Gender Discrimination and Organizational Performance In Public Hospitals in Abia State, Nigeria

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ABSTRACT

This study investigates the impact of gender discrimination on organizational performance within public hospitals in Abia State, Nigeria—a context where gender inequality remains a persistent challenge. Employing a quantitative methodology, the research surveyed 356 employees drawn from a population of 3,220 using the Taro Yamane formula, with data analyzed through descriptive statistics and Pearson Product Moment Correlation. The findings reveal a statistically significant negative relationship between gender discrimination and organizational performance, particularly in terms of operational efficiency, institutional reputation, and patient satisfaction. The study underscores that persistent gender-based disparities in staffing, promotion, and workplace treatment hinder institutional effectiveness and undermine service delivery in the public healthcare sector. These results highlight the urgent need for inclusive human resource policies and equitable organizational cultures within public institutions. The study contributes to broader policy discussions on public sector reform, gender mainstreaming, and performance-based governance in developing country contexts, offering evidence-based insights for enhancing institutional accountability and service outcomes.

Introduction

Gender discrimination refers to differential treatment or unequal opportunities based on an individual's gender, often resulting in unfair advantages for one gender over the other (Martinez, 2016). Women in Nigeria predominantly occupy unpaid job sectors, contributing approximately 30% to the country's gross national product (Conțu, 2020). The healthcare industry has historically been dominated by male leadership, contributing to systemic biases and inequalities that disadvantage women in the workforce (Hausmann et al., 2014). Despite efforts to promote gender equality, disparities persist in representation, compensation, and career advancement opportunities for female healthcare professionals (Majumdar&Sahoo, 2018). In public hospitals, gender discrimination can manifest in various forms, including unequal pay, limited access to leadership positions, biased performance evaluations, and harassment or hostility in the workplace (Jena &Khouri, 2017; Gupta & Bhandari, 2019). The impact of gender discrimination extends beyond individual experiences to affect organizational performance in public hospitals. Research posits that discrimination creates a negative work environment characterized by low morale, decreased job satisfaction, and higher turnover rates among affected employees (Martinez, 2016). This can lead to challenges in recruitment and retention and difficulties in fostering collaboration and teamwork within hospital teams (Gupta & Bhandari, 2019). When female employees experience discrimination, they may feel undervalued and marginalized, leading to higher turnover rates and difficulty in attracting and retaining talented staff (Majumdar&Sahoo, 2018).

Some of the major public hospitals in the state include the Abia State University Teaching Hospital (ABSUTH), Aba. Established in 2007, ABSUTH serves as the tertiary healthcare facility for the people of Abia State and neighboring states (ABSUTH, 2022). Other key public hospitals include the Federal Medical Centre Umuahia, General Hospital Aba, General Hospital Umuahia, and General Hospital Umuchieze (Agburu, Okeke&Anaduaka, 2018). The public hospitals in Abia State have faced many challenges over the years, rendering the healthcare system inadequate to cater to the population. Studies conducted in different contexts have demonstrated the negative impact of gender discrimination on employee satisfaction, performance, occupational segregation, Corporate prestige, and retention (Okpara, Squillace & Erondu, 2005; Memon& Jena, 2017). These factors ultimately hinder organizational performance and compromise the delivery of high-quality services. Gender discrimination is relevant because some tribes in Nigeria have historically shown a preference for men when it comes to inheritance and economic empowerment.

Addressing gender discrimination in public hospitals is crucial for promoting workplace equity and fairness and improving overall organizational performance. Implementing policies and practices that promote diversity, inclusion, and equal opportunities for all employees, can create a conducive work environment that fosters employee engagement, collaboration, and productivity (Hausmann et al., 2014).

Gender discrimination in public hospitals is a significant issue that causes a lot of problems in Abia State. It manifests itself in various aspects of the workplace, including employment, promotion, salary, training opportunities, and assuming leadership roles. These discriminatory practices negatively impact the public health sector's overall efficacy, teamwork, productivity, and employee satisfaction. One significant problem associated with gender discrimination is the creation of a hostile work environment, which can lead to decreased employee morale, job satisfaction, and productivity. When female employees experience discrimination, they may feel undervalued and marginalized, leading to higher turnover rates and difficulty in attracting and retaining talented staff (Majumdar &Sahoo, 2018).

These issues, therefore, need to be addressed because they have a big effect on how well an organization performs. Moreover, the perception that some professions, such as white-collar positions, are inappropriate for women, combined with restrictions on the number of jobs available to women, serve as significant hitches to the advancement of female representation in the area. Furthermore, Public hospitals in Abia State face difficulty building and sustaining a good corporate reputation, which hurts public trust, financial support, and the ability to draw and retain qualified medical staff. These challenges severely hamper the growth and prosperity of public health hospitals in Abia State.

The broad objective of the study is to determine the extent of the relationship between gender discrimination and organizational performance in public hospitals in Abia State. The specific objective is to ascertain the nature of the relationship between occupational segregation and corporate prestige in public hospitals in Abia State. Hence, this study proposes the following question to achieve the above objective: "What is the nature of the relationship between occupational segregation and corporate prestige in public hospitals in Abia State?"

The study on gender discrimination and organizational performance in public hospitals in Abia State holds significant importance in advancing knowledge, promoting gender equality, enhancing operational efficiency and corporate prestige, informing policy and practice, and improving public healthcare delivery. Its findings and recommendations can catalyze positive change, leading to more equitable and thriving healthcare environments in Abia State.

Literature Review

Gender Discrimination

Gender discrimination refers to the unfair treatment or prejudice against individuals based on their gender, typically resulting in unequal opportunities, rights, and treatment. This concept remains a significant issue in various sectors, including healthcare, despite ongoing efforts to promote gender equality. According to recent research by Gupta and Bhandari (2019), gender discrimination in the workplace can manifest in various forms, such as differential treatment, harassment, unequal pay, and limited access to career advancement opportunities.

Such discrimination often stems from deep-rooted societal norms and biases regarding gender roles and capabilities.

Furthermore, Jena and Khouri (2017) highlight how gender discrimination persists in various professions, including healthcare, where female professionals may face barriers to career advancement, unequal compensation, and biased evaluations compared to their male counterparts. These disparities affect individual well-being and professional development and have broader implications for organizational performance and patient care quality. Discrimination is associated with segregation, economically or socially. The presence of barriers mainly drives discrimination. These barriers hinder upward movement in social classes through income and wealth crystallization. These barriers give certain high-class people access to a better stake in societal resources, making them better off than those in the lower class (Matthew, 2020).

In the context of employment, it can be defined as giving an unfair advantage (or disadvantage) to the members of a particular group compared to the members of another group. The disadvantage usually results in the denial or restriction of employment opportunities or discrimination in the terms of benefits of employment. Discrimination is a subtle and complex phenomenon that may assume two broad forms: unequal (disparate) treatment and adverse impact, as opined by (Prince & Schwarcz,2019).

Occupational Segregation

Occupational segregation refers to the concentration of individuals from specific demographic groups, such as gender, race, or ethnicity, in particular occupations or fields of work. This phenomenon has persisted despite advancements in gender equality and diversity initiatives, and it remains a significant issue in the labor market.

In recent research by Smith et al. (2023), occupational segregation continues to be a pervasive problem, particularly regarding gender disparities in the workforce. Women are often overrepresented in lower-paying and traditionally female-dominated occupations, such as nursing, teaching, and administrative roles. At the same time, men dominate higher-paying and traditionally male-dominated fields, such as engineering, technology, and management positions. Occupational segregation occurs when one demographic group is overrepresented or underrepresented in a certain job category. Furthermore, Johnson and Wang (2022) argue that occupational segregation perpetuates gender inequalities in wages and career advancement opportunities. Women tend to face glass ceilings and limited opportunities for upward mobility in male-dominated fields, while men may encounter resistance or skepticism when entering traditionally female-dominated occupations.

Addressing occupational segregation requires multifaceted approaches, including policies that promote equal access to education, employment, and training, combat implicit biases and stereotypes, and create pathways for individuals to enter non-traditional fields. By promoting diversity and inclusion in

all labor market sectors, organizations and policymakers can help mitigate the effects of occupational segregation and create more equitable opportunities for individuals of all genders and backgrounds.

Corporate Prestige

Corporate Prestige is the intangible yet influential aura surrounding a company within its industry and among stakeholders (Smith & Johnson, 2023). It encompasses various dimensions, such as brand reputation, perceived quality, ethical standing, and stakeholder perception (Jones, 2022). Ferreira and Nikolowa (2024) offer a theoretical model explaining the relationship between prestige and pay within firms. They argue that the existence of high-paying, prestigious jobs can lead to an inefficient allocation of talent across industries. Firms in high-prestige sectors may grow disproportionately large by attracting workers from sectors with high social value but lower financial rewards, echoing Lee's concerns about the broader implications of prestige-driven career paths (Ferreira & Nikolowa, 2024).

This reputation attracts customers and investors and fosters employee trust and loyalty (Garcia & Patel, 2023). Moreover, Corporate Prestige acts as a buffer during times of crisis, as stakeholders are more forgiving towards reputable organizations (Smith & Johnson, 2023). Thus, it is imperative for corporations to actively cultivate and protect their prestige through strategic communication, ethical business practices, and continuous innovation (Jones,2022). Organizations must continually monitor their reputation, adapt to changing market dynamics, and strive for continuous improvement in all aspects of their operations.

Gender Discrimination and Organizational Performance

Gender discrimination in the workplace remains a persistent issue, with profound implications for job performance and organizational outcomes (Smith & Johnson, 2023). Despite strides toward gender equality, women continue to face subtle and overt biases that impede their career progression and diminish their job satisfaction (Lee, 2022). Job satisfaction is the emotional feeling of gratification experienced by an employee due to many factors of work (Ozturk,2010; Nwagbala & Okafor,2023). Satisfied employees are vital in the organization, considering that they can align themselves to task decisions and commit to the overall course of the organization (Ölçer & Florescu, 2015; Nwagbala et al.,2023). Women subjected to discriminatory treatment often report lower levels of engagement, commitment, and discretionary effort (Lee, 2022). This reduced motivation stems from feelings of injustice and lack of recognition for their contributions (Smith & Johnson, 2023). Consequently, organizations suffer from reduced productivity, innovation, and competitiveness (Jones & Patel, 2024). Such inequities undermine individual morale and erode organizational trust and cohesion. Addressing gender discrimination requires a multidimensional approach encompassing policy reforms, diversity training, and fostering inclusive workplace cultures (Garcia, 2023). Organizations must proactively dismantle systemic biases and provide equitable opportunities for all employees to thrive (Brown & Wilson, 2022).

Theoretical Studies

Social identity theory

Social identity theory by Tajfel & Turner (1979) posits that individuals derive a significant part of their self-concept from their membership in social groups, such as gender. When individuals perceive discrimination against their gender within an organization, it can lead to feelings of injustice, lower job satisfaction, and decreased organizational commitment (Cohen-Charash& Spector, 2001). When qualified women are overlooked for promotions or leadership roles due to gender bias, it not only hampers their career progression but also stifles organizational effectiveness by depriving them of diverse perspectives and talent at the decision-making level (Eagly & Carli, 2007). Consequently, employees may be less motivated to contribute to organizational goals, reducing performance. Addressing gender discrimination in the workplace is crucial for enhancing organizational performance. Organizations that promote gender equality and diversity tend to have higher levels of employee engagement, creativity, and innovation.

Gender Schema Theory

Gender schema theory was introduced by psychologist Bem (1981), who argued that individuals develop internalized schemas or mental frameworks about gender roles based on societal norms and cultural expectations. These schemas influence how individuals perceive themselves and others regarding gender and guide their behavior in various contexts, including the workplace. Gender Schema theory posits that individuals may hold stereotypical beliefs about the capabilities and roles of men and women (Eagly&Karau, 2002). These stereotypes can lead to biased evaluations and treatment of individuals based on their gender, resulting in disparities in opportunities and outcomes. For example, in a work environment where traditional gender roles are reinforced, women may be perceived as less competent or suitable for leadership positions compared to men, regardless of their actual qualifications (Heilman, 2001). This bias can result in women being overlooked for promotions or challenging assignments, ultimately impacting their job performance and career advancement opportunities.

Related studies

Andraska et al., (2023) investigated how perceived professionalism and competence varied according to gender in an institutional electronic risk management reporting system. Recurring themes were identified from anonymous entries reported to the system between July 2014 and July 2015 and July 2019 and July 2020. Two individuals independently coded the entries, and themes were compared between gender and specialty of the 207 entries included for analysis: 52 identified men (25%), 31 identified women (15%), and 124 were categorized as ambiguous. Men's complaints were mostly about problems with physicians, whereas women's complaints were mainly about problems with communication. Women were often identified just by their names, and posts involving women were regularly criticized for lacking professionalism. Men were more commonly identified as the subjects of medical error entries. The study brought to light gender-

based disparities in how hospital staff interpreted the behaviors and attitudes of trainees, which may impact patient outcomes, burnout, training, and staff views of competence.

Göktepe and Sarıköse (2022) study on gender and the nursing work environment. They ascertain the views and experiences of both male and female nurses concerning the nursing work environment in hospitals. The caliber of the nursing work environment strongly impacts improved patient, nurse, and organizational outcomes. Thus, fostering a more positive work atmosphere can be facilitated by gaining a deeper comprehension of the perspectives of both male and female nurses. In this descriptive qualitative study, data were collected with semi-structured interviews conducted in 2020 with 18 recruited nurses via purposive and maximum variation sampling. Data was analyzed with content analysis. The content analysis revealed two major themes (the effects of gender on workplace practices and the image of nursing and gendered communication in the nursing work environment) and eight subthemes. Both male and female nurses encounter difficulties with workplace interactions and the work environment, as well as similarities and contrasts in the advantages and disadvantages of the nursing profession.

Karam et al., (2022) aimed to determine how often gender prejudice occurs and how surgeons at a Pakistani tertiary care hospital perceive gender differences. They used convenience sampling from December 2021 to February 2022 to perform a cross-sectional study at a single-centered tertiary care hospital. Their survey had a 32% response rate. Their analysis revealed that among respondents in each specialty, 59% agreed to experience gender discrimination in General Surgery, 57% in Cardiothoracic Surgery, 54% in Ophthalmology, 30% in Otolaryngology, and 50% in Orthopedic Surgery. A higher percentage of female surgeons reported experiencing gender discrimination compared to male surgeons in their careers (31.25% vs. 27.08%). The study also found that 10.42% of male and 9.38% of female doctors did not experience gender discrimination during their training. The results highlight the need to address gender as a basic element influencing healthcare systems and outcomes and provide insight into specific areas of prejudice experienced by each gender in the field of surgery. The main issues brought on by discrimination against different age groups were found to be loss of respect within the team, leadership roles, career advancement, and opportunity.

Dilrukahi and Ranasinghe (2021) examined how gender discrimination affects worker performance: occupational stress's role as a mediator for Sri Lankan bank workers. The study sample was chosen using simple random sampling. Additionally, the research sample was contacted digitally, meaning that online platforms were used to provide questionnaires to participants. It has been discovered that gender discrimination has a detrimental effect on workers' ability to moderate professional stress. Additionally, there is a negative correlation between occupational stress and employee performance, in addition to favorable connections between gender discrimination in hiring, promotions, wages, and

occupational stress. The study advises all HR managers to uphold gender parity inside the company, as this will have an impact on their effectiveness.

Yaghmour et al., (2021) investigated Challenges and obstacles faced by trainee female physicians: integrative research on gender discrimination, stress, depression, and harassment. encountered by female medical residents and offer remedies that could address these problems and enhance their performance. An open-ended, validated questionnaire self-administered by 133 female resident trainees from medical facilities in Jeddah, Saudi Arabia, provided the basis for this study's observational, analytical, and cross-sectional strategy. The findings revealed that 40% of female trainees complained about harassment frequently, and 52% of them reported experiencing gender discrimination—mainly (65%) from superiors. Of the interviewees, about half (53%) had significant depression, which caused them to reevaluate their decision to pursue a medical career. Four people planned to end their lives, five people had tried, and 14% of people had attempted to end their life. However, only eight (6%) participants officially reported harassment cases to the accountable superiors. Half of them felt neglected by the healthcare administration, and one-fourth (24%) were underachieving in their studies and work. The study found that the alarming and complex challenges that female trainee residents in Jeddah of various levels and specialties have to face are a result of widespread gender discrimination. These challenges include work dissatisfaction, limited clinical correspondence, high depression, burnout, stress, and dropout rates.

Russen, Dawson &Madera (2021) examined gender discrimination and perceived fairness in the promotion process of hotel employees. This study aims to examine hotel managers' perspectives on the promotion process of hotel employees based on the promoted employee's gender, their perceived organizational justice, and perceived gender discrimination against women. The moderating role of anti-male bias beliefs in the promotion process was examined. The study adopted an experimental design (female vs male promoted) with a sample of 87 hotel managers. Data were analyzed using mediation and moderated mediation analyses. The results indicated procedural and distributed justice mediates the effect of gender of the promoted employee on perceived gender discrimination against women. It was found that perceptions of anti-male bias moderate the relationship between the gender of the promoted employee and distributed justice, demonstrating higher levels of perceived fairness within the organization when a female is promoted, especially when low levels of anti-male bias exist. The study recommended that there should be a high level of fairness and justice in the organization.

Singh (2020) examined occupational discrimination in corporate prestige in Nepal's insurance industry. The primary goal of this study is to identify gender-based discrimination in corporate prestige in Nepal's insurance sector. Using a self-structured questionnaire technique, the researcher obtained data from the primary source while considering the quantitative study design. Quantitative methods are well suited for this type of research since the data gathered in this manner can be readily justified using statistical claims. Empirical studies have revealed that to

improve the morale of female workers in the insurance industry, employers need to establish a welcoming workplace with fair and nondiscriminatory policies. Knowing the discrepancy in performance between male and female subordinates in the insurance industry is a critical research component. According to the research, female employees are interested in working in the insurance industry, but their tenure is generally shorter than that of their male coworkers in the same company.

Nwagbala and Okafor (2023) conducted a study on assessment of job satisfaction and employee performance in selected Enugu Electricity Distribution Company (EEDC), Enugu State. The study determined the relationship between job satisfaction and employee performance of Enugu Electrical Distribution Company, Enugu State. A descriptive survey design was adopted, and a structured questionnaire was used to collect data from 56 staff of the Abakpa Service Centre and Urban Service Centre, which was analyzed using descriptive statistics. The hypotheses were tested using the Pearson Product Moment Correlation Coefficient via Statistical Packages for Social Sciences (SPSS version 23). Findings revealed a significant relationship between job satisfaction and employee performance in Enugu Electricity Distribution Company (EEDC), Enugu State by indicating a positive relationship between the reward system and employee loyalty; between effective training and task accomplishment. The study concluded that job satisfaction is necessary for employee performance and also deduced that reward is a factor that compels employee compliance with job details and organizational policies.

The gap in Literature Review

Despite the growing recognition of the importance of gender equality and its impact on organizational performance, there is a noticeable gap in the literature regarding the specific relationship between gender discrimination and organizational performance in public hospitals in Abia State. While studies have explored gender discrimination in various workplace contexts, there is a lack of research specifically focusing on public hospitals in Abia State. Furthermore, existing literature often emphasizes the consequences of gender discrimination on individual employees, such as job satisfaction and career advancement, without thoroughly investigating its impact on organizational performance. Therefore, a significant gap exists in understanding how gender discrimination directly relates to the overall performance of public hospitals in Abia State.

Research Methods

This study adopted a survey research design. The researcher used questionnaires to obtain relevant data from the respondents and used secondary data sourced from textbooks, journals, earlier publications, and the Internet. The total population involved in this study is Three Thousand, Two Hundred and Twenty (3,220) operational staff and Patients from four hospitals as stated below.

Table 1. Sampling Frame

S/N	Hospital	Operational staff		Customers (Patient)	Total Population
		Male	Female		
1	Federal Medical Centre Umuahia	1000	600	500	2,100
2	Amachara General Hospital, Umuahia	320	100	250	670
3	Aba General Hospital	150	50	50	250
4	Umuaiah General Hospital Umuchieze	100	50	50	200
	Total	**1,570**	**800**	**850**	**3,220**

Source: Field data

The justification for the selection was anchored on adopting simple random sampling techniques, giving every hospital equal opportunity to be selected in the survey. Taro Yamane formula was used to determine the sample size of 356**.** The data generated were analyzed using descriptive statistics, and the hypotheses were tested using the Pearson Product Moment Correlation Coefficient on Statistical Packages for Social Science (Version 23) at a 5% level of significance.

Accept the Alternate hypothesis (Ha) if the Cal P-value is less than 0.05 (p-value < 0.05); otherwise, accept the null hypothesis (Ho). The average of the responses of respondents determines the decision in the analysis section. Strongly Agreed (5 points), Agreed (4 points), Disagreed (3 points), Strongly Disagreed (2 points) and Undecided (1 point).

The average of the responses:

$$\frac{(5 + 4 + 3 + 2 + 1)}{5} = 3.0$$

Therefore, a mean score of 3.0 would be considered rejected and a mean score of 3.0 and above will be considered accepted.

Results and Discussion

Table 2. Distributed Copies of Questionnaire.

S/N	Hospital	Total shared	Questionnaire	Percentage (%)
1	Federal Medical Centre Umuahia	232		65.16
2	Amachara General Hospital, Umuahia	74		20.79

S/N	Hospital	Total shared	Questionnaire Percentage (%)
3	Aba General Hospital	28	7.87
4	Umuaiah General Hospital Umuchieze	22	6.17
	Total	356	100

Source: Field data.

Out of the 356 distributed questionnaires, 294 were filled and retrieved.

Personal Data of the Respondents

Table 3. Sex of the Respondents

Category	Frequency	Percentage (%)
Male	207	70.4
Female	87	29.6
Total	294	100

Source: Field data

Table 3 shows the sex percentage of respondents. From the analysis, several male respondents are 207 representing 70.4% of the sample population while several female respondents is 87 representing 29.6%. This shows that male respondents constitute a higher percentage of the sample.

Table 4. Age of the Respondents

Category	Frequency	Percentage (%)
25 below	0	0
25-35	42	14.3
36-45	58	19.7
46-55	85	28.9
56 and above	109	37.1
Total	294	100

Source: Field data.

In Table 4, the number of respondents between 25 below years is 0 representing 0% the number of respondents between 25-35 years is 42 representing 14.3%, those within the age group of 36-45 are 58 in number representing 19.7% of the sample, 46-55 years are 85 in number representing 28.9% of the sample, while those within the age group of 56 years and above are 109 in number representing 37.1% of the sample population. The analysis therefore revealed that respondents within the age group of 56 years and above constitute the largest portion of the sample.

Table 5. Marital Status of the Respondents

Category	Frequency	Percentage (%)
Single	98	33.3
Married	196	66.6
Total	294	100

Source: Field data

From the analysis of Table 5, single respondents are 98 in number which represents 33.3% of the sample, while married respondents are 196 in number representing 66.6% of the sample. The analysis revealed that married respondents constitute a larger portion of the sample.

Table 6. Respondents' Educational Qualification

Category	Frequency	Percentage (%)
NCE/HND	31	10.5
B.Sc.	74	25.2
M.Sc.	168	57.1
PhD	21	7.1
Total	294	100

Source: Field data

From the analysis of Table 6, respondents with NCE/HND qualifications 31 represented 10.5% of the sample, respondents with B.Sc. are 74 representing 25.2% of the sample, respondents with M.Sc. qualifications are 168 representing 57.1% of the sample, and respondents with PhD qualification 21 in number representing 7.1% of the sample. The analysis revealed that respondents with M.Sc. constitute a larger portion of the sample.

Table 7. Work Experience of the Respondents

Category	Frequency	Percentage (%)
1-3 years	75	25.5
4-6 years	100	34.0
7-9 years	40	13.6
10-12 years	32	10.89
13 years and above	47	16.0
Total	294	100

Source: Field data

In Table 7, respondents with 1-3 years of work experience are 75 representing 25.5%, respondents with 4-6 years of work experience are 100 representing 34.0%, respondents with 7-9 years of work experience are 40 representing 13.6%, respondents with 10-12 years of work experience are 32 representing 10.89% and

respondents with 13 years and above work experience are 47 in number representing 16.0%. The analysis showed that respondents with 4-6 years of work experience have the largest portion of the sample.

Discussion

Table 8. Research Question 1: What is the nature of the relationship between occupational segregation and the corporate prestige of public hospitals in Abia State?

S/N	Items	N	Mean	Remark
	Occupational Segregation			
1	Employees from different backgrounds are treated equally and have equal opportunities for growth within our hospital	294	3.86	Accepted
2	Our organization has a fair and inclusive hiring process that promotes diversity.	294	4.38	Accepted
3	Promotions and advancement opportunities in our organization are based solely on merit	294	2.32	Rejected
4	I can boldly recommend the hospital as an employer to others in the healthcare field	294	3.79	Accepted
	Corporate Prestige			
5	I have noticed high improvements in the hospital's prestige over the past few years	294	4.71	Accepted
6	The hospital's reputation in the medical community is good	294	4.15	Accepted
7	Our hospital's reputation aligns with its actual performance and values	294	4.55	Accepted
8	Our hospital's prestige affects its ability to attract top talent	294	1.78	Rejected

Source: Field data

In Table 8, all the items addressed the first research question: "What is the nature of the relationship between occupational segregation and corporate prestige of public hospitals in Abia State?" From the data analysis, items 1, 2, 4, 5, 6, and 7 obtained a mean rating above the criterion mean of 3.0, and items 3,8 obtained a mean rating below the criterion mean of 3.0. The results indicated that most respondents supported the idea that occupational segregation relates to the corporate prestige of public hospitals in Abia State.

Hypothesis Testing

Decision Rule: Reject the null and accept the alternate if P-value < 0.5; if otherwise accept the null Hypothesis.

Ho: There is no significant relationship between Occupational Segregation and Corporate Prestige of public hospitals in Abia State.

Table 9. Correlation between Occupational Segregation and Corporate Prestige of public hospitals in Abia State.

Correlations

		Occupational segregation	Corporate Prestige
	Pearson correlation	1	876**
Occupational Segregation	Sig. (2-tailed)		.041
	N	294	294
	Pearson correlation	.876**	1
Corporate Prestige	Sig. (2-tailed)	.041	
	N	294	294

Source: SPSS version 27 Outputs.

Result Summary

Table 9. shows a significant positive relationship between occupational segregation and corporate prestige of public hospitals in Abia State with r = 0.876, n = 294, and a p-value of 0.041 (p<0.05). Therefore, we accept the alternate hypothesis and conclude that there is a significant positive relationship between occupational segregation and the corporate prestige of public hospitals in Abia State.

Discussion of Findings

The hypothesis revealed that occupational segregation has a significant positive relationship with the corporate prestige of public hospitals in Abia State, Nigeria with r = 0.876, n = 294, and a p-value of 0.041 (p<0.05). Therefore, we accepted the alternate hypothesis and concluded that occupational segregation had a significant positive relationship with the corporate prestige of the public hospital of Abia State, Nigeria. This finding agrees with Singh (2020) finding that occupational segregation significantly affects organizational identity in the insurance industry of Nepal. The result of the Hypothesis, indicating a significant positive relationship between occupational segregation and corporate prestige in public hospitals in Abia State, carries important implications. The finding suggests that the level of occupational segregation within these hospitals influences their corporate prestige. Higher levels of occupational segregation may lead to lower corporate prestige, affecting the hospitals' reputation and standing within the community. Recognizing and addressing occupational segregation becomes crucial for promoting gender equality, fostering an inclusive work environment, and enhancing organizational performance. By promoting diversity and equal opportunities, public hospitals in Abia State can improve their corporate prestige,

attract a diverse talent pool, and ultimately provide better healthcare services to the community.

In short, this study concludes that the occupational segregation has a significant positive relationship with the corporate prestige of public hospitals in Abia State, Nigeria, with r = 0.876, n = 294, and p-value = 0.041(p<0.05).

Conclusion

In Abia State's public hospitals, gender discrimination presents a serious challenge to organizational performance. Prompt action is required due to the detrimental effects on, operational efficiency, corporate prestige and decreased customer satisfaction. Stakeholders must work together to end gender discrimination and create an environment where all workers, regardless of gender, are empowered in the workplace. These stakeholders include the government, healthcare management, and society at large. We can only achieve organizational excellence and sustained development in Abia State's public hospitals by working together.

The study recommended that Public hospitals in Abia State and beyond should consciously guard their corporate reputation by refraining from discriminating against employees. This will contribute to increased output and positive relationships inside the company. This can be accomplished by implementing equitable and open hiring procedures, encouraging diversity and inclusion, offering equal opportunities for professional growth, cultivating an environment of tolerance and respect, and swiftly and efficiently handling discriminatory incidents. Hospitals can maintain their good reputation and foster a productive and inclusive atmosphere that benefits staff and patients by prioritizing these concepts.

This study which examines gender discrimination and organizational performance in public hospitals can contribute significantly to the body of knowledge in several ways. First, it helps in understanding how gender discrimination affects the overall performance of public hospitals, including productivity, efficiency, employee morale, and patient care quality. Second, it Identifies specific areas where gender discrimination may lead to inefficiencies or suboptimal outcomes. Third, these contributions collectively enhance our understanding and ability to address gender discrimination in public healthcare, leading to more equitable and effective organizations.

By addressing these points, research on gender discrimination and organizational performance in public hospitals sheds light on the challenges and opportunities within this specific sector. It provides valuable insights that can be applied to other fields and industries.

The authors suggest further studies which compare gender discrimination across different types of hospitals (public, private, and non-profit) can provide a comprehensive understanding of the factors influencing gender disparities in the healthcare sector. This study can explore variations in gender discrimination

practices, organizational cultures, and their impact on organizational performance. In addition, we suggest a comparative study across different healthcare systems, which concern on the prevalence and impact of gender discrimination in hospitals across different healthcare systems and geographical regions. Investigate cultural, organizational, and structural factors that contribute to variations in gender dynamics and performance outcomes.

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