
	Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance.	To what extent does your organisation take action after having identified new opportunities?
	Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance.	What are the barriers and drivers to exploiting opportunities in business model innovation?
	Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team	How often do you interact with your senior leaders?

	dynamics and capabilities through	
	learning and innovating to	
	enhance a competitive advantage.	
		What technological changes
		has your organisation
		implemented to remain
		competitive?
Diversity		How would you describe the
management		diversity (gender, race, age,
		educational background) of
		team members and influential
		stakeholders?
	Proposition 1: Female leaders use	How do you overcome
	managerial cognition to reduce	diversity barriers with
	diversity bias.	stakeholders and team
	Proposition 3: Female leaders	members?
		members:
	participate in crucial conversations with internal and external	
	stakeholders, harnessing team	
	dynamics and capabilities through	
	learning and innovating to	
	enhance a competitive advantage.	
	Proposition 1: Female leaders use	How would your team
	managerial cognition to reduce	members describe their
	diversity bias.	relationship with one another
	Proposition 3: Female leaders	at work?
	participate in crucial conversations	
	with internal and external	
	stakeholders, harnessing team	
	dynamics and capabilities through	
	learning and innovating to	
	enhance a competitive advantage.	
	Proposition 1: Female leaders use	How do you incorporate
	managerial cognition to reduce	diverse views from
	diversity bias.	stakeholders and team
	Proposition 3: Female leaders	members in decision-
	participate in crucial conversations	making?
	with internal and external	
	stakeholders, harnessing team	
	dynamics and capabilities through	
	learning and innovating to	
	enhance a competitive advantage.	
	Proposition 2: Female leaders use	Do you make use of direct
	managerial social capital and	and indirect social networks
	social capital diversity within team	to identify and exploit
	members' networks to reduce	business opportunities? If
	business barriers.	yes, in what manner?
General		Is there anything you would
		like to add?
		1

Source: Author's own

ANNEXURE B: INFORMED CONSENT LETTER

I am conducting research on *female leaders in the medical technology sector*. Our interview is expected to last *60-90 minutes and* will help us understand *how female leaders use dynamic capabilities to manage diverse teams*. Your participation is voluntary, and you can withdraw at any time without penalty. By signing this letter, you are indicating that you have given permission for:

- the interview to be recorded;
- the recording to be transcribed by a third-party transcriber, who will be subject to a standard non-disclosure agreement;
- verbatim quotations from the interview to be used in the report, provided they are not identified with your name or that of your organisation;
- the data to be used as part of a report that will be publicly available once the examination process has been completed; and
- all data to be reported and stored without identifiers.

If you have any concerns, please contact my supervisor or me. Our details are provided below.

Researcher name:	Research supervisor name:
Email:	Email:
Phone:	Phone:
Signature of participant:	
Date:	

Signature of researcher:	
Date:	
	-

ANNEXURE C: SEMI-STRUCTURED INTERVIEW GUIDE: INDUSTRY EXPERTS

Demographic	Research question or	Questions
information	proposition	
	Proposition 4: Female leaders, who use dynamic capabilities, have diverse educational backgrounds.	Briefly provide a background on your qualifications, training and experience?
		How long have you been working in the healthcare sector?
Dymania aanabilitiaa		
Dynamic capabilities		What role do you believe
Sensing		What role do you believe training and development plays in the identification of new market opportunities?
	Proposition 2: Female leaders use managerial social capital and social capital diversity within team members' networks to reduce business barriers. Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to enhance a competitive advantage. Proposition 5: Female leaders identify, evaluate and then	Do you agree that women are more likely to make use of informal and formal networks to identify changes and opportunities in the market? Please provide a reason for your answer. Do you believe women are more likely to involve internal and external stakeholders in brainstorming and strategic sessions to identify new or unexplored opportunities? Please provide a reason for your answer. How, in your opinion, has the Covid-19 pandemic shaped
	mitigate risks resulting in improved firm performance.	
Seizing	Proposition 3: Female leaders participate in crucial conversations with internal and external stakeholders, harnessing team dynamics and capabilities through learning and innovating to enhance a	How do women in your opinion create a psychologically safe environment with stakeholders to harness capabilities and environment dynamics to grow the business?

	competitive advantage.	
	Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance.	influence stakeholders to adapt to the changing
Reconfiguring capabilities	Proposition 5: Female leaders identify, evaluate and then mitigate risks resulting in improved firm performance.	Do you believe women consider risks and mitigate them before approaching leaders to influence organisational change to pursue opportunities? Please provide a reason for your answer.
	Proposition 6: Female leaders implement governance structures, processes and procedures and in so doing enhance competitive advantage.	advantage of opportunities in business model innovation?
	Proposition 6: Female leaders implement governance structures, processes and procedures and in so doing enhance competitive advantage.	How should knowledge management and sharing be implemented across organisations?
Diversity management		How would you describe the diversity (racial, gender, educational, cultural) of stakeholders in the healthcare industry?
	Proposition 1: Female leaders use managerial cognition to reduce diversity bias.	Do you believe women follow a more collaborative approach, including using social networks (social media and in-person) and in so doing overcome diversity barriers with stakeholders and team members? Please provide a reason for your answer.
	Proposition 1: Female leaders use managerial cognition to reduce diversity bias.	Do you believe women are more likely to champion minorities to overcome diversity bias?
General		Is there anything you would like to add?

Source: Author's own

ANNEXURE D: ETHICAL CLEARANCE APPROVAL

GIBS ETHICAL CLEARANCE APPLICATION FORM 2021/22

G. APPROVALS FOR/OF THIS APPLICATION

When the applicant is a student of GIBS, the applicant must please ensure that the supervisor and co-supervisor (where relevant) has signed the form before submission

STUDENT RESEARCHER/APPLICANT:

29. I affirm that all relevant information has been provided in this form and its attachments and that all statements made are correct.

Student Researcher's Name in capital letters:

Date: 27 Jun 2022

Supervisor Name in capital letters: MICHELE RUITERS

Date: 24 Jun 2022

Co-supervisor Name in capital letters:

Date: 24 Jun 2022

Note: GIBS shall do everything in its power to protect the personal information supplied herein, in accordance to its company privacy policies as well the Protection of Personal Information Act, 2013. Access to all of the above provided personal information is restricted, only employees who need the information to perform a specific job are granted access to this information.

Decision: Approved

REC comments:

Date: 04 Jul 2022

GIBS ETHICAL CLEARANCE APPLICATION FORM 2021/22

G. APPROVALS FOR/OF THIS APPLICATION

When the applicant is a student of GIBS, the applicant must please ensure that the supervisor and co-supervisor (where relevant) has signed the form before submission

STUDENT RESEARCHER/APPLICANT:

29.1 affirm that all relevant information has been provided in this form and its attachments and that all statements made are correct.

Student Researcher's Name in capital letters:

Date: 31 Aug 2022

Supervisor Name in capital letters: MICHÊLE RUITERS

Date: 31 Aug 2022

Co-supervisor Name in capital letters:

Note: GIBS shall do everything in its power to protect the personal information supplied herein, in accordance to its company privacy policies as well the Protection of Personal Information Act, 2013. Access to all of the above provided personal information is restricted, only employees who need the information to perform a specific job are granted access to this information.

31 Aug 2022

provided personal information is restricted, only employees who need the information to perform a spec granted access to this information.

Decision:

Approved

Date: 07 Sep 2022

REC comments:

Date:

ANNEXURE E: CODES

First order codes	Code groupings
Employee structure and efficient use across regions	<u> </u>
Fear of control	
Fear of not staying relevant	1
Flexible and strategic	Adaptability and
Older methods of working (less technologically advanced)	responsiveness
because of supply chain challenges	
Reactive instead of proactive	1
Strategic foresight and adaptability	-
Answer is not with one person	
Collaborate but discard impractical ideas	-
Collaborate with competitor because of limited resources	1
Collaborate with other subsidiaries in other countries to motivate	
product development	
Collaboration with customers	1
Collaboration with head office	
Collaboration with team members	-
Consultative customer relationship	
Customer requirements POC	
Discuss with team to make collaborative decision	1
Diverse team and global collaboration	Collaboration
Internal stakeholders are all departments	
Knowledge sharing internally to encourage diversity discussions	
Limited client diverse views incorporated	1
Partners you can trust	1
Partnership with customers	1
Right team needed to collaborate	1
Sales team identifies opportunities	1
Sales team important	1
Subtle marketing through people interaction	1
Sustainable partnerships	1
Team involvement in strategic discussions	
Communicate with customers	
Communication and negotiation with competitor on JV	
Communication improved	
Communication internally across functions and employees	
Communication to motivate employees	
Communication with corporate good	
Covid changed how we learn and communicate	Communication
Digital communication and training	
Diverse views important to success	
Face-to-face meetings with key stakeholders	
Interactive discussions with stakeholders	
Limited information sharing with colleagues	
Listen more than you speak	

More senior team less frequent direct engagement with key	
decision-makers Open communication	
Open communication Poor communication from corporate on changes	
Regular engagement, looking at what is different, what is	
happening, do things better	
Subtle marketing through people interaction	
Win-win situation	
cheap technology	
Competitive market	
Customer corporate involvement in decision-making	
Funders of care limiting use of products	
Healthcare will always be needed	
Hospital groups vertical integration	
Industry is changing	
Know competitors well	
Long-term ROI despite short-term losses	
Lower success rate with doctors rooms purchasing equipment -	Competitive
driven by day clinics	environment
Market is slow to change as equipment is expensive	
Patient choice in provider	
Patients delayed surgeries	
Patients influencing choice of provider	
Product formularies or tenders	
Public sector and private sector to collaborate	
Reimbursement models	
Smaller competitors technology to enhance access to care	
supply chain challenges and backlog	
Absorb losses temporarily	
Adapt marketing to the local market conditions	
Agile market changing all the time	
Attractive employer	
Better than competitors	
Business sustainability because of lower pricing (NHI)	
Cautious resourcing and what you commit to	
changing from reusable equipment to disposables	
Compromise on quality	
Cost management improvement	Commotitive
Cost of care to reduce	Competitiveness
Customer facing	
Doctors reluctant to buy equipment to use in rooms	
Dynamic tension within triangle (doctors, funders, hospitals)	
Economical barriers to growth	
Employee structure and efficient use across regions	
Financial constraints to exploit business model innovation	
Flexible and strategic	
Focusing on day-to-day instead of exponential growth	
opportunities	

Funders of care limiting use of products	
Inability to chase new opportunities because of supply chain	
challenges	
Innovative forecasting	
Know competitors well	
Lack of experience of new graduates limit appointment	
Long project duration because of various external processes	
Lower success rate with doctors rooms purchasing equipment -	
driven by day clinics	
Macro and micro economic considerations	
New markets of growth	
Opportunity attack with right resourcing	
Outperform competitors	
Package pricing and requirements to make it attractive to	
customer	
prioritisation matrix	
Process to generate sales through audit	
Quality of product	
Review purpose, what do we have to take opportunities in future	
scavenge and develop opportunities	
Smaller competitors technology to enhance access to care	
solving the wrong problem, scoping correctly to allocate	
resources	
Stay ahead of market with innovation	
Strategic foresight and adaptability	
Strategy communicated and in KPIs	
Technology driven products	
Traditional forecasting	
Unavailability of product in the market	
Understanding required outcome of opportunity, with roadmap	
Win-win situation	
Accelerate change	
Another catastrophic pandemic threatening surgery	
Communication improved	
Covid changed how we learn and communicate	
Patients delayed surgeries	Covid-19 impact
Staff burnout at customers	
Support of team during Covid	
Technology adoption accelerated	
97 .	
Adaptability to different stakeholders	
Broader success of team with view on end result	
Cultural intelligence	
Discuss with team to make collaborative decision	6 11 · · · · ·
Diverse views important to success	Cultural intelligence
Do not have diversity barriers	
Knowledge sharing internally to encourage diversity discussions	
Leadership style drives diversity and inclusion	
Listen to team members input and opinions	

Mutual respect of colleagues	
Strict about politics making it a kind environment	
Understanding other person	
Younger generation want meaning in their job	
Customer corporate involvement in decision-making	
Customer requirements POC	
Customer satisfaction surveys	
Customers focus on price over quality	
Doctor buy-in important	
Doctors attend congresses and workshops training on new	
equipment	Customer needs
Doctors reluctant to buy equipment to use in rooms	
Dynamic tension within triangle (doctors, funders, hospitals)	
Funders of care limiting use of products	
Healthcare will always be needed	
Hospital and doctors to motivate need for equipment to head	
office	
Listen to customer needs	
BA Art History	
BSc in dietetics, MBA, design thinking	
Degree in HR, post graduate diplomas	
Diverse educational background	
Educational background diverse, on the job training and	
degrees	
Growth through training on the job and courses	Educational background
Medical technology background	
Nursing degree	
Part time studying; not company supported	
Radiography	
Self-growth	
Virologist	
Boys clubs barriers to growth	
Physical attributes and job requirements expect more men, but	
well balanced with women	
Team respectful of female leader	Gender stereotypes
Women analytical and planners	
Women empowerment and business networking	
Women harder working, better organised	
Women will create stable economies and policies	
Cheap technology	
Competitive market	
Customer corporate involvement in decision-making	
Healthcare will always be needed	
Hospital groups vertical integration	Industry dynamics
Industry experience 30 years	
Industry is changing	
Industry players want long tenure when speaking to sales reps	
Industry small with existing relationships	

Free ways a second	
Limited industry experience	
Long project duration because of various external processes	
Loss of skills to emigration	
Lower success rate with doctors rooms purchasing equipment -	
driven by day clinics	
Market is slow to change as equipment is expensive	
Medical funders influencing to reimburse products	
New hospitals being built	
NHI opportunity and threat	
Patient choice in provider	
Patients delayed surgeries	
Patients influencing choice of provider	
Product formularies or tenders	
Public sector and private sector to collaborate	
Public sector lower price point	
Public sector not able to do all the work	
Public sector requirements	
Public sector work and balance	
Regulatory bodies	
Reimbursement models	
Skilled resources in South Africa	
Smaller competitors technology to enhance access to care	
South Africa does things different	
South African pockets of excellence in healthcare competing	
internationally	
Supply chain challenges and backlog	
Doctor buy-in important	
Hospital and doctors to motivate need for equipment to head	
office	
Influencing hospital groups to accept products	
Knowledge sharing to influence providers	Influencing
Medical funders influencing to reimburse products	
Negotiating with funders and hospital groups	
Sales team relationships with customers	
Subtle marketing through people interaction	
Access to information	
Discuss with team to make collaborative decision	
Interactive discussions with stakeholders	
Knowledge sharing internally to encourage diversity discussions	
Knowledge sharing to influence providers	Knowledge sharing
Limited information sharing with colleagues	
Sharing information and ideas	
Team involvement in strategic discussions	
Women empowerment and business networking	
Collaboration with head office	
Communication with corporate good	
Complex processes creates inefficiencies	Organisational level
Complexity of reporting	
Complexity of Topolaring	

Compliance officer, code of conduct	
Conservative brand	
Corporate collaboration on product development	
Corporate develops new products	
Corporate governance requirements	
Corporate guidelines	
Corporate involvement creates local challenges	
Corporate slow with production, supply and delivery	
Corporate strategy alignment	
Customer satisfaction surveys	
Design thinking	
Digital communication and training	
Drive training and webinars	
Engaged team in learning and research	
Family orientated business	
Flat reporting structure	
Fluid responsibilities and organisational structures	
Focus on streamlining and effectiveness	
Formal processes	
Formal reports from team	
Global leadership programme	
Growth in functional responsibilities and head count over years	
Head office standardisation	
Informal and formal review of processes	
Matrix on commission	
New position created for public sector	
New processes and new ways of doing	
Ongoing process review and development	
Part time studying; not company supported	
Poor communication from corporate on changes	
Prioritisation matrix	
Process and procedures improvement	
Process on proposals	
Project management	
Purpose of company - financial and socio-economic	
Quarterly business reviews	
Regulatory environment required new position to manage	
Resourcing for opportunities	
Review purpose, what do we have to take opportunities in future	
Rules and regulations necessary	
Scavenge and develop opportunities	
Solving the wrong problem, scoping correctly to allocate	
resources	
Some really excellent people identified by Germany	
Strict on compliance	
Strong ethics	
Strong matrix organisation	
Structured development process	

	T
Support of team during Covid	
Turnaround time adjustment	
Complex processes creates inefficiencies	
Corporate governance requirements	
Customer satisfaction surveys	
Design thinking	
Drive training and webinars	
Engaged team in learning and research	
Flat reporting structure	
Fluid responsibilities and organisational structures	
Focus on streamlining and effectiveness	
Formal processes	
Formal reports from team	
Government imposed diversity barriers	
Head office standardisation	
Informal and formal review of processes	
Long project duration because of various external processes	
Matrix on commission	
New processes and new ways of doing	
Ongoing process review and development	
Prioritisation matrix	Process
Process and procedures improvement	Flocess
Process on proposals	
Process to generate sales through audit	
project management	
Quarterly business reviews	
Regular engagement, looking at what is different, what is	
happening, do things better	
Regulatory environment can limit opportunities being explored	
because of time	
Regulatory environment to get public sector work	
Rules and regulations necessary	
Scavenge and develop opportunities	
Solving the wrong problem, scoping correctly to allocate	
resources	
Stay ahead of market with innovation	
Strict on compliance	
Structured development process	
Tender process	
Turnaround time adjustment	
Beyond ego	
Climate survey reduce climate fatigue	
Cultural intelligence	
Leader you are waiting for	Developed and a first
Listen more than you speak	Psychological safety
Open and honest with employees	
Open company culture	
Regular interaction with senior management	
<u> </u>	l.

Strict about politics making it a kind environment	
Understanding other person	
Public sector and private sector to collaborate	
Public sector lower price point	
Public sector not able to do all the work	Public sector
Public sector requirements	
Public sector work and balance	
Access to care	
Answer is not with one person	
Collaborate but discard impractical ideas	
Collaborate with competitor because of limited resources	
Collaborate with other subsidiaries in other countries to motivate	
product development	
Collaboration with customers	
Communication internally across functions and employees	
Communication to motivate employees	
Consultative customer relationship	
Creative solutions	
Customer requirements POC	
Decision-making with limited information required	
Discuss with team to make collaborative decision	
Diverse views important to success	
Dynamic tension within triangle (doctors, funders, hospitals)	
Face-to-face meetings with key stakeholders	
Flexible and strategic	Seizing
Knowledge sharing internally to encourage diversity discussions	Ocizing
Leader you are waiting for	
Limited client diverse views incorporated	
Long-term ROI despite short-term losses	
New markets of growth	
Opportunity attack with right resourcing	
Outperform competitors	
Package pricing and requirements to make it attractive to	
Customer Portners you can trust	
Partners you can trust Partnership with customers	
Profile ideal doctor or customer for a product	
Right team needed to collaborate	
Sales team identifies opportunities	
Sales team important	
Subtle marketing through people interaction	
Sustainable partnerships	
Team involvement in strategic discussions	
Continuous learning	
CRM platforms	
Dedicated time to scan environment	Sensing
Digital alerts to projects	
Digital enablement with LinkedIn and webinars	
Digital Shabiomont with Elimodiff and Wobillaid	

Industry is changing Information from team members and their indirect networks Information management and POPIA Information through careful listening from customers Know competitors well Know your customers Listen to customer needs Profile ideal doctor or customer for a product Reading and research Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Informal networks coffee with peer competitor management Informal social networks Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information from team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative Discuss with team to make collaborative decision	[=	
Information from team members and their indirect networks Information management and POPIA Information through careful listening from customers Know competitors well Know your customers Listen to customer needs Profile ideal doctor or customer for a product Reading and research Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Collitural intelligence Demographically representative	Face-to-face meetings with key stakeholders	
Information management and POPIA Information through careful listening from customers Know competitors well Know your customers Listen to customer needs Profile ideal doctor or customer for a product Reading and research Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networks for information Indirect networking Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers Linkedin and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Estakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	, , ,	
Information through careful listening from customers Know competitors well Know your customers Listen to customer needs Profile ideal doctor or customer for a product Reading and research Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information from team members and their indirect networks Information from team members and their indirect networks Information through careful listening from customers Linkedin and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
Know competitors well Know your customers Listen to customer needs Profile ideal doctor or customer for a product Reading and research Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information from team members and their indirect networks Information through careful listening from customers Linkedin and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Soys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Confident team Confident team Confident team Confident team Demographically representative		
Know your customers Listen to customer needs Profile ideal doctor or customer for a product Reading and research Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Confident team Confident team Confident team Confident team Demographically representative		
Listen to customer needs Profile ideal doctor or customer for a product Reading and research Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from leam members and their indirect networks Information through careful listening from customers Linkedin and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Confident team Confident team Demographically representative	'	
Profile ideal doctor or customer for a product Reading and research Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers Linkedin and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Coultural intelligence Demographically representative	-	
Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information from team members and their indirect networks Information through careful listening from customers Linkedln and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
Regular engagement, looking at what is different, what is happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Colsely knit management team Confident team Cultural intelligence Demographically representative	Profile ideal doctor or customer for a product	
happening, do things better Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Reading and research	
Turnaround time adjustment Understanding required outcome of opportunity, with roadmap Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Cultural intelligence Demographically representative		
Circle of influence Direct social networks congresses Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Cultural intelligence Demographically representative	Understanding required outcome of opportunity, with roadmap	
Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Cultural intelligence Demographically representative		
Existing relationships rather than new Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Cultural intelligence Demographically representative	Direct social networks congresses	
Formal social networks for information Indirect networking Industry small with existing relationships Informal networks coffee with peer competitor management Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Cultural intelligence Demographically representative		
Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
Industry small with existing relationships Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Indirect networking	
Informal networks coffee with peer competitor management Informal social networks Information from team members and their indirect networks Information through careful listening from customers Linkedln and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	<u> </u>	
Informal social networks Information from team members and their indirect networks Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
Information through careful listening from customers LinkedIn and research Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		Social networks
Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Information from team members and their indirect networks	
Listen to team members input and opinions NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Information through careful listening from customers	
NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
NGO networking Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Listen to team members input and opinions	
Sales team identifies opportunities Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	· · · · ·	
Women empowerment and business networking Collaboration with team members Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
Internal stakeholders are all departments Key opinion leaders Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Collaboration with team members	
Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Internal stakeholders are all departments	
Listen to team members input and opinions Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	'	
Long project duration because of various external processes More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
More senior team less frequent direct engagement with key decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		
decision-makers Partners you can trust Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative		Stakeholders
Relationship of trust with stakeholders Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	,	
Stakeholder triangle of doctor, funder and hospital group Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Partners you can trust	
Strong relationships and partnerships Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Relationship of trust with stakeholders	
Adaptability to different stakeholders Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Stakeholder triangle of doctor, funder and hospital group	
Boys clubs barriers to growth Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Strong relationships and partnerships	
Broader success of team with view on end result Closely knit management team Confident team Cultural intelligence Demographically representative	Adaptability to different stakeholders	
Closely knit management team Confident team Cultural intelligence Demographically representative Team diversity and dynamics	Boys clubs barriers to growth	
Confident team dynamics Cultural intelligence Demographically representative	Broader success of team with view on end result	
Confident team dynamics Cultural intelligence Demographically representative	Closely knit management team	Team diversity and
Demographically representative		
Demographically representative	Cultural intelligence	
9	Demographically representative	
	9 1 1	

Diverse team and global collaboration	
Diverse team background	
Diverse views important to success	
Do not have diversity barriers	
Do not tolerate bad behaviour	
Good mix male and female	
Government imposed diversity barriers	
Group thinking because of good team dynamic	
Growth of team members through exit and return	
Knowledge sharing internally to encourage diversity discussions	
Lack of experience of new graduates limit appointment	
Leader you are waiting for	
Leadership style drives diversity and inclusion	
Limited promotion scope	
Listen to team members input and opinions	
Low staff turnover	
Millennials and baby boomers	
Mutual respect of colleagues	
Physical attributes and job requirements expect more men, but	
well balanced with women	
Really great culture	
Right team needed to collaborate	
Some really excellent people identified by Germany	
Specialist roles rewarded to retain talent	
Strict about politics making it a kind environment	
Team cohesion because of team leaders	
Team involvement in strategic discussions	
Team leaders	
Team pressures on sales targets and time	
Team respectful of female leader	
Trust relationship with team	
Understanding other person	
Women analytical and planners	
Women empowerment and business networking	
Women harder working, better organised	
Women will create stable economies and policies	
Work-life balance	
Young sales team	
Younger generation want meaning in their job	
4th Industrial Revolution	
Artificial intelligence	
Digital alerts to projects	
Digital communication and training	
Digital enablement with LinkedIn and webinars	Technology
Digitisation	0,
Ease of access to medical care because of technology	
Focus on streamlining and effectiveness	
Market is slow to change as equipment is expensive	

New hospitals being built	
Older methods of working (less technologically advanced)	
because of supply chain challenges	
One IT platform enable collaboration	
Pilot studies on CRM	
Rapid technology changes with Al and robotics	
Responds to customer feedback and equipment requirements	
Robotics	
Shift from equipment to digital	
Strategic foresight and adaptability	
Teaching and showcase new things through webinars	
Technology adoption accelerated	
Technology centralisation and automation	
Technology changes is a driver to business	
Technology comparison doctors want better of two	
Technology driven products	
Technology improving patient outcomes	
Technology shift to point of care	
Technology to serve rural areas	
Virtual consultations	
Virtual platforms to communicate	
Congresses and course and training	
Doctor convenience of training	
Doctor training and profiling	
Employees study further at all levels	
Engaged team in learning and research	
Fear of not staying relevant	
Global leadership programme	
Growth of team members through exit and return	
Hospital staff training	Training
Lack of experience of new graduates limit appointment	_
Skills transfer	
Some really excellent people identified by Germany	
Talent development	
Teaching and showcase new things through webinars	
Training and accessibility of doctors	
Training for the patient outcomes	
Training to get spin off	

Source: Author's own

ANNEXURE F: EDITING CERTIFICATE

Barbara Wood
Tel: +27 44 873 5145
cell: 082 9022 571
E-mail: woodlandsmedia@gmail.com
8 Suikerbossie Street
Bergsig
George 6529
South Africa

To whom it may concern

Editing Certificate

I, Barbara Wood, hereby confirm that I am a registered professional researcher and editor and have edited the following academic document:

Female leaders: A dynamic capabilities view on diversity and equality

Student number: 04990057

A research project submitted to the Gordon Institute of Business Science, University of Pretoria, in partial fulfilment of the requirements for the degree of Master of Philosophy (International Business).

November 2022