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When Men Report More: Paradoxical Gender Perceptions of Discrimination in the Lebanese Hospital Sector

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ABSTRACT

Gender discrimination remains a persistent barrier to equitable participation in the workforce, particularly within healthcare systems where women are numerically dominant yet structurally disadvantaged. This study investigates perceptions of workplace gender discrimination among male and female employees in the Lebanese hospital sector. Drawing on survey data from more than 300 respondents across hospitals in North Lebanon, the research employs quantitative methods to compare gendered perceptions and assess how organizational factors—including human resource management practices, rewards, workplace support, and stressors—shape these views. Results reveal a paradoxical finding: male employees reported higher levels of perceived discrimination than their female counterparts. The present findings contribute to a growing body of evidence suggesting that the assumption of inevitable and uniform discrimination against women in Middle Eastern healthcare contexts is overstated. Rather than a monolithic reality, gendered experiences of work appear to be contingent upon occupational role, institutional arrangements, and broader socio-cultural conditions. In this sense, discrimination is better understood as context-dependent, manifesting differently across professional groups and organizational levels, and shaped by both cultural norms and the positionality of the individual reporting the experience. The study contributes to the literature by providing micro-level evidence from Lebanon, a context characterized by political struggles, recurrent wars, and comparatively weak infrastructure (Saleh l.& Kinaan. A , 2001). Practical implications are offered for hospital administrators, HR practitioners, and policymakers seeking to design inclusive workplace policies and leadership pathways.

Keywords: Gender Discrimination, Workplace Perceptions, Human Resource Management, Healthcare Sector, Lebanon
JEL Classifications: J16, J71, I18, J81

1. INTRODUCTION

Gender discrimination remains one of the most pervasive barriers to equitable workforce participation, particularly in contexts where women are numerically represented but structurally marginalized. Globally, women account for nearly two-thirds of the health and social workforce, yet their participation is often concentrated in lower-paid, lower-status occupations such as nursing, caregiving, and administrative roles (World Health Organization, 2021). In Lebanon, while healthcare organizations rely heavily on women for service delivery, patient care, and organizational continuity, much like Lebanese banks rely on gender diversity for operational and marketing purposes (Saleh L. & Ibrahim, H, 2021), systemic barriers continue to limit women's access to top managerial and strategic roles. Despite numerical dominance, women continue to experience limited upward mobility, exclusion from leadership, and persistent pay disparities. This paradox highlights the complexity of workplace gender inequality, which extends beyond access to employment and encompasses systemic barriers to career advancement, organizational inclusion, and professional recognition.

In the Middle East and North Africa (MENA), women's participation in the healthcare workforce has grown steadily, yet cultural norms, structural constraints, and institutional barriers remain pronounced. Recent studies in Lebanon, for example, demonstrate this duality: Daoud et al. (2025) reported that women physicians continue to face structural barriers and gendered role expectations; Kassouf et al. (2024) found enduring disparities in career perceptions among Lebanese female physicians; and El Hage et al. (2022) highlighted significant gender gaps in surgical specialties. At the regional level, Afifi et al. (2022) emphasized the urgent need for investment in female-dominated cadres such as nursing and midwifery, while global reviews by Kalbarczyk et al. (2025) and Saville et al. (2024) underscored systemic barriers to women's visibility and progression in healthcare leadership. Collectively, these findings affirm that gender inequality in healthcare is both deeply embedded and highly context specific.

Despite this growing body of literature, significant gaps remain. Much of the existing research is descriptive or qualitative, offering valuable but partial insights into women's experiences. Empirical, micro-level studies that quantitatively assess perceptions of gender discrimination across workforce segments remain scarce, particularly in Lebanon. Furthermore, there is limited exploration of how men perceive workplace discrimination—a perspective often overlooked in gender research. Paradoxical findings, such as men reporting higher levels of perceived discrimination than women, warrant closer investigation to understand cultural, occupational, and organizational dynamics.

The present study addresses this gap by providing empirical evidence from the Lebanese hospital sector, focusing on differences between male and female employees in their perceptions of workplace discrimination. Specifically, it examines how organizational factors—including human resource management practices, rewards, workplace support, and stressors—shape these perceptions. In doing so, the study contributes to both theory and practice. Theoretically, it integrates frameworks such as the glass ceiling and sticky floor to contextualize inequality in Middle Eastern healthcare. Practically, it offers insights for hospital administrators, HR practitioners, and policymakers to design more inclusive strategies that foster equity and retain talent in a critical sector of national development.

2. LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

This section reviews the literature on workplace gender discrimination, focusing on healthcare as a gendered sector, theories of workplace inequality, and the role of perceptions in shaping organizational outcomes. It concludes by identifying research gaps and developing hypotheses for this study.

2.1. Gender Discrimination in the Workplace

Workplace gender discrimination refers to unequal treatment based on gender in hiring, promotion, pay, and work conditions (Besen and Kimmel, 2006). Studies consistently show that such discrimination undermines job satisfaction, organizational commitment, and employee well-being (Ensher et al., 2001). Despite advances in legal frameworks, discrimination persists across industries, often embedded within organizational structures and cultural norms.

These findings suggest that gender discrimination remains a global management challenge with direct consequences for performance and retention. Based on this literature, it is hypothesized that:

H_1: Female employees will report higher perceptions of gender discrimination in HRM practices (recruitment, compensation, performance appraisal, work–life balance) compared to male employees.

2.1.1. The healthcare sector as a gendered workplace

Healthcare is one of the most feminized sectors worldwide, yet leadership and higher-status roles remain male-dominated. The World Health Organization reports that women represent approximately 67% of the global health and social care workforce but occupy only about 25% of leadership roles (WHO, 2021; Boniol et al., 2019). This imbalance creates vertical segregation, where women are clustered in caregiving and support positions but excluded from decision-making roles (Kalbarczyk et al., 2025; Saville et al., 2024).

In Lebanon, the pattern mirrors global trends. Daoud et al. (2025) document structural disadvantages faced by women physicians, while Kassouf et al. (2024) highlight persistent perceptions of gendered career constraints. Therefore, Lebanese women's pathways are singular and socially conditioned (Saleh L, 2011). El Hage et al. (2022) show that women remain significantly underrepresented in surgical specialties, reinforcing occupational segregation. These findings demonstrate that women's growing participation in healthcare has not translated into equitable outcomes.

Accordingly, it is expected that:

H_2: Female employees will report fewer extrinsic rewards (promotions, job security, career growth) and intrinsic rewards (autonomy, participation in decision-making, task significance) compared to male employees.

2.1.2. Theories of workplace inequality: Glass ceiling and sticky floor

Two widely used theoretical frameworks help explain persistent gender inequality in organizations. The glass ceiling refers to invisible barriers that prevent women from advancing to top leadership roles (Cotter et al., 2001). The sticky floor describes obstacles that keep women confined to entry-level or lower positions with limited upward mobility.

Both frameworks are particularly relevant in patriarchal contexts such as Lebanon, where social expectations and institutional norms reinforce gendered divisions of labor (Afifi et al., 2022). These barriers suggest that women face disadvantages not only in advancement but also in organizational support systems.

Therefore, it is hypothesized that:

H_3: Female employees will report lower levels of workplace

support (supervisory support, co-worker support, work-group cohesion) compared to male employees.

2.1.3. Perceptions of discrimination

Perceptions of discrimination are not merely subjective impressions; they shape employees' job satisfaction, commitment, and retention (Schmitt et al., 2002). Perceptions may also vary across gender groups. In some contexts, men report higher perceptions of inequity, particularly where gender-equity initiatives or female-dominated professions alter traditional hierarchies (Byrne, 2006). This paradox highlights the importance of examining male and female perspectives simultaneously rather than assuming a one-directional disadvantage.

Based on this reasoning, it is hypothesized that:

H_4: Female employees will report higher levels of workplace stressors (role overload, role ambiguity, role conflict) compared to male employees.

2.2. Research Gap

While international research consistently highlights persistent inequality in healthcare (Boniol et al., 2019), few studies have systematically compared male and female employees' perceptions in Lebanon. Moreover, little empirical evidence links HRM practices, rewards, support, and stressors to perceived discrimination. This study addresses these gaps by providing micro-level evidence from Lebanese hospitals, where women are strongly represented in the workforce but remain underrepresented in leadership. Lebanon offers a particularly relevant context given its dual realities: high female participation in healthcare alongside enduring cultural and institutional constraints on gender equality.

Accordingly, this study tests the following overarching hypothesis:

H_5: Overall, female employees will perceive higher levels of gender discrimination in the hospital sector compared to male employees.

3. METHODOLOGY

3.1. Research Design

The present study adopts a deductive approach to theory development. A quantitative research strategy was employed, relying on a cross-sectional survey design targeting a large sample of more than 300 respondents. The survey method, based on close-ended questions, allowed for the systematic measurement of employee perceptions and facilitated the testing of hypotheses concerning gender discrimination. Issues of reliability and validity were addressed, and causal relationships between variables were examined using statistical analysis techniques

3.2. Population and Sample

The study population consisted of employees working in hospitals in North Lebanon. According to the Ministry of Public Health (2018), 25 hospitals are registered in the region. From this population, a stratified sample of hospitals was selected: Six from Tripoli, three from Zgharta, and two each from Koura, Minnyieh-Danniyeh, Batroun, and Bcharri. Within these hospitals, participants were recruited through key contacts such as HR managers, who facilitated questionnaire distribution either via printed copies or electronic links. In total, 333 responses were collected, providing sufficient data for robust statistical analysis

3.3. Data Collection Instrument

The research instrument was a structured questionnaire adapted from prior validated sources, including the *Guide on Gender Equality* (UNESCO, 2015) and Munyae's (2002) study on gender discrimination in the teaching profession. All variables were measured using multiple-item indices on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree).

The questionnaire included the following dimensions:

- HRM practices: Recruitment and selection, compensation, performance appraisal, and work–life balance (CITE, 2008)
- Extrinsic rewards: Promotional opportunities, job security, and professional growth (Munyae, 1996)
- Intrinsic rewards: Participation in decision-making, autonomy, upward communication, and task significance
- Workplace support: Supervisory support, co-worker support, and managerial support
- Workplace stressors: Work overload, role ambiguity, and role conflict
- Perceived gender discrimination: Self-reported experiences of discrimination.

Figure 1 represents the conceptual research model with Gender as the independent variable, Workplace Conditions (HRM Practices, Rewards, Support, Stressors) as mediators, and Perceived Gender Discrimination as the dependent variable. Each arrow represents a hypothesis (H_1-H_5).

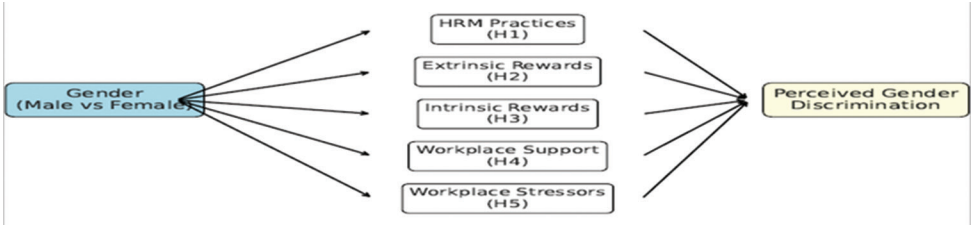
Based on the conceptual model illustrating the hypothesized relationships among the variables, the following hypotheses were tested:

- H_1: Females, compared to male counterparts in North Lebanon hospitals, perceive gender-based discrimination in HRM practices
- H_2: Females, compared to male counterparts, receive inferior extrinsic rewards
- H_3: Females, compared to male counterparts, receive inferior intrinsic rewards
- H_4: Females, compared to male counterparts, perceive their work environment as less supportive
- H_5: Females, compared to male counterparts, perceive higher levels of workplace stressors.

3.4. Data Analysis Techniques

Data analysis was conducted using statistical software (SPSS). Descriptive statistics were used to summarize demographic variables and provide an overview of responses across HRM practices, rewards, support, stressors, and perceived discrimination. Hypotheses were tested using independent-sample t-tests to compare male and female perceptions, while cross-tabulation analyses were employed to examine demographic influences (e.g., age, marital status, education, hospital district). Significance was evaluated at the 95% confidence level ($P < 0.05$). These techniques enabled the assessment of whether observed

Figure 1: Conceptual model



gender differences were statistically meaningful and supported or rejected the proposed hypotheses.

3.5. Ethical Considerations

Formal ethics approval was not required for this study in accordance with institutional and national guidelines in Lebanon. The research involved an anonymous and voluntary survey of hospital employees, with no collection of sensitive personal or medical information. All participants were informed of the study's purpose before participation, and their consent was implied through completion of the questionnaire. Ethical standards for research involving human participants were strictly observed, ensuring confidentiality, anonymity, and respect for respondents' rights.

4. RESULTS

4.1. Principal Components Analysis (PCA)

A Principal Component Analysis (PCA) was conducted to confirm the dimensionality of the scales. The Kaiser–Meyer–Olkin (KMO) statistic exceeded the 0.50 threshold, and Bartlett's test of sphericity was significant, confirming the suitability of the data for factor analysis. Items loaded as expected on their respective constructs. Table 1 presents the retained items.

4.2. Reliability

Internal consistency was assessed using Cronbach's alpha (α). Values ranged between 0.617 and 0.824, indicating acceptable to good reliability for exploratory research. Table 2 reports the coefficients for each variable.

4.3. Impact of Demographics on Gender Perceptions

Cross-tabulation analysis revealed that gendered perceptions varied across job level, education, marital status, age, income, religion, and hospital district. For example, women at lower job levels expressed more favorable perceptions of HRM practices, whereas men in senior positions reported stronger workplace support. Women with bachelor's degrees reported more positive perceptions of HRM practices, while men with advanced degrees perceived greater workplace support. Married men reported higher stressors than married women, while single women reported higher intrinsic rewards than single men. These patterns highlight the role of demographic and occupational contexts in shaping gendered workplace perceptions.

4.4. Gender Perceptions of Workplace Conditions: Mean Differences

Table 3 presents the group mean differences for HRM practices, workplace support, workplace stressors, intrinsic and extrinsic rewards, and perceived gender discrimination. Mean scores for HRM practices indicate that both females and males perceive

Table 1: Summary of variables and retained items following PCA

Variable	Items retained
HRM practices (HRP)	Recruitment and selection, compensation, performance appraisal, work–life balance
Workplace support (WSP)	Supervisory support, co-workers' support, work group cohesion
Workplace stressors (WST)	Role overload, role ambiguity, role conflict
Intrinsic rewards (INR)	Autonomy, participation in decision-making, task significance
Extrinsic rewards (EXR)	Promotional opportunities, job security, career growth

PCA: Principal component analysis

Table 2: Cronbach's alpha values for study variables

Variable	Cronbach's α	Standardized items	No. of items
HRM practices (HRP)	0.617	0.677	5
Workplace support (WSP)	0.824	0.826	6
Workplace stressors (WST)	0.631	0.631	6
Intrinsic rewards (INR)	0.678	0.665	5
Extrinsic rewards (EXR)	0.807	0.809	6

α≥0.60 considered acceptable for exploratory studies

Table 3: Mean differences in workplace conditions by gender

Variable	M Female	SD Female	M Male	SD Male
HRM practices				
Recruitment and selection	3.83	0.95	3.71	1.08
Compensation	3.38	0.91	3.28	1.09
Performance appraisal	3.86	0.84	3.55	1.03
Work–life balance	3.21	1.16	3.19	1.20
Workplace support				
Supervisory support	3.90	0.93	3.88	0.81
Co-worker support	3.74	0.79	3.72	0.73
Work group cohesion	3.62	0.82	3.55	0.73
Workplace stressors				
Role overload	4.02	0.71	4.05	0.76
Role ambiguity	4.21	0.59	4.37	0.51
Role conflict	2.62	0.98	2.79	0.96
Intrinsic rewards				
Autonomy	3.48	0.98	3.37	1.12
Participation in decision-making	2.47	1.07	2.68	1.19
Task significance	4.29	0.53	4.36	0.50
Extrinsic rewards				
Promotional opportunities	3.13	1.07	3.23	0.98
Job security	3.70	0.85	3.82	0.89
Career growth	3.46	0.99	3.32	1.16
Perceived gender discrimination	2.05	1.02	2.40	1.15

moderate levels of recruitment and selection, compensation, performance appraisal, and work–life balance. Similarly, workplace support is rated at moderate levels across both groups, including supervisory support, co-worker support, and work group cohesion. Regarding workplace stressors, both groups report high levels of role overload and role ambiguity but low levels of role conflict. For intrinsic rewards, females and males alike perceive low levels of participation in decision making, moderate levels of autonomy, and high task significance. Extrinsic rewards are also evaluated as moderate across promotional opportunities, job security, and career growth. Finally, both sexes report low levels of perceived gender discrimination in the workplace. Despite overall similarities, independent-samples t-tests revealed statistically significant differences in three domains (Table 3). Men reported greater perceived gender discrimination (M = 2.40) than women (M = 2.05), t(331) = 2.83, P < 0.01. Women expressed more favorable perceptions of performance appraisal (M = 3.86 vs. 3.55), t(331) = –2.95, P < 0.01. Conversely, men reported higher role ambiguity than women (M = 4.37 vs. 4.21), t(331) = 2.47, P < 0.05.

Effect sizes indicated small-to-moderate magnitudes, with men's higher discrimination (g = 0.33), women's more favorable appraisal perceptions (g = –0.34), and men's greater role ambiguity (g = 0.28). These results suggest that while gender differences are limited, they carry meaningful implications for HRM practices.

Despite these overall similarities, t-test results revealed statistically significant gender differences in three domains. Men reported greater perceived gender discrimination than women (t(331) = 2.83, P < 0.01). Women, however, expressed more favorable perceptions of performance appraisal, indicating stronger agreement that assessments were based on objective criteria (t(331) = −2.95, P < 0.01). In contrast, men reported higher levels of role ambiguity, suggesting greater clarity of responsibilities and expectations among women (t(331) = 2.47, P < 0.05).

To complement significance testing, effect sizes were computed (Table 4). Men's higher perceived discrimination corresponded to a small-to-moderate effect (Hedges' g = 0.33, 95% CI [0.11, 0.59]). Women's advantage in performance appraisal also represented a small-to-moderate effect (Hedges' g = −0.34, 95% CI [−0.52, −0.10]). Finally, the gender difference in role ambiguity reflected a small effect (Hedges' g = 0.28, 95% CI [0.03, 0.29]).

These findings indicate that while overall perceptions of workplace conditions are broadly similar across genders, the domains of discrimination, appraisal, and role clarity show non-trivial differences. Incorporating both statistical significance and effect sizes underscores that even modest mean differences carry substantive implications for HRM practices and perceptions of equity in Lebanese hospitals.

4.5. Bivariate Correlations

To further explore the relationships between perceived gender discrimination and workplace variables, Pearson's correlations were computed (Table 5).

Perceived discrimination was negatively correlated with HRM practices (r = –0.38, P < 0.01), workplace support (r = –0.41, P < 0.01), intrinsic rewards (r = –0.29, P < 0.05), and extrinsic rewards (r = –0.33, P < 0.01). Conversely, discrimination was positively correlated with workplace stressors (r = 0.45, P < 0.001).

4.6. Regression Results

To assess the predictive power of perceived gender discrimination on workplace outcomes, regression analyses were conducted (Table 6).

Discrimination significantly predicted lower HRM practices (β = –0.37, P < 0.001), workplace support (β = –0.40, P < 0.001), intrinsic rewards (β = –0.27, P < 0.01), and extrinsic rewards (β = –0.31, P < 0.01). At the same time, it strongly predicted higher workplace stressors (β = 0.44, P < 0.001).

4.7. Hypotheses Testing

Independent-sample t-tests provided limited support for the hypotheses:

- H_1 (HRM practices): Not supported, except for performance appraisal, where women rated fairness significantly higher (P = 0.005)
- H_2 (Extrinsic rewards): Not supported.

Table 4: Gender differences: Effect sizes and independent-samples tests

Variable	M Female	SD Female	M Male	SD Male	*t* (df)	Hedges' g	95% CI for mean difference
Perceived Gender Discrimination	2.05	1.02	2.40	1.15	2.83 (331)**	0.33	[0.11, 0.59]
Performance Appraisal	3.86	0.84	3.55	1.03	−2.95 (331)**	−0.34	[−0.52, −0.10]
Role Ambiguity	4.21	0.59	4.37	0.51	2.47 (331)*	0.28	[0.03, 0.29]

Table 5: Pearson's correlations between discrimination and workplace variables

Variable	HRM practices	Workplace support	Workplace stressors	Intrinsic rewards	Extrinsic rewards
Perceived gender discrimination	–0.38**	–0.41**	0.45***	–0.29*	–0.33**
HRM practices	1	0.45**	–0.25*	0.40**	0.36**
Workplace support		1	–0.20*	0.42**	0.38**
Workplace stressors			1	–0.22**	–0.19*
Intrinsic rewards				1	0.41**
Extrinsic rewards					1

*P<0.05; **P<0.01; ***P<0.001. N=333

Table 6: Regression results predicting workplace variables from discrimination

Predictor	β	t	P
HRM practices	–0.37	–5.21	<0.001
Workplace support	–0.40	–5.64	<0.001
Workplace stressors	0.44	6.12	<0.001
Intrinsic rewards	–0.27	–3.41	0.001
Extrinsic rewards	–0.31	–4.02	<0.001

Dependent variable=Perceived gender discrimination

- H_3 (Intrinsic rewards): Not supported
- H_4 (Workplace support): Not supported
- H_5 (Workplace stressors): Partially supported. Women reported significantly lower role ambiguity (greater clarity) than men (P = 0.014).

Taken together, these results suggest that systematic gender discrimination is not strongly evident in the Lebanese hospital sector.

Importantly, the correlation and regression analyses provide additional insights beyond mean comparisons. As shown in Table 5, perceived gender discrimination is strongly correlated with lower HRM practices, weaker workplace support, and fewer intrinsic and extrinsic rewards, while being positively associated with workplace stressors. Regression results (Table 6) reinforce these relationships: discrimination significantly predicts declines in HRM practices, support, and rewards, and increases in workplace stressors. These findings suggest that, even though t-tests revealed few significant gender differences, perceptions of discrimination remain a powerful determinant of organizational outcomes across both male and female employees. In this sense, the regression and correlation results complement the t-test findings, strengthening the argument that gendered perceptions—whether reported more by men or women—are consequential for HRM policy and practice.

5. DISCUSSION

These findings stand in contrast to recent qualitative research. For instance, Daoud et al. (2025) reported that women physicians in Lebanon consistently encounter structural disadvantages, including limited access to leadership and gendered role expectations. Similarly, Kassouf et al. (2024) and El Hage et al. (2022) highlighted barriers in career advancement and occupational segregation. The divergence between these qualitative insights and the present quantitative findings may be attributable to occupational variations (e.g., nursing versus medicine), cultural norms that shape reporting behaviors, or methodological differences in how discrimination is captured. Overall, the evidence suggests that gender discrimination in Lebanon's healthcare system is neither uniform nor unidirectional, but contingent on professional role, organizational context, and broader cultural frameworks.

A paradoxical pattern emerged: male employees reported higher perceptions of workplace discrimination than female employees. Several interrelated explanations may account for this result. Cultural norms and professional risks may discourage women from labeling or reporting discriminatory experiences, resulting in underreporting (Daoud et al., 2025). Reverse discrimination perceptions are also possible, as men may view equity initiatives or female-dominated occupations (e.g., nursing) as disadvantaging them. Occupational segregation further influences experiences: women often work in structured environments with standardized appraisal systems, whereas men may be concentrated in roles where advancement is discretionary and politicized, producing greater ambiguity and perceptions of bias. Finally, methodological factors must be acknowledged, since survey-based instruments tend to capture overt perceptions but may overlook subtle or cumulative forms of bias documented in qualitative studies.

Hypothesis testing via t-tests provided only limited support: Women reported more favorable perceptions of performance appraisal, men reported greater clarity in job responsibilities (lower role ambiguity), and all other differences were statistically nonsignificant. Nevertheless, correlation and regression analyses revealed that perceived discrimination is strongly associated with weaker HRM practices, reduced workplace support, fewer intrinsic and extrinsic rewards, and higher stressors. This highlights that even if mean differences between genders are limited, discrimination perceptions remain a powerful determinant of organizational dynamics.

Importantly, this paradox challenges the dominant Western assumption that Middle Eastern workplaces are inevitably characterized by systemic and one-directional discrimination against women. Recent empirical studies from Lebanon and the wider MENA region suggest a more complex reality: half of Lebanese adults report no gender preference for surgeons (Abdul Halim et al., 2020), patients in Dubai find no significant link between gender and shared decision-making (Alameddine et al., 2022), and public perceptions of female physicians in Lebanon are increasingly positive (Kassouf et al., 2024). Taken together, these findings reinforce that gendered workplace experiences are not monolithic. Instead, they are contingent upon role, sector, and institutional arrangements.

Theoretically, the study contributes to debates on the glass ceiling and sticky floor by demonstrating that gender inequality is not universal but mediated by local cultural norms, occupational structures, and institutional contexts. Practically, the findings call for HRM policies that account for diverse perceptions across genders and occupations, ensuring that appraisal systems, role clarity, and leadership opportunities are transparent, equitable, and inclusive.

6. CONCLUSION AND IMPLICATIONS

This study contributes micro-level evidence on gender discrimination in Lebanese hospitals by documenting a paradoxical finding: male employees reported higher levels of perceived discrimination than female employees. Importantly, this paradox challenges the dominant Western assumption that Middle Eastern workplaces are inevitably characterized by systematic discrimination against women. While structural inequalities clearly persist in leadership representation, the absence of strong

perceptions of discrimination among female employees—and the relatively higher perceptions reported by men—suggests a more complex and context-specific reality. In the Lebanese hospital sector, women occupy numerically dominant roles, particularly in nursing and allied health, which may normalize their presence and mitigate overt forms of exclusion. At the same time, men working in female-dominated environments may interpret equity initiatives or occupational imbalances as disadvantaging them, leading to higher reported perceptions of discrimination.

These findings complicate essentialist narratives of the region as uniformly hostile to women's workplace advancement, instead highlighting the importance of examining local cultural, occupational, and institutional dynamics in shaping experiences of gender inequality. Recent evidence from the region supports this perspective. For instance, Arab Barometer (2023) reports that in Lebanon and Tunisia, many citizens now reject the belief that men are inherently better political leaders than women, signaling shifting gender norms. In the UAE, Lee (2023) found that among public relations professionals, male and female perceptions of gender equality differed only on a few items, with many dimensions showing no significant differences. Similarly, in Dubai, patient gender and physician–patient gender concordance showed no significant relationship with perceived opportunities for shared decision-making (Alameddine et al., 2022), while in Lebanon, half of surveyed adults reported no gender preference for surgeons (Abdul Halim et al., 2020). Complementing these trends, recent data indicate generally favorable perceptions of female physicians among Lebanese respondents (Kassouf et al., 2024). Taken together, these studies suggest that gendered experiences in healthcare are context-contingent—varying by role, specialty, and organizational environment—challenging a blanket assumption of uniform, one-directional discrimination.

6.1. Social Implications

This research is essential for two reasons. First, it advances theoretical understanding of gender discrimination in the hospital sector, a field where reliable and culturally relevant data remain limited in Lebanon. By providing evidence from North Lebanon, the study enriches knowledge of how discrimination is perceived in a vital segment of the labor market. Second, it offers guidance for future labor policies that extend beyond the hospital sector to the wider Lebanese labor market, where gender-based inequities may also persist.

Gender discrimination—whether perceived by women or men—undermines equal access to promotion, training, and career development. This, in turn, negatively affects employee motivation, productivity, and service quality. Eliminating such inequities requires a comprehensive understanding of their nature and extent. By examining perceptions of discrimination across several organizational features, this study helps identify job characteristics that require reform, particularly in HRM practices, workplace support, and stressors. Addressing these issues can enhance job satisfaction, strengthen employee commitment, and improve service delivery. This is particularly vital in the Lebanese hospital sector, which has long been criticized for inefficiencies and declining service quality. Given the sector's role as a major employer in Lebanon, improving working conditions represents an important step toward reducing gender inequities more broadly.

6.2. Practical Implications

Several practical implications arise from the findings:

1. Performance appraisal: Since males and females differed in their perceptions of performance appraisal, hospitals should improve transparency in evaluation procedures by providing clear criteria, guidelines, and feedback mechanisms. This will foster employee trust in appraisal processes
2. Role ambiguity: Differences in perceptions of job responsibilities suggest the need for clearer job descriptions, well-defined role expectations, and structured programs that reduce ambiguity. This will help prevent misunderstandings and conflicts
3. Leadership representation: The underrepresentation of women in senior positions indicates a need for deliberate efforts to ensure equal opportunity in promotions and appointments. Gender-inclusive leadership policies can improve fairness, increase employee motivation, and ultimately strengthen organizational performance
4. Awareness and training: Although overall levels of perceived discrimination were low, organizations should not become complacent. Management should implement training and awareness programs that educate employees about the varied and often subtle forms of gender discrimination. Increased awareness can help prevent inequities from becoming institutionalized.

While the implementation of such measures may initially increase organizational costs, the long-term benefits—in terms of enhanced job satisfaction, employee performance, and service quality—are likely to outweigh short-term expenses.

6.3. Research Limitations and Future Research

This study has several limitations that provide avenues for future inquiry. First, the sample was drawn exclusively from hospitals in North Lebanon, which may limit the generalizability of the findings to other regions such as Beirut or the Bekaa Valley. Future research should expand to include a more diverse geographic representation of hospitals to capture variations across the Lebanese healthcare system.

Second, the study relied on self-reported measures, which may be subject to social desirability bias, especially in sensitive areas such as gender discrimination. Respondents may have underreported or reframed their experiences to align with cultural expectations or professional norms. Incorporating qualitative interviews or mixed-method approaches in future studies would help triangulate findings and capture more nuanced forms of discrimination.

Third, although both public and private hospitals were included, the analysis did not directly compare these two sectors. Future research should investigate whether organizational ownership influences perceptions of gender discrimination, as preliminary results suggested differences in private hospitals.

Fourth, the study focused on selected variables—HRM practices, workplace support and stressors, and intrinsic and extrinsic

rewards. Other dimensions such as leadership practices, organizational culture, or patient-facing roles may also play an important role in shaping gendered experiences.

Finally, the statistical approach relied primarily on t-tests, correlations, and regression. While informative, more advanced techniques such as ANOVA or structural equation modeling could better capture interactions among variables and clarify causal relationships.

REFERENCES

Abdul Halim, R., Kanso, M., Adib, S.M., Arawi, T. (2020), Public perceptions of gender preferences for surgeons in Lebanon. BMC Medical Ethics, 21(1), 1-9.

Afifi, R., Makhoul, J., El Hajj, T., Nakkash, R. (2022), Women's health and workforce participation in the Arab world: Toward equity and empowerment. Health Policy and Planning, 37(Suppl 1), i1-i5.

Alameddine, M., Nasreddine, R., Alghamdi, R., Mourad, Y. (2022), Gender, patient-physician concordance, and shared decision-making in primary care: Evidence from Dubai. BMC Health Services Research, 22(1), 1-11.

Arab Barometer. (2023), Public Opinion Survey Wave VII: Gender and Politics in the Arab World. Available from: https://www.arabbarometer.org

Besen, Y., Kimmel, M. (2006), At Sam's club, no girls allowed: The lived experience of sex discrimination. Journal of Contemporary Ethnography, 35(5), 530-550.

Byrne, B.M. (2006), Perceptions of inequity and fairness in the workplace: Gender differences in organizational justice. Social Justice Research, 19(2), 157-180.

Cotter, D.A., Hermsen, J.M., Ovadia, S., Vanneman, R. (2001), The glass ceiling effect. Social Forces, 80(2), 655-681.

Daoud, J., Kassouf, L., El Hage, N. (2025), Gendered barriers in Lebanese healthcare: Experiences of female physicians. International Journal of Health Policy and Management, 14(2), 210-222.

El Hage, N., Kassouf, L., Daoud, J. (2022), Gender disparities in surgical specialties in Lebanon: Evidence of occupational segregation. World Journal of Surgery, 46(8), 1854-1863.

Ensher, E.A., Grant-Vallone, E.J., Donaldson, S.I. (2001), Effects of perceived discrimination on job satisfaction, organizational commitment, organizational citizenship behavior, and grievances. Human Resource Development Quarterly, 12(1), 53-72.

Kalbarczyk, A., Nagourney, E., Kallapur, A., Singh, N.S. (2025), Women in global health leadership: Structural constraints and opportunities. The Lancet Global Health, 13(1), e12-e20.

Kassouf, L., Daoud, J., El Hage, N. (2024), Career perceptions of Lebanese female physicians: Evidence from a national survey. BMC Health Services Research, 24(1), 1-12.

Ministry of Public Health. (2018), Hospitals directory [Statistical report]. Ministry of Public Health, Lebanon.

Mulinge, M.M. (2002), The perceived nature and extent of gender discrimination in the teaching profession in Botswana (Gender Issues Research Report Series No. 18). Organization for Social Science Research in Eastern and Southern Africa (OSSREA).

Lee, S. (2023), Perceptions of gender equality among public relations professionals in the United Arab Emirates. Public Relations Inquiry, 12(3), 259-274.

Saleh L. (2021) , The Determinants of Entrepreneurial Intention among Bank employees in Lebanon, Journal of Business Theory and Practice, 9(1):p1.

Saleh L., Kinaan A. (2021), Entrepreneurship and Crowdfunding in Lebanon: ABC Model of Attitude, International Business Research, 14(1), 119.

Saleh L. (2011), L'intention entrepreneuriale des étudiantes : cas du Liban. Gestion et management. Université Nancy 2.

Saville, N., Khan, M., Rahman, S. (2024), Women in health systems: Addressing global barriers to leadership. Health Policy and Planning, 39(3), 345-352.

Schmitt, M.T., Branscombe, N.R., Kobrynowicz, D., Owen, S. (2002), Perceiving discrimination against one's gender group has different implications for well-being in women and men. Personality and Social Psychology Bulletin, 28(2), 197-210.

UNESCO (2015), A guide for gender equality in teacher education policy and practices. p. 111

World Health Organization. (2021), Global Health Workforce Statistics. Geneva: World Health Organization. Available from: https://www.who.int/data/gho